SANTA BARBARA COUNTY
DEPARTMENT OF BEHAVIORAL WELLNESS
MENTAL HEALTH SERVICES ACT PLAN

PLAN UPDATE FISCAL YEAR 2018-2019

300 N. San Antonio Rd

Santa Barbara, CA 93110

(805)681-5220

countyofsb.org/behavioral-wellness

CONTENTS

Page Intentionally Left Blank:

(Placeholder) MHSA COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County: Santa Barbara

■ Three-Year Program and Expenditure Plan
Annual Update
Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller/City Financial Officer
Name: Alice Gleghorn, Ph.D.	Name: Theo Fallati
Telephone Number: 805-681-5220	Telephone Number: (805) 568-2100
Email: agleghorn@co.santa-barbara.ca.us	Email: Fallati@co.santa-barbara.ca.us
Local Mental Health Mailing Address:	
Santa Barbara County Department of Behavioral Wellness, 300 N. San Antonio Rd., Santa Barbara, CA 93110	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Alice Gleghorn, Ph.D. — Signature — 6/26/18

Local Mental Health Director (PRINT) | Signature | Date

I hereby certify that for the fiscal year ended June 30, 2017, the CountyICity has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated August 25, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that CountylCity MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the CountylCity has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Theo Fallati, CPA, CPFO — Signature — 6.28.18

County Auditor/Controller/City Financial Officer (PRINT) | Signature | Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

Executive Summary

In the FY 2017-2020 Mental Health Services Act (MHSA) Three Year Plan, the Department of Behavioral Wellness committed to focusing on the continued enhancement and evolution of the many programs and initiatives launched during the last Three Year Plan period. The FY 18-19 plan update provides information on the progress and improvements in the system during FY 17-18 while outlining strategies for FY 18-19. With limited fiscal growth anticipated, continued uncertainty about the future of the federal Affordable Care Act and the expanded Medicaid funding it provides to the Department, and the need to anticipate mandatory contributions to the new MHSA No Place Like Home initiative, continuing to focus on refining existing programs appears to be the most prudent manner for moving forward.

One significant Department goal for this three year planning process was to fulfill the objective of broad, diverse and inclusive stakeholder feedback and engagement to help direct the Department's efforts in program enhancement. This year's stakeholder planning process was significantly expanded with initial meetings held in October 2017 and continued thru May 2018. Overall thirteen presentations were held soliciting input and guidance from individuals and groups ranging from MHSA Public Stakeholder Forums in all three key regions of the County, Peer Employee meetings, Behavioral Wellness Commission's public hearings, Community Based Organization partner meetings, Department regional staff meetings, and two community based Recovery Learning Centers**.**

Based on input received during the three year planning process, the Department continues to move forward on four key proposals which include:

- Operate a Transition Age Youth program as a Full Service Partnership;
- Reconsider the operations of the Justice Alliance Program;
- Increase programming at the Recovery Learning Centers;
- Further integrate the existing Treatment Teams into Levels of Care.

Status updates for each of these proposals are included in Plan Update.

The Department of Health Care Services has also initiated the first Reversion plan which authorizes Santa Barbara to request funds through FY 2014-2015 which would have reverted to the State of California to be reallocated to the County. Our Reversion Plan includes supporting an extension of the Resiliency Interventions for Sexual Exploitation (RISE) Project and continued operations of our Peer Workforce and Training team. Santa Barbara has partnered with other counties in creating a peer support and technology innovations project which is the first joint statewide Innovations project.

A highlight in this year's plan update is the development of a Crisis Services team. Following success of grant funded Triage Programs, which bolstered countywide crisis and triage response services over the past three years; the Department has developed a sustainability model as these grant funded programs end June 2018. The new model includes joint mobile crisis and triage response in North and South County along with creation of a "crisis hub" on the campus of Calle Real, creating much more synergy and coordination with our Crisis Stabilization Unit and other crisis system

Performance Data including CANS and MORS Reports

This year's plan update, where available, also includes program performance reports using data collected by the Department for Fiscal Year 2016-17. As part of the three year plan, the Department has committed to collect and report this updated data, and intends to expand data collection in some other critical areas, including prevention and early intervention, in upcoming years. The outcomes reported depend on the type of program. Psychiatric hospital admissions and incarcerations are reported for all programs. Higher intensity programs, such as Assertive Community Treatment (ACT), Residential Treatment and SPIRIT, have more detailed outcomes. In addition, children in the system are assessed with the Child and Adolescent Needs and Strengths Assessment (CANS); whereas, adults and transitional age youth are evaluated using the Milestones of Recovery Scale (MORS). Below is a description of each of the measurement tools used to determine outcomes in our children's and adult systems of care:

Child and Adolescent Needs and Strengths (CANS)

The CANS is a multi-purpose tool developed for children's service professionals to identify current needs and strengths of the child and family, to support treatment planning, facilitate quality improvement and to monitor outcomes. Implementation of the CANS began mid-year FY14/15. The CANS is scored from zero (no evidence of a problem/well developed strength) to three (immediate or intensive action needed/no strength identified). Therefore, improvement on the CANS is evidenced by a decrease in scores. The CANS is organized into six primary domains:

1. Life Functioning	2. School	3. Child Strengths
4. Risk Behaviors	5. Behavioral/Emotional Needs	6. Caregiver Needs & Strengths

Milestones of Recovery Scale (MORS)

The MORS is an 8-item tool for identifying stage of recovery and is used to evaluate effectiveness in helping adults achieve recovery. Implementation of the MORS was completed in phases, beginning with ACT in July 2015. The adult outpatient, transitional-age youth and Community Supportive Service began in spring 2016. The MORS can also be utilized to assign consumers to appropriate levels of care, based on a person-centered assessment of where they are in their recovery process. Scores of 1-3 indicate extreme risk to high risk/engaged in treatment; 4-5 indicate poor coping and somewhat engaged in treatment; 6-8 indicate coping/rehabilitating and early or advanced recovery.

BACKGROUND

About the Mental Health Services Act

On November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service system. The MHSA is funded by imposing an additional one percent tax on individual, but not corporate, taxable income in excess of 1 million dollars. Becoming law in January 2005, the MHSA represented another California legislative movement, begun in the 1990s, to provide better coordinated and more comprehensive care to those with serious mental illness, particularly in under- served populations. Additionally, MHSA has proven an effective vehicle for leveraging funding and developing integration; opportunities further enhanced through the implementation of the Affordable Care Act.

The keys to obtaining true system transformation and integration are to focus on the five principles outlined in the MHSA regulations:

1. Community Collaboration
2. Cultural Competence
3. Consumer- and Family Member-Driven System
4. Focus on Wellness, Recovery and Resilience
5. Integrated Services

To receive funding, Counties are required to develop three-year plans that are consistent with the requirements outlined in the Act. Counties are also obligated to collaborate with community stakeholders to develop plans that are consistent with the MHSA Principles. During the three year plan a yearly plan update must be completed which is provided in this document.

County plans are to contribute to achieving the following goals:

- Safe and adequate housing, including safe living environments
- Reduction in homelessness
- A network of supportive relationships
- Timely access to needed help, including in times of crisis
- Reduction in incarceration in jails and juvenile halls
- Reduction in involuntary services, including reduction in institutionalization and out- of-home placements

MHSA applies a specific portion of funding to each of the five system-building components:

1. Community Services and Supports (CSS); (72.7%); $14.6M in FY 18-19
2. Prevention and Early Intervention (PEI); (20.0%); $4.0M in FY 18-19
3. Workforce Education and Training (WET); (1.3%); $263K in FY 18-19
4. Capital Facilities (Buildings) and Technological Needs (CF/TN); (1.0%); $206K in FY 18-19.

5. Innovation. (5.0%); $1.0M in FY 18-19.

CSS, PEI and Innovation categories have ongoing funding streams, although MHSA guidelines call for changing Innovation projects every few years. The CSS component consists of three funding categories: Outreach and Engagement, General System Development and Full Service Partnerships (FSPs). MHSA requires that counties allot at least 51% of CSS funds to Full Service Partnerships. MHSA similarly requires that 20% of total funds be allocated to PEI, and within that allocation, 51% of the funds be used for children and Transition Age Youth (TAY) services. The WET and CF/TN categories were intended to be time-limited and once expended are closed unless the County elects to transfer monies from the CSS funding stream into WET and/or CF/TN.

Funding for housing development has also been a separate stream of funds. This funding will be expended upon the completion of the Residences at Depot Street project in Santa Maria. However, the “No Place Like Home” initiative, in which Santa Barbara County intends to participate, will establish a new stream of funding for housing projects

The FY 2018-19 MHSA Planning Process

More than 620 individual stakeholders were invited to participate in the county-wide stakeholder meetings. Approximately 120 individuals participated in the twelve (12) stakeholder meetings. These included representatives from partner agencies, community organizations, advocates, Department staff, Commission members, as well as consumers, family members, and individuals from the community interested in learning more about the MHSA planning process.

The following stakeholder forums were convened:

• Behavioral Wellness- Community Based Organization Collaborative	• November 1, 2017
• Behavioral Wellness- North County All Staff Meeting	• December 20, 2017
• Behavioral Wellness- Client Family Member Advisory Committee Meeting	• January 11, 2018
• Behavioral Wellness- Peer Employee Forum	• March 5, 2018
• Behavioral Wellness- South County All Staff Meeting	• March 7, 2018
• Behavioral Wellness- Impact Human Trafficking	• March 8, 2018
• Behavioral Wellness- Commercial Sexual Exploitation Committee	• March 9, 2018
• Stakeholder Forum- Santa Maria Board Of Supervisors	• March 27, 2018
• Stakeholder Forum- Recovery Learning Center Lompoc	• March 27, 2018
• Stakeholder Forum- Buellton	• March 29, 2018
• Stakeholder Forum- Recovery Learning Center Santa Barbara	• March 29, 2018
• SB Human Trafficking Taskforce Meeting	• April 12, 2018
• Behavioral Health Commission- Timeline Setting	• April 24, 2018

The 30-day review process will be conducted from May to June, 2018 in partnership with the local Behavioral Wellness Commission. The draft FY 2018-2019 one-year MHSA Plan Update will be e-mailed to nearly 700 stakeholders. It will be made available by postal mail upon request. In addition, the Plan update will be posted to the Department of Behavioral Wellness website in May 2018. On June, 2018, the Behavioral Wellness Commission will conduct a Public Hearing to review this plan.

Santa Barbara County Demographics

Santa Barbara County has a mountainous interior abutting several coastal plains on the West and South coasts of the county. The largest concentration of the population is on the Southern coastal plain, referred to as the "South Coast" – meaning the part of the County South of the Santa Ynez Mountains. This region includes the cities of Santa Barbara, Goleta, and Carpinteria, as well as the unincorporated areas of Hope Ranch, Summerland, Mission Canyon, Montecito and Isla Vista.

North of the mountains are the towns of Santa Ynez, Solvang, Buellton, and Lompoc; the unincorporated towns of Los Olivos and Ballard; the unincorporated areas of Mission Hills and Vandenberg Village; and Vandenberg Air Force Base, where the Santa Ynez River flows out to the sea. North of the Santa Ynez Valley are the cities of Santa Maria and Guadalupe, and the unincorporated towns of Orcutt, Los Alamos, Casmalia, Garey, and Sisquoc.

In the extreme Northeastern portion of the County are the small cities of Cuyama, New Cuyama, and Ventucopa. As of January 1, 2006, Santa Maria became the largest city in Santa Barbara County. (From *Wikipedia*, retrieved 7-19-16.)

Quick Facts Santa Barbara County
United States Census Bureau

Population	
Population estimates, July 1, 2017, (V2017)	448,150
Population estimates base, April 1, 2010, (V2017)	423,949
Population, percent change April 1, 2010 (estimates base) to July 1, 2017, (V2017)	5.7%
Population, Census, April 1, 2010	423,895
Age and Sex	
Persons under 5 years, percent, July 1, 2016, (V2016)	6.5%
Persons under 18 years, percent, July 1, 2016, (V2016)	22.4%
Persons 65 years and over, percent, July 1, 2016, (V2016)	14.6%
Female persons, percent, July 1, 2016, (V2016)	50%
Race and Hispanic Origin	
White alone, percent, July 1, 2016, (V2016)	85.6%
Black or African American alone, percent, July 1, 2016, (V2016)	2.4%
American Indian and Alaska Native alone, percent, July 1, 2016, (V2016)	2.2%
Asian alone, percent, July 1, 2016, (V2016)	5.9%
Native Hawaiian and Other Pacific Islander alone, percent, July 1, 2016, (V2016)	.20%
Two or More Races, percent, July 1, 2016, (V2016)	3.7%
Hispanic or Latino, percent, July 1, 2016, (V2016)	45.1%
White alone, not Hispanic or Latino, percent, July 1, 2016, (V2016)	45%
Population Characteristics	
Veterans, 2012-2016	23,513
Foreign born persons, percent, 2012-2016	23%
Housing	
Housing units, July 1, 2016, (v2016)	155,953
Housing units, April 1, 2010	152,834
Owner-occupied housing unit rate, 2012-2016	52%
Median value of owner-occupied housing units, 2012-2016	$480,000
Median selected monthly owner costs -with a mortgage, 2012-2016	$2,203
Median selected monthly owner costs -without a mortgage, 2012-2016	$550
Median gross rent, 2012-2016	$1,423
Building permits, 2016	842
Families and Living Arrangements	
Households, 2012-2016	143,051
Persons per household, 2012-2016	2.93
Living in same house 1 year ago, percent of persons age 1 year+, 2012-2016	79.4%
Language other than English spoken at home, percent of persons age 5 years+, 2012-2016	39.7%

Quick Facts Santa Barbara County
United States Census Bureau (continued)

Education	
High school graduate or higher, percent of persons age 25 years+, 2012-2016	80.1%
Bachelor's degree or higher, percent of persons age 25 years+, 2012-2016	32.2%
Health	
With a disability, under age 65 years, percent, 2012-2016	5.9%
Persons without health insurance, under age 65 years, percent	10.3%
Economy	
In civilian labor force, total, percent of population age 16 years+, 2012-2016	63.3%
In civilian labor force, female, percent of population age 16 years+, 2012-2016	57.6%
Total accommodation and food services sales, 2012 ($1,000)	1,428,929
Total health care and social assistance receipts/revenue, 2012 ($1,000)	2,637,280
Total manufacturers' shipments, 2012 ($1,000) (c)	4,157,565
Total merchant wholesalers sales, 2012 ($1,000) (c)	3,475,600
Total retail sales, 2012 ($1,000) (c)	4,853,808
Transportation	
Mean travel time to work (minutes), workers age16 years+, 2012-2016	19.2
Income and Poverty	
Median household income (in dollars), 2012-2016	$65,161
Per capita income in past 12 months (in 2016 dollars), 2012-2016	$31,098
Persons in poverty, percent	13.9%
This geographic level of poverty and health estimates is not comparable to other geographic levels of these estimates	
Some estimates presented here come from sample data, and thus have sampling errors that may render some apparent differences between geographies statistically indistinguishable	
The vintage year (e.g., V2017) refers to the final year of the series (2010 thru 2017). Different vintage years of estimates are not comparable. Fact Notes	
Quick Facts data are derived from: https://www.census.gov/quickfacts 4/4/2018	

PROGRAM UPDATES

Community Services and Supports (CSS)

The CSS programs in the General System Development category will be listed first, followed by Full Service Partnerships (FSPs).

Crisis Services (Formerly CARES Mobile Crisis and Triage) – Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$6,259,448
Estimated CSS Funding	$1,542,722
Estimated Medi-Cal FFP:	$2,633,200
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$968,200
Estimated Other Funding:	$1,115,326

Prior to July 2018, the CARES Mobile Crisis Program and the Triage Team, as separate programs, served adults and older adults (18 years +) experiencing a psychiatric crisis or mental health emergency in all three regions of Santa Barbara County. Senate Bill 82 Triage grant funding sunsets June 2018 requiring a realignment of staff and a redesign of crisis services. Beginning July 1, 2018, the new program, Crisis Services, will be created as a joint team encompassing mobile crisis response and triage support in the North and South regions. In West County, the triage team will be part of Crisis Services although Mobile Crisis West will remain separate due to recent notification of extended grant funding thru December 2020.

Crisis Services will provide consumers appropriate alternatives to hospitalization whenever possible including linkage and coordination to services in the community. This includes proactive case management, peer support and clinical care before, during and after a behavioral health crisis. Follow-up services for individuals who have been hospitalized is utilized to reduce readmission.

The staffing for these programs will include Peer Recovery Specialists, Case Workers, Mental Health Practitioners, Psychiatric Technicians, Psychiatric Nurses, Team Supervisors, and a Crisis Manager. The multidisciplinary team includes medical staff availability to address medication issues that, if left unattended, may result in the need for emergency, involuntary care. In order to sustain a program within funding limits, the hours of operation for full response will be reduced as staff assigned during evening and weekend shifts will provide coverage based on regional demand. This will allow the teams to provide adequate services during busier day shifts and still meet the crisis needs of the community. In addition, the triage team had maintained coordination of care with individuals for up to ninety days and will now provide this for up to forty five days and provide linkage to the appropriate program based on the individual's need during this period

Crisis Services staff members are guided by a recovery vision and attitude of outreach and collaboration in identifying intervention options. Staff members work closely with consumers, family members and friends to identify natural supports and strategies consistent with the culture and values of the individual and family. Teams in all three regions work closely with local law enforcement professionals and hospital staff. When feasible, they refer individuals to the Crisis Stabilization Unit in South County and the Crisis Residential Treatment facilities in North or South County, as an alternative to involuntary hospitalization at the Psychiatric Health Facility (PHF).

The Department of Behavioral Wellness (Department) has long identified improved responsiveness to crises as a priority. These programs offer a range of expertise in staffing that enables the team to provide interventions to a diverse community and by joining together the teams will be able to address client needs during and after a crisis. A goal of the Department is to have an integrated Crisis System of Care, better able to address the needs of all consumers moving through the different levels of. With greater access to voluntary crisis programs, the Department is better situated to meet the needs of consumers in crisis and reduce the need for inpatient hospitalization. By having a coordinated mobile crisis and triage response, the staff are cross trained and provide more flexibility in assignments and coverage which creates enhanced support for consumers. In addition, the Department will be providing crisis services in the evening and weekend hours to youth starting in FY 18-19 as the contract provider shifts to extend aftercare to youth during daytime hours.

Program Challenges and Solutions

The challenges are greater in the Santa Barbara region. There are twice as many calls and crisis encounters in the South compared to the North and West regions. To resolve this, staffing has been allocated in attempt to meet the need. In June 2018, Crisis Services in Santa Barbara were moved and co-located on the Calle Real Campus with the Crisis Stabilization Unit and Psychiatric Health Facility. The new location provides a central hub for individuals to quickly be assessed at Crisis Services and if needed, the Crisis Stabilization Unit located next door is available for up to 24 hour care, along with the Psychiatric Health facility which is in the same building available for psychiatric hospitalization.

Another challenge is the continued need to improve the relationship/partnership with local hospitals, law enforcement, and outpatient clinics. The Department has increased opportunities for collaboration between these parties, improving dialogue and approaching problem solving in a team-based manner. These efforts will continue to be a priority. In April 2018, law enforcement and local hospitals supported the Department in an application for a Kids Triage grant to provide triage services in the emergency rooms to children and their families. Grant award notification was received and the Department was awarded partial funding which will require development, design, and coordination with SAFTY provider, Casa Pacifica, grantor, and county staff and is anticipated to begin Summer 2018.

Program Performance (FY 16-17)

Unique Clients Served									
	Mobile Crisis			Crisis Triage			SAFTY (child/youth)		
	North	South	West	North	South	West	North	South	West
Age Group									
0-15	26	40	23	0	7	0	N/A	508	N/A
16-25	122	325	88	70	128	47	N/A	382	N/A
	Mobile Crisis			Crisis Triage			SAFTY (child/youth)		
	North	South	West	North	South	West	North	South	West
Age Group									
26-59	434	661	265	290	415	181	N/A	N/A	N/A
60+	92	155	49	49	72	26	N/A	N/A	N/A
Missing DOB	3	2	4	3	1	0	N/A	0	N/A
Total	677	1183	429	412	623	254	N/A	890	N/A
Gender									
Female	354	564	222	217	287	150	N/A	519	N/A
Male	313	611	196	189	333	103	N/A	370	N/A
Unknown	00	00	11	11	00	11	NA	00	NA
Ethnicity									
White	45%	54%	54%	42%	56%	55%	N/A	27%	N/A
Hispanic	37%	22%	26%	44%	28%	31%	N/A	44%	N/A
African American	3%	4%	6%	4%	4%	7%	N/A	2%	N/A
Asian/Pacific Islander	3%	3%	1%	2%	2%	1%	N/A	1%	N/A
Native American	1%	1%	1%	1%	1%	1%	N/A	1%	N/A
Other/Not Reported	12%	17%	12%	7%	9%	5%	N/A	23%	N/A

A goal of the crisis service programs is to stabilize clients in the community with safety planning and other supportive services in order to avoid admitting clients to a psychiatric hospital. As can be seen below, most of the crisis programs were able to avoid hospitalizing clients, using hospitalization as a last resort.

Client Outcomes

Hospital Admission Avoidance	North	South	West
Mobile Crisis	68%	62%	73%
Crisis Triage	71%	49%	76%
SAFTY	88%		

New Heights (General System Development) – Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$2,013,318
Estimated CSS Funding	
Estimated Medi-Cal FFP:	$1,439,100
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$174,218
Estimated Other Funding:	$400,000

The New Heights program serves transition-age youth (TAY), ages 16-25, who require assistance for serious emotional conditions or severe mental illness. These young adults age out of the Department of Behavioral Wellness Children's System of Care at age 25 and are at risk for homelessness. The New Heights TAY program also serves consumers experiencing mental health and substance abuse conditions. The program model was developed using the Transition Age Youth Subcommittee Resource Guide as approved by the California Mental Health Directors' Association in May 2005 and the Transition to Independence Process (TIP) System Development and Operations Manual.

Program Challenges and Solutions

The challenges encountered have been the increased need to develop employment resources that are specific to the TAY population. TAY specific resources for TAY housing is also a challenge due to the lack of short-term housing resources. The Department has begun to develop partnerships with the State Department of Rehabilitation (DOR) and Work Force Development Board to address these issues. In fall of 2017, DOR and the Department collaborated to implement employment services in each region and will be evaluating the effectiveness of this model in the upcoming year.

The Department will continue to work with stakeholders to develop additional resources for TAY consumers, including a possible teen drop-in center. The higher mental health needs for TAY have not currently been met within the New Heights program causing consumers to be transitioned to the adult ACT teams where they drop out or do not engage. Due to this, there is a need to develop a TAY Full Service Partnership (FSP) level of care to meet the needs of this age group within the Children's system of care. A TAY FSP is one of the new proposals being recommended by the Department as part of the 2017-2020 Three-Year Plan.

Program Performance (FY 16-17)

Unique Clients Served			
		New Heights	
	North	South	West
Age Group			
0-15	1	0	3
16-25	71	37	97
26-59	4	0	0
60+	N/A	N/A	N/A
Missing DOB	0	0	0
Total	***76***	***37***	***100***
Gender			
Female	41	20	69
Male	35	17	31
Unknown	0	0	0
Ethnicity			
White	28%	10%	38%
Hispanic	45%	18%	47%
African American	1%	0%	7%
Asian/Pacific Islander	2%	2%	1%
Native American	0%	1%	1%
Other/Not Reported	0%	6%	6%

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS) Age: 6-17 years	**% Improvement**
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	14.7%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	15.6%
Child Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	42.3%
School (e.g., behavior, attendance and grades)	90.6%

Caregiver Needs & Strengths (e.g., child supervision skills, family stress levels, residential stability, and caregiver physical/mental health status)	0.4%
Child Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	29.6%
Incarcerations/Juvenile Hall	11%
Milestones of Recovery Scale **Age: 18 years +** **(*clients open in FY15/16*)**	Initial to 6-Month MORS (n=103): 38% showed improvement 42% remained stable 6-Month to 12-month MORS (n=80): 19% showed improvement 54% remained stable

Partners in Hope: Recovery Learning Centers and Family Advocate (General System Development) – Mental Wellness Center and Transitions Mental Health Association

Partners in Hope is a peer-run program that provides peer support services to consumers and family members. The program supports Peer Recovery Specialists and Recovery Learning Communities (RLCs) in South, West and North County.

The goal of the peer staff and RLCs is to create a vital network of peer-run supports and services that builds bridges to local communities and engages natural community supports. The RLCs are also supported by other Mental Health Services Act (MHSA) funds to provide technology access to participants. These include computer access and technology training and classes. There are currently three RLCs throughout the County, each located at pre-existing housing developments that include MHSA-funded units, including Garden Street Apartments in Santa Barbara, Home Base on G in Lompoc, and Rancho Hermosa in Santa Maria

Partners in Hope primarily serves adults with severe mental illness, including those with co-occurring substance use disorders, at risk of admission to psychiatric care, and/or criminal justice involvement. Consumers may also be homeless or at risk of homelessness. The program is linguistically and culturally capable of providing services

to Spanish-speaking consumers who represent a large under-served ethnic population in Santa Barbara County.

Partners in Hope also includes a Family Advocate in each region of the County. Family Advocates provide support to family members throughout the County. The family peer program is operated by two community-based organizations (CBOs): The Mental Wellness Center and Transitions Mental Health Association (TMHA). At this time, both providers offer bilingual services to family members. In addition, recovery assistants offer peer services in the clinical teams for Behavioral Wellness as county staff.

Santa Barbara Services

In the past three years at the Mental Wellness Center's RLC, staffing has converted to all peer providers. This includes the program staff (Manager plus three specialists), a kitchen crew of three that provides seventy lunches daily, and computer laboratory and art room facilitators. An effort has been made to ensure that the staff reflects the ethnic distribution of the RLC members. In addition, the Santa Barbara RLC has developed multiple supported employment positions, especially around a Vintage Clothing Care Closet that has many benefits, including retail and stocking positions for RLC members to learn and practice employment skills that are in high demand in the community. The Closet provides gently used clothing and hygiene items, which are particularly useful for consumers who are homeless.

In addition to creating greater employment access both through in-house peer staff positions and through supported training opportunities, the Santa Barbara RLC promotes physical and mental health learning. Using groups and one-to-one dyads, Peer Specialists, RLC members, and ancillary workers meet with RLC members to recognize and manage symptoms, learn self-care, and practice recreational and social activities that are beneficial to their health. The Santa Barbara RLC schedules thirty to thirty-five group activities per week. The computer laboratory, which is physically a part of the RLC, averages 150 users per year.

2016-17: 348 Unduplicated RLC Members and 31 Annually Unduplicated MHSA Tenants Served at Santa Barbara Site	
Age Group	Number of Unduplicated Persons Served
16-25	26
26-59	236
60+	86
Total	348
Cost per Consumer	$257,000 for 1 years/348 people served = $740 cost per person served.

*Data is from the Mental Wellness Center

In Santa Barbara, the Family Advocate reaches out to both Spanish- and English-speaking audiences. The Family Advocate meets with adults or small groups individually to address questions about resources and systems navigation on behalf of family members who often have a serious mental illness. The Family Advocate presents

current and accurate information that is hard to obtain in the community, and also demonstrates and encourages coping skills and attitudes in the family members. The Family Advocate includes modeling effective strategies that he or she has learned through lived experience as a family member.

The Family Advocate is a pivotal position at the Mental Wellness Center in that she/he performs community outreach and liaises with the local National Alliance on Mental Illness (NAMI) Chapter and other volunteers and service providers to create a network of support useful to people navigating mental health and related resources. The Family Advocate averages about four presentations monthly at community events to increase awareness of mental health and available resources. At the Santa Barbara site, three to four support groups for family members are scheduled regularly each week in the evenings. In addition, the NAMI Family to Family course is taught twice or thrice yearly, with about twenty participants per class. Monthly speaker presentations are hosted at the facility, and several other presentations are offered throughout the year on various topics of interest.

