

Santa Barbara County Mental Health Services Act

MHSA PLAN UPDATE

FY 2013 - 2014

Santa Barbara County
Department of Alcohol, Drug and
Mental Health Services
(ADMHS)

www.countyofsb.org/admhs

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December 8, 2014



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Background

The FY 13/14 Plan Update builds on the previous MHSA planning processes conducted in Santa Barbara. As in prior years, the MHSA planning process included a diverse group of stakeholders including clients, family members and representatives of unserved and underserved populations.

The Planning Process for the FY 2013/14 Mental Health Services Act (MHSA) Update builds on the previous MHSA planning processes. Santa Barbara County is neither adding new programs nor eliminating programs previously approved. Thus, the current array of services, which was created based on extensive planning processes, will remain in the MHSA Plan for 2013/14.

In the past year, Santa Barbara County has been undergoing a systems change effort as a result of ADMHS having been the target of substantial official and public criticism. In 2012, Tri West and Health Management Associates were hired to review the financial processes, inpatient and outpatient operations, service delivery options, procedures and practices, and more. In addition to looking at how the department functions, the consultants interviewed community stakeholders, community-based organizations and patients. In June 2013, the BOS and the CEO's office accepted the Tri-West report and called for ADMHS to undertake a systems change process. The full report is available online at <http://www.countyofsb.org/admhs/admhs2.aspx?id=43555&id2=43556>

In the past six months, ADMHS has embarked on a systems change effort in response to a commitment by the board of supervisors, executives, consumers, family members, community-based organizations, and direct service staff to use this opportunity of change to assess programs and improve our services. The system change process has included a Steering Committee made up of stakeholders including consumers, family members, community based organizations, mental health advocates, law enforcement, and many others. This committee's role is to support and measure the systems change efforts. Part of the effort includes starting Action Teams in the area of Cultural Competence, Crisis, Children's Services, Peers' Recovery, and Forensics.

Steering Committee members include:

- CBO Representative – Adult, Exec. Dir, Mental Wellness Center, Ann Marie Cameron
- CBO Representative – Children, Executive Dir., CALM ,Cecilia Rodriguez
- CBO Program Representative, J. T. Turner, Executive Director, Phoenix of Santa Barbara
- Labor Representative – Clinicians, Sara Scofield ,Clinician
- Labor Representative - Physicians, Mark Kofler, MD
- Vice Chair, Mental Health Commission, Michelle Brenner
- Mental Health Commission & Latino Advisory Committee, Manuel Casas, PhD
- Consumer Representative Michael Vellekamp
- ADMHS Consumer Empowerment Manager, Tina Wooton
- NAMI Representative/Mental Health Commission, Ann Eldridge
- Community Representative, Patty Bliss
- MHSA Program Representative, ADMHS, Cuco Rodriguez
- Programs Representative (ADMHS), Suzanne Grimmese
- AD MHS Alcohol & Drug Programs, John Doyel

- Alcohol & Drug Program Advisory Board, John Richards
- Public Health Director/Interim ADMHS Director, Takashi Wada, MD
- ADMHS Medical Director, Ole Behrendtsen, MD
- ADMHS Assistant Director, Finance, Michael Evans
- Sheriff Representative, Don Patterson
- Budget/Finance Representative Tom Alvarez, CPA
- ADMHS Compliance Officer, Celeste Andersen, JD
- Director of Department of Social Services, Daniel Nielson
- Asst. County CEO, Terri Nisich
- ADMHS COO for Systems Change, Ted Myers
- County Executive Officer, Chandra Wallar
- Cottage Health System, Todd Cook
- Good Samaritan Shelter Executive Director, Sylvia Barnard
- Santa Barbara Foundation, Phylene Wiggins

The Action Teams initiate a continuous quality improvement (CQI) process that is designed to identify problems/barriers, measure relevant data, decide on specific changes to be made and measures the impact of those changes. The idea is to make small, but significant changes to improve services for better client care. Some examples of system change service improvement areas include:

- Affordable Care Act preparations – materials developed, analysis of high utilizing consumers, budget impact assessments, and efforts to become a Certified Enrollment Entity
- MHSA Plan – working on an enhanced stakeholder process and better incorporating MHSA into the System Change initiative
- Pilot projects focused on integration of Alcohol and Drug Programs, Mental Health and Primary Care clinical services
- Improvements in the PHF that have resulted in decreased length of stays and improved programming, as well as the issuance of a Request for Information to learn about inpatient partnership opportunities and creative operational models
- Marian Behavioral Health project – partnership with Marian Medical Center to use their old Marian West Hospital for a behavioral health facility which would include inpatient locked psychiatric beds, as well as geriatric inpatient psych and other services
- Looking at the feasibility of a South County Crisis Residential facility and other step-down supportive housing proposals and opportunities
- MIS/IT analyzing Meaningful Use to leverage federal incentive revenue for our electronic health record systems
- Working to make our facilities more welcoming, including a commitment to find a solution to our facility issues in Lompoc

- Improved referrals to and utilization of CARES residential in Santa Maria
- Development of an updated Compliance Program
- Continuing to advance innovative programs in the Juvenile Justice Mental Health Services unit
- A new psychologists' group working on opportunities to better use their skills and expertise

Executive Summary

We continue to find new ways to improve services systemwide; however, we propose that all of Santa Barbara County's current MHSA Programs are remain the same, including the Innovation project that at-risk indigent adults to access long-term benefits while receiving services such as assessment, case management, medication management, etc., to keep them engaged in the benefits program. We are requesting to approval of the Innovation project for an additional year to learn if the current model of benefits acquisition enhances the Affordable Care Act integration efforts.