2016-17: 3 7 5 Unduplicated Persons Served by Family Advocate	
Age Group	Number of Unduplicated Persons Served
16-25	9
26-59	246
60+	120
Total	375
Cost per Consumer	$64,524 over one year/375people served = $172 cost per person served

*Data is from the Mental Wellness Center

Lompoc and Santa Maria Services

Transitions- Mental Health Association (TMHA) has 100% staff in Santa Barbara County that are family members or have lived mental health experience. Additional strategies to increase access for peers have included part-time employment opportunities for consumers and family members in most Community-Based organizations.

TMHA has developed grant-funded programs to specifically engage the RLC membership and cultivate leadership and employment potential. TMHA CORPS (Career Opportunities in Recovery for Preventive Services), funded by the California Wellness Foundation, aims to outreach, enroll, train, and help place people with lived mental health experience and family members into the behavioral health workforce. LEAD (Lived Experience Advocacy Development), funded by the McCune Foundation, and provides outreach to members of both the Lompoc and Santa Maria RLC's and recruits and trains individuals with lived experience of mental illness to develop an advocacy platform and presentation. The goal is to develop a new generation of community leaders, a group that is deeply invested in the cause of mental health advocacy and can accurately and empathically represent its peers in the process. Additionally, both the Lompoc and Santa Maria RLC's receive Community Development Business Grant funding from the cities in order to provide more food and outreach to members in the

Latino community, respectively.

Partners in Hope FY 16/17

Age Group	Number of Unduplicated Persons Served Partners In Hope
16-25	8 in Santa Maria and Lompoc
26-59	103 in Santa Maria and Lompoc
60+	125 in Santa Maria and Lompoc
Total	251 served in Santa Maria and Lompoc
Cost per Consumer	$108,197 per year / 251 people served = $431.00 cost per person served*

The Recovery Learning Centers (RLC's) served approximately 400 unduplicated individuals in Santa Maria and Lompoc during FY 16/17.

Age Group	Number of Unduplicated Persons Served – RLC's
16-25	33 in Santa Maria and Lompoc
26-59	320 in Santa Maria and Lompoc
60+	47 in Santa Maria and Lompoc
Total	400 served in Santa Maria and Lompoc
Cost per Consumer	$280,000 per year/400 people served = $701.00 cost per person served.

*Data is from quarterly narrative reports sent to the Department of Behavioral Wellness.

Program Challenges and Solutions

Peer services have been evolving in Santa Barbara County since the inception of the MHSA. The original Community Services and Support (CSS) Plan initially included three peer staff. Since that time, most MHSA programs have integrated peer staff into their teams. Peer services are quickly becoming an integral part of all service teams, and the RLC's are 100% peer run programs.

The increase in staff positions has provided additional opportunities for people with lived experience, and a number of peer staff have been hired in Civil Service positions. Additional strategies to increase access for peers have included part-time employment opportunities for consumers and family members using a Peer Expert Pool funded through Workforce Education and Training (WET) and/or Community Service Supports (CSS). At the Santa Barbara RLC site, consumers are encouraged to develop skills in house and transfer them into the community. This process involves selecting work that the consumers are comfortable with performing and which doesn't interfere with their government benefits and other supports. Again, peer support is proving valuable in navigating employment pathways. Partner in Hope peer services provided by county staff will be fully integrated

into their respective outpatient clinical team starting in FY 2017-18 and peer navigators are planned to begin in FY 2018-19.

The most significant challenge faced by the peer staff has been the lack of a well- defined career ladder. Professional standards have not been established with any degree of uniformity, although this is changing. Mental Health America has come up with a peer specialist credential program that may well serve as a model for other programs. Establishing professional standards will help define the steps of a career ladder. In addition, there is also a lack of mentors: there are few people with a lot of experience as peer providers that can closely help those entering the field. This, too, will change as the staff at the three sites gain more experience over time. Sharing their experience will be valuable to new staff. During 2018-2020, the Department is encouraging peer staff to attend advanced peer certification trainings, such as a series called "Advanced Peer Specialist" provided by Share! and funded by the Office of Statewide Health Planning and Development (OSHPD). The Lompoc RLC held a 12 week academy called H2L in October of 2017. The idea was to activate peer members to take a next step in their recovery through an array of classes. Forty supporters, ranging from clinicians to caseworkers, attended the graduation of seven graduates of the program. As a result of the success, TMHA intends to offer two to three academies each year. Staff and many stakeholders are also following and supporting legislative proposals to create and reimburse California Behavioral Health departments for peer support activities which would enhance these roles statewide. In addition, the TMHA CORPS program is specifically recruiting participants from North Santa Barbara County for its next 6-week training program.

The Family Advocate at the Santa Barbara site is facing decreased challenges in terms of stigma and lack of knowledge about mental health. This is indicated by the increasing numbers of visits by care-giving family members, and the additional awareness-building events and opportunities that have been made available recently within the community. Still, these challenges do exist and continue to be a barrier to achieving better mental health for people who live here. Growing parent partner capacity to assist families in the Department is desired and a current application for a Kids Triage grant includes adding three positions pending funding.

There is a lack of consistent collaboration between the Department's Outpatient Clinics and Community Based Organizations treatment providers working within the RLCs. Consumers continue to report that they do not wish to be "forever clients" of the system and would like to step down to RLC level of care, but still have access to some clinical services. Consumers have reported in stakeholder meetings their desire to see psychiatric services and low end counseling at the RLCs. As a result of a supported proposal included in the 2017-2020 Three Year Plan, a pilot of this program is beginning in Lompoc in mid-2018 in collaboration with TMHA and intended to be county wide by 2019 with the other community partners.

In addition, a modern peer technology innovations plan is proposed to employ peers and use mobile and computer applications to improve access and linkage with the individuals in the community; this proposal is described in the Innovations section of this document.

Homeless Outreach Services – Behavioral Wellness, Good Samaritan, Transitions Mental Health Association, United Way-AmeriCorps

Provider:	Behavioral Wellness, Good Samaritan, Transitions Mental Health Association, United Way- AmeriCorps
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$626,324
Estimated CSS Funding	$408,424
Estimated Medi-Cal FFP:	$159,800
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$58,100

The expansion of Homeless Outreach services in all three regions during the last Three-Year Plan period has enhanced the mental health system's ability to respond to long-term needs of persons with severe mental illness who are homeless or at-risk of homelessness, and who are not receiving adequate mental health services.

In North County, the Department contracts with Transitions Mental Health Association for Homeless Outreach services, providing rapid access to mental health and substance use disorder treatment for residents of the Good Samaritan Shelter in Santa Maria. The Department also contracts for 4 shelter beds at the Good Samaritan shelter for homeless mentally ill consumers. Potential consumers are screened and referred by the Department's Homeless Outreach workers.

In Lompoc, there is no stand-alone program for Homeless Outreach services. This is addressed with the referral and active outreach and contact by shelter staff to the Lompoc Crisis Services team. Once a consumer is identified, he or she is entered into the electronic health record and engaged with Crisis Services staff, including the Caseworker, Recovery Assistant, Licensed Clinician and Medical staff. Additionally, one Recovery Assistant and the Team Supervisor meet bi-monthly in collaboration with other service providers for housing challenges and placements.

In South County, due to a higher percentage of homeless individuals, staffing in this region was further enhanced. The Department currently has 2 full-time and one half-time Homeless Outreach workers. In addition to outreach and assertive outreach efforts, outreach staff provide mental health screenings and assessments to determine the presence of a mental illness or substance use disorder. This is done in a setting preferable to the potential consumer and therefore, many screenings or other clinical services are provided in the field.

The Department partners with community organizations that provide key services to homeless persons, including primary health, mental health, substance use, housing, and employment services providers. These include, but are not limited to: The Department of Public Health (Health Care for the Homeless Program), Cottage Hospital, the Santa

Barbara Neighborhood Clinics, the Department of Social Services, Social Security, Legal Aid (benefits advocacy), the Santa Barbara Rescue Mission, the Salvation Army Hospitality House, PATH shelter, Catholic Charities, the City and County Housing Authorities, and Common Ground. Homeless Outreach staff and the Department had ongoing collaboration with the Central Coast Collaborative on Homelessness (C3H). In December 2017, C3H determined that to function more effectively it would move to Home For Good Santa Barbara County, under the direction of the United Way. The C3H Policy Council voted to become the Home For Good Santa Barbara County Funders Collaborative. Home For Good SBC is working to create a system focused on a common goal – quickly moving individuals and families into permanent housing and linking them to the appropriate supports and the Department will continue working with them on this mission.

The program expansions are consistent with the principles of MHSA, including a recovery and resiliency focus, creating a greater continuity of care and cultural competence. The Homeless Services program is providing extensive outreach and engagement services. Teams have also adopted strategies that meet the specific needs of homeless populations in each region. Teams also provide housing support and assistance, employment and education support, rehabilitation services and other necessary supports for families and individuals. The program model utilized is culturally and linguistically competent and appropriate: the only threshold language identified in Santa Barbara County is Spanish. Consequently, the goal has been to have 40% of direct service staff on this team and others be bilingual (Spanish/English) and bicultural.

Program Challenges and Solutions

The expansion of services in Santa Barbara County resulted in greater supports to chronically homeless individuals. An adjustment necessary in the South County region was providing supports and services to chronically homeless people housed in a new development offering 40 chronically homeless individuals long-term housing opportunities. Beginning in January 2018, Housing and Urban Development (HUD) required Santa Barbara County as a Continuum of Care to establish and operate a Coordinated Entry System. Coordinated Entry processes standardize the way individuals and families at risk of homelessness, or experiencing homelessness, access and are assessed for and referred to the housing and services that they need for housing stability. Homeless Services plays a key role in coordinated entry and their participation is now required. It quickly became apparent that the current staffing allocation for Homeless Services was inadequate to meet the needs of both the federally data collection/entry requirements for HUD as well as the clinical needs of the large population of individuals in Santa Barbara County experiencing homelessness. A re-structuring of the program added a Team Supervisor position to assist in this process and coordinating activities of the county team and community based organizations. This includes continued collaboration and funding of four members of the AmeriCorps outreach services with United Way. These individuals engage with those experiencing chronic homelessness and mental health issues in the field by providing street outreach, navigation of benefits and resources on individuals' needs, linkage to crisis intervention and assistance on housing problems. In other areas of the County, additional staff members were contracted to Community-Based Organizations. The Department has expanded collaboration with local shelters to provide support for consumers.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	0
16-25	7	1	8
26-59	27	60	30
60+	0	12	1
Missing DOB	0	0	0
Total	***34***	***73***	***39***
Gender			
Female	27	20	28
Male	7	53	11
Unknown	0	0	0
Ethnicity			
White	38%	66%	46%
Hispanic	53%	12%	49%
African American	0%	1%	5%
Asian/Pacific Islander	0%	3%	0%
Native American	3%	0%	0%
Other/Not Reported	6%	8%	0%

Client Outcomes

	North	**South**	**West**
Incarcerations/Juvenile Hall	15%	27%	23%
Psychiatric Inpatient Care	6%	11%	3%
Milestones of Recovery Scale (*clients open in FY16/17*)	Initial to 6-Month MORS (n=46): 46% showed improvement 28% remained stable		

In the Homeless Services program, 146 clients were served in FY16/17. Almost half (46%) of clients showed improvement on the MORS during the first 6 months. Hospitalization admissions were higher in South County, but on average, inpatient care was less than 7% County-wide. Clients served in South County had the highest incarceration rates (27%), followed by West County (23%) and North County (15%).

Co-Occurring Mental Health and Substance Use Outpatient Teams – Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$2,386,320
Estimated CSS Funding	$145,620
Estimated Medi-Cal FFP:	$1,304,300
Estimated 1991 Realignment:	$936,400
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

The Co-Occurring Outpatient Teams offer consumer-driven services and customize services based on individual needs. In the past three year stakeholder process, stakeholders' priorities were to focus on dual diagnosis rather than solely on the consumers' mental health needs. Accordingly, specialized outpatient Co-Occurring Teams are based in North, West and South County, and were designed for adults 18 and older. Consumers diagnosed with a severe mental illness and a co-occurring alcohol or other drug (Substance Use Disorder (SUD)) issue are identified for this specialized level of service. More specifically, this may include consumers who 1) have SUD-related legal issues, 2) have been recently discharged from a detoxification program, or 3) have a history of substance use.

All staff in the Adult Clinics have received training in selected evidence-based practices to ensure that they are co-occurring informed and competent. Evidence- based practices include Motivational Interviewing, Seeking Safety, and Cognitive Behavioral Therapy (CBT). Staff working on the Co-Occurring Teams utilizes a wide variety of treatment modalities in their treatment including weekly groups based on "Living in Balance," for group facilitation, and 1:1 SUD coaching and counseling; Medication Assisted Treatment and linkage to medical or social detox facilities and sober living homes; and local Alcoholics Anonymous or Narcotics Anonymous groups. All of the Department's Psychiatrists have been trained and are able to provide Medication Assisted Treatment.

Program Challenges and Solutions

There is a lack of a comprehensive system of care for people in recovery in the community that results in consumers being displaced into jail, hospital, Emergency Rooms, the inpatient Psychiatric Health Facility, and other types of inpatient containment. As a solution, the Department continues to collaborate with community agencies in an attempt to bridge gaps in community system of care resources. Rehabilitative SUD treatments that are available locally are primarily for women, and there are not enough resources for men. However, the development of expanded Drug-Medi-Cal services through the Organized Delivery System (ODS) is expected to be implemented by the Department commencing in fall 2019. The ODS will expand Substance Use Disorder referrals for co-occurring consumers throughout the system. In

addition, the Department will be piloting a new level of care tool in the upcoming year to strategize how to best serve individuals based on need rather than distinct teams for certain types of care. This may impact the team structure and is included as a three year plan proposal under review.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	0
16-25	6	8	5
26-59	180	269	110
60+	5	33	7
Missing DOB	0	0	0
Total	***191***	***310***	***122***
Gender			
Female	111	124	86
Male	80	186	36
Unknown	0	0	0
Ethnicity			
White	48%	58%	61%
Hispanic	45%	27%	25%
African American	3%	7%	5%
Asian/Pacific Islander	1%	2%	1%
Native American	1%	2%	2%
Other/Not Reported	3%	6%	4%

Client Outcomes

	North	**South**	**West**
Incarcerations	21%	25%	14%
Psychiatric Inpatient Care	9%	12%	2.5%
Milestones of Recovery Scale (*clients open in FY16/17*)	Initial MORS to 6-Month MORS (n=353): 31% showed improvement; 45% remained stable 6-Month MORS to 12-month MORS (n=224): 23% showed improvement; 50% remained stable		

In the Co-Occurring programs, 31% of clients showed improvement during the first 6 months. Approximately half of the clients remained stable with MORS scores over time. One average, there were low rates of psychiatric hospitalizations, county-wide (8%) and the average rate of incarcerations was about 20%.

Children Wellness, Recovery and Resiliency (WRR) Teams – Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$4,960,296
Estimated CSS Funding	$0
Estimated Medi-Cal FFP:	$2,953,300
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$2,006,996
Estimated Other Funding:	$0

The Wellness, Recovery and Resiliency (WRR) program for children is designed to serve consumers who have a higher level of function, those who may be stable and require a lower level of care, and those who may have graduation potential or successful step-down opportunities from clinics to a lower level of care or discharge from clinics. Services provided to consumers include:

- WRAP Services
- Focus on Prevention (3-4-50 Health Program) and healthy behaviors
- Skill building & retaining skills
- Vocational Rehabilitation services
- Empowerment and Self Reliance Skills
- Case Management

Services in WRR are provided based on a model of Team-Based Care (TBC). TBC is a multi-disciplinary approach in which all clinic/program members share joint responsibility in providing services, supports and treatment to consumers. Each treatment team carries together an assigned caseload of consumers, and each team member – based on his/her role, expertise and scope of practice – contributes towards a consumer's success, recovery and goal achievement. Consumers therefore are receiving services that are coordinated and integrated while still individualized.

This team triages, evaluates, manages and treats all referrals from the community in collaboration with other specialty teams to ensure consumers are receiving the appropriate level of care. The WRR team provides evidence based, trauma informed treatment to children ranging from ages five through young adulthood. All treatment is customized and tailored to meet the individualized needs of each consumer as he/she works in collaboration with team members on treatment goals of mental health wellness and recovery. The team focuses on providing an array of services, including the following: individual, family and group therapy, behavioral treatment, intensive case management, psychiatric services and medication support. Team members can include any or all of the following: Mental Health Practitioners, Case Workers, a Psychiatric Technician, a Registered Nurse and a Psychiatrist.

A specialized service provided within the WRR program is the “Katie A” program. The services are provided in collaboration with the Department of Social Services’ Child Welfare Services (CWS) program to screen, evaluate and identify any child with an open child welfare case to determine the acuity of their mental health needs and to provide them with the appropriate level of care. As indicated in the Core Practice Model, the Katie A Team strives to work within a team environment, with CWS, to build a culturally relevant and trauma informed system of support and services that is responsive to the strengths and underlying needs of families. The Katie A Team provides Intensive Care Coordination, Intensive Home Based Services, and Child and Family Team meetings in conjunction with all other core clinic support services. Team members can include any or all of the following: Mental Health Practitioners, Case Workers, a Psychiatric Technician, a Registered Nurse, and a Psychiatrist.

Program Challenges & Solutions:

One of the challenges is the changes in admission criteria implemented by the State in December 2016 within Children’s services. The change in requirements impact Children services from accepting only moderate to severe consumers to more inclusive criteria. The new criterion includes consumers with mild to moderate and severe mental health needs for admission and treatment. Since these new lower level consumers are now being served, staffing resources, and timeliness to care have been impacted. The solution has led to an increased collaboration with the community in order to build additional resources and supports for consumers and families. Another challenge is not having developed designated Access staff in the Children System of Care in the previous MHSA plan. Not having Access staffing takes away from ongoing consumer care. Lastly, some of the Community Based Organization partner services are duplicating similar services within the County, and the level of care is not sufficiently defined. Due to these challenges the Department recognizes the likelihood that the current Children’s programs will need to be restructured and the type of partnering re-considered. In addition, children placement services, including foster care, is being reformed statewide, impacts of these changes are anticipated and various.

Program Performance (FY 16-17)

Unique Clients Served			
	North	**South**	**West**
Age Group			
0-15	300	173	179
16-25	102	129	52
26-59	0	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	*402*	302	231
Gender			
Female	205	155	116
Male	197	146	115
Unknown	0	1	0

	North	South	West
Ethnicity			
White	22%	20%	17%
Hispanic	74%	66%	68%
Unique Clients Served (continued)			
African American	1%	2%	5%
Asian/Pacific Islander	0%	2%	1%
Native American	1%	1%	1%
Other/Not Reported	2%	10%	7%

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS) Age: 6-17 years	**% Improvement**
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	23.3%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	24.8%
Child Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	27.6%
School (e.g., behavior, attendance and grades)	34.5%
Caregiver Needs & Strengths (e.g., child supervision skills, family stress levels, residential stability, and caregiver physical/mental health status)	2.9%
Child Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	18.3%

	North	South	West
Psychiatric Inpatient Care	5%	10%	5%

WRR clients made the most progress in school (34.5%), child risk behaviors (27.6%) and behavioral/emotional needs (24.8%). There were very low rates of psychiatric hospitalizations, (on average less than 7% County-wide) and incarcerations (on average less than 1% County-wide).

Adult Wellness and Recovery (WRR) Teams - Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$4,824,788
Estimated CSS Funding	$2,411,688
Estimated Medi-Cal FFP:	$2,413,100
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

The Wellness and Recovery (WRR) teams provide services to adults in a clinic setting, with some services provided in the community on an as-needed basis. All staff has been trained in relevant Evidenced-based Practices, including Cognitive-Behavioral Treatment and Trauma-Informed Care. Team members provide services in a variety of modalities including groups addressing trauma, depression and life skills. Groups related to improved health outcomes have been introduced. Consumers served in this team are also linked with services provided by the Department of Rehabilitation. A manual for Team-Based Care has been developed and implemented which articulates the roles and interactions for each team member and provision of services. In addition, case management services are always available to consumers to assist them with obtaining and maintaining housing, linking them to primary health care providers, and providing financial management support.

Program Challenges and Solutions

The WRR program was initially designed to serve consumers who are higher functioning and will be appropriate for step-down to a lower level of care. In practice, a different reality emerged due to a variety of factors: 1) the lack of step-down options available in the community, especially for Psychiatry, remains non-existent or very limited in all regions especially if the consumer has Medicare or Medicare/Medi-Cal insurance. Consumers who likely can step down remain at the clinic receiving services due to the lack of other treatment options; 2) a significant percentage of consumers who require on-going intensive services do not fit naturally into the specialized Co-Occurring or Medically Integrated Team, and by default remain in the WRR team. The result of these barriers is that the WRR teams are comprised of consumers with a wide variety of diagnoses and treatment needs that stretches staff resources and impacts good consumer care. Implementation of a level of care approach included as a proposal in this Three Year Plan may assist in serving individuals more appropriately based on need; refer to “Update to New Proposals for this Three-Year Plan” included in this document for status.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	0
16-25	9	16	8
	North	**South**	**West**
Age Group			
26-59	303	319	186
60+	29	97	34
Missing DOB	0	0	0
Total	341	432	228
Gender			
Female	185	236	126
Male	156	196	102
Unknown	0	0	0
Ethnicity			
White	42%	54%	54%
Hispanic	47%	31%	31%
African American	5%	6%	9%
Asian/Pacific Islander	4%	4%	3%
Native American	1%	1%	1%
Other/Not Reported	2%	5%	2%

Client Outcomes

	North	**South**	**West**
Incarcerations	4%	5%	6%
Psychiatric Inpatient Care	6%	7%	5%
Milestones of Recovery Scale (*clients open in FY16/17*)	Initial MORS to 6-Month MORS (n=675): 28% showed improvement; 51% remained stable 6-Month MORS to 12-month MORS (n=438): 23% showed improvement; 53% remained stable		

In the Adult Wellness, Recovery & Resiliency programs, nearly 75-80% of clients remained stable or improved during one year of treatment. Psychiatric hospital admissions were low, on average, throughout the County at just 6.5%. Average rates of incarceration were similarly low at about 5%.

Pathways to Well Being (Formerly "Hope" Program) - CALM, Santa Maria Valley Youth and Family Center

Provider:	CALM, Santa Maria Valley Youth and Family Center
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$1,040,400
Estimated CSS Funding	$42,500
Estimated Medi-Cal FFP:	$475,400
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$522,500
Estimated Other Funding:	$0

HOPE has been re-vamped into Pathways to Well Being for FY 18-19. This program will provide assessment to foster youth to determine class/subclass for Katie A and provides mental health treatment to youth and their foster or kinship families for those who meet criteria. The goals are to maintain the stability of children in their homes and placements thereby reducing the necessity of multiple placements for a child. The program also focuses on working toward permanent placement through trauma- informed treatment for the youth and trauma informed parenting.

The CALM Pathways to Well Being program will continue to cover the Santa Barbara and Lompoc regions. The Pathways to Well Being program in these regions will continue to be enhanced due to adjunct services funded through the Department of Social Services. These include Family Drug Treatment Court, the Intensive Family Reunification Program and the Trauma Informed Parenting Workshop series, all of which provide services to the youth's caregivers and have demonstrated a decrease in changes in placement and an increase in successful reunifications and adoptions.

Santa Maria Valley Youth and Family Center (who merged with the Family Services Agency last year) will continue to be the provider of Pathways to Well Being services in the Santa Maria region (North County).

Program Challenges and Solutions

The annual caseloads for the HOPE (Pathways to Well Being) program are increasing. It appears that with the implementation of the Katie A screening and referral process, more children in foster care are being referred to HOPE (Pathways to Well Being). For example, in FY13-14 ninety-four (94) referrals were received by the program, forty-two (42) referrals were made in FY 14-15, and thirty-four (34) in FY 15-16. However, in FY 16-17, 106 clients were referred in South County alone! Under current practice, these children, referred directly from the Children's Welfare System, have to wait for the Behavioral Wellness department to conduct the Assessment determining class/subclass and medical necessity before the provider may begin services. In FY 18-19, we will be streamlining our processes and allowing our provider to conduct the Assessments, thereby decreasing the amount of wait time from referral to actual service by the youth and his/her foster family.

One challenge from last year that was addressed this year was reconfiguring our intensive in-home program and our HOPE (now known as Pathways to Well Being) to be complimentary programs to one another rather than duplicative. The changes made also created a more comprehensive and seamless system. Going forward, changes to the State "Continuity of Care Reform" may also impact service due to new models introduced by the State.

Program Performance (FY 16-17)

Unique Clients Served			
	North	**South**	**West**
Age Group			
0-15		86	N/A
16-25		20	
26-59	N/A	0	
60+		0	
Missing DOB		0	
Total		***106***	
Unique Clients Served (continued)			
	North	**South**	**West**
Gender			
Female		50	N/A
Male	N/A	56	
Unknown		0	
Ethnicity			
White		23%	N/A
Hispanic		58.5%	
African American	N/A	7%	
Asian/Pacific Islander		4%	
Native American		3%	
Other/Not Reported		6%	

Client Outcomes

	North	**South**
Incarcerations/Juvenile Hall	0	2%
Psychiatric Inpatient Care	0	1%
Out-of-Home Placement	0	0
Purposeful Activity (employed, school, volunteer)	100%	100%
Stable/Permanent Housing	Not reported	98%

Overall, client outcomes were excellent for HOPE clients, with no adverse events, 100% engaged in a purposeful activity and stability in placement/housing.

Crisis Residential Services North/South – Anka Behavioral Health

Crisis Residential South, West & North

Provider:	Anka Behavioral Health
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$3,997,100
Estimated CSS Funding	$1,185,800
Estimated Medi-Cal FFP:	$1,538,000
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$1,273,300

The Department of Behavioral Wellness offers voluntary residential recovery programs to clients in crisis in both North (Santa Maria) and South (Santa Barbara) County. These facilities are operated by Anka Behavioral Health. The programs allow clients in crisis, who have a serious mental illness, to receive treatment from Mental Health Practitioners, Caseworkers, Peer Recovery Assistants, and Psychiatrists, while participating in various recovery programs. Clients can stay at either facility for up to 30 days at a time and have designated visitation hours. Residential crisis services aim to:

- provide an alternative to the hospital Emergency Department;
- increase community-based services;
- provide appropriate services in less restrictive environments;
- provide post-crisis support and linkage to maintain stability and reduce recidivism.

Program Challenges and Solutions

The primary objectives for Crisis Residential Treatment (CRT) programs are to reduce the client's active behavioral health symptoms and psychological distress. Using the Symptom Checklist and Triage Severity Scale as a measurement toll at intake and discharge, significant improvements were reported at both North and South CRT facilities. Another primary objective for CRT staff is ensuring stable housing for clients upon discharge from CRT programs. Across all quarters evaluated, clients at both facilities consistently experienced significantly less homelessness at discharge than intake.

The Santa Barbara and Santa Maria CRT program focus was to better collaborate and problem-solve with the County's Psychiatric Health Facility (PHF) , Crisis Stabilization Unit (CSU), Triage teams and other county resources with the goal of maximizing the bed occupancy at the CRT's in the past two years. ANKA worked toward this goal by providing a driver to assist in the transportation of clients from the PHF and CSU to the CRT programs; and by working with their own staff to be more flexible with admission hours and working collaboratively with the County on challenging clients. Although ongoing effort by the parties is required for beds to be consistently full, progress was made with collaboration and problem-solving. During FY 17-18, two additional slots were added

in the South location which created additional options for transitions in the crisis system of care. The Department is coordinating the development of a new Crisis Residential unit in North County anticipated to open by late 2018. The new location will have eight slots and the facility development costs are funded by a grant from the California Health Facilities Financing Authority (CHFFA). As a result, a redesign of staffing patterns in all three locations is occurring which will leverage all the resources to accommodate the varied levels of care needed including greater medical support and coordination of services throughout the County.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	N/A
16-25	38	10	
26-59	188	113	
60+	12	9	
Missing DOB	0	0	
Total	**238**	**132**	
Gender			
Female	110	42	N/A
Male	127	90	
Unknown	1	0	
Ethnicity			
White	54%	56%	N/A
Hispanic	37%	31%	
African American	4%	5%	
Asian/Pacific Islander	1%	2%	
Native American	1%	1%	
Other/Not Reported	3%	5%	

	North	**South**	**West**
Incarcerations	25%	43%	N/A
Psychiatric Inpatient Care	53%	54.5%	N/A

Treatment Engagement: Client engagement in treatment, such as medication compliance and participation in therapeutic activities, is critical for stabilization and recovery. The target for engagement is 75%. In FY16/17, clinical staff reported that, on average 73% of clients were partially to fully engage in program (80% Santa Maria, 66% Santa Barbara. Follow-up care beyond the CRT is an important component in helping clients maintain gains made toward recovery and preventing hospital or CRT admissions. The goal for outpatient referrals was 75%; on average 68% of clients were referred to an outpatient clinic setting for follow-up care in FY16/17 (78% Santa Maria, 58% Santa Barbara).

Stable/Permanent Housing: The CRT program strives to develop a plan for stable/permanent housing by discharge (75%) for clients that are at risk for homelessness or are homeless. Program staff assess housing status and risk for homelessness at admission and discharge. Across quarters, clients at both facilities consistently experienced significantly less homelessness at discharge than intake. Although fewer clients left the program with no plan for housing, objectives were not met for the percent of clients that left the program with stable housing. This is in part because many clients are placed on waiting lists for housing at discharge, but their housing status is nonetheless recorded as "homeless" in the evaluation system. Overall, housing status did improve from intake to discharge at both facilities.

Client Satisfaction with Services: Clients in North and South County strongly agree or agree that their treatment was satisfactory, and that services received were effective, efficient, accessible, and collaborative. Clients reported, "My experience at Anka was wonderful and saved my life literally." and "All staff was kind and respectful, and I am thankful for all their assistance."

Staff Professional Quality of Life: The CRT employs peer and non-peer staff. As the CRT serves a population with intensive needs with a high number of peer staff, it was important that Anka monitor the wellbeing of their staff. Using the Professional Quality of Life Survey, job or work burnout, secondary traumatic stress (emotional duress from listening to another's trauma experience), and compassion satisfaction were assessed on all staff each quarter. Overall, staff members in North and South County indicated a high professional quality of life, reporting that they often feel satisfaction from their work and never or rarely experience burnout and secondary traumatic stress.

Behavioral Health Symptoms: Clients in North and South County reported reductions (63% and 45%, respectively) in active behavioral health symptoms from intake to discharge. And, clinicians in both North and South County reported reductions in clients' affective, behavioral, and cognitive impairment in FY 16/17

Inpatient Recidivism: In FY16/17, 85% of clients served the CRTs remained stable in the community and did not require hospitalization within 30 days of discharge from the CRT.

Medical Integration Program - Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19	
Estimated Total Mental Health Expenditures:	$2,714,262
Estimated CSS Funding	$1,409,262
Estimated Medi-Cal FFP:	$887,200
Estimated 1991 Realignment:	$417,800
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

The specialized Medical Integration teams in each region of the County serve persons with severe mental illness who also experience serious medical problems, including individuals who are 60 years of age and over. Teams address the complex needs of this population, including multiple medication management and the prevalence of significant physical and mental health conditions. In the past year, 405 consumers have been identified and assigned to these teams. With ongoing evaluation and program development the Teams learned that age alone was not a clinically appropriate determination for assignment to this program. Each consumer is now being assigned based on the existence of complex medical needs to ensure individualized treatment.

The Teams serve:

- Newly diagnosed individuals with chronic/severe health conditions;
- Persons with poorly managed health conditions;
- Individuals with multiple and complex health conditions;
- Persons with limited mobility and/or incapacities due to health conditions;
- Elderly and infirm people;
- Dually diagnosed individuals with a medical condition;
- Persons with infectious/chronic conditions;
- Persons with apparent health conditions that need to be connected with a primary care provider.

Forging new partnerships with primary care and substance use treatment providers is essential. In monthly meetings, each region is collaborating with the Public Health Department, Community Based Organizations (CBO's), other community health providers and service agencies to improve the care of mutual consumers and to develop seamless processes of referral. Services provided to consumers in the Medical Integration team are mostly medication support services and intensive case management services. Groups addressing pain management and healthy living (i.e. nutrition, exercise) also have been introduced.

The key measurements of the project include assessing the reduction in hospitalization and Emergency Room visits; potential reduction of service duplication; improvement in medication management; potential reduction of costs of primary and mental health care and improved quality of life.

Program Challenges and Solutions

This program was developed to serve older adults to now serving consumers with complex medical needs of all ages. The services have evolved to being a specialized area that requires a lot of collaboration with primary care and ongoing education and collaboration. This population requires intensive field-based medical and case worker services that exceeded the allocated staffing patterns**.** To address this issue, the Medical Integration teams were trained in team-based care so that responsibility for consumer care could be shifted away from individual caseloads to multi-disciplinary teams who could assist with multiple consumers. The teams have been very successful in integrating a team-based approach and have successfully adopted consumers into their new teams. However, ongoing refinement to this approach may require evolving into levels of care that include medical integration at all levels, being mindful that each program level will require a different level of coordination and services. A 3-4-50 Health Program Manual and trainings have been developed and implemented including groups such as Rethink your Drink, movement, pain management, healthy eating, yoga, and walking to assist consumers with improving physical concerns which impact their mental health.

The original vision for the implementation of three specialized programs (Wellness Resilience Recovery, Medically Integrated Older Adult, and Co-Occurring Disorders) was for staff positions to be flexible. Fiscal structure didn't allow for staff movement which created stagnation of consumers in programs that no longer applied to them after specialized treatment was provided. Consumers naturally became attached to their originally assigned clinicians, but were reassigned to new clinicians when transferring from program to program. These transfers created ruptures in therapeutic relationships or a lack of fidelity to fiscal organizational structures when consumers were kept with the original clinician. In order to address these challenges, the Department envisions designing levels of care encompassing the specialty programs focusing on consumers' needs for services. This, in addition to Team Based Care will allow flexibility of staff to provide services at each level of care and at each program within the outpatient clinic site. This is a proposal being recommended in this Three Year Plan and evaluation of how to create these options will continue in FY 18-19.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	0
16-25	1	0	1
26-59	101	31	60
60+	101	87	23
Missing DOB	0	0	0
Total	***203***	***118***	***84***
Gender			
Female	135	76	57
Male	68	42	27
Unknown	0	0	0

Ethnicity			
White	59%	64%	52%
Hispanic	31%	23%	32%
African American	64%	8%	11%
Asian/Pacific Islander	1%	1%	2%
Native American	1%	1%	0%
Other/Not Reported	2%	3%	2%

Client Outcomes

	North	South	West
Incarcerations	1.5%	3%	2%
Psychiatric Inpatient Care	1.5%	6%	5%
Milestones of Recovery Scale	Initial MORS to 6-Month MORS (n=243):		
(*clients open in FY16/17*)	25% showed improvement; 53% remained stable 6-Month MORS to 12-month MORS (n=157): 20% showed improvement; 57% remained stable		

About a quarter (20%-25%) of clients improved overtime and more than half (53%-57%) remained stable; therefore, only about a quarter (25%) declined over time. In evaluating the effectiveness of Behavioral Wellness services, it is also important to consider other outcomes such as the incidence of adverse events. Clients in the Medically Integrated/Older Adult programs, on average, had very low rates of psychiatric hospitalization (3%) and incarceration (2%) during FY16/17.

Adult Housing Supports (General System Development) – Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2017/18:	
Estimated Total Mental Health Expenditures:	$1,529,000
Estimated CSS Funding	$709,100
Estimated Medi-Cal FFP:	$819,000
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

During prior years' stakeholder forums, additional housing and expansion of services to those who are housed was a common theme for prioritization. One concern raised was that housing support services for those in the community was limited by whether an individual qualified for

Medi-Cal or MediCare benefits or qualified for MHSA funding which was restricted to funding of housing subsidies for Full Service Partnership (FSP) clients. As a result, the Department designed a new program for Adult Housing Supports. In the upcoming year, the new program will utilize current adult residential facility (ARF) contracted providers by adding to the number of beds available in the County and expanding eligibility criteria or services to all MHSA clients, including conserved clients. Following the recent three year plan update, legislation was passed in late 2017 which expanded the number of programs and services funded by MHSA which could provide housing/rental assistance for mental health clients. Assembly Bill 727 authorized housing subsidies for all eligible MHSA consumers rather than limiting it to those eligible and receiving care in an FSP. As a result, clients who meet the necessary level of care criteria for an ARF will be served by providers in the community whether they are currently seen in an FSP program and/or are Medi-Cal or MediCare recipients. The new program will include a redesign and update of current services by inclusion of MHSA principles comprised of improving access to underserved and unserved individuals through expansion of eligibility criteria, requirement of recovery focused programming, and an increase in peer staffing. The Department will continue to review and modify the types of adult housing supports, such as rental subsidies, based on funding available.

Program Challenges and Solutions

In order to initiate this new program, design of the facilities and services along with continued partnerships with contracted providers will be important factors for success. With the purpose of building adequate infrastructure, additional components may be needed while the demand for housing increases and the type of housing desired varies depending on region. Along with the No Place Like Home initiative, this program is a step to supporting long term recovery by creating a solution of improving access to care with an immediate connection to housing. Various studies show housing is a crucial component in recovery and stabilization for those suffering from mental health challenges. Housing assistance, such as rental subsidies, security deposits, utility deposits, move in costs, or capital funding for the building of rehabilitative housing, are options for consideration in future MHSA plans. However, the program will be limited to the funding available which is quite a barrier due to the overall high cost of operating residential facilities and/or other housing supports in Santa Barbara County.

Full Service Partnerships

About Full Service Partnerships:

Full Service Partnerships (FSPs) are one of three funding categories within the MHSA Community Services and Supports (CSS) funding component. MHSA Guidelines for FSPs require that these programs:

- *provide all necessary and desired appropriate services and supports* to consumers and families to achieve goals identified in their plans;
- provide each consumer an *individual service plan* that is person/child-centered and includes sufficient information to allow them to make informed choices about the services in which they participate;
- *maintain a single point of responsibility* – Personal Service Coordinators (PSCs) for adults – case managers for children and youth – with a caseload that is low enough so that: (1) their availability to the individual and family is appropriate to their service needs, (2) they are able to provide intensive services and supports when needed, and (3) they can provide the consumer served and/or family member considerable personal attention;
- *respond to consumers and family members 24 hours a day, 7 days a week* with PSCs,

children's case managers or team members known to the consumer or family member;

- *respond to landlords and/or law enforcement* for transition age-youth, adults and older adults; for children and youth it must include the ability to respond to persons in the community identified by a child's family;
- be staffed with people *known to the consumer or family member to be culturally competent* and know the community resources of the consumer's racial/ethnic community;
- *provide direct service or linkages to all needed services or benefits as defined by the consumer and or family* in consultation with the PSC/case manager. This includes the capability of increasing or decreasing service intensity as needed.

Assertive Community Treatment (ACT): Santa Barbara, Lompoc and Santa Maria

Adult Assertive Community Treatment (ACT) programs for adults include Santa Maria ACT FSP (Provider: Telecare; capacity 100), Santa Barbara ACT FSP (Provider: Behavioral Wellness; capacity 100); Lompoc ACT FSP (Provider: Transitions Mental Health Association; capacity 100).

ACT is an evidence-based approach for helping people with severe mental illness, including those experiencing co-occurring conditions. ACT programs offer integrated treatment, rehabilitation and support services through a multidisciplinary team approach to transition-age youth and adults with severe mental illness at risk of homelessness. ACT seeks to assist consumers' functioning in major life domains.

Treatment includes early identification of symptoms or challenges to functioning that could lead to crisis, recognition and quick follow-up on medication effects or side effects, assistance to individuals with symptoms self-management and rehabilitation and support. Many consumers experience co-occurring mental health conditions and substance abuse disorders.

Lompoc ACT FSP

Provider:	Transitions-Mental Health Association
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$2,062,360
Estimated CSS Funding	$1,191,560
Estimated Medi-Cal FFP:	$870,800
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Transitions Mental Health Association (TMHA) provides ACT services in Lompoc. As an ACT model program, the staff functions as a team and provide services for adults, older adults, and transitional age youth with serious and persistent mental illness. The team provides treatment, support and rehabilitation services in the community with a "whatever it takes" approach. Lompoc ACT is committed to reducing homelessness, hospitalizations, and incarceration and focuses on encouraging each individual's recovery and pursuit of a full, productive life.

Services have been focused on supporting consumers moving further along in their recovery

journeys. Emphasis has been placed on supporting individual goals of employment, education, and volunteer work, encouraging growth in these areas. Transitions Mental Health Association has been able to connect consumers with our own employment programs and employment opportunities at the Growing Grounds Farm and Recovery Learning Communities (RLC). ACT consumers have been employed at the farm, the RLC, as well as in-house paid job training positions.
This program has also shifted its staffing pattern to employ more Master's Level clinical staff. This has resulted in more therapeutic offerings and group treatment options and has benefited the ACT population.

This team has provided services to over 100 unique consumers in FY 16-17. As a result, in-patient hospitalizations have been reduced, employment and education participation has increased, and incarcerations have reduced as well. The FY 16-17 contract collaborative review data indicates that:

- 89% of consumers have avoided incarceration
- 85% have avoided in-patient psychiatric hospital stays
- Less than 10% of clients were hospitalized for physical health reasons
- Emergency room visits averaged 7 clients per quarter; and
- Over 90% of clients maintained stable/permanent housing

Program Challenges and Solutions

The West region of the County has limited FSP resource options due to a lack of supported community services program. As a result, the Department and TMHA are reviewing how to incorporate FSP supported services into Lompoc. Lompoc ACT offers a higher level of care than the Lompoc outpatient clinic and a transitional step down to supported services would possibly improve outcomes and offer individuals a better transition in the system. In spring 2018, a pilot program between the Department and TMHA began to offer psychiatric care at the Lompoc Recovery Learning Community for those who transition out of the intensive services. By creating these transition levels, the proposed changes will support clients in their recovery by ensuring adequate support throughout each step.

Santa Maria ACT FSP

Provider:	Telecare Corporation
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$2,901,112
Estimated CSS Funding	$1,569,112
Estimated Medi-Cal FFP:	$1,332,000
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Telecare Corporation provides contract Assertive Community Treatment (ACT) services to the Department of Behavioral Wellness in Santa Maria. Santa Maria ACT (SM ACT) employs the following Program Goals to fulfill consumer outreach objectives:

A. Build Relationships with consumers based on mutual trust and respect.

Consumers are in various stages of relationship development with staff and are connected to a variety of staff based on need and consumer preference. Each

consumer has a point-person; however, emphasis is placed on development of relationships with the team as a whole, as well as this "primary" point-person.

Consumers interface with employment and co-occurring staff when this is a focus of treatment and/or is a barrier to the "hope and dream" for the consumer. Medical care is provided by the Department of Behavioral Wellness Psychiatrist and Nurses assigned to the team. Consumers involved with forensic systems are supported in Mental Health/Drug Court as well as Probation obligations. In 2015, the Team- Within-A-Team (team-based) approach to improving mutual relationships and individualized care was implemented:

1.) Team A – This team is for those newly admitted to the program or those who are poorly coping, at risk for crisis, or minimally engaging. This team meets with consumers more than once a week.

2.) Team B – Consumers in this team may be somewhat coping but are engaged in treatment or may be coping and actively working on rehabilitation. Consumers are seen at least once a week.

3.) Team C – This team works with those who have achieved early recovery and are ready to graduate to the next level of recovery. The team focuses on community linkage and preparation for clinic services. Consumers are seen at least once a week with a gradual plan to reduce direct staff services to every other week in preparation for transition to outpatient clinic services.

Comprehensive reviews for each consumer are completed once a month to determine team placement. The Milestones of Recovery Scale (MORS) was implemented in 2015 and is utilized on the first Monday of the month for the prior month. Efforts are underway to be more inclusive of the consumer in this process and to physically have them present whenever possible in comprehensive planning meetings and treatment plan development. We are encouraging the consumer to be involved and take an active role in their own recovery.

B. Offer Individualized Assistance: Each consumer is assisted in the areas of medical and psychological health, housing, education, vocational readiness, interpersonal skills development, substance use, and family interactions as identified in a "problems" list. Goals, both short and long term, are prioritized by the consumer. Stages of recovery are addressed by the team to assist consumers in identifying barriers which the consumer may not connect to past or current failures in reaching their own hopes and dreams.

C. Provide a culture of recovery through Telecare's Recovery-Centered Clinical Systems (RCCS) treatment modality

Admissions are voluntary and prioritized based on need of the consumer and the ability of the team to meet his or her needs. Each consumer has the right to fail or succeed based on their choices. The consumer drives recovery through staff support in the awakening of hopes and dreams. The recovery process involves gaining the knowledge to reclaim one's power and achieve one's desires by learning to make choices that bring strength rather than harm. Recovery involves living a meaningful life with the capacity to love and be loved.

No matter with which culture or cultures the consumer identifies, it is the goal of the program to recognize the unique differences, strengths, knowledge and experiences of each person served. Inclusion into the community as an active, independent, healthy, and productive citizen is the program's goal.

70% of services are provided in the community and use natural supports whenever possible. Development of a broad support network is necessary for continued growth and

achievement of life goals.

D. Provide continuity across time

Many of SM ACT's consumers have long-term relationships with team members. A "whatever-it-takes" approach is used to support each consumer in their recovery. Support is given when the following situations occur but is not limited to: medical care is needed; psychiatric crisis; being unable to make effective choices which thereby leads to risky behaviors; involved with forensic services; specialized group participation is needed (e.g. rape crises counseling); or when family issues occur beyond the ability of the consumer's skill to either problem solve, set limits, or re- establish connections. Services are provided 24/7/365 through a crisis line answered by a familiar staff ready to provide support.

E. Operate as a comprehensive, self-contained service.

All outpatient behavioral health services are provided by SM ACT. The team has a wide variety of experience and expertise. Linkage to community support while an individual is a consumer of SM ACT is part of the Full Service Program (FSP) wraparound service.

Program Challenges and Solutions

Santa Maria Act and the Department have worked on transitioning clients throughout the system of care which was an issue in prior years. Graduations of clients to a lower-level of care have improved. In FY 17-18, the program underwent their triennial Medi-Cal recertification and successfully passed. In addition, staffing retention is difficult in North County due to limited healthcare workforce resources, which Telecare has proactively strategized hiring plans and continues to monitor to adequately to employ peer and family members and those who are bilingual in the staffing pattern. In order to provide service in the North region and at the required level of care, staffing will be evaluated between Telecare and the Department to best meet the needs of the program while ensuring adequate coverage for both the medical staff and provider programming.

Santa Barbara ACT FSP

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$3,421,234
Estimated CSS Funding	$1,955,534
Estimated Medi-Cal FFP:	$978,700
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$487,000

Santa Barbara ACT functions as a multi-disciplinary team, meeting every morning to review the status of all clients and develop the Daily Organizational Schedule. The Daily Organization Schedule enables the team to determine which services will be provided that day based upon consumer acuity and regular rehabilitation and medication support visits. ACT services are provided to transitional age youth (18-25); adults (26 to 59), and older adults (60 and over) with serious and persistent mental illness. The team recently transitioned to two teams, both of which provide all services as needed. Each team includes a Practitioner, Nurse, Case Manager, Vocational Rehabilitation Specialist, and a Recovery Assistant. Both teams report each morning

on what happened during the last 24 hours, and work together to ensure that all consumers are seen as needed, including the option of team's crossing-over to support client needs and acuity. The team operates in a manner consistent with the ACT fidelity model, doing "whatever it takes" to ensure consumers are provided with case management, rehabilitation, therapy, and linkage to other supportive services in the community as needed. Santa Barbara ACT is committed to reducing homelessness, hospitalizations, and incarceration and focuses on providing all services using a recovery-based, client-centered approach.

Program Challenges and Solutions

In the last several years, ACT programs have faced challenges related to fidelity compliance. Concerns related to fidelity and program consistency were addressed by conducting an in-depth fidelity review of all three ACT programs during this last three year period. The review tool used was the updated TM-ACT (The Tool for Measurement of ACT) which has 47 items rated on a 5-point scale, as compared to the former DACTS (Dartmouth Assertive Community Treatment Scale).

Over the past few years, this ACT program has undergone a number of changes (e.g., changes in management, documentation practices, and team leadership), but has begun shifting to the fidelity model again. This includes completing comprehensive assessments in order to get to know the consumers as fully as possible, thus facilitating the development of a treatment plan based upon the consumers wishes and needs. The multi-disciplinary team meets as part of the Individual Treatment Team (ITT) to review the summaries of the assessments, and build the treatment plan to be reviewed again with the consumer for final review. This takes place within the first 30 days.

The team also shifted its staffing pattern to employ more Practitioner Interns and Volunteer Interns (Master's level staff), greatly increasing the ability to provide clinical services needed. This additional staff will assist the team in meeting consumers more to work on rehabilitation, leading to a reduction in hospital days and jail days. The ACT program is also working on developing more groups (Seeking Safety, Dialectical Behavior Therapy (DBT); physical health (wellness); and co-occurring groups) during this Three Year Plan period. In order to best respond to clients, the location of the Santa Barbara ACT team will be reviewed as the Calle Real campus isn't located in a central area and can be a barrier to accessing care. Public Health and Behavioral Wellness Departments started a pilot project for improving access to the Call Real campus. In 17-18, Easy Lift transportation began shuttling community members to and from four downtown Santa Barbara locations, including the homeless shelters, to the Calle Real campus. The shuttle is free and provides drop off and pick up three times a day for consumers and community members who want to easily access their ACT team, crisis services, or the walk in outpatient clinic.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	0
16-25	9	4	10
26-59	77	85	77
60+	30	30	22
Missing DOB	0	0	0
Total	116	119	109
Gender			
Female	55	56	60
Male	61	63	49
Unknown	0	0	0
Ethnicity			
White	62%	66%	60%
Hispanic	29%	1%	29%
African American	5%	4%	4%
Asian/Pacific Islander	1%	3%	3%
Native American	1%	0%	0%
Other/Not Reported	17%	5%	4%

Client Outcomes

	North	**South**	**West**
Incarcerations	10%	8%	11%
Psychiatric Inpatient Care	8%	12%	15%
Physical Health Hospitalization	4%	2%	3%
Physical Health Emergency Care	17%	1%	7%
Stable/Permanent Housing	97%	70%	94%
Purposeful Activity (employed, school, volunteer)	15%	10%	12%
Graduation to Lower Level of Care	100% of clients discharged went to a lower level of care	3% of clients discharged went to a lower level of care	100% of clients discharged went to a lower level of care
Milestones of Recovery Scale (*clients open in FY16/17*)	Initial MORS to 12-Month MORS: 23% showed improvement; 53% remained stable 12-Month MORS to 18-month MORS: 21% showed improvement; 64% remained stable		

Overall, and compared to the previous fiscal year, ACT outcomes are much improved, with low rates of adverse events such as incarcerations and hospitalizations and high rates of stability in housing and in stability or improvement in MORS scores (76% - 85%).

Supported Community Services FSP: PathPoint in Santa Barbara and Transitions Mental Health Association in Santa Maria

Supported Community Services South (Santa Barbara) – PathPoint

Provider:	PathPoint
Estimated Funding FY 2018/19	
Estimated Total Mental Health Expenditures:	$1,273,106
Estimated CSS Funding	$553,506
Estimated Medi-Cal FFP:	$617,500
Estimated 1991 Realignment:	$70,945
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$31,200

PathPoint's Behavioral Health Division provides supportive housing services that assist individuals challenged with behavioral health diagnosis to live independently, be connected to community resources, and receive medical support & therapy support for dealing with symptoms that might interfere with daily living. Paths to Recovery (PTR) mobile team is PathPoint's MHSA funded Full Service Partnership providing Supported Housing services to individuals living in South Santa Barbara County. The PTR mobile team consists of a Psychiatrist, Nursing staff, Marriage & Family Therapists (and Interns), and Qualified Mental Health Rehabilitation Specialists with expertise in "lived experiences," substance recovery, mental illness, and vocational services. This mobile team fans out across the community each day to meet with PathPoint consumers served by PTR in the community, and helps them continue on the path to wellness. This aid takes the form of basic medical care (shots, medications, medical advice, etc.), psychological therapy, crisis and eviction prevention, and social and vocational skills training. Many persons enrolled in the PTR program live in PathPoint-operated, and HUD subsidized, properties in Santa Barbara. The most notable change in this MHSA funded program was the addition of a grant funded Registered Nurse (RN) to provide medical services. This RN was first funded from a Cottage Hospital grant in December 2014 but the RN was hired in 2015. The goal is to integrate health care and mental health care service.

Outcome goals include reduction of unnecessary hospitalizations, increase in access to primary health care services, increased understanding and competency in symptom self-management, and reduction in levels of measureable pain and discomfort from medical conditions. Supportive Services has provided care for 117 unique individuals in FY 2016-17.

Supported Community Services North (Santa Maria) – Transitions Mental Health Association

Provider:	Transitions-Mental Health Association
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$1,206,574
Estimated CSS Funding	$663,074
Estimated Medi-Cal FFP:	$543,500
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Santa Maria Supported Community Services provides outpatient mental health treatment for adults and older adults with severe and persistent mental illness. The intensive treatment team helps individuals to recover and live independently within their community. Program participants are assisted in their efforts to gain the skills needed to make choices that reflect their own values, preferences, and goals; supports are developed to meet each person's needs and to empower each individual to attain their highest level of independence and recovery possible. During recent years, the program has shifted the focus to each consumer's unique recovery journey. Staff and consumers work together to identify recovery goals and to develop a specific "road map" for each individual, with an overall goal of reaching a level of recovery that enables an individual to graduate from the program. Additional Master's level clinical staff have been recruited and more therapeutic groups and individual therapy opportunities have been offered to consumers. Groups have focused on healthy relationships, self-care, stress management, coping skills, art therapy, co-occurring disorder support, and laughter therapy. Supportive Services has provided care for 124 unique individuals in FY 2016-17.

Program Challenges and Solutions

Although there is robust programming in the North and South regions of Santa Barbara County, the West region is comprised of ACT level services and outpatient and recovery services. The step down from the higher level of care is difficult without a smooth transition for individuals receiving treatment. In the upcoming year, the Department will be evaluating the distribution of services and may transition funding from the higher level (ACT) to supported community services to enable clients to move up and down the continuum easier as occurs in the other regions of the County.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	
16-25	2	2	
26-59	83	73	N/A
60+	39	36	
Missing DOB	0	0	
Total	124	111	
Gender			
Female	59	43	
Male	65	68	N/A
Unknown	0	0	
Ethnicity			
White	52%	77%	
Hispanic	35%	12%	
African American	5%	8%	
Asian/Pacific Islander	6%	3%	N/A
Native American	N/A	N/A	
Other/Not Reported	17%	1%	

Client Outcomes

	North	South
Incarcerations	7%	6.3%
Psychiatric Inpatient Care	4%	4.5%
Physical Health Hospitalization	3%	2.3%
Physical Health Emergency Care	12%	4%
Stable/Permanent Housing	95%	97%
Purposeful Activity (employed, school, volunteer)	14%	19%
Graduation to Lower Level of Care	100%	98%
Milestones of Recovery Scale (*clients open in FY16/17*) *(Combined Sites)*	**Initial MORS to 12-Month MORS:** 30% showed improvement; 56% remained stable 1**2-Month MORS to 18-month MORS:** 15% showed improvement; 68% remained stable	

Client outcomes were positive, with low rates of adverse events, such as incarcerations (7%) and hospitalizations (4%) and high rates of stability. Over 85% of client MORS scores indicated stability or improvement.

SPIRIT FSP Wraparound Services – Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$2,863,938
Estimated CSS Funding	$1,855,438
Estimated Medi-Cal FFP:	$1,008,500
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

This Full Service Partnership (FSP) for children and their families is an evidenced based, Wraparound program known as the SPIRIT TEAM, designed around the following MHSA core principles: consumer and family involvement and empowerment, culturally competent and appropriate services, integration into existing systems, collaboration and partnership and wellness and recovery.