To ensure sustainability of the Crisis and Recovery Emergency Services (CARES) program, are also moving a portion of the CARES program supported by Prevention and Intervention (PEI) component of MHSA to Community Services and Supports (CSS). We feel that the functions in CARES that provide ongoing care are more appropriately supported by CSS. We propose that the PEI CARES portion that provides intake and assessment remain under PEI.

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Santa Barbara

Local Mental Health Director	Program Lead
Alice Gleghorn, Ph.D.	Name: Refugio "Cuco" Rodriguez-Rodriguez
Telephone Number: 805-681-5220	Telephone Number: 805-681-4505
Email: agleghorn@co.santa-barbara.ca.us	Email: cucorodriguez@co.santa-barbara.ca.us
Local Mental Health Mailing Address: Santa Barbara County ADMHS 300 N. San Antonio Rd. 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 March 17, 2015.

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. Director

Local Mental Health Director/Designee (PRINT)	Signature	Date
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County: Santa Barbara ADMHS

Date: _____

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION¹

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: Robert W. Geis
Telephone Number: 805-681-5220	Telephone Number: 805-568-2110
Email: agleghorn@co.santa-barbara.ca.us	Email: geis@co.santa-barbara.ca.us

Local Mental Health Mailing Address:
 Santa Barbara County ADMHS
 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.

Local Mental Health Director (PRINT)	Signature	Date
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I hereby certify that for the fiscal year ended June 30, 2013, the County/City 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 _____ for the fiscal year ended June 30, 2013. I further certify that for the fiscal year ended June 30, 2013, 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 County/City 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.

Robert W. Geis, CPA, CPFO

County Auditor/Controller/City Financial Officer (PRINT)	Signature	Date
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¹ Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
 Three-Year Program and Expenditure Plan, Annual Update and RER Certification (02/14/2013)

Stakeholder Process

Description of the local stakeholder process including date(s) of the meeting(s) and any other planning activities conducted:

- For the first time ever, an MHSa planning team held several preliminary meetings with representatives of the ADMHS Steering Committee for Systems Change, which included the ADMHS Consumer Empowerment Manager, a NAMI representative, a representative from a community-based organization (CBO) and a member of the Cultural Competence Committee. The purpose of these meetings was to determine the stakeholder process best suited to integrating the MHSa planning process into the ADMHS systems change initiative. (For more information about ADMHS systems change activities, visit <http://www.countyofsb.org/admhs/admhs2.aspx?id=43555&id2=43556>)

Description of the stakeholders who participated in the planning process in enough detail to establish that the required stakeholders were included:

The dates of the 30-day review process:

Methods used by the county to circulate for the purpose of public comment the draft of the plan to representatives of the stakeholder's interests and any other interested party who requested a copy of the draft plan:

The draft FY 2013-14 MHSa Plan Update was e-mailed to nearly 700 stakeholders. It was also made Available by postal mail on request. In addition, the plan update was posted to the ADMHS web site.

Date of the public hearing held by the local mental health board or Commission: January 16, 2015.

Summary and analysis of substantive recommendations:

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 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, 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 New Cuyama, Cuyama, and Ventucopa. As of January 1, 2006, Santa Maria has become the largest city in Santa Barbara County. (From *Wikipedia*, retrieved 10-24-13.)

The U.S. Census Bureau estimates the population of Santa Barbara County to be 431,249 in 2012 broken down into the following percentages by age in 2012:

- Under 5 years, 6.5%
- Under 18 years, 22.6%
- 18-64 years, 57.6%
- 65 years and over, 13.3%

The estimated population change between April 1, 2010 and July 1, 2012 is 1.7%.

The 2012 estimates for race and ethnicity in Santa Barbara County are as follows:

White	86.1%
Black persons	2.4%
American Indian and Alaska Native persons	2.2%
Asian persons	5.5%
Native Hawaiian and Other Pacific Islander persons	0.2%
Two or more races	3.4%
Persons of Hispanic or Latino Origin	43.8%
White persons, not Hispanic	46.9%

According to the U.S. Census Bureau, between 2007 and 2011, 14.2% of the population was below the poverty level.

Spanish is the threshold language for Santa Barbara County. As one travels north, the percentage of Latinos increases. In 2010, the percentages of Latinos in the three largest cities in Santa Barbara County were Santa Barbara, 38% (South County); Lompoc, 50.8% (Central County) and Santa Maria, 70.4% (North County). (Source: U.S. Census).

Community Services and Supports

Lompoc ACT FSP

This program is a Full Service Partnership using an Assertive Community Treatment (ACT) model. Lompoc ACT (capacity 100) provides intensive wraparound. Individuals served by this program are at risk of homelessness and may or may not have co-occurring substance abuse conditions in addition to severe mental illness.