The SPIRIT Team (capacity 75) operates in all three regions of the County as a specialized team that provides intensive, high frequency services to a disenfranchised, underserved population of consumers and families that have limited resources, failed to thrive with conventional treatment, and whose children are at risk for placement in Out Of County high level facilities.

The SPIRIT Team strives to implement services within a Wraparound model of treatment delivery focusing on engagement, plan development, plan implementation and transition. Consumers and families are involved at every level of the planning and treatment process aimed at achieving their family vision, hopes and dreams and wellness goals.

The SPIRIT team consists of the following: Mental Health Practitioner/Family Facilitator, Peer Parent Partner and a Child/Family Specialist. Teams serve consumers at a 1:15 ratio and ensure that care is available 24/7. This main team works alongside other outpatient teams which can include any or all of the following: Mental Health Practitioners, Case Workers, Psychiatric Technician, Registered Nurse and Psychiatrist. Together they provide a comprehensive array of services.

Program Challenges and Solutions:

SPIRIT Team services are designed to be high frequency and intensive to engage the most resistant and high needs consumers and families. At times these families with very limited resources and high social/ emotional needs struggle with transitioning out of SPIRIT's intensive supportive 24/7 care; they also struggle to maintain some of the necessary changes they learned during their involvement with SPIRIT. One reason that families are fearful and reluctant to end SPIRIT services and transition to a lower level of care is the lack of sufficient supportive resources in the community. It will be important to reconsider the existing programs across the spectrum including Community Based Organizations' programs, to better meet the needs for these families. This is a proposal that will be developed as part of this Three Year Plan; see "Update to Proposals" for further information.

Program Performance (FY 16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	18	59	28
16-25	11	18	10
26-59	0	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	**29**	***77***	***38***
Gender			
Female	10	32	15
Male	19	45	23
Unknown	0	0	0
Ethnicity			
White	31%	16%	16%
Hispanic	55%	89%	77%
African American	10%	4%	3%
Asian/Pacific Islander	N/A	4%	N/A
Native American	N/A	0%	N/A
Other/Not Reported	3	0%	5%

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS) Age: 6-17 years	% Improvement
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	15.3%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	20.6%
Child Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	41.5%
School (e.g., behavior, attendance and grades)	12.7%
Caregiver Needs & Strengths (e.g., child supervision skills, family stress levels, residential stability, and caregiver physical/mental health status)	2.2%
Child Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	20.1%

	North	South	West
Psychiatric Inpatient Care	17.2%	14.3%	5.3%

SPIRIT clients made the most progress in Child Risk Behaviors (41.5%), Behavioral/Emotional Needs (20.6%), and Child Strengths (20.1%). On average, across the County, the psychiatric hospitalizations rate was 12.6%.

Forensic FSP (Justice Alliance) - Behavioral Wellness

Provider:	Behavioral Wellnes
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$1,796,304
Estimated CSS Funding	$1,460,804
Estimated Medi-Cal FFP:	$335,500
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Justice Alliance provides licensed mental health professionals in each region of the County to link persons involved with the legal system to wellness- and recovery- oriented services. The Justice Alliance program serves adults with severe mental illness in custody, out of custody and on probation or at risk of being in custody.

These individuals may have co-occurring substance abuse conditions. Many of the individuals assessed are un-served or under-served members of ethnically diverse populations, and in need of integrated and simultaneous mental health and substance abuse

treatment.

Justice Alliance staff members work closely with the Court, Probation, Public Defender, Sheriff, District Attorney, Community-Based Organizations and other Department of Behavioral Wellness treatment teams to make treatment recommendations, facilitate access to treatment and provide follow-up progress reports to the Court and other appropriate parties. Justice Alliance staff are responsible for the initial screening for levels of care and disposition process. Staff members identify appropriate ACT consumers and ensure that consumers are placed in the appropriate regional ACT programs or Supported Housing Teams through outreach, engagement, and coordination with the FSP teams. When consumers do not qualify for ACT services, staff will refer consumers to the appropriate specialized outpatient teams such as Medical Integration, Co-occurring, or Wellness and Recovery.

In addition, Justice Alliance staff provide competency restoration services to misdemeanants found incompetent to stand trial, as well as providing treatment to individuals receiving outpatient competency restoration services. When providing outpatient restoration services, the team utilizes various residential resources including Alameda House and Cottage Grove housing facilities and crisis residential units.

Program Challenges and Solutions

Since Justice Alliance does not have Rehabilitation/Case Worker staffing to fulfill its obligations to engage in case management and rehabilitation activities, Justice Alliance staff work closely with the Department's outpatient clinics to provide services. Without consistent rehabilitative services available, the Program's ability to provide ongoing services to individuals who are engaged in the criminal justice system is compromised. The team will be hiring an extra help case worker in the South region similar to the structure in the North whom will assist. At times the staffing pattern is under resourced due to demand for services and complications as clients don't seek services and required an array of outreach and engagement methods. The team provides support county-wide and as a result, the staffing, including administrative support, will be monitored in the upcoming year.

The Forensic Action Team, comprised of community stakeholders, have collectively discussed and continue to monitor options for in-county mental health rehabilitation centers and enhanced outpatient treatment services for restoring individuals determined to be incompetent to stand trial. Justice Alliance staff participated in a pilot project to identify cross system high utilizers to adequately redirect clients to appropriate services to meet their individual needs; which included individuals receiving services from the team. Ensuring the Justice Alliance program is robust and connected to the community will ensure adequate collaboration with local hospitals and law enforcement, such as participation in regular coordination meetings that currently occur.

Reconsidering the operations of the Justice Alliance Program is one of the proposals recommended in this Three Year Plan and options are being reviewed during FY 18-19 and FY 19-20

Program Performance (FY16-17)

	Unique Clients Served		
	North	**South**	**West**
Age Group			
0-15	0	0	0
16-25	25	37	40
26-59	93	139	103
60+	5	19	5
Missing DOB	0	0	0
Total	***123***	***195***	***148***
Gender			
Female	51	51	63
Male	72	144	84
Unknown	0	0	1

Ethnicity			
White	43%	49%	40%
Hispanic	47%	29%	49%
African American	5%	9%	5%
Asian/Pacific Islander	1%	2%	2%
Native American	0%	0%	1%
Other/Not Reported	4%	11%	4%

Client Outcomes

	North	**South**	**West**
Incarcerations	50%	58%	72%
Psychiatric Inpatient Care	18%	19%	16%
Milestones of Recovery Scale (*clients open in FY16/17*)	**Initial MORS to 6-Month MORS:** 38% showed improvement; 38% remained stable **Initial, 6-Month MORS to 12-month MORS:** 34% showed improvement;		

In FY16/17, 38% of clients showed improvement on the MORS during the first 6 months, and another 34% in the next 6 months. Many clients remained stable (38%-45%) overtime Psychiatric hospital admissions were similar across the County, at about 18% on average. Incarcerations rates were high in all three programs, with an average of 60%, which is anticipated given the nature of the program.

Senate Bill 82 (S.B. 82)

California Senate Bill 82 (S.B. 82), the Investment in Mental Health Wellness Act of 2013, uses state MHSA funding to provide grants to counties. The Department of Behavioral Wellness received approximately $11 million in S.B. 82 funding. This funding supports Crisis Triage Teams in Santa Maria, Santa Barbara and Lompoc, a Mobile Crisis West team in Lompoc. It also funded construction/renovation costs for a Crisis Stabilization Unit in Santa Barbara, and the Crisis Residential Facility in Santa Barbara. In addition it is allocated to provide construction and renovation for a Crisis Residential Facility in Santa Maria to be completed in October 2018.

A description of the enhanced crisis services made possible by S.B. 82 funding is included in this Plan update because all Department of Behavioral Wellness outpatient programs, regardless of funding source, are integrated through implementation of the guiding principles of MHSA and by using consistent evidence-based practices.

The Crisis System of Care and Recovery includes the following components:

- Access and Assessment teams, Santa Maria, Lompoc, Santa Barbara (funded by MHSA)
- Santa Maria and Santa Barbara Mobile Crisis Teams (funded by MHSA)
- Mobile Crisis West Team (funded by SB 82) through December 2020
- CARES North Crisis Residential Facility (funded by MHSA)
- Crisis Triage Teams, Santa Maria, Lompoc, Santa Barbara (funded by SB 82) thru June 2018
- Crisis Stabilization Unit Santa Barbara and Santa Maria (funded by SB 82)
- Crisis Residential Facility Santa Barbara and Santa Maria (funded by SB 82)

Crisis Triage Teams (SB 82) Grant Ending 6/30/18

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$0
Estimated CSS Funding	$0
Estimated Medi-Cal FFP:	$0
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Based in all regions of the County, the Crisis Triage Teams focused on assisting individuals experiencing behavioral health crises who did not meet the criteria for involuntary hospitalization. Services included short-term interventions to promote wellness and recovery and helping individuals gain access to effective outpatient and crisis services. Consumer experiences were improved through a more seamless array of services designed to prevent future crises.

The program was intended to reduce costs associated with expensive inpatient and emergency

room care by better serving people in the least restrictive manner possible, including those in a pre-crisis state and those discharged from a hospital. The field- based Triage workforce engaged in proactive case management, peer support and clinical care before, during and after a behavioral health crisis. Follow-up services for individuals who have been hospitalized were designed to reduce readmission.

Program Challenges and Solutions:

The anticipated sun-setting of grant funding for staff led to strategic focus on increased documentation and capturing of all reimbursable services.

As a result, funding from reimbursable services and MHSA were able to cover the costs ongoing of triage service in all regions, with a total of 10 FTE. There are no lay-offs or transfers out of the program anticipated and staffing levels to match program funding were achieved through attrition. Other changes in the program include shortening the average length of transitional care from 90 to 45 days with quicker transitions to appropriate levels of care within the continuum of locally including. The focus of the program will continue to include increasing involvement with local law enforcement and outreach and engagement in the community. Triage services are now going to be integrated with mobile services and reflected in the new Crisis Services program in this document.

Crisis Stabilization Unit South (SB 82) - Behavioral Wellness

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$2,818,720
Estimated CSS Funding	$0
Estimated Medi-Cal FFP:	$1,884,400
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$934,320
Estimated Other Funding:	$0

In January 2016 the Department of Behavioral Wellness opened the county's first Crisis Stabilization Unit (CSU) in Santa Barbara (South County). The Santa Barbara Crisis Stabilization Unit was partly funded through SB 82. The CSU provides a safe, nurturing short-term, voluntary emergency treatment option for individuals experiencing a behavioral health emergency. The program accommodates up to eight individuals daily for stays of up to 23 hours. The CSU is located on the County campus in Santa Barbara. The facility offers a semi-private intake and assessment space, a casual open common room with lounge chairs or day beds, wireless phone access, music headsets, laundry facilities, showers, secure storage and staff offices.

Staffing includes a Psychiatric Registered Nurse as well as a 24-hour on-call Psychiatrist who conducts on-site rounds morning and evening. The comfortable, non- clinical setting offers a calming, stable environment to help individuals move away from crisis. Services include assessments, peer counseling, referrals for continued treatment, emergency medications, nursing assessment and access to psychiatric consultation.

Crisis Residential South- Anka Behavioral Health

The facility offers voluntary crisis residential services for up to 30 days and opened as Anka Santa Barbara Crisis Residential opened in July 2015. During this Three Year Plan period, available beds increased from a current total of 8 to a total of 10 beds. Please refer to information that appears in the Community Services and Supports (CSS) section of this plan for information on both Crisis Residential programs.

Mobile Crisis West

Data for this Lompoc-based addition to Mobile Crisis Services is included in the Mobile Crisis listing in the Community Services and Supports (CSS) section of the plan.

Prevention and Early Intervention (PEI)

Mental Health Education and Support to Culturally Under-Served Communities (Promotora Program/Family Advocate) - La Casa de la Raza, Mental Wellness Center, Community Health Centers of the Central Coast, Santa Ynez Tribal Clinic

Provider:	La Casa de la Raza, Mental Wellness Center, CHCCC, SYTC
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$304,100
Estimated PEI Funding	$304,100
Estimated Medi-Cal FFP:	$0
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

This program mobilizes Community Mental Health Educators – known in the Latino community as *Promotoras* – from culturally underserved populations to address individual and family mental health and wellness needs. As trusted members of their community, Community Mental Health Educators assist with navigation and linkage to culturally and linguistically appropriate services. Information and guidance is provided through various culturally-adapted modes of engagement and outreach, including educational workshops, presentations in community-based locations (e.g. schools, churches) and support groups.

Through contracts with regional Community-Based Organizations (CBOs), the Department supports outreach and accessible services to several targeted populations, including Spanish speaking communities, indigenous Mexican communities (i.e. Mixtec, Zapotec) and Native American communities. These CBOs have effectively engaged underserved populations by employing culturally appropriate interventions in setting familiar and building trust and partnership within the community.

Program Challenges and Successes

Community Health Centers of the Central Coast (CHCCC) is contracted to provide Community Mental Health Educators who connect with unserved or underserved communities in the Santa Maria, Guadalupe, and Lompoc areas of the County. Activities address multiple barriers to accessing services, such as those related to culture, language, transportation, location, stigma and institutional mistrust or fear. Specifically, CHCCC utilizes mobile clinics to reach remote outposts of the community to provide primary care access and mental health education and support. Furthermore, CHCCC has been successful in developing partnerships with local agricultural employers to gain access to migrant workers in the community. They also conduct ongoing radio and television outreach, education and anti-stigma efforts and have undertaken an annual health fair for migrant farmworkers. The health fair focuses on health and mental health support and information services. Many of the participants were Spanish- and Mixteco-speaking farm workers. Mental health and educational services are delivered in a culturally informed primary care setting that promotes the integration of care. Of those participating in outreach activities, 59% received information in Spanish and 9% in Mixteco during FY 16-17 including approximately 5100 individuals and family members. In the mid-county area, Santa Ynez Tribal Clinic offers community wellness trainings and activities. Recent topics covered bullying and health, sleep disorders, diet, stress, and training peer supports on mental health needs of tribal patients at Vandenberg Air Force Base.

In the Santa Barbara region, Casa de La Raza established ongoing Spanish speaking community groups called “Cafecitos” which from April – June 2016 served approximately 430 individuals from the community. Additionally, their other outreach efforts, including their work with the Family Resource Center, also reached approximately 5100 individuals and family members. During FY 16-17, the “Un Cafecito Entre Amigos” group collaborated with over twenty different community groups to provide guest speakers, outreach, trainings, and linkage to services with over 286 participants attending the Mental Health Group from April – June 2017. The groups are fully active and have a consistent flow of families coming in for support and will be reviewing the length and quantity of weekly groups in FY 18-19 by testing bi-weekly meetings that are shorter in duration**.**

In addition, funding previously supported training in Mental Health First Aid provided by the Mental Wellness Center. The initial Mental Health First Aid component was intended to increase awareness and develop capacity for educational outreach in the community. At that time, only several individuals were trained to provide training. In the last several years, increased training opportunities have been provided through several state wide MHSA initiatives. These initiatives have created additional capacity and increased the number of organizations and individuals who can provide Mental Health First Aid. These training opportunities have also afforded a diverse group of individuals to be trained who specialize in providing outreach to Spanish speaking, Mixteco, and African American Communities including eight trainings with over 160 participants during the last quarter of FY 16/17. The Family Advocate program provides family members to linkages and additional services, groups, trainings about consumer and family member issues, self-care activities. The majority of services delivered in FY 16-17 were to those from an un-served or under-served group and 25% of services were in Spanish.

In December 2017, Behavioral Wellness reported Prevention and Early Intervention required data to the Mental Health Oversight and Accountability Commission and pursued methods for electronic reporting. In FY 17-18, there will be coordination between the Department and providers in order to accurate and timely report data based on new requirements.

PEI Early Childhood Mental Health (ECMH) - CALM, Santa Ynez Valley People Helping People

Providers:	CALM, Santa Ynez Valley People Helping People,
Great Beginnings	
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$419,500
Estimated PEI Funding	$419,500
Estimated Medi-Cal FFP:	$0
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0
Early Childhood Mental Health	
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$1,144,400
Estimated PEI Funding	$498,500
Estimated Medi-Cal FFP:	$645,900
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$415,000
Estimated Other Funding:	$0

The Early Childhood Mental Health (ECMH) Project addresses the needs of young children, currently prenatal to age five, and their families in Santa Barbara County within the following priority populations: trauma-exposed individuals, children and youth in stressed families, children and youth at risk for school failure, and under- served cultural populations. ECMH components build on existing services and programs throughout the County and support a community continuum of care that serves children and caregivers and supports a framework for success beyond a single program or strategy.

This Project addresses the needs of children who are not eligible or covered through other systems and helps parents navigate systems through enhanced referrals and support for follow-up. In-home support, health and development screening, parent education and skills training, psychotherapy, advocacy, resources and referrals, postpartum support groups and father outreach are provided.
There are three primary programs funded under this initiative. The programs are the following:

1) **The Great Beginnings and ECMH - CALM**
   This program features a multidisciplinary team that uses a strengths-based approach to provide home and center-based services to low-income families of children prenatal to age seven, with a specific focus on the Latino populations. The program includes both prevention and early intervention activities and provides mental health services to children and their families in order to reduce functional impairments, decrease problem behaviors, and improve parent children relations. The program services children who are experiencing emotional and behavioral problems. The program has continued to increase the number of clients served throughout the county during FY 16-17 and through FY 17-18 Quarter 2. At the beginning of 2018, there were 120 families receiving services and an additional 49 new cases received.

Highlights for the past year include staff participating in various activities to promote CALM services and share knowledge of child development and intervention strategies with the public and other community organizations including interfacing with preschool programs both connected with the public schools and private programs. Staff attended an immigration conference, suicide prevention summit hosted by Casa Pacifica, and the Dignity Health Neonatal reunion event and provided presentations at CAL Poly University, Marion Hospital, and the Rape Crisis Center. Great Beginnings staff were attended on-going trainings in areas such as play therapy techniques, Parent Child Interaction Therapy, Medi-Cal documentation and other relevant topic and Psychiatrist, Dr. Iona Tripathi, has been providing monthly consultations for the team.

2) **ECMH Special Needs Counseling** - Santa Ynez Valley People Helping People The program provides services to low-income monolingual Spanish speaking children and families in the Santa Ynez Valley in Central County. Services are based at four school sites. Parents may access services in their neighborhood and in their homes. This component provides needed services in an area of the Central County where program resources are limited. Key goals include providing education and support services to children and families that promote positive parenting by conducting at least three groups a year with cohorts of at least 8-10 parents. In order to assist children and families in their mental health recovery by developing skills needed to lead health and productive lives they are targeting to screen at least 80 families with at least 60 referrals to family service coordinates who provide case managed and linkages to other needed services in the community. The provider is on target to more than meet these goals in FY 17-18 as 83 families have been screened and 45 referrals and linkages achieved thru December 31, 2018.

School-Based Prevention/Early Intervention Services for Children and TAY (START) - Family Service Agency, Council on Alcoholism and Drug Abuse

Providers:	Family Service Agency, Council on Alcoholism and Drug Abuse
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$502,600
Estimated PEI Funding	$207,500
Estimated Medi-Cal FFP:	$295,100
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

The Support, Treatment, Advocacy and Referral Team (START) program is provided by Family Service Agency (FSA) and the Council on Alcoholism and Drug Abuse (CADA). This program provides mental health assessment, screening and treatment, home visits, school collaborations, family interventions, linkage and education for children, transition-age youth (TAY) and families. A school-based program offers prevention and early intervention mental health services to students in Carpinteria public schools experiencing emotional and/or behavioral difficulties. This program supports children and youth who are uninsured and for whom mental health services would otherwise not be accessible. Approximately 68%

are Latino, and many are uninsured. The program offers counseling, support, advocacy, treatment, and referrals, including services to individuals experiencing mental health and substance abuse challenges.
Program staff members work as a team with school staff and parents to address consumers' social-emotional development, prevent mental health and psychological problems from becoming acute, enhance the consumers' ability to adapt and cope with changing life circumstances, increase consumers' protective factors, and minimize risk factors. The (START) team assigned to schools includes experts in substance abuse and mental health prevention and treatment. START is available to provide intervention, referrals, programs, and services to intervene as early as possible to address learning, behavior, and emotional problems. START staff persons served 120 unduplicated individuals between July 1, 2016 and June 30, 2017.

Program Performance (FY 16-17)

Unique Clients Served			
	North	**South**	**West**
Age Group			
0-15	N/A	98	N/A
16-25		22	
26-59		0	
60+		0	
Missing DOB		0	
Total		***120***	
Gender			
Female	N/A	59	N/A
Male		61	
Unknown		0	
	North	**South**	**West**
White	N/A	28%	N/A
Hispanic		72%	
African American		1%	
Asian/Pacific Islander		0%	
Native American		0%	
Other/Not Reported		0%	

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS) Age: 6-17 years	% Improvement
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	25.9%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	11.9%
Child Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	-20.0%
School (e.g., behavior, attendance and grades)	43.6%

Caregiver Needs & Strengths (e.g., child supervision skills, family stress levels, residential stability, and caregiver physical/mental health status)	0.5%
Child Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	6.4%
Psychiatric Inpatient Care	0
Incarcerations/Juvenile Hall	0

START clients made the most progress in school (43.6.5%), followed by life functioning (25.9%). Unfortunately, there was a negative change in rick behavior (-20%), however, there were no adverse events, such as psychiatric hospitalizations or incarcerations.

PEI Early Detection and Intervention Teams for Transition-Age Youth (TAY) – Behavioral Wellness

Providers:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$1,351,786
Estimated PEI Funding	$261,886
Estimated Medi-Cal FFP:	$1,089,900
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Early Detection and Intervention Teams for transition-age youth use evidence-based interventions for adolescents and young adults to help them achieve their full potential without the trauma, stigma, and disabling impact of a fully developed mental illness.

Three teams specialize in early detection and prevention of serious mental illness in Transition-Age Youth (TAY), ages 16-25. Teams are based in North County (Santa Maria), South County (Santa Barbara) and West County (Lompoc). The program serves TAY consumers who are at risk for serious mental illness, or were diagnosed within the past 12 months. The target population also includes individuals who are homeless and/or experiencing co-occurring mental health and substance abuse conditions. Youth are typically served for approximately one year.

Transition-age youth who require continued support receive the following services from the team, based on individual need:

- Care management;
- Crisis assessment and intervention;
- Housing services and supports;
- Activities of daily living support;
- Employment and educational support;
- Community integration;
- Peer and support services;
- Symptom assessment/self-management;
- Individual support;

- Substance abuse/co-occurring conditions support;
- Medication management;
- Coordination with primary care and other services.

Program Challenges and Solutions

TAY youth struggle with a complex array of mental health issues coupled with social and economic challenges, and limited overall resources both personally and environmentally. The challenges for effective treatment for this population have been keeping TAY youth engaged in services, lack of substance abuse treatment resources, and the lack of specific TAY housing resources. During the past year, Behavioral Wellness collaborated with the Department of Rehabilitation to employ clinicians trained in employment services for youth; this program initiated in Summer to Fall 2017 in each region of the County with the intent to help TAY youth gain job skills and employment. Some long term solutions may be to develop a Full Service Partnership program for TAY that can increase field based, 24/7, outreach type of services for this group. This is one of the proposals of this Three Year Plan. During FY 17-18. Vocational rehabilitation services is a step to building capacity for a Full Service Partnership targeted for this population. Additionally, an Innovations project for modern methods of outreach and peer support is being proposed for mobile apps which will target youth in colleges or those at risk for first episode psychosis. TAY youth's communication styles may respond better which is an outcome that will be tracked as part of the peer technology innovation project. This modern outreach is another layer to increase access to services and coordination with TAY Youth peers who are inadequately served through current methods in the Adult System of Care.

Program Performance (FY 16-17)

Unique Clients Served			
		PEI-TAY	
	North	South	West
Age Group			
0-15	1	3	2
16-25	73	51	21
26-59	3	0	0
60+	0	0	0
Missing DOB	0	0	0
Total	***77***	***54***	***23***
Gender			
Female	30	22	18
Male	46	32	5
Unknown	1	0	0
Ethnicity			
White	23%	26%	13%
Hispanic	70%	56%	70%
African American	1%	0%	9%
Asian/Pacific Islander	3%	4%	0%
Native American	0%	2%	4%
Other/Not Reported	3%	12%	4%

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS) Age: 6-17 years	% Improvement
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	22.0%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	36.6%
Child Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	64.3%
School (e.g., behavior, attendance and grades)	20.0%
Caregiver Needs & Strengths (e.g., child supervision skills, family stress levels, residential stability, and caregiver physical/mental health status)	11.7%
Child Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	2.7%
Incarcerations/Juvenile Hall	9%
Psychiatric Inpatient Care	6-Month to 12-month MORS : 50% showed improvement 37% remained stable

TAY clients that received the CANS (under 18 years) made the most progress in life functioning, risk behaviors and child strengths. The majority of clients that received the MORS (age 18-25 years) remained stable with MORS scores over time. It is notable that while approximately half of the clients remained stable, 38% in PEI-TAY made progress between 6- and 12 months. Hospitalizations were kept at 10%, and 9% of the clients were incarcerated during FY16/17.

Safe Alternatives for Children and Youth (SAFTY) (Crisis Services) Casa Pacifica

Provider: Estimated Funding FY 2018/19:	Casa Pacifica
Estimated Total Mental Health Expenditures:	$1,051,300
Estimated PEI Funding	$603,000
Estimated Medi-Cal FFP:	$448,300
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Crisis services for children and youth were provided by Casa Pacifica through the Safe Alternatives for Treating Youth (SAFTY) mobile crisis response program, available to all Santa Barbara County youth up to the age of 21.

SAFTY provides children's crisis services in collaboration with CARES Mobile Crisis (Crisis and Recovery Emergency Services) teams. The SAFTY program is available 24 hours a day, seven days a week. SAFTY provides quick and accessible service to families by providing specialized crisis intervention, in-home support and linkage to county behavioral health or other appropriate services. By working in collaboration with the child's existing service providers, SAFTY seeks to keep children, youth and families safe in their homes and communities. SAFTY served 898 individuals between July 1, 2016 and June 30, 2017 while providing 4879 services.

Gender	Number of Individuals Served
Females	523
Males	375
Total	898

Program Challenges and Solutions

SAFTY staffing is sometimes inadequate to handle multiple crises in different regions of the County, which continues to slow the response time and requires intervention by the CARES Mobile Crisis teams. To address surges in need and to keep response times reasonably prompt, the Department of Behavioral Wellness supports SAFTY moving to a per diem model, which allows rapidly deploying additional staff when the need is high. The implementation of expanded crisis services as described previously, including the Mobile Crisis Triage Teams, has helped to alleviate some of SAFTY's workload. Behavioral Wellness and Casa Pacifica are collaborating on a new model including review of responsibility for after hour and weekend coverage and aftercare services as the CARES Mobile Crisis teams and Triage teams are joining as a Crisis Service team in FY 18-19.

Below is the data of crisis calls received for youth by the SAFTY telephone line thru February 2018:

CRISIS CALL RESPONSE BY FISCAL YEAR & SHIFT

FYQUARTER (All)

Count of Date of call	Column Labels						
	8AM-9PM		8AM-9PM Total	9PM-8AM		9PM-8AM Total	Grand Total
Row Labels	Face to Face	Phone		Face to Face	Phone		
FY1415	269	1359	1628	37	202	239	1867
FY1516	412	1279	1691	42	205	247	1938
FY1617	492	1221	1713	28	237	265	1978
FY1718	333	851	1184	33	162	195	1379
Grand Total	1506	4710	6216	140	806	946	7162

To date, some local hospitals continue to decline granting SAFTY hospital privileges. To avoid having CARES Mobile Crisis staff respond to all hospital emergency room calls with person's under 21 years of age, Mobile Crisis staff requested and are now allowed to escort SAFTY staff into the Emergency Departments. SAFTY staff conduct the 5150 evaluations with Mobile Crisis staff observing. SAFTY has initiated meetings with the emergency rooms to enhance relationships and discuss barriers.

In addition, Behavioral Wellness submitted a Mental Health Services Oversight and Accountability Commission Kids Triage Grant application in April 2018 requesting funding for triage clinicians and family peer support personnel. A kid's triage program would provide onsite services in emergency rooms in all three regions. The grant application was supported by the local hospitals and an array of community and county partners. It is a competitive grant which the Behavioral Wellness was notified it received partial funding anticipated to begin Summer 2018.

Access and Assessment Teams – Behavioral Wellness

Provider: Estimated Funding FY 2018/19:	Behavioral Wellness
Estimated Total Mental Health Expenditures:	$2,297,590
Estimated PEI Funding	$1,934,890
Estimated Medi-Cal FFP:	$362,700
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Equitable and improved access to services is the single most urgent priority identified by County Stakeholders and the State. The implementation of a clear, simple, and consistent process for entry into the County behavioral health system is a high priority for many community members including the Department of Behavioral Wellness. Stakeholders have also identified the need to handle effectively the disposition and referral of consumers who do not meet medical necessity criteria for County behavioral health services. Creating a welcoming and integrated system of care and recovery has been a priority for the Department during this last Three Year Plan period, and continues to be a work in progress.

In FY 2016/2017, the Department restructured its operations to a centralized access approach,

and an Access call center was developed. Access screeners handle calls from new consumers requesting services. Callers are screened for appropriate assignment to a level of care within the system. The access and assessment component handled by the three Access and Assessment teams now focuses on performing assessments on new consumers referred by the Access screeners, as well as initial assessments for walk-in consumers, and for hospital discharge appointments.

The specialized Access and Assessment Teams focus on access and assessment services, as well as appropriate disposition and referrals for consumers who do not meet the Department's criteria of Severe and Persistent Mental Illness. This team focuses on simplifying and improving access to care, reducing wait times, reducing barriers to receiving services, and increasing consistency throughout the County.

Assessments and referrals are customized to ensure that appropriate cultural and linguistic needs of each consumer are identified and accommodated. Furthermore, each team includes staff members who are bicultural and bilingual in the primary threshold language (Spanish).

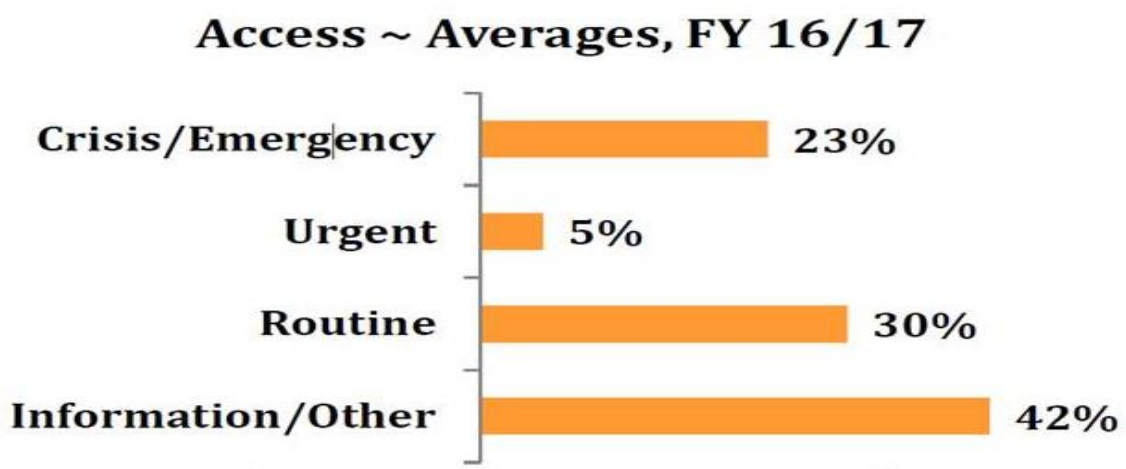
Program Challenges and Successes

As the initial plan to deploy Access teams in each region rolled out, the Department learned that continued bottlenecks throughout the system led to the outcome of Access and Assessment staff providing ongoing treatment to consumers, making this staff less available for the specialized function of access and assessment, and also resulting in all clinic staff needing to conduct consumer intakes. To address this and the issue of consistency of consumer placement and dispositions, the Department centralized the Access call center within the Office of Quality Care Management by routing all Access calls to one place. Staff dedicated to this function were hired and trained. This allowed staff in each of the Adult Clinics (Santa Barbara, Lompoc, and Santa Maria) to conduct walk-in assessments, intake assessments and referrals. Each team in Santa Barbara, Lompoc, and Santa Maria is bicultural and bilingual. An Access template used to track timeliness has been implemented across the Department to monitor access improvements.

In the last Three Year Plan Stakeholder process, Access and Assessment staffing was not included for the Children's and TAY clinics. The same staff that are providing ongoing treatment to consumers respond to walk-ins and ongoing intake and assessment duties- causing an impact on the services for ongoing consumers.

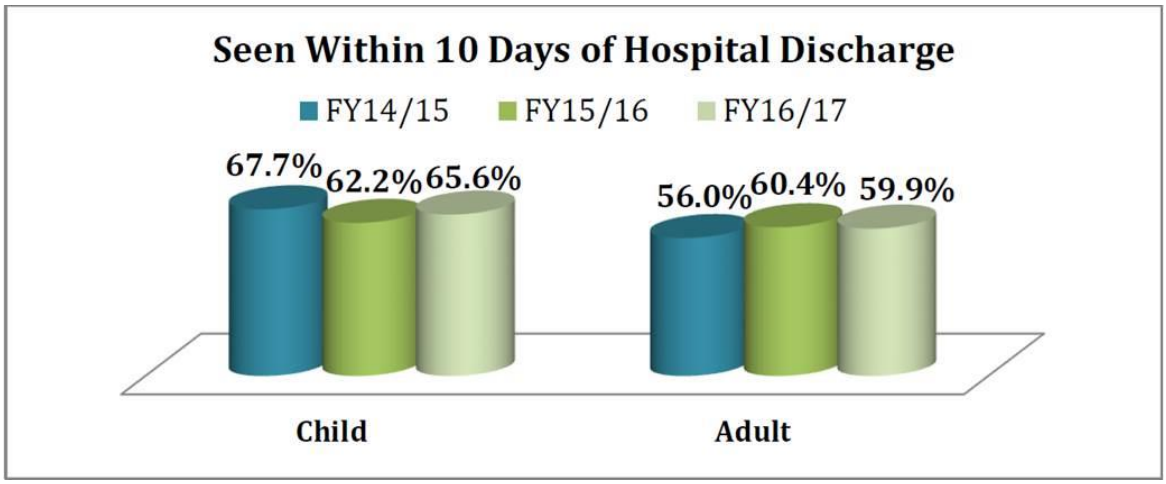
Program Performance (FY 16-17)

In FY 2016/17, the Access and Assessment Teams served 785 unduplicated individuals and 2428 services providing assessments for treatment in behavioral health care. Calls received by the 24 Hour Access Line are tracked by type of call below:



* Data reference from the FY 16-17 Behavioral Wellness Annual Report

Behavioral Wellness strives to have 100% of clients seen within 10 days of first contact with the 24-hour Access Line. The first service is generally an assessment, which is a Specialty Mental Health Service, and majority of services by the Access and Assessment teams. In FY 16/17, the data indicated that more than half (59.9%) of adults and two-thirds (66%) of children were seen within 10 days of their call to the Access Line. In 16/17, the average wait time for Specialty Mental Health Service (SMHS) was 4 days for children following a psychiatric hospital discharge and changes from year to year have been small (under 5%) for both children and adults whom have their first SMHS within 10 days.



* Data reference from the FY 16-17 Behavioral Wellness Annual Report

Behavioral Wellness provides walk in hours in each region at the outpatient clinics and will be coordinating joint access screenings with the Alcohol and Drug System of Care in October 2018 due to implementation of the new Organized Delivery System. When an individual walks in to a clinic or calls into the 24-hour Access Line, they will be screened and will be provided with referral and/or authorization for the Mental Health access team and/or Substance Use service providers. Staff are being offered trainings on the ASAM Levels of Care and new electronic screening tools which will be available to County staff and community contracted providers.

Innovation

Resiliency Interventions for Sexual Exploitation (RISE) Project:

R.I.S.E (Resiliency Interventions for Sexual Exploitation), in its third year of Innovation funding, provides service to young woman victims of sex trafficking. Services are also offered to siblings and family members to decrease the chance of sibling involvement and increase the positive involvement of family members in promoting the recovery and reintegration of victims. Friends, families, service providers, and community members will be educated in how to recognize the signs of sex trafficking, and what to do if you suspect someone is in danger. Input from our stakeholders and preliminary data identified the interest in requesting a two year extension of the program to achieve initial goals and provide service delivery longer time period whereby data can evaluate success and barriers to establish practice methods which can be replicated elsewhere. At this time, evaluation is not significant enough to adequately conclude the outcomes of the project.

The program is committed to the restoration and empowerment of young females exposed to, or at risk of, sexual exploitation and trafficking. Through trauma-specific services, collaborative partnerships and community outreach, RISE works to restore and reintegrate survivors, eradicate sexual exploitation and reduce the stigma surrounding sexual trauma in Santa Barbara County. RISE is committed to promoting hope and resiliency in girls and young women, guiding them to be leaders in their pursuit of meaningful and enriching lives.

The RISE Project serves females and males, aged 10-19 and their families; specifically targeting the underserved African-American, Asian/Pacific Islander, Latino, Native American/Tribal, and the LGBTQ girls who are “at risk” and vulnerable to exploitation. RISE also works with the community to identify risk factors that may put young women and men in jeopardy of sex trafficking.

These risk factors include:

- incarceration
- history of running away
- school expulsion
- multiple caregivers
- addiction
- associations with others involved in exploitation
- family history of sexual exploitation
- domestic violence
- gang involvement
- past sex trauma/child abuse/neglect/abandonment and out of home placement

The RISE Project is composed of integrated elements which include:

- Initial Intake and Exit Screenings, Survey’s & Assessments to collect/evaluate data to ensure program efficacy as well as provide compatible treatment interventions.
- Comprehensive & Inclusive Treatment Planning and Development including treatment team, youth, family/caretakers and other support persons.

- Trauma Informed Crisis Interventions 24/7 crisis interventions & referrals will be available through RISE & Community Partners.
- Bio psychosocial-Hierarchy of Needs supports focusing on wellness, resilience and recovery through evidenced based and best practice supports that attend holistically to the individual through a biological, social, psychological, spiritual, cultural, basic needs and environmental supports.
- Medication Support through a trauma-informed Psychiatrist.
- Linkage to strength and trauma based support and peer-driven resources.
- Advocates assisting youth in navigating legal, Child Welfare Services, School, Immigration and Mental Health systems etc.
- Monthly Multi-Disciplinary Treatment Team meetings with youth and family to review progress and problem-solve.
- Incentive Program (*Outreach, Welcome & Success Packs*) to celebrate effort/goal attainment, keeping youth engaged and assisting them in reaching their goals.
- Weekly Treatment Team Review Committee where youth are presented to a trained multi-agency team to determine appropriate treatment and supports, and assess progress/efficacy of treatment.

Program Challenges and Solutions

There has been a challenge in finding temporary and permanent safe shelter/placements for Commercially Sexually Exploited Children (CSEC) (under 18 victims/survivors of sexual exploitation) and Adult (18-24yo) survivors of sexual exploitation. Runaway and/or homelessness are the number one vulnerability factors that increase the likelihood of sexual exploitation. The Department is currently partnering with community groups, which are working specifically on finding safe and "homelike" shelters and placement options for CSEC. The Sexual Exploitation Community Collaborative has successfully launched shelter/placement solutions in early 2018 and funding which RISE staff provided input on development and are beginning to coordinate placement at these new locations.

New Senate Bill 855 mandates significant CSEC Administrative resources. Current RISE staffing is insufficient to meet the needs of growing caseloads and the lack of other community supports. In response to this challenge, the Department has partnered with Child Welfare Services, Probation, Public Health, both Rape Crisis Centers, and the District Attorney's Victim Witness Program to receive Tier II CSEC funds. This multi-disciplinary team discusses possible CSEC administrative support through this collaborative. RISE has also been collaborating with the Victim Witness/District Attorney/Human Trafficking Task Force, which also is assisting with some of the SB855 Multi-Disciplinary Team/Treatment mandates. The RISE team is an active participant although the multi-disciplinary team has been slow to launch and anticipated to be fully staffed by June of 2018 which may then adequately leverage partner's resources to better address the growing demand for services and trainings in our community.
The original estimated staffing configuration may be insufficient for the needs of RISE clients. The Department has identified larger numbers of CSEC clients than expected, and the CSEC population's needs are higher and more complicated than expected, including initial outreach and engagement prior to agreement for services. The RISE program has found it difficult to find staff with experience to meet the needs of this particular population. One solution would be to expand the program or merge it into an existing Full Service Partnership after the two year extension request. In order to best develop the programming and a sustainable model, continued evaluation of services based on RISE unique demands and treatment models will be necessary. One in ten children currently served by county partners are at risk of trafficking in Santa Barbara County,

thus requiring a larger review of services and development of a long term strategy using RISE established practices.

Program Performance (FY 16-17)

Unique Clients Served				
	North	**South**	**West**	**Out-of-County**
Age Group				
0-15	12	1	1	0
16-25	24	4	3	0
26-59	0	0	0	0
60+	0	0	0	0
Missing DOB	0	0	0	0
Total	**36**	***5***	***4***	***0***
Gender				
Female	36	5	4	0
Male	0	0	0	0
Unknown	0	0	0	0
Ethnicity				
White	16%	40%	25 %	0 %
Hispanic	69%	60%	50 %	0 %
African American	5%	0%	25 %	0%
Asian/Pacific Islander	2%	0%	0%	0%
Native American	2%	0%	0%	0%
Other/Not Reported	6%	0%	0%	0%

* Does not include pre-consumer activities such as outreach data

Client Outcomes

Child & Adolescent Needs & Strengths Assessment (CANS) Age: 6-17 years	**% Improvement**
Life Functioning (e.g., ability to communicate and interact with families, communication, social functioning and health status)	33.7%
Behavioral/Emotional Needs (e.g., symptoms of depression, anxiety, psychosis and other conditions)	22.3%
Child Risk Behaviors (e.g., self-injury, suicidal behavior, bullying, and running away)	12.2%
School (e.g., behavior, attendance and grades)	57.2%
Caregiver Needs & Strengths (e.g., child supervision skills, family stress levels, residential stability, and caregiver physical/mental health status)	-8.8%
Child Strengths (e.g., optimism, talents/interests, relationship permanence, and involvement in treatment)	0.0%

Innovations Request to Extend RISE (formerly GRRRL) an Additional Two Years (FY 18-19 and FY 19-20)

Original Approval:

Approval for the project was received by the Oversight and Accountability Commission on March 25, 2015. Commissioners approved the original three year plan on May 25, 2015 and it was approved locally by the Santa Barbara Board of Supervisors on March 24, 2015. The estimated timeline was for July 2015 – July 2018.

Community Planning Process for Extension:

Following the 16-17 data report issued by the University of California Santa Barbara, the Department of Behavioral Wellness initiated the Innovations Planning process to request an extension of the program for two years. Planning activity began in November 2017. During this community planning, ten meetings were held for feedback on a request to extend the GRRLL (RISE) program for another two years. Evidence of these events and notes are included in attachments of this document. Local approval for the request will be formally submitted to the Behavioral Wellness Commission during the Plan Update Hearing and to the Santa Barbara County Board of Supervisors after the thirty day public posting period.

Request for Additional Time:

This extension is a request for an additional two years and additional funding for this period. Start-up of the program began slowly as initial infrastructure, staffing, and agreements between community partners were established. The program planning and staffing began July 2015 and the supervisor of the team was hired in August 2015 following formal approval from the Board of Supervisors. The supervisor developed a hiring plan and training guides for the RISE team and started hiring January 2016 and completed hiring all staff summer of 2017. Due to the specific qualifications of staffing for services provided to those at risk of human trafficking and training necessary for clinical practice; the team faced recruitment and operational barriers including leasing out a confidential service site in North County, training modules for public, first responders, and direct service providers, purchasing of vehicles, security measures for staff and clients, limited applicants with expertise, etc. In order to confirm if the approach is a promising practice, accomplish training goals, and adequately provide mental health services based on the level of care indicated of most the clients; the department is requesting a two year extension.

Request for Additional Funding:

This extension is a request for increase of $2,600,000 for two years of programming from July 2018-July 2020. The program's goals included objectives which have yet to be achieved due to start-up timing and learning that outreach and engagement requires additional time than initially anticipated. As a result, evaluation of the effectiveness and impact of the service delivery model in our community is yet to be determined.

The additional funds will allow the program to:

Deploy the recently developed multi-agency screening and assessment tool to review usefulness across all systems; Continue training, education, and public awareness to 2,660 individuals regarding signs and risk of mental illness related to sex trafficking, at this time over 1,000 have been trained; Provide trauma-sensitive crisis interventions available 24/7 to a larger number of survivors in community than originally anticipated along with duration of ongoing treatment; Continue to provide specific specialized treatment space in all regions of county; a confidential location was leased and opened in North County with the goal of ensuring all regions can adequately access these services; and determine the results of cross agency collaborations in improved recognition and response to survivors' mental health issues.

The funding will enable the program to continue including staffing, operations, and evaluation expenditures. The Department of Behavioral Wellness' Evaluation team partners with the University of California at Santa Barbara for evaluation and will continue using this model.

Learning Objectives for Extension:

The original learning objectives were:
Effectiveness and impact of using a shared screening and assessment tool;
Effectiveness of specifically designed approach including treatment planning and development of team members for the families and clients;
Learning about interagency collaboration and effects on improved recognition and response to victims' mental health issues;
and learning if the increase of public awareness increases funding and other public support for improving outcomes.
These learning objectives will remain the same for the two year extension.

Target Populations for Extension:

This extension includes a larger population and a new population to be served. Larger Population: With increased training on exploitation with education/screening efforts we've seen a marked increase in youth identified with risk factors; at this time; it is estimated that one in ten youth in our community currently accessing services from our county department partners are at risk for trafficking.

New Population:

Higher than expected population of age 18 and over exploitation victims with significant alcohol and other drug issues, domestic violence, developmental and/or cognitive and legal issues. Resources for adult exploitation victims have significant resource and identification gaps compared to minor victims in our community. Migrant Population due to sex and labor trafficking is higher than expected numbers. It is difficult to identify and provide services for this population and they will need specialized culturally specific efforts and cross agency collaboration to address.

Added Value in Learning with the Extension:

Increased education and identification for all first responders. Finished development of and pilot period for shared screening tool (2016-2017), First Responder CSEC ID Tool. Starting formal training across all agencies, starting with law enforcement in 2018-2019: More victims will be identified and immediately referred for appropriate services; Early intervention to reduce exposure and trauma; Increased prosecution efforts toward exploiters and buyers and reduce demand to reduce percentage of youth being exploited; and Youth will be identified early and survivor/victim supports will advocate away from Juvenile Probation/Legal system (criminalization of victims) toward more therapeutic systems like, Behavioral Wellness, Social Services, Trauma Informed Counseling, Restoration & Reintegration Supports (supporting victims). Increased community awareness to increase legislation, funding and resources for victims/survivors. Reduce stigma and victim blaming associated with sex exploitation/trafficking. More time to collect data, program development and determine best practice for difficult to engage population. Increase current interagency collaborations and effectiveness to better address and provide early intervention to exploitation survivors/victims.

Sustainability and Additional Value Added by Requesting an Additional Two Years:

The county's original plan on sustaining a successful RISE plan was that if the treatment model was successful and community need identified, the county planned to create an MHSA community support or full service partnership program with the capability to be reimbursed by Medi-Cal for billable expenditures. This is the continued plan for the two year extension. The additional value of extending this for two years will be determining best methods and approaches to serving victims of human trafficking, but also provide prevention to those at risk of trafficking. The tools established in Santa Barbara County are being reviewed as possible best practices and may be replicated in other counties or States. The program receives a large demand due to community collaboration and the number of those whom are victims of trafficking in our county is growing. An extension of two years will create a time period for adequate determination if the methods used are beneficial, which at this time cannot be concluded with the data available.

Housing

The Department has worked to create a final housing development with these funds in partnership with local housing stakeholders. The MHSA Housing Program has supported major housing projects in each of the three largest cities in Santa Barbara County. Despite the number of units purchased, the Housing budget still retains more than half of its funding allocation. Currently there are 35 MHSA units funded throughout Santa Barbara County. Santa Maria is the site of four one-bedroom, six three-bedroom and two two-bedroom apartments. MHSA units in Santa Barbara and Lompoc are single occupancy.

Completed projects:

Garden Street Apartments, Santa Barbara
MHSA housing funds support ten affordable units for persons with mental illness in South County.

Home-based on G Street, Lompoc
MHSA housing funds support 13 affordable units for persons with mental illness in Central County.

Rancho Hermosa, Santa Maria
MHSA housing funds support 12 units, including family units, for persons with mental illness (four one-bedroom, six three-bedroom and two two-bedroom apartments) in North County.

Current Project: Residences on Depot Street, Santa Maria

On February 11, 2016, a proposal for a new MHSA Housing allocation was posted for 30-day public review. There were two comments submitted in support of this project. In partnership with the Santa Barbara County Housing Authority, a site has been secured for The Residences at Depot Street in the city of Santa Maria in North County. The proposed mixed population development is an 80-unit project with 35 MHSA units. Although this project was not selected for the first round of funding due to several other large competing projects, the County anticipates that the Depot Street project will be approved for the second round of funding to be finalized in June. Based on this new timeline, approvals for the project should be completed by September, with the target of breaking ground in December 2017/January 2018. Instead of developing the project in phases as initially contemplated, the revised plan is to build all 80 units continuously from start to finish. The distribution of unit type is still under discussion but should include studios, one-bedroom, two-bedroom and three-bedroom units. Some units will be designated for homeless veterans. The project will be supported by tax credits, other federal funds and MHSA. This development will use the remaining balance of Santa Barbara County's MHSA Housing funds.

The "No Place Like Home" Initiative

During the next three-year period, the State will launch the No Place Like Home initiative, established pursuant to AB 1618/1628. This Initiative will divert a portion of MHSA funds to provide $2 billion in bond proceeds for investment in the development of permanent supportive housing for persons who are living with a severe mental illness (SMI) or a co-occurring disorder. These individuals must be experiencing chronic homelessness, or are at-risk of chronic homelessness, or homelessness. The funding must be used for permanent supportive housing and utilize low barrier tenant selection practices that prioritize and offer flexible, voluntary, and individualized supportive services.

Counties may apply for funds as the sole applicant(s) if they are the development sponsor, or jointly with a developer as development sponsor, and must also make a commitment to providing mental health services and helping coordinate access to other community-based supportive services.

Santa Barbara County intends to participate fully in this initiative, including submitting proposals for both funding allocations:
Non-competitive funds based on county population of homeless (Santa Barbara County's estimated allocation: $2.7 million)
Competitive funds which may be awarded, after application and analysis, out of a pool of funds for medium sized counties. Additionally, start-up or "technical assistance" (TA) funds will be available in the form of grants (Santa Barbara County's allocation is: $100,000).

The Department of Behavioral Wellness has had preliminary meetings with the leadership at

Santa Barbara County Housing and Community Development, who will assist with notification of funding and vetting of potential development partners. Santa Barbara County intends to respond to the State's Request for Proposal when published, reported to be in June of 2018

Workforce Education and Training (WET)

Provider:	Behavioral Wellness
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$262,900
Estimated WET Funding	$262,900
Estimated Medi-Cal FFP:	$0
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

The Workforce Education and Training (WET) funding component was conceived to be time-limited; it is not a continuous source of funding like CSS, PEI and Innovation. To maximize the use of WET funding, we transferred many of the functions to the entire system of care including peer staff in outpatient clinics, capacity of our contract providers to hire peers and have trainings for staff, and creation of the Client and Family Member Advisory Committee (CFMAC) which has been meeting for at least 15 years.

As a result of the State reversion calculations, part of the consumer empowerment manager position and twelve part-time employment opportunities for graduates of the WET Peer Specialist Training as Peer Expert Pool staff will be funded by WET (see attached Reversion Plan). As of April 2018, six of the twelve positions are filled and at least three of the six vacancies will be hired as peer navigators in FY 18-19 and the other three will be filled as new peers are trained. Starting in FY 18-19 and for years forthcoming costs associated with ongoing W E T peer employment will be transferred to the CSS funding category once reversion amounts are expended.

In addition, in FY 17-18 the WET Manager coordinated trainings for all peer employees on the Principles of Effective Advocacy and Group Facilitation, Peer Support 101, and Ethics, Boundaries, and Confidentiality. The Department held their first Peer Employee Forum in March 2018 to seek input on the technological suite innovations project using modern technology to connect individuals in the community, including peer linkages and digital chats. The peers requested more regular meetings, which the Department has scheduled on a quarterly basis through FY 17-18. In March 2018, six peer staff attended the Southern Counties Regional Partnership (SCRP) Difficult to Engage/Reach Populations Conference in Pomona, California. The Department acts as the fiscal agent and staff assist in the coordination and preparation of the conference on behalf of ten Southern California counties. Included as part of the conference was a workshop for "Onboarding Peers, Recovery, and Core Competencies for Peer Employees" which was presented by the Consumer Empowerment Manager.

Capital Facilities & Technological Needs (CF/TN)

Provider:	Behavioral Wellness and Mental Health Systems
Estimated Funding FY 2018/19:	
Estimated Total Mental Health Expenditures:	$206,100
Estimated CFTN Funding	$206,100
Estimated Medi-Cal FFP:	$0
Estimated 1991 Realignment:	$0
Estimated Behavioral Health Subaccount:	$0
Estimated Other Funding:	$0

Electronic Health Records Conversion

During the last three-year period, the Department successfully converted all outpatient clinics to an Electronic Health Record (EHR). During this next three-year period, the Department will finalize the conversion of paper records to electronic records in the inpatient Psychiatric Health Facility. Funding available in the CF/TN funding category will be fully expended upon the completion of this project.

Update for Proposals Included in Three-Year Plan

These proposals were introduced to Stakeholders for feedback and program development input during the Stakeholder public forums.

Proposal One: Operate the Transition Age Youth (TAY) Program as a Full Service Partnership

Currently the older TAY population (ages 18-24) may receive services as part of the adult ACT programs. This proposal would expand TAY services by establishing a separate FSP program that provides unique services to this population. The Department is set to execute a contract with the State Department of Rehabilitation that will provide the Department with additional resources to assist TAY with obtaining vocational rehabilitation services and employment support.

Leveraging this contract would enable the Department to expand the current amount of vocational rehabilitation and employment support offered to TAY. In addition, as part of the FSP program, the Department would offer field-based engagement services, housing support, 24/7 crisis support, and adopt a "whatever-it takes" approach to deliver needed services with the goal of moving these consumers to a lower level of care as expeditiously as possible.

Update:

During FY 16/17, vocational rehabilitation services were initiated in the TAY teams in all three regions to enhance service capability if a FSP was developed. In addition, the MHSA Coordinator, Peer Empowerment Manager, and a Clinician have researched and participated in Statewide and Santa Barbara learning groups regarding HeadSpace and Foundry Models used in Australia and British Columbia to serve the youth in their communities. This approach may be an option in the future with interested community partners collaborating, including School Districts, Cottage Health Systems, Mental Wellness Center, and more. In order to adequately build an FSP, housing support will be an initial barrier and ongoing funding for staffing due to the 24/7 support required.

In FY 18-19, the Department intends to provide FSP training to current TAY teams to start the beginning phases of development of an FSP for TAY.

Proposal Two: Reconsider Justice Alliance

Currently, Justice Alliance is a Full Service Partnership (FSP) providing the following services:

- Outreach and engagement to consumers involved with the criminal justice system, including linkage to outpatient and ACT programs as appropriate;
- Present in court to provide mental health assessments to charged misdemeanants;
- Provides competency restoration services to individuals found Incompetent to Stand Trial (ISTs);
- Provides case management of criminally involved consumers.

The Department is working with the Courts, District Attorney's Office, Public Defenders Office, and law enforcement to reconsider how the Justice Alliance program is structured with the goal of enhancing support to criminally involved mental health consumers to reduce recidivism.