The menu of services offered to support clients in recovery includes housing subsidy/vouchers to secure transitional/emergency housing; housing services; supported employment and education; vocational skills enhancement; medication support; counseling support by mental health, alcohol and drug specialists; peer counseling and support; and social skills development. The team also works to link enrolled clients to community resources such as consumer self-help organizations that strengthen available supports and meaningful relationships critical to recovery.

All staff members contribute to the assessment process and provide a menu of services within their range of experience and skill and with a “whatever it takes” attitude to promote healing and meaningful lives for the people served. In addition, staff members assist clients with housing issues and will coordinate their work in this area with an existing ADMHS housing specialist to best help

clients in linking to housing benefits/resources. Services are provided either at the Lompoc ACT location or in the community and homes of the people enrolled.

During FY 2012-13, 100 unduplicated individuals were served by Lompoc ACT.

Lompoc ACT		
Age Group	Number of Unduplicated Individuals Served	Cost per Client
16-25	24	\$ 7,315
26-59	66	\$ 22,840
60+	10	\$ 19,842
Total	100	\$ 19,598

Santa Barbara County Full Service Partnership:

Description: This program includes Santa Maria ACT (capacity 100), Santa Barbara ACT (capacity 100), Supported Housing North (capacity 130) and Supported Housing South (capacity 130). The Assertive Community Treatment (ACT) is an evidence-based approach for helping people with severe mental illness, including those experiencing co-occurring conditions. The Santa Barbara County FSP provides 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.

Treatment activities include 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 have co-occurring substance abuse disorders. Using both ACT and supported housing programs, Santa Barbara County FSP is a multi-disciplinary, recovery-oriented team that integrates treatment, rehabilitation and support services to assist clients' functioning in major life domains. Treatment activities include: (1) early identification of a client's symptoms or functioning that could lead to crisis; (2) recognition and quick follow-up on medication effects or side effects; (3) assistance to individuals with symptom self-management, and (4) rehabilitation and support.

During FY 2012-13, the Santa Barbara County Full Service Partnership -- Santa Barbara ACT, Santa Maria ACT and Supported Housing North and South – served 493 unduplicated individuals.

Santa Barbara County FSP (Santa Maria ACT, Santa Barbara ACT and Supported Housing North & South)		
Age Group	Number of Unduplicated Individuals Served	Cost per Client
16-25	13	\$ 22,428
26-59	365	\$ 15,829
60+	115	\$ 17,871

Total	493	\$ 16,855
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The following table hospitalization rates by age group for clients of the three ACT Programs – Lompoc ACT, Santa Maria ACT and Santa Barbara ACT during FY 2012-13:

	16-25	26-59	60+
Total Clients	43	262	44
Hospitalization Rate	11.63%	20.61%	11.36

SPIRIT

Description: This Full Service Partnership (capacity 75) provides family-centered, strengths-based service for helping children and their families. Children and youth, ages 0-21 and their families eligible to receive SPIRIT services may be un-served or under-served. Under-served individuals include children and youth who, in spite of system intervention, continue to experience extreme distress at home in their families, in school or in the community to the degree where out-of-home placement is being seriously considered. Three culturally competent wraparound teams have been established, one at each of the three regional ADMHS children’s service sites. The SPIRIT program provides family-centered, community oriented, strength-based, highly individualized planning process aimed at helping people achieve important outcomes by meeting their unmet needs both within and outside of formal human services systems while they remain in their neighborhoods and homes whenever possible.

Three culturally competent wraparound teams are located at each of the three regional ADMHS Children’s service sites. Teams are enhanced with parent partners who reflect the culture and language of those being served and mental health professionals to each team. SPIRIT staff members ensure that care is available 24/7 to families to keep youth and families stable and safe.

During FY 2012-13, SPIRIT served 84 unduplicated individuals.

Age Group	Number of Unduplicated Individuals Served	Cost per Client
0-15	62	\$ 7,718
16-25	22	\$ 6,852
Total	84	\$ 8.172

CARES Mobile Crisis

Description: The Crisis and Recovery Emergency Services (CARES) Mobile Crisis Program serves adults and older adults (18 years +) experiencing a psychiatric crisis or mental health emergency in northern and southern Santa Barbara County. The CARES Mobile Crisis Program substantially enriches crisis services, providing clients appropriate alternatives to hospitalization. CARES Mobile Crisis 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.

ADMHS has long identified improved responsiveness to crises as a top departmental goal. To best support clients during times of crisis, ADMHS separated crisis services from long term-care. This mobile response offers a range of expertise in staffing that enables the team to provide interventions

to a diverse community. A multidisciplinary team includes medical staff availability to address medication issues that, if left unattended, may result in the need for emergency, involuntary care. The Countywide Mobile Crisis team is linked to CARES North and South and substantially enriches crisis response services throughout the county.

During FY 2012-13 CARES Mobile Crisis served 1,305 unduplicated persons.

Age Group	Number of Unduplicated Individuals Served	Cost Per Client
0-15	37	\$ 801
16-25	288	\$ 1,092
26-59	839	\$ 1,103
60+	117	\$ 1,227
Missing DOB	24	\$ 795
Total	1,305	\$ 578

New Heights

Description: New Heights is designed to serve transition-age youth (TAY) 16-25 who need mental health services for serious emotional conditions or severe mental illness. Some of these young adults are aging out of the ADMHS Children's System of Care (through Mental Health, Probation or Child Welfare) and are at risk for homelessness. Many experience co-occurring mental health and substance abuse conditions. Located in Lompoc and Santa Maria, New Heights is designed to support the recovery and full functioning of transition-age youth (TAY), 16-24, based upon individual talents, strengths, personal dreams and goals. The capacity of this program is 80.

The program model has been 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.

Age Group	Number of Unduplicated Individuals Served	Cost per Client
16-25	213	\$ 4,470
26-59	9	\$ 202
Total	222	\$ 4,344

During FY 2012-13, New Heights served 222 unduplicated individuals.

Partners in Hope

Description: The target population for Partners in Hope is adults with severe mental illness, including those with co-occurring substance abuse disorders at risk of admission to psychiatric care and criminal justice involvement. They are also homeless or at risk of homelessness. The program is linguistically and culturally capable of providing services to the underserved ethnic populations in Santa Barbara County, including Spanish-speaking consumers. It is a peer-run program intended to provide peer support services to consumers and family members. Partners in Hope facilitated the integration of three peer recovery consumer staff into the Santa Barbara County Department of Alcohol, Drug and Mental Health Services (ADMHS). This has made a considerable impact on the system. The three peer recovery specialists are integral parts of county-operated clinic teams.

In addition, Partners in Hope supports a family advocate in each region of the county. The family peer program is operated by two community-based organizations (CBOs). Family advocates provide supports to family members throughout the county.

The peer specialists have sparked a transformative shift toward a stronger person-centered service system, including significantly increased outreach to the under-served Latino community. To continue this shift in system perspective and to further strengthen a recovery model of care, ADMHS added three more staff in FY 2009/10. Partners in Hope also supports a Recovery Learning Center (RLC) in each region of the County. The goal of the RLC's is to create a vital network of peer-run supports and services that builds bridges to local communities and engages natural community supports.

Peer Recovery Specialists served approximately 378 unduplicated individuals in FY 2012-13.

Bridge to Care

Description: The target population for the program is Lompoc-area adults with co-occurring substance abuse disorders who need access to medication and other services. The program is linguistically and culturally capable of providing services to the underserved ethnic populations in Lompoc, including Spanish-speaking consumers. Bridge to Care provides psychiatric medication evaluation, prescriptions and medication monitoring to stabilize people with co-occurring substance abuse and serious mental illness or meeting *medical* necessity being treated by a local community alcohol and other drug agency. A psychiatrist offers a medication “bridge” for people in recovery programs awaiting assessment and intake at the mental health service delivery sites or who may be in need of short-term medication support that allows them to be diverted from outpatient clinics or ADMHS acute care service locations. The capacity of Bridge to Care is 170.

To advance the goals of the MHS, medical staff for Bridge to Care closely coordinates services on a regular basis to ensure seamless transition through programs and agencies, placing sustained recovery as the top priority.

During FY 2012-13, the Bridge to Care program served 86 unduplicated individuals.

Age Group	Number of Unduplicated Individuals Served	Cost per Client
16-25	10	\$ 629
26-59	74	\$ 1,173
60+	2	\$ 72
Total	86	\$ 1,097

Justice Alliance

Description: 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 and older adults with severe mental illness in custody, out of custody and on probation or at risk of being in custody. These individuals may or may not 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 works closely with the Court, Probation, Public Defender, District Attorney, community-based organizations and ADMHS treatment teams to make treatment recommendations, facilitate access to appropriate treatment, and provide follow-up progress reports to the court and other appropriate parties.

In FY 2012-13, the Justice Alliance program served 461 unduplicated individuals in Santa Maria, 142 in Lompoc and 395 in Santa Barbara.

Prevention and Early Intervention

PEI Mental Health Education & Support to Culturally Underserved Communities

Description: This program uses community health educators from culturally underserved communities who provide educational workshops, discussion groups and support groups to address individual and family mental health and wellness topics. Culturally appropriate training sessions are provided for community leaders and service providers. Culturally and linguistically appropriate services ensure linkages to services. Cultural wellness practices are integrated into outreach, consultation and early intervention activities. Community Health Centers of the Central Coast, Casa De La Raza, Pacific Pride, and the Santa Ynez Tribal Health Clinic provide targeted outreach and services to Spanish speaking communities, gay, lesbian, bisexual and transgender populations, Oaxacan communities, and Native-American communities. These community-based organizations have effectively engaged underserved populations by employing culturally appropriate interventions.

Providers have also implemented radio and television activities to outreach and provide education and combat stigma associated with mental illness. Another successful outreach intervention is the use of Community Health Centers of the Central Coast (CHCC) mobile clinics to provide mental health services and information. Community health educators working for the CHCC served an average of 522 persons per month during FY 2012-13.

Integrating Primary and Mental Health Care in Community Clinics

Description: Community health clinics provide bilingual training and education to clinic visitors in mental health, resiliency and risk factors. This project offers an expansion of mental health services by providing services to individuals with mental health needs who do not fit the public mental health criteria of serious mental illness. Offering prevention and early intervention for mild-to-moderate mental health conditions ensures that individuals and family members receive help before conditions worsen. Education about mental health lessens stigma and assists individuals and family members in identifying the need for early intervention for their loved ones. Medical care, health education, early intervention, nutritional instruction and mental health services are provided in one location. Services include trauma screening, consultation, psychiatric evaluations, counseling and prescribing to underserved clinic patients who are referred by their primary care provider.