Update:

During FY 16/17, greater collaboration occurred between Justice Alliance and the local hospitals and law enforcement including monthly meetings, review of high utilizers, and trainings for the courts, Public Defenders, and Psychiatric Health Facility. In summer of 2018, the Santa Barbara ACT team and Justice Alliance will be co-located in a facility to better coordinate care to FSP clients and provide adequate access and transition services to the outpatient and inpatient systems for justice involved individuals. The Forensic Action team continues to support and provide feedback on the development of an in-county Mental Health Rehabilitation Center (MHRC) which will help inform the Department on the needs of the community for Justice Alliance services once critical services are enhanced in the continuum of care. At this time, Justice Alliance will remain as an FSP.

Proposal Three: Increase Programming at the Recovery Learning Centers

Use the Recovery Learning Centers more fully as part of the continuum of care, which would include:

- Provide Psychiatry & Medical staff time at the RLCs for medication support services;
- Increase clinical support on site;
- Enhance employment support on site;

- Enhance Peer support on site;
- Link with the Department's outpatient groups to facilitate client transitions to RLCs.

Update:

Partner in Hope peer services provided by county staff will be fully integrated into their respective outpatient clinical team starting in FY 2017-18 and peer navigators are planned to begin in FY 2018-19. These staff will help connect individuals to all resources, including the RLCs.

During 2018-2020, the Department is encouraging peer staff to attend advanced peer certification trainings, such as a series called "Advanced Peer Specialist" provided by Share! and funded by the Office of Statewide Health Planning and Development (OSHPD). The Lompoc RLC held a 12 week academy called H2L in October of 2017. The idea was to activate peer members to take a next step in their recovery through an array of classes. Forty supporters, ranging from clinicians to caseworkers, attended the graduation of seven graduates of the program. As a result of the success, TMHA intends to offer two to three academies each year. Staff and many stakeholders are also following and supporting legislative proposals to create and reimburse Behavioral Health departments for peer support activities which would enhance these roles statewide.

Growing parent partner capacity to assist families in the Department is desired and a current application for a Kids Triage grant includes adding three positions. In early May 2018, the Department was notified they received partial funding for the grant request and will be working with the Mental Health Oversight and Accountability Commission to determine what level of parent family support can be utilized in the hospitals to provide triage and connections to community, such as accessing the RLC, NAMI, or navigation of the school system for children.

There is a lack of consistent collaboration between the Department's Outpatient Clinics and Community Based Organizations treatment providers working within the RLCs. Consumers continue to report that they do not wish to be "forever clients" of the system and would like to step down to RLC level of care, but still have access to some clinical services. Consumers have reported in stakeholder meetings their desire to see psychiatric services and low end counseling at the RLCs. As a result of this supported proposal, a pilot of this program is beginning in Lompoc in mid-2018 in collaboration with TMHA. Additionally, Medi-Cal case management services are occurring in the South region with connection to outpatient clinic and the Department is monitoring how to adequately provide step-down support and intended to have collaboration for medication support county wide by 2019 that is located onsite at each RLC.

In addition, a modern peer technology innovations plan is proposed to employ peers and use mobile and computer applications to improve access and linkage with the individuals in the community; this is described in the Innovations section of this document and will create employment opportunities for peers and may be provided by community partners.

Proposal Four: Further Integrate the Existing Treatment Teams Into Levels of Care

Community	Level 1- Outpatient Wellness	Level 2-Field Capable/Moderate Clinical Services	Level 3- Moderate to High Service Intensify	Level 4- FSPs High Intensity Community Based
Network Providers	Minimal Maintenance	Less intensive maintenance	Step down from ACT with intensive services-field based, ACT-lite	ACT/Jail/Homeless
Recovery Learning Centers	Groups, Case Management, Individual Services	Step down from ACT/Supportive Housing	Supportive Housing Services	Difficulty accessing office services-outreach
Medication Compliant	Minimum Med Management	Community Based	Integrated MH/SUD/Medical	Field based services
Supportive Employment Services	Integrated MH/SUD/Medical	Integrated MH/SUD/Medical	Supportive Employment Services	Supportive Housing Services
	Supportive Employment Services	Supportive Employment Services		Integrated MH/SUD/Medical
				Supportive Employment Services

Update:

In FY 17-18, the Chief of Clinical Operations initiated a review of all levels of care in the Department. In this process, she joined with the Access Transitions Workgroup to collaborate on the design of a system of care which will transition clients based on clinical need using the Adult Level of Care and Recovery Inventory Tool (LOCRI). The Access Transitions Workgroup is comprised of staff across programs and disciplines. In spring 2018, this group supported updating the electronic health record to include the LOCRI tool and will be piloting the usage of it and working with community partners in FY 2018-19. Following initial pilot, the Department will report to stakeholders on the successes and barriers to determine if Levels of Care would desired to redesign the continuum of care. In future years, the wellness and recovery, medical integration, and co-occurring teams could be shifted to complex capability for all levels of care rather than staffed with specific training. The current model requires clients to move between teams to the staff who are trained in that area, such as medical integration for medically compromised adults. Stakeholder feedback indicated large support for clients remaining in one team with the same providers, but requiring teams to have capacity to provide all levels of care. The transition to a LOCRI system will require staffing on each outpatient team for the complex individual's needs and eliminate the individuals from having to get a new provider when they "move."

SUPPORTING MATERIALS

Attachment 1:
Three-Year MHSA Reversion Expenditure Plan FY 2017-18 FY 2019-20

Attachment 2:
Proposed Budget Summaries

Attachment 3:
Innovations: Power Point Presentation

Attachment 4:
New Proposal Technology Suite: Santa Barbara County Innovation Project Proposal

Attachment 5:
Public Comments Regarding the MHSA Three-Year Plan Update

Attachment 6:
(Placeholder) Behavioral Wellness Commission Meeting Agenda for Public Hearing

Attachment 7:
(Placeholder) Minutes of the Public Hearing

Attachment 8:
(Placeholder) Evidence of Santa Barbara County Board of Supervisors' Approval

Attachment 1: Three-Year MHSA Reversion Expenditure Plan FY 2017-18- FY 2019-20

Santa Barbara County
Department
of Behavioral Wellness

THREE-YEAR MHSA REVERSION EXPENDITURE PLAN

FY 2017-18 – FY 2019-20

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

300 N. San Antonio Rd.
Santa Barbara, CA 93110

(805) 681-5220

http://countyofsb.org/

behavioral-wellness

CONTENTS

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Santa Barbara

Local Mental Health Director	**Program Lead**
Name: Alice Gleghorn, Ph.D. Telephone: 805-681-5220 Email: agleghorn@co.santa-barbara.ca.us	Name: Lindsay Walter Telephone:805-681-5236 Email: lwalter@co.santa-barbara.ca.us
County Mental Health Mailing Address: Santa Barbara County Department of Behavioral Wellness 300 N. San Antonio Road Santa Barbara, CA 93110	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Alice Gleghorn, Ph.D.

_____ _____

Local Mental Health Director/Designee (PRINT) Signature

County: Santa Barbara Date:_____

MHSA COUNTY REVERSION CERTIFICATION

County/City: Santa Barbara FY: 2017-2018 – FY 2019-2020 Three-Year Reversion Expenditure Plan

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Alice Gleghorn, Ph.D.	Name: Theo Fallati
Telephone Number: 805-681-5220	Telephone Number: (805) 568-2100
E-mail: agleghorn@co.santa-barbara.ca.us	E-mail: Fallati@co.santa-barbara.ca.us
Local Mental Health Mailing Address:	
Santa Barbara County Department of Behavioral Wellness 300 N. San Antonio Road, Santa Barbara, CA 93110	

I hereby certify that the Adjustments Worksheet is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached Appeal Worksheets are true and correct to the best of my knowledge.

Alice Gleghorn, Ph.D. _____ 6/26/18

Local Mental Health Director (PRINT) Signature Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that Santa Barbara County financial statements are audited annually by an independent auditor and the most recent audit report is dated August 25, 2017 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the Santa Barbara County has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

THEODORE A. FALLATI Theo Fallati 6.28.18

County Auditor Controller (PRINT) Signature Date

Background

On December 28, 2017 California Department of Health Care Services (DHCS) issued Information Notice (IN) 17-059. This document informed counties of the process the Department of Health Care Services (DHCS) will use to determine the amount of unspent Mental Health Services Act (MHSA) funds subject to reversion, or re-allocation back to counties, as of July 1, 2017. The Information Notice also described how counties may appeal determinations and required counties to create a plan by July 1, 2018 on how reverted funds are to be spent.

On July 10, 2017, Assembly Bill (AB) 114 went into effect. Counties were notified that previously unspent Mental Health Services Act funds have been reallocated back to the counties and funding components from which they originated.

The California Department of Health Care Services (DHCS) informed Santa Barbara County that the following funds from Prevention and Early Intervention and Innovation MHSA funding components have been reallocated to the county based on revenue and expense reports filed through FY 16/17:

Santa Barbara	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	$ --					$ --
FY 2006-07	$ --			$431,577		$431,577
FY 2007-08	$ --	$			$ --	$ --
FY 2008-09	$ --	$ 2,702	$250,184			$252,886
FY 2009-10	$ --	$ --	$ --			$ --
FY 2010-11	$ --	$ --	$ 9,188			$ 9,188
FY 2011-12	$ --	$ --	$ --			$ --
FY 2012-13	$ --	$ --	$ --			$ --
FY 2013-14	$ --	$ --	$ --			$ --
FY 2014-15	$ --	$ --	$ --			$ --
Total	$ --	$ 2,702	$259,372	$431,577	$ --	$693,651

Purpose of this Plan

The purpose of this plan is to share with stakeholders a proposal for the application of MHSA reversion funds during FY 2017-18 through FY 2019-2020.

Community Planning Process

Lindsay Walter JD, Deputy Director of Administration and Operations for the Santa Barbara County Behavioral Wellness, addressed MHSA stakeholder forums held Santa Maria, Lompoc, and Santa Barbara on March 27th and 29th, 2018. During these four forums, she outlined the availability of reversion funds and the MHSA funding components to which they are to be applied. She also pointed out that it would not be administratively recommended to initiate new programs with the reversion funds based on the limited available amount of funding by component and intention use the funds to support current programs. No stakeholders voiced disagreements about the proposed use of reversion funds.

Ms. Walter also briefed the Behavioral Wellness Commission (formerly the Mental Health Commission) at a meeting on March 21, 2018 regarding the process for stakeholder input and timeline for approval of the Plan Update and reversion expenditure plan. Similarly, no Commissioner or stakeholder expressed disapproval of the Department's plans for the application of reversion funding and after the thirty day posting for public comment, Ms. Walter indicated she would be returning to the Mental Health Commission for additional feedback.

MHSA Components Subject to the Use of Reversion Funds

Prevention and Early Intervention (PEI): The available will support current early outreach and prevention contracted programs. The reallocated funds of $2,207 will be the first funds spent.

Innovation: Reversion funds will support Resiliency Interventions for Sexual Exploitation (RISE, formerly GRRLL) in FY 2018-19. RISE's goal is to increase the quality of services, including better outcomes, for girls and boys who are victims of, or at risk for, sexual exploitation through sexual trafficking. During FY 16-17, 100 youth and their families were served. Protocols were developed with the District Attorney, Victim Witness, Juvenile Probation, Juvenile Court, Public Health, the Rape Crisis Center and the Department of Social Services. RISE also trained 1000 first responders, treatment providers, and community members. The reallocated funds of $259,272 will be the first funds spent.

Workforce Education and Training (WET): WET was a one-time funding component and these funds will support continuance of the Consumer Empowerment Manager and Peer Expert Pool Employee Program in FY 18-19 and half of FY 19-20. The Consumer Empowerment Manager advises the Executive Team and providers on recovery principles, supervises the Peer Expert Pool, participates in a variety of quality assurance activities and facilitates monthly meetings of the Consumer and Family Member Advisory Committee/Peer Action Team. The program also employs consumers and family members choosing to enter or reenter the workforce and helps these staff build skills for their desired career goals. During the last year, the Manager initiated quarterly Peer Employee Forums for training of all peer staff, networking, and feedback along with supporting staff whom now coordinate daily groups, such as the wellness group at the Santa Barbara Psychiatric Inpatient Hospital. The reallocated funds of $431,577 will be the first funds spent.

Expenditure item*	Years to be spent	Amount to be spent	From Fiscal Year
Prevention and Early Intervention	FY 2018-2019	$2,702	FY 08-09
RISE (Innovation)	FY 2018-2019	$259,272	FY 08-09 and FY 10-11
Consumer Empowerment Manager and Peer Expert Pool Employee Program (WET)	FY 2018-19 & FY 2019-20	$431,577	FY 07-08
Total amounts for items are already operating and there is no expansion of programs in this plan to spend			

Next Steps

Santa Barbara County will post its plan to spend its reallocated funds to the Department of Behavioral Wellness website within the FY 18-19 Plan Update. The reversion expenditure plan will be subject to a 30-day period of public comments and a public hearing before the Behavioral Wellness Commission with the FY 18-19 Plan Update. The County Board of Supervisors (BOS) must adopt a final plan within 90 days of the county posting the plan to the website.

Each county must submit its final plan to DHCS and the Mental Health Services Oversight and Accountability Commission within 30 days of adoption by the county's BOS. The county must not spend the funds that are deemed reverted and reallocated to the county until the county's BOS has adopted a plan to spend those funds. Any reallocated MHSA funds that are unexpended as of July 1, 2020, will be reverted to the State and reallocated to other counties.

Public Comment

To be added to Plan Update Comments following the 30-day public review and comment period.

Minutes from the Public Hearing Conducted by the Behavioral Wellness Commission

To be added to Plan Update document following the public hearing

Attachment 2: Proposed Budget Summaries

Budget Review by Funding Component

Mental Health Services Act Proposed Budget

Community Services and Supports (CSS)

	FY 2017-18				FY 2018-19				FY 2019-20			
Community Services and Supports (CSS) Programs	Total MHSA Plan CSS Expenditures	MHSA CSS Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded	Total MHSA Plan CSS Expenditures	MHSA CSS Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded	Total MHSA Plan CSS Expenditures	MHSA CSS Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded
Full Service Partnership (FSP)	14,471,302	8,319,902	5,195,400	956,000	15,524,628	9,249,028	5,686,500	589,100	15,835,121	9,873,670	5,800,230	161,218
Non-FSP	31,420,966	7,254,400	13,064,600	11,101,926	33,429,504	8,082,044	15,838,870	8,807,160	34,098,094	9,875,880	16,871,106	7,322,923
FSP Programs as %CSS Programs		53.40%				53.40%				50.00%		
CSS Administration Total	6,719,102	1,383,728	3,834,600	1,500,774	7,420,170	328,104	4,973,100	2,118,996	7,568,573	334,666	5,072,562	2,161,345
Total CSS Programs Expensitures	52,611,370	16,958,070	22,094,600	13,558,700	56,374,302	17,659,176	27,199,900	11,515,226	57,501,788	20,084,219	27,743,898	9,645,486
Estimated Available Funding	52,611,370	16,958,070	22,094,600	13,558,700	56,374,302	17,659,176	27,199,900	11,515,226	57,501,788	20,084,219	27,743,898	9,645,486
Estimated Remain/ (Deficit)	0	0	0	0	0	0	0	0	0	0	0	0

Budget Review by Funding Component

Mental Health Services Act Proposed Budget

Prevention and Early Intervention (PEI)

	FY 2017-18				FY 2018-19				FY 2019-20			
Prevention and Early Intervention (PEI) Programs	Total MHSA Plan PEI Expenditures	PEI Funded	Medi-Cal FFP Funded	Realignment /Grant/Other Funded	Total MHSA Plan PEI Expenditures	PEI Funded	Medi-Cal FFP Funded	Realignment /Grant/Other Funded	Total MHSA Plan PEI Expenditures	PEI Funded	Medi-Cal FFP Funded	Realignment /Grant/Other Funded
Prevention	723,600	723,600	0	0	723,600	723,600	0	0	738,072	738,072	0	0
Early Intervention	5,345,724	2,480,224	2,552,500	313,000	6,347,676	3,505,776	2,841,900	0	6,474,630	3,575,892	2,898,738	0
PEI Administration Total	202,776	202,776	0	0	300,024	300,024	0	0	306,024	306,024	0	0
Total PEI Programs Expenditures	6,272,100	3,414,300	2,544,800	313,000	7,371,300	4,529,400	2,841,900	0	7,518,726	4,619,988	2,898,738	0
Estimated Available Funding	6,272,100	3,414,300	2,544,800	313,000	7,371,300	4,529,400	2,841,900	0	7,518,726	4,619,988	2,898,738	0
Estimated Remain/(Deficit)	0	0	0	0	0	0	0	0	0	0	0	0

Budget Review by Funding Component

Mental Health Services Act Proposed Budget

Workforce, Education and Training (WET)

	FY 2017-18				FY 2018-19				FY 2019-20			
Workforce, Education and Training (WET) Programs	Total MHSA Plan WET Expenditures	WET Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded	Total MHSA Plan WET Expenditures	WET Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded	Total MHSA Plan WET Expenditures	WET Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded
Peer Training	119,400	119,400	0	0	262,900	262,900	0	0	63,056	63,056	0	0
Southern Counties Regional Partnership	842,300	0	0	842,300	842,300	0	0	0	837,500	0	0	837,500
WET Administration Total	0	0	0	0	0	0	0	0	0	0	0	0
Total WET Program Expenditures	961,700	119,400	0	842,300	1,105,200	262,900	0	842,300	900,556	63,056	0	837,500
Estimated Available Funding	961,700	119,400	0	842,300	1,105,200	262,900	0	842,300	900,556	63,056	0	837,500
Estimated Remain/(Deficit)	0	0	0	0	0	0	0	0	0	0	0	0

Budget Review by Funding Component

Mental Health Services Act Proposed Budget

Mental Health Services Act Proposed Budget Innovations (INN)

	FY 2017-18				FY 2018-19				FY 2019-20			
Innovations (INN) Programs	Total MHSA Plan INN Expenditures	MHSA INN Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded	Total MHSA Plan INN Expenditures	MHSA INN Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded	Total MHSA Plan INN Expenditures	MHSA INN Funded	Medi-Cal FFP Funded	Realignment/ Grant/Other Funded
RISE	1,249,606	1,154,106	95,500	0	1,300,464	1,300,464	0	0	778,905	778,905	0	0
Peer Tech Suite	0	0	0	0	700,000	700,000	0	0	714,000	714,000	0	0
INN Administration Total	113,494	113,494	0	0	144,636	144,636	0	0	147,529	174,529	0	0
Total INN Programs Expenditures	1,363,100	1,267,600	95,500	0	2,145,100	2,145,100	0	0	1,640,434	1,640,434	0	0
Estimated Available Funding	1,363,100	1,267,600	95,500	0	2,145,100	2,145,100	0	0	1,640,434	1,640,434	0	0
Estimated Remain/(Deficit)	0	0	0	0	0	0	0	0	0	0	0	0

MHSA Housing Fund

MHSA Housing Funds $2.3M: The California Department of Health Care Services (DHCS) Information Notice No. 16-025 dated June 9, 2016, providing counties the option to request the release of any future unencumbered MHSA Housing Program funds for local use.

- On February 28, 2017, this item went before the Board of Supervisors who approved and authorized the request.
- The funds are to be used to provide housing assistance to the MHSA target population.
- A separate Agency Fund has been set up for the MHSA funds to pass through select entities in accordance with MHSA (W&I Code Section 5892.5

    (b) In addition, the use of these funds will be consistent with the 3-year MHSA plan.

Future Budget Challenges

No Place Like Home: Up to $1.4M of MHSA Allocation diverted

- FY1718 Estimate reflects $700k diverted for No Place Like Home
- FY1819 and FY1920 reflect the full $1.4M annual diversion

MHSA Prudent Reserve Fund Balance

	FY 2018/2019 Estimated Beginning Balance	FY 2018/2019 Uses of Fund Balance	6/30/2019 Recommended Ending Balance
MHSA Prudent Reserve	2,023,113	-	2,023,113
Purpose of Fund	4,349,032	-	4,349,032
Total Fund Balance	6,372,145	-	6,372,145

- MHSA Prudent Reserve' account cannot be used to expand programs

Attachment 3: Innovations: Power Point Presentation

2018-19 MENTAL HEALTH SERVICES ACT AND INNOVATIONS

Plan Update Stakeholder Presentation

Presented by: Lindsay Walter and Tina

MHSA OVERVIEW

Mental Health Services Act Overview

In November 2004, voters in the State of California passed Proposition 63, the Mental Health Services Act (MHSA), which was designed to expand and transform California's county mental health service system. To accomplish its objectives MHSA applies a specific portion of funding to each of six system-building components:

Component	Annual Percentage of MHSA	Reversion Period
Community Program Planning and Administration	10%	Not Applicable
Community Services and Supports (CSS)	80%	3 years
Prevention and Early Intervention (PEI)	20%	3 years
Innovation (INN)	5%	3 years*
Workforce Education Training (WET)	One time funding	10 years
Capital Funding (CF)	One time funding	10 years
Technology Needs (TN)	One time funding	10 years

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

1

What is the Mental Health Services Act?

Mental Health Services Act (MHSA) approved in 2004 by California voters, implemented in 2005

- Transformed system to change the way clients received mental health care in California. *Focus on community collaboration, cultural competency, individual/family driven with recovery focus, access to underserved communities, and integrated service systems.*

Invites stakeholders to participate in the process to determine how funding is used to change, create, and expand services and programs funded by MHSA

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

Rules and Regulations

Per CCR § 3310, Counties shall update the MHSA plan annually to include program changes, additions, deletions, and estimated expenditures

- A 30-Day review must be held to allow for public comment and community feedback
- At the end of the 30-Day review period, the Mental Health Board shall conduct a public hearing (WIC § 5848)

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

Your Role as a Stakeholder

Provide feedback regarding unserved/underserved populations

- Provide feedback on service and program needs for your communities
- Identify areas of opportunities for growth within existing programs
- Determine programs of best fit from proposed programs and services

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

What are the goals of the FY 18-19 Plan Update?

GOALS :

- Update on FY17-18 progress and FY 18-19 tasks for proposals included in the FY 17-20 Three Year Plan
- Review MHSA Reversion status for Santa Barbara County based on State data from February 2018
- Request extension of RISE Project (formerly GRRLL program) for two years
- Request a new Innovations Project encompassing peers and technology which were two gap areas identified in FY 17-20 Three Year Plan
- Review any significant changes including sustainability of Triage grant services and No Place Like Home budget impacts

6

What was the feedback heard from community during MHSA Three Year Planning process?

During the FY 17-2020 MHSA Three Year Plan community process the following areas were identified as gaps or critical needs which new projects or changes in current system could be opportunities to better current or future practices in our community.

AREAS FOR FOCUS - GAPS

- *Quick Response:* Immediate clinical services needed in the field/community.
- *Peer Services:* Updating Peer opportunities and services; outdated peer structure.
- *Technology:* Use of modern ways to respond to clients and deliver services to increase access and quality.
- *Transitional Age Youth (TAY):* The TAY population is specialized and inadequately served in the Adult System of Care.
- *Outreach and Engagement:* Outreach models to current consumers in the system of care are consistently failing to engage them regardless of existing delivery models.

7

Reversion Status - Plan spending on current projects

Enclosure 1

Department of Health Care Services
MHSA Funds Subject to Reversion by Fiscal Year by Component

Santa Barbara	CSS	PEI	INN	WET	CFTN	Total
FY 2005-06	$ -					$ -
FY 2006-07	$ -			$ 431,577		$ 431,577
FY 2007-08	$ -	$ -			$ -	$ -
FY 2008-09	$ -	$ 2,702	$ 250,184			$ 252,886
FY 2009-10	$ -	$ -	$ -			$ -
FY 2010-11	$ -	$ -	$ 9,188			$ 9,188
FY 2011-12	$ -	$ -	$ -			$ -
FY 2012-13	$ -	$ -	$ -			$ -
FY 2013-14	$ -	$ -	$ -			$ -
FY 2014-15	$ -	$ -	$ -			$ -
Total	$ -	$ 2,702	$ 259,372	$ 431,577	$ -	$ 693,651

$ - No Funds Subject to Reversion
ARER expenditure data is not complete

- *The State provided calculations for reversion thru FY 14-15. Santa Barbara agrees on their calculations and proposes to spend the amount of $695k subject to reversion on current Innovation and WET projects including the RISE program and the Peer Workforce Empowerment Team.*

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

Status Updates on Three Year Plan Proposals - Where are we?

1. Increase Programming at the Recovery Learning Centers
2. Reconsidering Justice Alliance design
3. Operate Transitional Age Youth (TAY) Program as a Full Service Partnership
4. Further Integrate the Existing Treatment Teams into Levels of Care

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

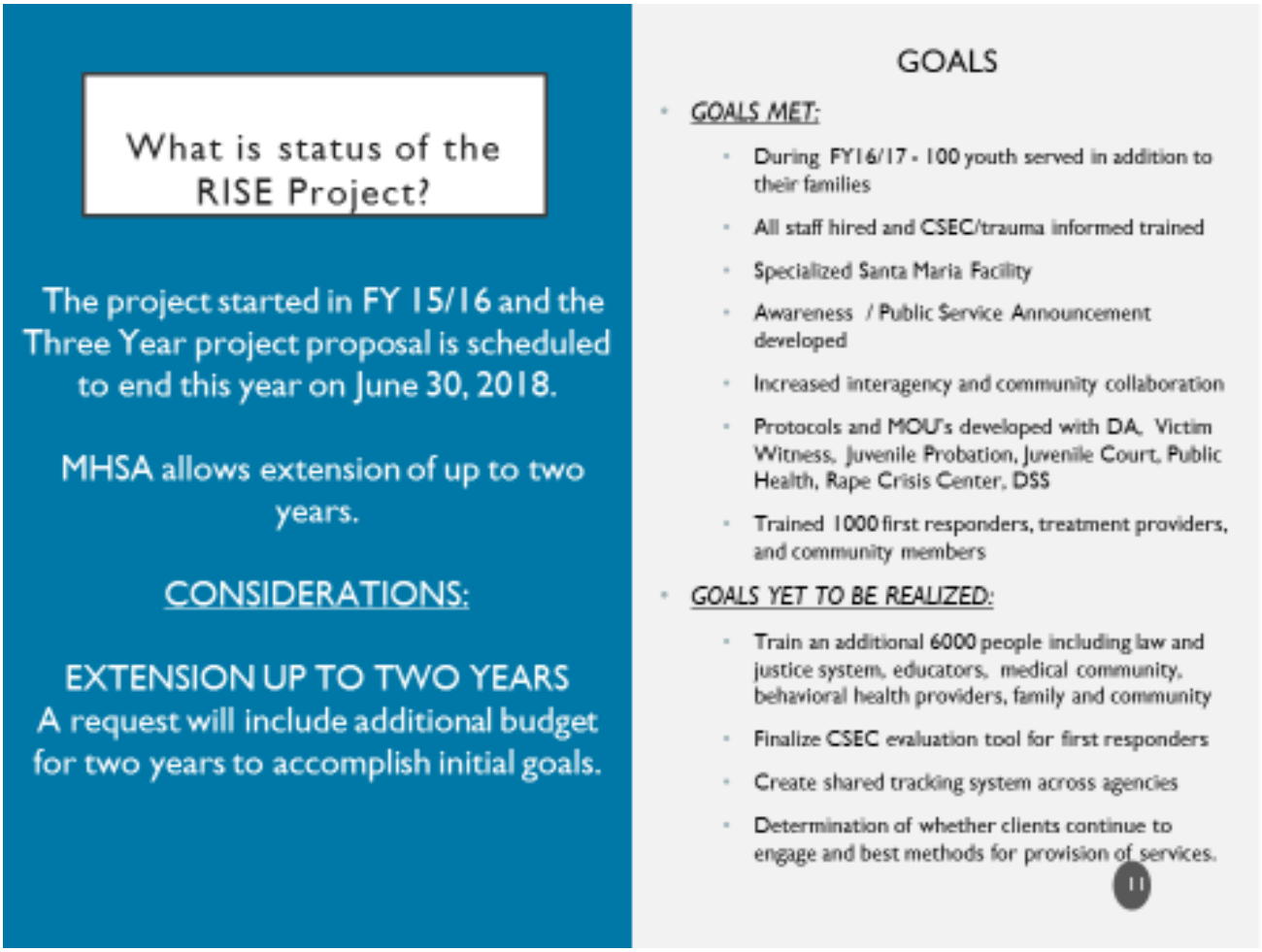
RISE PROJECT (Formerly GRRLS: adopted May 28, 2015)

The primary purpose is to increase the quality of services, including better outcomes, for girls and boys who are victims of, or at risk for, sexual exploitation through sexual trafficking. RISE implements and evaluates a new approach to identifying and responding to the serious mental health issues experienced by this population, especially post-traumatic stress disorder (PTSD) and major depression, often with co-occurring substance issues.