The Community Health Centers of the Central Coast (CHCC) provides services at three clinics in Santa Maria and one in Lompoc (North and Central County). The evidence-based IMPACT program screens older adults for depression and provides follow-up as needed. Expanded mental health resources in each community health clinic strengthen the capacity of each facility to assess, treat and refer individuals at risk for the development of a serious mental health condition. As the program was implemented, we found that data collection processes needed to be modified to ensure consistency with the IMPACT model. The biggest challenge encountered was ensuring that IMPACT and mental health data collection tools were compatible with existing primary care data systems. This issue has been resolved. All components of the community clinic program continue to operate effectively. In FY 2012-13 CHCC served approximately 2000 unduplicated clients.

PEI Early Childhood Mental Health Services

Description: The Early Childhood Mental Health (ECMH) Project addresses the needs of young children prenatal to age five and their families in Santa Barbara County within these priority populations: trauma-exposed individuals, children and youth in stressed families, children and youth at risk for school failure and underserved cultural populations. These 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.

PEI funding enhances the services available to children birth to five years by adding staff to provide services to Lompoc and Santa Maria in the North County. A new Mental Health Consultation component is also part of this project. This is a selective prevention and early intervention parenting and support program targeting families whose children are or would be at the greatest risk for development of behavioral problems. Services for women experiencing perinatal mood disorders may include medication, individual counseling and group counseling. This project addresses the needs of children who are not eligible or covered through other systems and help 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. In addition, parents and caregivers are provided skills, knowledge and support they need to oversee their children's healthy development. The three primary programs in this initiative are:

- 1) The Great Beginnings program, which 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 five with a focus on the Latino population countywide. Special outreach efforts target to the African American community in Lompoc and the Asian and Pacific Islander community in Santa Maria.
- 2) ECMH Special Needs counseling provides services to low-income monolingual Spanish speaking children and families in the Santa Ynez Valley, located 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 response in an area of the Central County where resources are limited.
- 3) A countywide program (CATCH) assists preschoolers who exhibit challenging behaviors and do not qualify for special education. This program includes a component that uses an evidenced-based curriculum to train teachers and to support parents of preschoolers with challenging behaviors. This program accepts referrals for any "at risk" child exhibiting behavioral challenges. Services support children to be successful in their preschool setting and include direct support to the child, support for all the children in the school and teacher and parent consultation.

Two-hundred thirty-nine unduplicated individuals were served during FY 2012-13. Participating providers include Child Abuse Listening Mediation (CALM), People Helping People and the Santa Barbara County Office of Education.

School-Based Prevention/Early Intervention Services for Children and TAY

Description: 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 43% 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.

START is a school-based program that offers mental health services to students experiencing emotional and/or behavioral difficulties. The program offers counseling, support, advocacy, treatment and referrals, including services to clients experiencing mental health and substance abuse challenges.

Program staff works as a team with school staff and parents to address clients' social-emotional development, prevent mental health and psychological problems from becoming acute, enhance the client's ability to adapt and cope with changing life circumstances, increase clients' protective factors and minimize risk factors. A 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 112 unduplicated individuals in FY 2012-13.

PEI Early Detection and Intervention Teams for Children and TAY

Description: 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.

Two teams specialize in early detection and prevention of serious mental illness in transition-age youth, ages 16-25. One team works in North County (Santa Maria), and the other is located in South County (Santa Barbara). The program serves transition-age youth 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.

For transition-age youth who need continued support, these young people will 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.

The team will continuously provide active outreach, engagement and consultation to individuals involved in participants' lives including family, school counselors/personnel, Probation Officers and others based on the principles and practices of supported education.

PEI Children and TAY served 450 unduplicated individuals during FY 2012-13.

PEI Children and TAY Cost Per Client in FY 2012-13		
Age Group	Number of Unduplicated Individuals Served	Cost Per Client
0-15	300	\$ 715
16-25	134	\$ 4,385
26-59	16	\$ 998
Total	450	\$ 1,847

Crisis and Recovery Emergency Services (CARES)

Description: CARES consolidates crisis stabilization, intake and access to service for mental health and alcohol and drug emergencies. CARES is staffed by mental health professionals, CARES provides crisis support on a 24/7 basis. CARES also provides underserved children, adolescents and families in crisis the supports and services needed to prevent emerging mental health conditions from worsening; assists at-risk children and youth to stay in their homes; and helps children and adolescents succeed in school.

By serving as an entry point to mental health services, providing crisis intervention and delivering psychiatric treatment and case management services, CARES seeks to address as early as possible, the onset of psychiatric symptoms; reduce the duration of untreated mental illness and prevent the prolonged adverse life impacts of serious mental health conditions (e.g., difficulty maintaining housing or employment). CARES also works, to the extent possible, to avoid the need for more expensive mental health services.