A major focus of the program is inter-agency and community collaboration with law enforcement, courts, social services, alcohol and drug services, mental health providers, schools, pediatricians, public health, first responders, community-based organizations, parents, foster parents, peers, etc.

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

10


What is status of the RISE Project?
The project started in FY 15/16 and the Three Year project proposal is scheduled to end this year on June 30, 2018.
MHSA allows extension of up to two years.
CONSIDERATIONS:
EXTENSION UP TO TWO YEARS
A request will include additional budget for two years to accomplish initial goals.
GOALS
GOALS MET:
During FY16/17 - 100 youth served in addition to their families
All staff hired and CSEC/trauma informed trained
Specialized Santa Maria Facility
Awareness / Public Service Announcement developed
Increased interagency and community collaboration
Protocols and MOU's developed with DA, Victim Witness, Juvenile Probation, Juvenile Court, Public Health, Rape Crisis Center, DSS
Trained 1000 first responders, treatment providers, and community members
GOALS YET TO BE REALIZED:
Train an additional 6000 people including law and justice system, educators, medical community, behavioral health providers, family and community
Finalize CSEC evaluation tool for first responders
Create shared tracking system across agencies
Determination of whether clients continue to engage and best methods for provision of services.
11

INNOVATIVE OPPORTUNITY

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

- Multi-County Collaborative Project focused on increasing access for unserved/ underserved populations
- Utilizing web and mobile application-based mental health services and supports; phase one will be a peer to peer chat and service/linkage program
- Outcome measurements using passive data analysis and comparison of passive and active data sets

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

An Innovative Technology Solution?

The project would begin in FY 18-19 with joining other counties in development of the technology suite and peer services.

CONSIDERATIONS:
REQUEST FOR THREE TO FIVE YEARS OF FUNDING
A request will include budget to accomplish development and implementation of the applications and staffing.

BENEFITS OF THE TECHNOLOGY SUITE

Revamping peer services including:

- Technology for peer to peer communication
- Modern models to increase outreach and engagement with TAY and underserved populations
- Service delivery where peer services are located and clinical response triggered through the technology
- Variety in team structure such as staffing
- Use of peers for warm hand off and follow-up services after discharge from outpatient services
- Collaboration with other counties in California on best approaches

13

Updates on Challenges and Budget Issues identified in Three Year Plan

- Sustainability of Triage Grant Services - BeWell's Mobile Crisis and Triage teams will be combined to create a new crisis service response model. Reduction in triage service times and all triage civil service positions will be sustained by creation of the new model.
- Impacts of "No Place Like Home" - Currently, the initiative is held up in judicial process with a hearing scheduled for July 23, 2018. Counties anticipate delay until FY 18-19 which will divert a portion of MHSA funding to create permanent supportive housing. Santa Barbara stakeholders surveyed in late 2017 and feedback indicated interest in competing for large housing projects for development in South County.
- Impacts of new legislation - MHSA can be used to provide housing for non Full Service Partnership services including conserved clients. Plan to redesign and update current services to add this contiuum out of growth funds.

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


Ideas, Thoughts, or feedback for Santa Barbara County?
WHAT DO YOU THiNK?
THINK
CREATIVE
15

Next Steps for Feedback or Input:

- Take the ideas and feedback presented today; please email any other ideas to Lindsay Walter - lwalter@co.santa-barbara.ca.us
- Staff will be visiting clinics and community venues for their ideas and feedback; pursuing an extension for RISE and a Peer Technology project for the FY 18-19 plan update.
- Development of a draft plan(s)
- Distribution draft plan(s)

- Presentation to the Behavioral Wellness Commission
- Approval by Board of Supervisors, and Mental Health Oversight and Accountability Commission (MHSOAC) for Innovations projects

THANK YOU!!!

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

16

Attachment 4: New Proposal Technology Suite: Santa Barbara County Innovation Project Proposal

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

MHSA Innovation Project Proposal:

Using Technology to Advance Recovery, Referrals and Access to Care

June 3, 2018

Alice Gleghorn, Ph.D., Director

Table of Contents

Overview

Introduction

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

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

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

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

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

Primary Problem

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

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

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

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

- A mobile application would allow those needing services and their families a way to navigate through a very difficult mental health system.
- Creating new, trusted lines of communications for peers and clinicians will help prevent crises, creating a new opportunity for clients to express concerns and receive referrals before challenges reach the crisis level.
- Transition-age youth are likely to embrace a mobile app; this is a common way of communicating for this age group.
- Some members of Regional Recovery Learning Communities and some transition-age youth have voiced the need to communicate with other peers without having to travel, as transportation may be an issue.
- Those living with mental health needs, along with domestic violence issues, may seek to access support in a discreet way, which can be accomplished through digital communications.
- Finding referrals to providers on the mobile application may reduce the number of people using hospital emergency rooms for care.
- A mobile app is an innovative, multi-functional tool and an optional line of communication that may work well for individuals receiving public assistance who are now given smart phones.

Like virtually all other public behavioral health agencies in California and nationwide, with severely limited resources, the Department of Behavioral Wellness seeks efficient, modern and innovative ways to better reach people with severe mental illness.

Santa Barbara County Demographics[1]

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

The overall county Latino population was 41.9% in 2010, and this number has increased to 45%. The percentage of Santa Barbara County residents who are Latino increases as one heads north. For example, Santa Maria's population is 70.6% Latino. In addition, in recent years, Santa Barbara County has become increasingly diverse. Significant micro-communities are growing, encompassing various groups, including indigenous Oaxacan/Mixteco-speaking migrants and immigrants from central and South Asian countries, including China, the Philippines and Thailand. The county's only non-English threshold language is Spanish.

2010 Santa Barbara County Population, Race and Income

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

Background

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

According to Orange County, "this project represents a new approach and service modality for the overall mental health system, including prevention and early intervention. The innovation will provide diverse populations with free access to mobile applications [to] connect individuals seeking help in real time and increase user access to mental health services when needed." [2]

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

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

Existing Approaches

Many healthcare agencies recognize the importance of online support in contributing to recovery. For example, the Mayo Clinic lists the benefits of support groups no matter what the format, in-person, telephone and online[3]:

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

Mental Health America notes, "Some organizations now offer online support groups, discussion boards, blogs, and online communities as additional ways to connect with others in similar situations. These can be helpful additions to in-person support groups and can be especially helpful if there are no groups in your area."[4]

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

- Digital therapeutic technology platforms, such as applications or websites that utilize trained peers to deliver support and manualized interventions, will serve as a valuable service portal for individuals with mental health concerns, family members needing support and offer a possible entry portal into the public mental health system;
- Developing and implementing an application that individuals can download and voluntarily agree to use that utilizes passive information, in the way a FitBit does, will help an individual identify changes in behavior, feelings or thoughts and suggest a course of action (increasing behavioral activation, talk to a friend, etc.)
- Strategic use of passive data may help identify individuals at risk of developing mental health disorders and could play a role in reducing the functional impact of mental disorders."[5]

Proposed Project

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

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

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

services among individuals 16 and older.

Innovative Component

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

Peer Support: As with crisis services, in recent years, the Santa Barbara County Behavioral Wellness has substantially expanded peer participation in behavioral healthcare service delivery. Consumer and family member peers serve on crisis triage and Assertive Community Treatment (ACT teams), in children's programs, at recovery learning communities and in other programs. We continually explore ways to increase the incorporation of peers into service delivery. From both experience and published research, we know that consistent engagement of clients through peer support advances wellness and recovery.[6]

Online communications: It is beyond dispute that digital communications are firmly established in the fabric of contemporary American life. Estimates find that in 2018, 65% of US adults 65 and over use the internet. Internet use by people 50-64 is 87%; 30-49 is 97% and 18-29 is 98%.[7] While the Santa Barbara County Department of Wellness uses a website, electronic health records and frequent stakeholder emails, we have barely tapped the potential of online communications to promote client wellbeing and recovery.

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

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

Santa Barbara County's Proposed Participation in Tech Solutions Project

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

Target Populations and Strategies

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

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

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

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

Behavioral Wellness Adult Clients Residing in Geographically Isolated Areas

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

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

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

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

TAY Enrolled in Colleges and Universities

Transition-age youth (TAY) age 16-25 are at relatively high risk for onset of psychosis, other behavioral health disorders and suicide. Based on campus profiles of the three largest colleges and universities in Santa Barbara County, the University of California, Santa Barbara (UCSB), Santa Barbara City College and Allan Hancock College, almost 35,000 college students under the age of 26 attend university and colleges in Santa Barbara County. Depending on the type of condition, prevalence rates for suicide and serious mental illness typically range from about 7-11% [8] According to research highlighted by the advocacy group Active Minds, "Almost one third of all college students report having felt so depressed that they had trouble functioning."[9] If one applies a prevalence rate of 10% to Santa Barbara County college students under 26, an estimated 3,500 students may be in need of behavioral health interventions at some point during their studies.

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

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

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

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

Evaluation and Learning Plan:

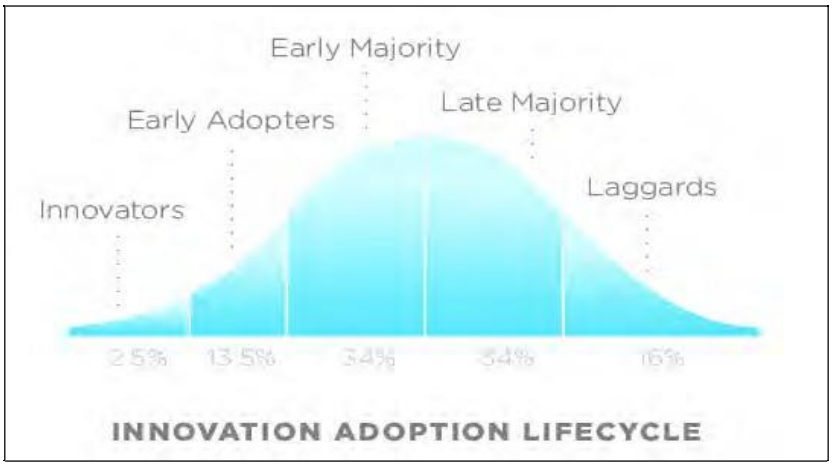
We will hire a local contracted evaluator to create a Santa Barbara County evaluation plan and work in partnership with other participating counties, their evaluators and CalMHSA to ensure common data collection, metrics and goals.

Learning Goals / Project Aims:

The exact project goals and desired outcomes will be presented in more detail later, following consultation with stakeholders and in partnership with the local evaluator. As currently conceptualized the broad learning goals are:

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

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



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

2) Decrease isolation and feelings of hopelessness among individuals in each of the three target populations.

To measure feelings of isolation and hopelessness, data will be gathered:

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

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

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

Specific questions for which we will seek answers are:

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

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

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

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

5. Do online communications reduce the reluctance of clients to recognize, discuss and seek treatment for behavioral health challenges? If so, how does this vary among the target populations?

Implementation Plan

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

Installation and Testing

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

Publicity, Marketing and Outreach

The Department will initiate publicity and outreach, including, but not limited to, the following:

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

In consultation with an outside firm, the Project Manager will research and deploy appropriate marketing tools, which may include some or all of the following:

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

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

Recruitment of Peer Staff

Peer staff will be contracted to community-based organization following a request for proposal. The Project Manager will monitor and evaluate their performance on an ongoing basis.

Evaluation and Monitoring

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

Training of Behavioral Wellness and community-based organization staff, other stakeholders and peer staff in use of the PPCDT.

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

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

Certifications

Santa Barbara County will seek Board of Supervisors approval to join the Technology Solutions project in July 2018.

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

Alignment with the MHSA Guiding Principles

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

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

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

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

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

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

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

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

Cultural Competence and Stakeholder Involvement in Evaluation

Stakeholder groups will provide continuous input into the Innovation project:

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

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

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

Sustainability

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

Communication Plan

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

- MHSA Plan Updates
- Department of Behavioral Wellness Annual Reports
- Director's Report (published monthly)
  Updates for the Cultural Competency and Diversity Action Team and Behavioral Wellness Commission (both meet monthly)

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

Implementation Timeline

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

Date	Activity
5/1/18	Development of PPCDT Project Team
6/1/18	Post Innovation Proposal to Department website for 30-day public comment period; notify stakeholders of posting via email
6/20/18	Bring proposal to the Behavioral Wellness Commission for approval
7/17/18	Seek Board of Supervisors approval
8/1/18	Participate in multi-county Tech Solutions Steering Committee meetings
8/1/18	Initiate reports to the Behavioral Wellness Commission, Cultural Competency and Diversity Action Team and Behavioral Wellness Department Leadership Team
8/18	Seek MHSOAC approval to join the project
9/30/18	Finalize Participant Agreement with CalMHSA
10/1/18	Begin staffing project: Recruit Project Coordinator and issue an RFP for contracted peer services through a community-based organization
10/31/18	Identify analytics to be collected and report on, including developing reporting framework
11/30/18	Selection and award of contracts with qualified software and project evaluation vendors
12/31/18	Customize PPCDT for Santa Barbara County
1/1/19	Develop marketing content
3/31/19	Complete testing of the PPCDT; adjust as needed
4/1/19	Begin promotional activities
5/1/19	Launch of PPCDT on the December's website and through identified strategic access points, including schools, libraries, NAMI, recovery learning communities, social media, senior centers, etc.

Budget Narrative

24/7 Peer Chat Staffing.

The staffing and elements for this component includes:

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

Peer Outreach Coordinator: A peer staff will be hired by the county to coordinate outreach strategies with the community and distribution of the application and follow up with all community groups on usage, successes and barriers. The budget estimates one FTE at $40,000 a year.

Project Manager: A county staff will be hired as a project manager to lead development, implementation, operations, and evaluation of the program. The manager will act as the liaison with software vendors, contract staff, CalMHSA, joint counties participating in project, and the community. The budget anticipates one FTE at $120,000 a year.

Operations for Project.

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

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

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

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

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

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

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

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

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

Evaluation. Staffing and elements include:

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

Contracted Evaluation: As with prior Santa Barbara County Innovation projects, a research entity will be sought to partner with the Project Team. Development and creation of an annual report will include CalMHSA established joint county participation metrics and pertinent Santa Barbara County data. The contracted research agent will collaborate with the Project Team and vendors on data collection methods and strategies.

Administrative.

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

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

5-Year Budget

Component	FTEs	Year 1	Year 2	Year 3	Year 4	Year 5	Total	%Budget
24/7 Peer Chat and Digital Therapeutics - Staffing								
Peer Specialist - 6 Contract Staff and 1-2 County Staff	8.00	$320,000	$326,400	$332,928	$339,587	$346,378	$1,665,293	
Peer Outreach Coordinator- County Staff	1.00	$40,000	$40,800	$41,616	$42,448	$43,297	$208,162	
Project Manager - County Staff	1.00	$120,000	$123,600	$127,308	$131,127	$135,061	$637,096	
Total		**$480,000**	**$490,800**	**$501,852**	**$513,162**	**$524,737**	**$2,510,551**	**51%**
Operations for Project								
Content/Design for Marketing		$40,000	$40,000	$0	$0	$0	$80,000	
Translation Services		$20,000	$20,000	$0	$0	$0	$40,000	
Advertising Materials		$20,000	$20,000	$20,000	$20,000	$20,000	$100,000	
Program Supplies		$10,000	$10,000	$10,000	$10,000	$10,000	$50,000	
Travel		$5,000	$5,000	$5,000	$5,000	$5,000	$25,000	
Technological Application Software and Hardware		$80,000	$80,000	$80,000	$80,000	$80,000	$400,000	
Information Technology and Security Associate	0.40	$60,000	$60,000	$60,000	$60,000	$60,000	$300,000	
Total		**$235,000**	**$235,000**	**$175,000**	**$175,000**	**$175,000**	**$995,000**	**20%**
Evaluation								
Research Associate	0.20	$30,000	$30,900	$31,827	$32,782	$33,765	$159,274	
Evaluation - Contractor		$50,000	$51,500	$53,045	$54,636	$56,275	$265,457	
Total		**$80,000**	**$82,400**	**$84,872**	**$87,418**	**$90,041**	**$424,731**	**9%**
Administrative								
CalMHSA (5%)		$39,750	$40,410	$38,086	$38,779	$39,489	$196,514	
BeWell Administrative Costs (20% of Direct Costs)		$159,000	$161,640	$152,345	$155,116	$157,955	$786,056	
Total		**$198,750**	**$202,050**	**$190,431**	**$193,895**	**$197,444**	**$982,570**	**20%**
Total Proposed Budget	10.60	**$993,750**	**$1,010,250**	**$952,155**	**$969,475**	**$987,222**	**$4,912,852**	

References

1. Santa Barbara County demographic data was drawn from the following websites and retrieved on 4- 19-18: https://www.census.gov/quickfacts/fact/table/santabarbaracountycalifornia/INC110216; https://en.wikipedia.org/wiki/Santa_Barbara_County,_California; https://statisticalatlas.com/place/California/Santa-Maria/Race-and-Ethnicity; http://www.us-places.com/California/population-by-County.htm.

2. Mental Health Technology Solutions, Orange County Health Care Agency. (Document not dated.)

3. Mayo Clinic, "Support groups: Make connections, get help," https://www.mayoclinic.org/healthy-lifestyle/stress-management/in-depth/support-groups/art-20044655 (Retrieved 5-17-18).

4. Mental Health America, "Find Support Groups," http://www.mentalhealthamerica.net/find-support-groups. (Retrieved 5-17-18).

5. Mental Health Technology Solutions, Orange County Health Care Agency. (Document not dated.)

6. There is a substantial body of evidence substantiating the effectiveness of peer support in advancing the wellbeing and recovery of people with severe mental illness. One collection of articles is offered by Mental Health America (retrieved 4-20-18): Peer Support: Research and Reports http://www.mentalhealthamerica.net/conditions/peer-support-research-and-reports A more extensive bibliography prepared by the Department of Behavioral Wellness is available here: https://www.countyofsb.org/behavioral-wellness/asset.c/1183 (Page 11.)

7. Share of adults in the United States who use the internet in 2018, by age group, retrieved 4-20-18: https://www.statista.com/statistics/266587/percentage-of-internet-users-by-age-groups-in-the-us/

8. College Students: Mental Health Problems and Treatment Considerations Acad Psychiatry. 2015 Oct; 39(5): 503–511. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4527955/

9. Active Minds fact sheet retrieved 4/20/18: http://www.activeminds.org/issues-a-resources/the-issue

Attachment 5: Public Comments Regarding the MHSA Three Year Plan Update

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

MHSA Plan Feedback Summary

Behavioral Wellness CBO Collaborative – November 1, 2017

Santa Barbara County of Santa Barbara Department of Behavioral Wellness, Behavioral Wellness Commission (BWC) and CBO Leadership presented. Director's Report lead by Dr. Gleghorn and Pam Fisher. MHSA Innovations lead by Lindsay Walter, BWC Presentation lead by Tom Franklin, CBO Updates lead by CBO Leaders with Adjournment of Meeting by Pam Fisher.

Behavioral Wellness North County All Staff Meeting- December 20, 2017

Triage teams brainstormed a mobile response team where therapy could be provided. Recovery Assistants will reach out to Lindsay Walter with ideas. RISE staff shared concern of a lack of service availability during need times of migrant workers. Suggestions of revamping our current peer model were made. Questions regarding funding for housing through the No Place Like Home initiative arose. Currently, the County is currently looking a different type of service models for housing plans. Staffing concerns were mentioned with a highlight in need of the Med Staff from Triage to transition.

Behavioral Wellness CFMAC Stakeholder Forum- January 11, 2018

The meeting was facilitated by Consumer Empowerment Manager Tina Wooton. There were seven in attendance. The Innovations PowerPoint presentation was shared. Open table discussions were held with ideas to develop an Academy for Peers. There was an idea to have Peer Navigators at Mental Health and Public Health locations to provide a warm hand off at time of discharge, appointments, and follow up appointments was also shared. The need to have Spanish speaking Peer Navigators as well as introducing the technology phone app with Spanish features were also mentioned. Lastly, a need to re-build the hospital and a need for a Peer Respite, to meet at the RLCs for the CFMAC meetings and a Friendship Line. Support for new technology innovations project was received.

Behavioral Wellness Peer Employee Forum- March 5, 2018

The Innovations PowerPoint was shared with highlighted facts about MHSA. Transitions ideas began with concerns about an idea to close Lompoc RLC on Fridays, implementing a community growing ground which would be cared for and used by clients, and the need for transportation for TAY population. Understanding the role of a Peer Recovery Specialist vs Peer Employment Leader was discussed. Kids Triage grant was discussed. The training need for law enforcement, night staffing for Casa Pacifica and up-to-date / up-to-times RLCs was discussed. RISE population faces challenges with long waits for law enforcement to arrive. Potential County employment is met with challenges as many are unable to pass the employment background check. Parent participation is lacking. Overall support for Innovations plans, with general concerns about peer career ladders.

Behavioral Wellness South County All Staff Meeting- March 7, 2018

Innovations presentation and MHSA breakdown was shared. The focus was on Community Collaboration, Cultural Competency, Wellness/Recovery Resiliency, Access, and Integrated Services. South County staff inquired on a mobile mental health bus for engagement and outreach. Interest was shared over Service Dogs along with offering food during engagement activities.

Behavioral Wellness Impact Human Trafficking March 8, 2018

RISE PowerPoint was presented by Lisa Conn and Lindsay Walter with 27 in attendance. Prevalence in California, SB County Sexual Exploitation Prevalence, RISE Staffing, RISE Responsibilities, Contracts/MOUs/Work Agreements, Outreach & Training, RISE Services Data, Satisfaction Surveys, 2018 RISE Goals, Request for Two Year Extension and next steps were discussed. General support received for innovations extension received.

Behavioral Wellness CSEC March 9, 2017

MHSA plan update with Innovations PowerPoint was discussed followed by Questions and Answers from CSEC Committee.
Question: Does each person receive same initial treatment?
A: Not necessarily, based on medical necessity and best treatment for individual.

Question: Will we be working with families?
A: Yes, every client gets guardian outreach for family members, primarily siblings and parents

Question: Sustainability past two years?
A: We are looking at what system needs are long term and how prevention and treatment should be implemented in current delivery system.

Question: Other MHSA Innovation projects?
A: MHSA Stakeholder meetings and contact is Lindsay Walter for other ideas; there is an idea for technology project.

Question: Formal approval from outside entity than local process?
A: Yes, MHSOAC is estimated July-August

Question: Any input or negative support?
A: No

Question: When will data tell us what exact tools needed?
A: University of California at Santa Barbara Evaluator input is that at least another year of services need for determination on success of program.

Question: Who can we contact with other MHSA ideas?
A: Lindsay Walter

Stakeholder Forum- Santa Maria BOS March 27, 2018

Several staff members from Santa Maria community organizations attended and responded to the Plan Update Stakeholder Presentation. This forum was hosted in the Santa Maria Board of Supervisors Meeting Room presented by Deputy Director of Administration and Operations, Lindsay Walter and WET/Consumer Empowerment Manager, Tina Wooton. Forum was opened with round table introductions followed by PowerPoint presentation "2018-2019 Mental Health Services Act and Innovations: Plan Update Stakeholder Presentation. Community members held dialogue with a focus on services and a service referral database for client's Birth-5

Question: Birth to age 5- Can we start to early prevention and intervention programs for Birth – 5yr.? What are we doing to serve this population?
A: We are looking data to figuring out what works is what we are currently working on. This is a combined issue because the parents are also sometimes battling their own problems so joint efforts are something that we continue to look at. The data that we receive will show the need a little more clearly on how we can best serve this population.

Question: The mental health system is a difficult system to access even as a provider- is there any work being done for folks to access services easier/ navigates through the system to find the providers that meet their need?
A: We are currently working on a system to help with this problem. Innovation is critical in reaching our Mental Health community as a lot of times it is hard for people to navigate through traditional ways of accessing services and we know that going to the emergency room can be traumatic.

Question: What happen when you get a call and that person does not meet your criteria? We have a lot of borderline kids that we are not able treat?
A: We are currently working on a system that will help stream line this process. Right now the system is often compartmentalized. However, we are currently designing a system for ODS for a centralized access system to avoid providers self-referring to themselves even if they don't actually provide the services. The access line is often for mental health and substance use "do you fit into this box?" We are working for that to be changed identifying with an assessment of needs that are needed being often an array of services on the SUD and MH side for provider full assessment. A referral and care should then also follow, even if not our system.

Question: We would like an Urgent Care type one stop shop for Mental Health clients and their families to access referral to resources because we don't know the resources available to the children, is something like this being worked out?
A: Discussions for a "Head Space" type center for our TAY population are being held. This could potentially be a place where resources are or connection to partners. This type of drop in center would benefit our TAY community as evidence based research shows that having a generation relevant drop in center works to harbor a community of peer support recovery. We are again, working on expanding our platforms and creating an app where resources may also be made available. Technologically, to also improve access for TAY and other populations.

Stakeholder Forum- Helping Hands Lompoc RLC March 27, 2018

Clients, Department staff members, providers and community members from Lompoc community organizations attended and responded to the Plan Update Stakeholder Presentation. This forum was hosted at Helping Hands of Lompoc presented by Deputy Director of Administration and Operations, Lindsay Walter and WET/Consumer Empowerment Manager, Tina Wooton. Forum was opened with introductions of Santa Barbara County Department of Behavioral Wellness team followed by power point presentation "2018-2019 Mental Health Services Act and Innovations: Plan Update Stakeholder Presentation. Attendee dialogue followed presentation with a focus on the need to increase recovery learning center (RLC) monies for Lompoc Helping Hands. The echoed sentiment was that full time staff is needed as program continues to excel in reaching and providing services that empower population through employment and fellowship.

Comment:
After twenty years, in and out of hospitalization due to Mental Illness I have found employment. I credit the Lompoc Helping Hands team for providing a safe place where I learned to work and live again. I was able to re-enter society by utilizing resources through my peer support managed computer lab. I want to make sure that you know my story as I don't want funding to move away from the places like Helping Hands. Also, please get money for housing in North County.

Comment:
I had run out of voluntary hospital days due to mental illness hospitalization stay from the time I was 16yrs. I moved to California four years ago and a year into my transition, I experienced an injury that resulted in a broken neck which triggered a severe depression episode. Due to my neck injury, I could not be hospitalized anywhere even with a 5150 hold. There was no place for me to go and the only option was for me to be left in an emergency room. I finally was released and I found an ACT program. Thankfully, ACT was linked to RLC which led to my recovery. I found recovery through a collaborative treatment plan between ACT and RLC. I learned to choose to live every day. With the staff and peers at Helping Hands, I am now living a healthy life. I have written a poem that I am requesting be submitted.

Comment:
I do not think that the RLC should lose funding. This place helps many people like me. I think that we should expand a focus on education. I was one of the first graduates of the Academy which has lead for me to be a college student. I have missed out on Pell Grants because I did not know how to fill out the grant or the information that needed to be collected prior. I think that we should have a college counselor assist us.

Comment:
We are not matching the needs of the community at the RLC. We have had to close one day a week because we do not have enough money for our staff. We want to continue to partner with Santa Barbara County but we need help. We are very nervous about what the increase to the upcoming minimum wage increase that is due to take effect soon. We want to know that we have the money to stay employed and the money to stay open.

Comment:
We need for our staff to be employed full time with a benefits package. We are getting burnt out and feel that we need more as well.