Many of the individuals accessed and treated by CARES are individuals who are indigent. Many suffer the effects of co-occurring symptoms of mental illness and substance abuse. The process of diagnosing the mental health needs of these persons often requires a prolonged assessment process as well as a high frequency of case management, alcohol/drug treatment and support services. Due to their lack of financial resources and complicated mental health and/or alcohol drug issues, these persons are unable to access traditional resources, such as primary care services. Therefore, CARES seeks to mitigate disparities in access to care for these individuals. The CARES PEI component served 1,398 unduplicated individuals during FY 2012-13.

To ensure sustainability of the Crisis and Recovery Emergency Services (CARES) program, are also moving a portion of the CARES program supported by Prevention and Intervention (PEI) component of MHSA to Community Services and Supports (CSS). We feel that the functions in CARES that provide ongoing care are more appropriately supported by CSS. We propose that the PEI CARES portion that provides intake and assessment remain under PEI.

CARES PEI Clients by Age Group and Cost Per Client in FY 2012-13
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Age Group	Number of Unduplicated Individuals Served	Cost Per Client
16-25	206	\$ 1,276
26-59	1,097	\$ 1,677
60+	95	\$ 1,446
Total	1,398	\$ 469

Crisis Services to Children and Youth

Crisis services for children and youth were provided by Casa Pacifica through the Safe Alternatives for Treating Youth (SAFTY) mobile crisis response program available for all Santa Barbara County youth up to the age of 21. For Fiscal Year 12-13, 278 unduplicated clients were either not insured or had private insurance. That is about 42% of the total number of unduplicated clients seen last year.

SAFTY provides children's crisis services in collaboration with CARES (Crisis and Recovery Emergency Services). 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 alcohol, drug and mental 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 828 individuals during FY 2012-13.

Innovation

Teams in North and South County assist at-risk adults with severe mental illness in acquiring the benefits necessary to advance recovery. The program also provides the necessary mental health services to ensure that clients are stable and engaged during the benefits acquisition process. One team is based at the Crisis and Recovery Emergency Services (CARES) in Santa Maria and another in CARES Santa Barbara. This component also provides funding for a .5 FTE position that links persons with severe mental illness leaving Santa Barbara County jail.

The Innovation Program is based on a modified SSI/SSDI Outreach, Access and Recovery (SOAR) model, developed by the Substance Abuse and Mental Health Services Administration (SAMHSA). The Innovation Program began as a benefits acquisition team that included a service component. Initially, the program intended to serve 300 clients. The original target of 300 was derived from the SOAR model itself. The model recommended that each staff person could serve approximately 50 clients per year. We estimated the program's total target population to be 300 individuals. However, since implementation, several lessons have been learned regarding the needs of the Innovation Program population.

The benefits to indigent clients have been substantial. Many clients who are served by the Innovation teams are among the most impoverished individuals in our community and may not have had access to service for long periods of time. Upon entering into the Innovation Program, clients gain access to psychiatric support, medication, peer support and case management. Services provided through the Innovation Program greatly improve the mental health well being and quality of life of the individuals served. Once benefits are acquired, including stable housing, health care and income to meet basic needs, the long-term quality of life greatly improves, as well.

**ADMHS Innovation Program
3 Year SSI/SSDI Results
August 2013**

	Year 1: March 1, 2011- February 29, 2012	Year 2: March 1, 2012- February 29, 2013	Year 3: * March 1, 2013- February 29, 2014	Total to Date
Number of Clients Served	85	76	36	197
SSI/SSDI Approvals (Innovation Staff)	18	19	8*	45
SSI/SSDI Approvals (Non-Inn Staff)	12	4	1*	17
Total Approvals	30 56% Approval Rate	23 77% Approval Rate	9* 60% Approval Rate	62 63%
SSI/SSD Denials	24	7	6*	37
Total Decisions	54	30	15*	99

* Data reflects March 1, 2013 - August 31st, 2013

In conjunction with the implementation of the Affordable Care Act (ACA), we are requesting a final one-year extension for the Innovation benefits acquisition project. We hope to learn if the evidence-based SSI/SSDI Outreach, Access, and Recovery (SOAR) model used in the Innovation Benefits Acquisition Project may be successfully incorporated into ACA enrollment efforts countywide.

Capital Facilities & Technological Needs

Client/Family Access to Resources

This project provides computers and trainings for consumers and family members at the three regional Recovery Learning Communities (RLCs). Consumer-focused training and access to technology is offered in each of the three primary population centers in Santa Barbara County, Santa Barbara, Santa Maria, and Lompoc. Access is intended to promote wellness, recovery, and resiliency of consumers. In addition, video conferencing capabilities have increased access to meetings for individuals, including consumers throughout the County.

Consumers are being provided access to computer resources and tools to gather information,

research mental health conditions, gain knowledge to become a well-informed and active partner in their own treatment. Training resources are being made available to promote the well-being of consumers by enabling them to acquire skills that improve their opportunities for education and gainful employment. On-line surveys and program needs assessments will allow for timely feedback about mental health services and increased involvement by consumers.

Accomplishments

- Installed videoconference equipment in Lompoc, Santa Maria and Santa Barbara to increase access to meetings.
- Purchased desktop hardware for consumer training centers.
- Provided consumers access to computer resources and tools to gather information and gain knowledge to become active partners in their own treatment.
- Installed and maintained computers at regional Recovery Learning Centers in Lompoc, Santa Maria and Santa Barbara.
- Selected training providers for the RLCs and initiated consumer training under CBO direction.