Comment:
I have raised the most money for Rancho Bowl and volunteer every day that I can. I used to not like to participate in groups and now I like too. This is all because of my peer support at Lompoc Helping Hands. I am scared that we won't have money to continue. I also work part time as a host and I like that very much.

Comment:
Helping Hands is cost effective. It cost very little annually to keep a program like this going. It cost much more if we don't prevent hospitalizations.

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

Question: Are the questions going to go directly to State or are you going to filter them?
A: The questions can go directly to the State at your request.

Question: Is New Heights or are TAY programs still running?
A: Yes, we are currently exploring ways to have more peer involvement for TAY. We believe that stream line digital innovation implementation may assist improve our efforts along with redesign of TAY services, perhaps TAY FSP or drop in center.

Stakeholder Forum- Buellton March 29, 2018

Several community members and community organizations attended and responded to the Plan Update Stakeholder Presentation. This forum was hosted at the Santa Ynez Valley Marriot in Buellton presented by Deputy Director of Administration and Operations, Lindsay Walter and WET/Consumer Empowerment Manager, Tina Wooton. Forum was opened with round table introductions followed by power point presentation "2018-2019 Mental Health Services Act and Innovations: Plan Update Stakeholder Presentation. Community members held dialogue with a focus on the RISE Project and technology project.

Comment:
Before the RISE project we (the community) were not aware that Human Trafficking was going on in our backyard. The numbers of Human Trafficking victims are high. Survivors are left with need for mental health services because of the trauma that is experienced. It is very alarming to see that the data shows that the average age is fourteen.

Comment:
Using MHSA dollars to sustain the RISE project is needed. Conversations need to be happening to ensure that this program does not lose funding after MHSA. We should roll it into TAY because it does fall into TAY population.

Comment:
Bringing Psychiatric Care to the RLCs will bring back the Medical model which was ineffective. It needs to remain Recovery oriented.

Question: Will the RISE program have a housing community?

A: The Junior League of Santa Barbara have developed a housing unit that is scheduled to be opened. We started a confidential Santa Maria Clinic with an area for Survivors to receive mental health services. It has a kitchen, hygiene and clothing closet with even a reading area.

Question: How do you plan to provide services to school-aged children at school?
A: Mental Health funds go to the school district who then contract out. This often creates a barrier for us to consistently add/change or implement programs as we see fit. If the districts work together and come to us for assistance we will gladly be open to the conversation. There are MHSA prevention funds that go to underserved populations funding school specific based on specialized populations.

Question: Is this the first year that reversion happened?
A: Yes, reversion was scheduled to happen at the end of the reversion life which depends on the funding streams but most were 3 years. One time funds were about ten years example: WET Funds. Legislation passed a new rule that all the life of existing funds are three years. The State has a mechanism example to ensure that the counties are spending the funds granted which will create a smooth and regular. Some funds can be placed into a prudent reserve and we are hoping that a recommendation is given on how much to put into a process prudent reserve from State.

Question: Are there any updates for minority communities?
A: We are looking into these communities. We have met with organizations and will continue to meet with minority communities while we continue with an array of services, such as contracted with La Casa De La Raza, People Helping People, and Pacifica Pride.

Comment: This was the best presentation that we have had thus far.

Stakeholder Forum- Mental Wellness Center Santa Barbara RLC March 29, 2018

Several community members and community organizations attended and responded to the Plan Update Stakeholder Presentation. This forum was hosted at the Santa Ynez Valley Marriot in Buellton presented by Deputy Director of Administration and Operations, Lindsay Walter and WET/Consumer Empowerment Manager, Tina Wooton. Forum was opened with round table introductions followed by power point presentation “2018-2019 Mental Health Services Act and Innovations: Plan Update Stakeholder Presentation. Community members held dialogue with a focus on funding impacts, Crisis services and a need to meet quarterly. Questions and Answers are posted below.

Comment: It takes the police a long time to show up for mental health needs of the community. The police are not trained to deal with this situation.

Comment: The Head Space model sounds a lot like The Door program in New York City, which is doing great things for teens in the community.

Comment: Housing the homeless is a prevention to those that may experience a relapse.

Comment: We need more early intervention dollars for early aged children. Perinatal mood disorders is something that is prevalent and there seems to be limited funds. Mental health issues may occur in the womb and because the children are so young there cannot be a diagnosis at time of birth. They do not qualify for funds.

Comment: We need more funding for Justice Alliance and/or programs like that. There are so many calls to Law Enforcement that should not be going to Law Enforcement. Law Enforcement agenda is

triage but we need a balance. It is ridiculous that there is not embedded funding for all these calls that are coming. Individual calls are increasing and my work hours are decreasing.

Comment: Law Enforcement is not trained to handle mental health calls. This is how people end up getting shot and killed.

Comment: Law Enforcement needs collaborative trainings with evidence based practices.

Comment: We need more services for mentally ill in domestic violence for the entire family.

Comment: There is a Peer Specialist training going on in Culver City for free. We are passing flyers around.

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

Comment: Families should be assisted when their family members are placed on a 5150.

Comment: We need more TAY inpatient and outpatient services.

Comment: We need to meet regularly. Meeting once a year after the fact does not work.

Question: Can the MHSA be affected by the ACA or anything like?
A: The MHSA is a state funding which is not likely to be cut. However, changes and revisions can be made through the ACA will can increase or decrease certain programs through the diversion of funds. There is a ODS pilot program which is a 5 year contract that the federal government signed with the State that cannot be affected. The need will be to gather supporting data to ensure that after the 5 yr. contract programs are not cut for substance use.

Question: Would improvements with the Crisis/Triage Mobile team still require police to be present for Mental Health needs?
A: We are the not necessarily the only county in California that requires police to present when a hold is being written. With feedback over the years received, we found that this maybe posing a problem for joint response.

Question: Is the State taking money away through reversion?
A: No. Money is not being taken away we were not impacted by reversion as an approved reversion plan will revert dollars back to county to be spent.

Question: Will we lose housing?
A: Not anticipated. For No Place Like Home, stakeholders want to compete to receive a Housing grant which will be in South County if granted.

Question: Why is “No Place Like Home” stalled?
A: The discussion is understanding if people who are not mentally ill can receive housing through MHSA dollars that is specifically for the mentally ill through legislative change versus voter approved changed.
Question: What is going on with Domestic Violence Solutions?
A: We are working with the Rape Crisis Center as a referral. We don’t have any current contracts with Domestic Violence Solutions.

Behavioral Wellness-Human Trafficking Task Force April 12, 2018

Welcome and Introductions were held followed by Community Updates and News. Santa Maria Police Department and Santa Barbara Special Operations spoke on Buyer Operations. Emergency Shelter Meeting & County Housing Updates were shared by Jeff Schaffer. Taskforce was restructured to five committee areas: Education & Outreach Committee, Housing Committee, Evaluation & Data Collection Committee, Health Provider Committee and Legislation Committee. March Community events held were “Our Kids” a short film hosted by JLSB March 8, 2018, Carissa Phelps Panel on March 27th, 2018 April event is “Trace the Case” happening April 24th at Faulkner Gallery. Overall support received for RISE Innovations extension following question by Lisa Conn.

My Story!

My Fight!

WELCOME TO MY WORLD

By Rhonda Pelletier

Ten feet under

Digging thru the dirt

Clawing my way from the maggots

They say the fire rages below

But my demons run ice cold.

Where's there's flames, they get stomped out.

I guess my heart has been on fire.

Will the only peace be when I'm at rest?

I'm certainly not resting now.

My tombstone should read:

"touched one too many times"

If there was a bucket, I'd kick it

Not until I float my cat in it to eternity.

She's the only one who gets me.

Based on her love

I'd never hate myself again.....

She doesn't change her mind.

Everything else is a head game.

I was never any good at anything but cards.

So it may seem like there could be some fight

If conditions were different.

They won't be.....maybe I will.

Welcome to my World!

Thank you for
Not giving up on me
While I fixed My Way!
Rhonda ♡

THE RECOVERY LEARNING CENTER

2018

I came here to learn how to crawl

You taught me how to fly.

You teach me to **move forward,**

When it's hard to try.

You not only teach me **coping skills,**

You teach me how to live.....

To get the most from giving back,

And in learning to forgive.

Between **groups and volunteering,**

Social skills and more.....

What RLC has to offer me

Gives it a pretty awesome score!

Communication and being Authentic

You're teaching me to be **Honest and True.**

The **Recovery Learning Center** helps guide me in my Mental Health recovery

In everything I do.

So if you think this program is not important

Than you just **LOOK AROUND**

Everyone here NEEDS this place

It's a **FAMILY** and a **HOME** we've found.

By Rhonda Pelletier

MHSA Plan Posting Feedback Received from
June 1, 2018 to June 30, 2018

Email-sent: Tuesday, June 5th , 2018
First Name: n/a Last Name: Sinclair
Email: kincares@rain.org
Affiliation/Position Title: Founder/Director

Message: Any help for Grandparents Raising Grandchildren or Kin Raising Kin in SB County being raised outside the foster care system?

Response: We connect the person to the Department of Social Services for the resources inquired about.

Email-sent: Friday, June 8th , 2018
First Name: KINCARES, Inc. Last Name: N/A
Email: kincares@rain.org
Affiliation/Position Title: KINCARES, Inc.

Message: Please don't forget the mental health concerns of children being raised OUTSIDE the foster care system by grandparents and kin. Help for this population is few and far between. This is a crisis in Santa Barbara County and should be on the radar of those who are seeking to make our community a healthy place for ALL at-risk children & at-risk elders. Please don't forget us. Thank you, KINCARES

Response:

Email-sent: Tuesday, June 5th , 2018
First Name: Teressa Last Name: Johnes
Email:
Affiliation/Position Title: Program Officer

Message: Thank you for the opportunity to provide feedback. I appreciate that Behavioral Wellness is funding a few programs under prevention and early intervention. It would be great to look at adding more funding to prevention end. The earlier we can provide support to the youngest children and their families, the better it will be to help mitigate risk.

Response: Thank you for your support and continued attention to prevention.

NORTH COUNTY RAPE CRISIS & CHILD PROTECTION CENTER

Statement of Support for MHSA RISE Project Extension

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

RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

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

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

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

P.O. Box 148, Lompoc, CA 93438
LOMPOC OFFICE: (805) 736-8535 ♥ SANTA MARIA OFFICE: (805) 922-2994
24-HOUR HOTLINE: (805) 736-7273 ♥ office@ncrccpc.org

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

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

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

Ann S. McCarty
Executive Director
North County Rape Crisis and
Child Protection Center

18 June 2018
Date

Statement of Support for MHSA RISE Project Extension

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

RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

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

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

The Santa Barbara County District Attorney's Office, in partnership with the Santa Barbara County Sheriff's office, received a $1.3 million Office for Victims of Crime and Bureau of Justice Assistance Enhanced Collaborative Model to Combat Human Trafficking three year grant in 2016 to collaboratively combat human trafficking. The RISE program offers the kind of specific trauma informed mental health interventions this population needs and is not offered by any other partner agency. Without the RISE program the commercially exploited youth of Santa Barbara County would not be receiving appropriate care. The RISE program has been instrumental in helping our the Santa Barbara Human Trafficking Task Force develop a multidisciplinary team protocol delivering emergency, short term and long term wraparound services. We work very closely with the RISE team in our Helping to Achieve Resiliency or "HART" Court program, a partnership with the District Attorney's Office, the Public Defender, Social Services and Juvenile Court. RISE has become an integral part of our flight to combat human trafficking in Santa Barbara County. We are grateful for their partnership and collaboration. It is our sincere hope that you will continue to support this innovative and essential program in Santa Barbara County.

Sincerely,

Rita Truman McGaw, M.S., MFT
Victim-Witness Program Supervisor
Santa Barbara County District Attorney's Office
(805) 884-8077
rmcgaw@co.santa-barbara.ca.us

RMcGaw
Name

6/19/2018
Date

Megan Rheinschild
Victim Witness Program Director
Santa Barbara County District Attorney's Office
(805) 568-2408
mriker@co.santa-barbara.ca.us

Name

6/19/2018
Date

To: The Behavioral Wellness Commission
Re: Multi-disciplinary Approach to Human Trafficking Victim Recovery

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

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

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

James Barr
Youth Pastor
Grace Baptist Church, Santa Maria

Grace Youth Ministries **Youth Pastor—James Barr**
605 E. McCoy Lane Santa Maria, CA 93455 (805) 925-2671 x14 james@gracebap.net

FIGHTING BACK
Santa Maria Valley

Fighting for our future, one kid at a time.

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

June 20, 2018

To Whom It May Concern,

I would like to offer my unconditional support of the RISE program's request for the MHSA Innovation 2 year extension. I first became familiar with RISE in 2015 while working as the SB 163 Wraparound program manager with Casa Pacifica. Casa Pacifica has worked collaboratively with RISE for the past 3 years as the SB 163 Wraparound program and RISE works with the same youth identified to be at risk of out of home placement through Child Welfare Services and Probation. During this collaborative process it became very clear that the RISE program is the identified expert in treating CSEC youth in Santa Barbara County. Specifically, RISE has identified the need to develop innovative, "outside the box" engagement and treatment techniques to reach these often hard to reach at risk youth. I have personally observed RISE staff to be extremely flexible and persistent in connecting with youth and "meeting them where they are at". It is also clear throughout the numerous trainings they have provided to community members, parents, youth, Community Based Organizations, county staff through probation, CWS and Behavioral Wellness etc. that they understand the complexities and challenges of treating CSEC youth and have imparted this information to the community at large. Not only is the RISE program skilled at engaging and treating CSEC youth they have also set the precedent for the importance of bringing team members together in a multi-disciplinary approach to ensure that youth are getting all their needs met.

As one can see RISE is an invaluable program that provides high fidelity treatment, collaboration, training, and case management to all those involved with CSEC youth in Santa Barbara County. In my opinion is it essential that RISE be approved for the MHSA Innovation 2 year extension so they can continue to meet the needs of youth through "whatever it takes" interventions that are flexible, individualized, and culturally competent. I look forward to working with the RISE program in my new position as programs director for the local nonprofit "Fighting Back Santa Maria Valley" as we continue to serve at risk youth identified through the school and foster care system.

Sincerely,

Shana M. Pompa, MS, MFT
Program Director, Fighting Back Santa Maria Valley
201 S. Miller Street Suite #107, Santa Maria, CA 93454 (805) 346-1774

Statement of Support for MHSA RISE Project Extension

To: Santa Barbara Mental Health Commission,

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

RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

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

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

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

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

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

Having worked with this population for the majority of my career as the Pediatrician at the Santa Barbara County Juvenile Detention Facilities and more recently as the physician at the Santa Maria Valley Youth and Family Adolescent Alcohol and Drug Treatment program and as the Medical Director for the Santa Barbara County Sexual Assault Response Team, I can tell you their medical, emotional and mental health needs are significant. This population has experienced a staggering amount of trauma in their short lives and the consequences are expressed in significant physical, behavioral and psychological ways. They are hard to reach and often difficult to deal with by traditional programming (probation, mental health clinic, etc.) RISE is able to connect with this population in a way that I personally have never seen before. They "meet them where they are" and offer real, immediate help and solutions. They have helped divert girls (mostly) from the juvenile justice setting to services that are more therapeutic.

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

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

Sincerely,

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

Name Date

Darla Leos
PO Box 6956
Santa Maria, CA 93456

June 20, 2018

Dear Behavioral Wellness Commission,

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

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

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

Thank you,

Darla Leos

Statement of Support for MHSA RISE Project Extension

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

RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

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

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

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

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

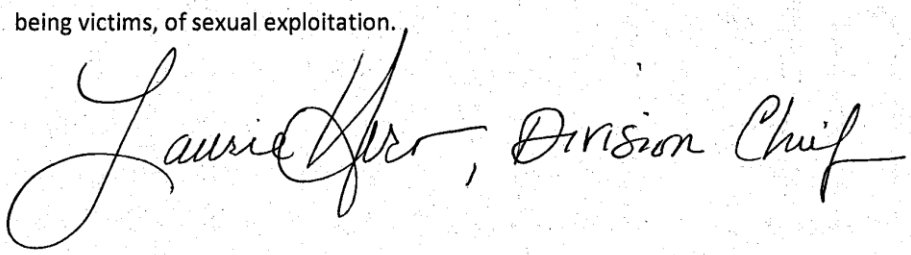
- **Participate in multi-agency and multi-disciplinary CSEC/Human Trafficking meetings**
- **Provide referral and resource assistance for needed interventions targeting at risk youth and victims of commercial sexual exploitation and trafficking, including nonprofit/governmental agencies as well as spiritually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

We (I) verify that representatives of **Department of Social Services, Child Welfare Services**, have been notified of the issuance of this letter and have thus granted approval of this document for the Grant Period of 2018-2020

Name

6-20-18
Date

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



Laurie Haro, Division Chief

Statement of Support for MHSA RISE Project Extension

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

RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

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

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

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

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

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

We (I) verify that representatives of SB ACT have been notified of the issuance of this letter and have thus granted approval of this document for the Grant Period of FY 18/19-19/20

Landon Ranck
Name

6/20/18
Date

FIGHTING BACK
Santa Maria Valley

Fighting for our future, one kid at a time.

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

June 20, 2018

Dear Behavioral Wellness Commission,

A community or a county will be judged by how it treats its most vulnerable members.

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

So how will we treat her? As a criminal? As a witness to a crime and when we are done with her testimony tell her to move along and figure it out? Like a victim to be sheltered and told to be scared the rest of her life?

None of these are acceptable. We should instead treat these girls as the warriors that they are. Surviving the worst that can be imagined. Becoming the flowers from concrete. We need to continue to develop the resilience that is inside them so that they can lead us toward a better way.

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

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

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

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

Thank you

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

Statement of Support for MHSA RISE Project Extension

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

RISE (Resiliency Interventions for Sexual Exploitation)—MHSA Innovation

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

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

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

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

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

We (I) verify that representatives of Fighting Back Santa Maria Valley have been notified of the issuance of this letter and have thus granted approval of this document for the Grant Period of _____

Edwina Weaver
Name + Signature

6/20/19
Date

Attachment 6: *Behavioral Wellness Commission Meeting Agenda for Public Hearing*

County of Santa Barbara
Behavioral Wellness Commission
300 North San Antonio Road, Bldg. 3, Santa Barbara, CA 93110
TEL: (805) 681-5220 FAX: (805) 681-5262

Behavioral Wellness Commission (BWC) Updated Special Meeting Agenda

The Santa Barbara County Behavioral Wellness Commission will meet from 3:00 p.m. to 5:00 p.m. on Wednesday, June 20, 2018 at the Santa Barbara Board of Supervisors Conference Meeting Room, Fourth Floor, 105 E. Anapamu Street, Santa Barbara, CA 93101. Videoconferencing will be available to the public at Santa Maria Board of Supervisors Meeting Room, 511 E. Lakeside Parkway, Santa Maria, CA 93455.

Persons desiring to address the meeting participants can complete and deliver to the staff the form which is available at the room entrance prior to the commencement of this comment period. This is an opportunity for members of the public to speak on items that are not on the agenda for today's meeting. Times listed for agenda items are estimated only and may change depending on item discussions.

Time	Item	Presenter
	New Business:	
3:00 p.m.	**1. Public Hearing for 18-19 MHSA Plan Update** (Attachment 1a) **Action 1:** Approve the 2017-19 to 2019-20 Three Year Reversion Expenditure Plan. **Action 2:** Approve the Innovations Technology Suite Project Proposal. **Action 3:** Approve the Innovations Resiliency Interventions for Sexual Exploitation (RISE) Project extension of an additional two years.	Lindsay Walter Tina Wooton
	2. General Public Comment	Public Members
	Commission Business:	
4:30 p.m.	**3. Call-to-Order and Roll-Call**	Lucero Garcia
4:31 p.m.	**4. Establish Quorum**	Sharon Byrne
4:32 p.m.	**5. Welcome and Introductions** **Action:** No action.	Sharon Byrne
4:34 p.m.	**6. Chairperson Announcements** **Action:** No action.	Sharon Byrne
4:37 p.m.	**7. Review and Approve Minutes of the April 24, 2018 BWC Special Meeting** (Attachment 7a), **Notes of the May 16, 2018 BWC Meeting** (Attachment 7b), **Action:** Approve April 24, 2018 BWC Meeting Minutes.	All
4:39 p.m.	**8. NAMI Correspondence** (Attachment 8a) **Action:** No action.	All

County of Santa Barbara

Behavioral Wellness Commission

300 North San Antonio Road, Bldg. 3, Santa Barbara, CA 93110
TEL: (805) 681-5220 FAX: (805) 681-5262

4:55 p.m. **9. Upcoming Agenda Items** All

5:00 p.m. **10. Adjournment**

"Writings that are a public record under Government Code § 54957.5(a) and that relate to an agenda item for open session of a regular meeting of the Behavioral Wellness Commission and that are distributed to the majority of the members of the Behavioral Wellness Commission less than 72 hours prior to that meeting shall be available for public inspection at the Santa Barbara County Clerk of the Board at 105 E. Anapamu Street, 4th Floor in Santa Barbara, and also on the Behavioral Wellness website at: www.countyofsb.org/behavioral-wellness

Further Information Regarding Meetings:

Meeting Procedures - Members of the public are encouraged to attend and testify before the meeting participants on any matter appearing on the agenda.

Correspondence to the Behavioral Wellness Commission regarding items appearing on the agenda should be directed to Lucero Garcia, Department of Behavioral Wellness, 315 Camino Del Remedio, 2nd Floor, Santa Barbara CA 93110.

The schedule of the Behavioral Wellness Commission, meeting agendas, supplemental hearing materials and minutes of the Board meetings are available on the Department of Behavioral Wellness website at www.countyofsb.org/behavioral-wellness

Disability Access The locations for this meeting are the Santa Barbara Children's Clinic large conference room located at 429 North San Antonio Road, Santa Barbara, CA. Videoconferencing will be available to the public at the Santa Maria Adult Clinic, 500 W. Foster Road, Santa Maria The meeting rooms are wheelchair accessible. Accessible public parking is available.

American Sign Language interpreters, Spanish language interpretation and sound enhancement equipment may be arranged by contacting the Clerk of the Board of Supervisors by 4:00 p.m. three days prior to the meeting date. For information about these services please contact the Clerk of the Board at (805) 568-2240.

Attachment 7: *Minutes of the Public Hearing*

Behavioral Wellness Commission Special Meeting
Wednesday, June 20, 2018
3:00 - 5:00 p.m.
Santa Barbara Board of Supervisors Conference Meeting Room
Santa Maria Board of Supervisors Meeting Room

Meeting Minutes

Meeting Facilitator: Sharon Byrne, 4th District, Behavioral Wellness Commission (BWC) Chairperson.

Department of Behavioral Wellness Staff: Alice Gleghorn, Department Director; **Lucero Garcia,** Interim BWC Program Administrator; **Pam Fisher**, Assistant Director of Clinical Operations; **Lindsay Walter**, Deputy Director of Administration and Operations; **Tina Wooton,** Consumer Empowerment Manager; **John Lewis,** Forensic Manager; **Lisa Conn,** RISE Project Supervisor; **Quiana Lopez,** Department Business Specialist, **Vanessa Ramos**, Department Business Specialist.

Commission Members Present: Das Williams; 1st District Supervisor; **Wayne Mellinger**, 1st District; **Jan Winter**, 1st District; **Jeffrey Moore**, 1st District; **Rod Pearson**, 1st District; **Judy Blue**, 2nd District; **Angie Swanson-Kyriaco**, 2nd District; **Mary Richardson**, 3rd District; **Sharon Byrne**, 4th District, Chair; **Kelly Mcloughlin,** 4th District; **Charles Huffines**, 5th District (SM); **John Truman**, 5th District (SM).

Commission Members Absent: Sharon Rumberger, 2nd District (excused); **Bill Cirone**, 3rd District (excused); **Tom Franklin,** 3rd District; (excused); **Ann Eldridge,** 5th District.

1. **Public Hearing for 18-19 MHSA Plan Update** (Attachment 1a) – Lindsay Walter, Deputy Director of Administration and Operations and Tina Wooton, Consumer Empowerment Manager provided a high level overview of the draft plan update in 2018-2019 Mental Health Services Act Innovations Proposals, and Reversion Expenditure Plan. Local Mental Health Board Hearing Presentation which contains detailed information on the following: MHSA Background; FY 2018-19 MHSA Planning Process; Santa Barbara County Demographics; Program Updates on all Programs under Community Services and Supports (CSS): Full Service Partnerships, Prevention and Early Intervention (PEI), Innovation, Housing, Workforce Education and Training (WET), Capital Facilities and Technological Needs (CF/TN) and the 2 New Proposals for Innovations and a Reversion plan.

   Action 1: Commissioner Huffines made a motion to approve the 2017-19 to 2019-20 Three Year Reversion Expenditure Plan. Vice Chair Moore seconded. No objections. Motion carried.

   Action 2: Commissioner Pearson made a motion to approve the Innovations Technology Suite Project Proposal; Commissioner Winter seconded. No objections. Motion carried.
   Action 3: Supervisor Williams made a motion to approve the Innovations Resiliency Interventions for Sexual Exploitation (RISE) Project extension for an additional two years; Commissioner Richardson seconded. No objections. Motion carried.

2. **General Public Comment:**

   - RISE program should be supported as many community partners are willing and able to

support its efforts.

- Prevention and permanent housing is needed for survivors through RISE program.
- Human Trafficking Task Force benefits greatly with RISE program.
- City of Santa Maria is devoted to help stop Human Trafficking Santa Maria. We need RISE to be funded in order for survivors to get the help that they need.
- Santa Maria High School students need to be protected against human trafficking as 95 students from Santa Maria district have been affected by human trafficking.
- Rape Crisis and Child Protection Center highly supports the work done by RISE

Feedback from Commission Members:

- Psychiatric medication support at Recovery Learning Centers and/or clinics sounds like a great idea and would like more future updates on status of pilot.
- Santa Maria needs an increased budget to Supported Services and Santa Maria Recovery Learning Centers
- People really like to chat on smartphones. I think that the tech program will be great. Smartphones will need to be more accessible to all.
- RISE program is needed in our community. We need to ensure that housing is in place for these survivors.
- What is Justice Alliance? How can one access Justice Alliance? Will connect with Justice Alliance Manager on specifics.

Commission Business:

3. **Call-to-Order and Roll-Call –** No roll-call was conducted as quorum was established at the beginning of the MHSA Public Hearing.

4. **Establish Quorum -** Chair Byrne established quorum at the beginning of the MHSA Public Hearing.

5. **Welcome and Introductions** - Chair Byrne and everyone introduced themselves.

6. **Chairperson Announcements -** Chair Byrne had no announcements.

7. **Review and Approve Minutes of the April 24, 2018 BWC Meeting** (Attachment 7a)**, Review Notes of the May 16, 2018 BWC Informational Meeting** (Attachment 7b) – Commissioners reviewed the May 16, 2018 BWC Informational Meeting Notes with no amendments put forward.

   Action: Vice Chair Moore made a motion to approve the April 24, 2018 BWC meeting minutes as presented; Commissioner Huffines seconded. Commissioners McLoughlin, Truman, and Swanson-Kyriaco abstained. No objections. Motion carried.

8. **NAMI (National Alliance on Mental Health) Correspondence** (Attachment 8a) – The discussion was about NAMI's concern on the required funding cuts for the Institution for Mental Diseases (IMD) beds in the Department's FY 2018/2019 Budget. Department Director, Dr. Gleghorn specified some of the funding

received for the IMD beds were realigned to fund In Home Supportive Services for the Department of Social Services. Dr. Gleghorn stated that for-profit organizations provide the out-of-county IMD beds. Supervisor Williams added having acute beds in-county will be less costly than having out-of-county beds and will fill in the gaps of the continuum of care. Supervisor Williams also recommended Commissioners to speak to their District Supervisor should they want to advocate on this matter.

9. **Upcoming Agenda Items –** Consumer Perception Survey presented by Shereen Khatapoush.

10. **Adjournment –** Meeting adjourned at 5:00 p.m.

Attachment 8: (Placeholder) Evidence of Santa Barbara County Board of Supervisors' Approval