Electronic Health Records Enhancement

This project creates system-wide access to clinical, administrative and financial information in digital format. The Electronic Health Records (EHR) Enhancement Project will expand and build on the currently operational Integrated Information System at Santa Barbara County ADMHS. The project will create system-wide access to clinical, administrative and financial information in digital format; staff will be trained to access and record accurate and timely data. The project will allow for the capture of digital information and eventual elimination of a paper-based system.

Accomplishments

- Facilitated secure system-wide access to clinical and administrative information; ensured data security and reduced risk of potential identity theft.
- Ordered, received and deployed desktops throughout the county.
- Developed specifications for server software; installed signature pads countywide; trained staff in their use.

Consumer Security and Confidentiality

This project facilitates secure system-wide access to clinical and administrative information; ensures data security and reduces risk of potential identity theft. The Consumer Security and Confidentiality Project builds on the security efforts currently in place at ADMHS. The security standards are matching other Santa Barbara County Departments in their effort to meet state-mandated requirements. The project is facilitating secure system-wide access to clinical and administrative information, providing access to the consumer health data system and improving continuity of care on a daily basis and in case of an emergency. This improved system is also aiding staff in performing consumer benefit and insurance-related support and demographic information gathering, enhancing patient access to services to which they are entitled.

Accomplishments

- Created system-wide access to clinical, administrative and financial information in digital format and identified benefit specialists roles and responsibilities and project manager.
- Hired Supervising Computer System Specialist and implemented state-mandated passwords for MEDS accounts and completed security evaluation for physical plant security.

- Initiated off-site storage program and installed physical plant security measures and trained benefits specialists in new security requirements.

Workforce Education and Training (WET)

CIT
Crisis Intervention Training (CIT) is a program designed to assist law enforcement personnel and other first responders in effectively dealing with persons experiencing psychiatric crises. This training program prepares officers to recognize the signs and symptoms of severe mental illness, with or without the co-occurring condition of substance abuse, and provides them with the skill and knowledge to respond effectively. Safety of the officers, the person in crisis and the community are focused on as the main goal of CIT. An annual Crisis Intervention Training (CIT) was offered to 20 law enforcement professionals and other first responders from May 21- May 23, 2013. Twenty-five persons attended a special presentation on PTSD offered by Dr. Joel Fay in conjunction with CIT.

Peer Training and Internships

On August 24, 2012 36 consumer and family peers graduated from the third Peer Support Specialist training funded by the MHSA Workforce Education and Training component. Eight graduates were selected to participate in six-month internships held at various ADMHS service sites throughout the County. The internships concluded in October 2013. A profile of some of the interns was featured on page four of the Summer 2013 issue of the ADMHS newsletter, *Connections*, that may be accessed online:

http://www.countyofsb.org/uploadedFiles/admhs_new/resources/Newsletters/Connections%20Summer%202013.pdf

Following the completion of three annual 10-day Peer Support Specialist trainings and three rounds of six-month internships (2010 – 2012), a Peer Expert Pool was created to provide stipends for a variety of projects at ADMHS service sites for individuals who have successfully completed WET interns. Examples of projects include facilitating bilingual peer support groups, conducting telephone surveys of clients, and supporting peer activities. Seven past interns are currently engaged in the Peer Expert Pool.

Challenges or Barriers with Each Program and Efforts to Mitigate Them

- Innovations: The main challenges have been to the Benefit Acquisition Program due to staffing changes, in addition the uninsured populations are more diverse than we anticipated, also the co-occurring population due to their use of alcohol or drugs, they may not qualify for SSI.
- Partners in Hope: program has been very successful, however there is an increased demand for peer services now that the system can see the high benefit to having them involved with the care of clients.
- The Recovery Learning Centers – are providing important services and we hope that they are able to serve more people and more ethnically diverse populations in the threshold language, Spanish.
- The TAY population is in need of more services and additional support for their recovery and care. TAY struggle with different issues than adults and do not feel comfortable in the adult setting. Our goal is to create space for them so that they have access to services, but in an environment that they can better connect with.

- Integrating Primary Care and Mental Health Care: In Santa Maria, a team of representatives from ADMHS and Community Health Care meet on a regular basis and trouble shoot, discuss cases and maintain open lines of communication. This has helped to ease the transfer of clients from ADMHS to CHC. However, in Santa Barbara there have been multiple challenges to having our clients transferred to the Community Clinics due to a concern of serving individuals diagnosed with severe mental illness and not being staffed appropriately for dealing with such severe cases.
- Promotora – Mental Health Educators: This program has been a challenge in the Santa Ynez Valley due to the contractor not having a community connection to Latino members with mental health issues – however, their work with the Native American population has been exceptional, they are re-negotiating the contract to solely serve Native American and provide referrals to Community Health Clinics that serves communities from Santa Ynez to Santa Maria.

New, Significantly Changed and Discontinued Programs

No new programs are proposed and no programs have been identified for discontinuation. However, a portion the Crisis and Recovery Emergency Services (CARES) program which was previously fully funded by the Prevention and Intervention (PEI) component will be partially supported by the Community Services and Supports (CSS) component of MHSA. The functions in CARES that provide ongoing care are more appropriately supported by CSS and PEI will continue to support the portion of CARES that provides intake and assessment.



County of Santa Barbara

MENTAL HEALTH COMMISSION

300 North San Antonio Road, Bldg. 3, Santa Barbara, CA 93110
TEL: (805) 681-5232 FAX: (805) 681-5262

Board of Supervisors

Salud Carbajal-1st District
Janet Wolf-2nd District
Doreen Farr-3rd District
Peter Adam-4th District
Steve Lavagnino-5th District

Officers

Michael Gorodezky- 2nd
District, *Chairperson*

Alice Villarreal Redit -2nd
District, *Vice Chairperson*

Members

Manny Casas-1st District
Jan Winter-1st District
Michael Gorodezky - 2nd
District
Alice Villarreal Redit -2nd
District
Loraine Neenan-3rd District
James Rohde- 3rd District
Tom Urbanske – 4th District
Sandra Brown – 4th District
Charles Huffines-5th District
Ken Bonner-5th District

Alternates

Carolyn Wood- 1st District
Michelle Brenner-2nd District
Julie Solomon -3rd District
Lisa Morinini - 4th District
Ann Eldridge – 5th District

Commission Staff

Karen Campos

Advisory Board on Drug & Alcohol Problems (ABDAP)

Liaison
James M. Rohde

Latino Advisory Committee

Liaison
Manny Casas

Mental Health Jail Services

Liaison
Ann Eldridge

Consumer and Family Advisory

Committee Liaison
Charles Huffines

Governing Board

Steve Lavagnino-Member
5th District Supervisor

Peter Adam-Alternate

Mental Health Commission Agenda

The Santa Barbara County Mental Health Commission will meet from 1:00 p.m. to 4:30 p.m. on Friday, January 16, 2015 at the Santa Maria Clinic, 500 West Foster Road, Santa Maria; CA. Video Conferencing will be available to the public in large conference room of the Santa Barbara Children's facility, 429 North San Antonio Road, Santa Barbara. Teleconference available 805-681-5400 Code: 737876.

- I. Welcome and Introductions – 5 minutes
- II. Establish Quorum – 2 minutes
- III. Approve Meeting Minutes for December 19, 2014 – 3 minutes
- IV. Announcements by Chairperson – 3 minutes
- V. Public Comment – 20 minutes (Up to 5 minute time limit per topic. Submit Request to Speak to chairperson prior to start of meeting)
- VI. Presentations
 - Mental Health Services Act Plan Approval – Refugio Rodriguez & Micahel Craft – 60 minutes
 - Santa Maria Regional Manager Update – Deana Huddleston - 20 minutes
 - Challenges
 - Achievements
 - Information being used to manage the organization
 - Significant aspects of systems change that have occurred – (clinic transformation).
 - Learning
 - Systems Change Update – Michael Craft – 20 minutes
- Break - 5 minutes
- VII. Directors Report – Michael Craft for Alice Gleghorn, PhD– 20 minutes
- VIII. Commission Business
 - A. Correspondence – none
 - B. Action item: approve letter to be written and sent to Board of Supervisors regarding Human Resources lengthy recruitment process
 - C. Committee/Liaison Reports – 10 minutes
 - a. Advisory Board on Drug and Alcohol
 - b. Latino Advisory Committee
 - c. Consumer and Family Advisory Committee
 - D. Other
 - E. Adjournment

County of Santa Barbara
Mental Health Commission
300 North San Antonio Road, Bldg. 3, Santa Barbara, CA 93110
Meeting Minutes
January 16, 2015 -1:00 p.m. to 4:30 p.m.
Santa Maria, CA

Commission Members Present: James Rohde, 3rd District; Jan Winter, 1st District; Thomas Urbanske, 4th District; Ann Eldridge, 5th District, Alternate; Carolyn Wood, 1st District, Alternate; Julie Solomon, 3rd District, Alternate; Lorraine Neenan, 3rd District; Charles Huffines, 5th District.

Commission Members Absent: Lisa Morinini, 4th District, Alternate; Sandra Brown, 4th District; Ken Bonner, 5th District; Michelle Brenner, 2nd District, Alternate; Michael Gorodezky, 2nd District, Chair; Alice Villarreal - Redit, 2nd District, Vice Chair; Manny Casas, P.H.D., 1st District.

ADMHS Staff: Alice Gleghorn, PhD, Director (by phone); Michael Camacho - Craft, Assistant Director of Clinical Operations; Deana Huddleston Santa Maria Regional Manager; Karen Campos, Office Professional Senior; Refugio Rodriguez, Division Chief.

I. Welcome and Introductions: Ex- Officio Chair , James Rohde called the meeting to order at 1:06 PM, followed by self-introductions.

II. Establish Quorum: Yes.

III. Approve Meeting Minutes for December 19, 2014: Motion was made by Commissioner Jan Winter to approve the December meeting minutes as presented. Commissioner Lorraine Neenan seconded. Motion carried.

IV. Announcements by Chairperson: None.

V. Public Comment:

Victim – Witness Assistance Program Director, Megan Rheinschil who facilitates the Human Trafficking Task Form shared her support for the Girls program. She expressed that ADMHS has been an enormous partner and educating the community and working collaboratively is a top priority.

Lisa Conn also shared her support for the Girls program, her and her staff has been working to address mental health issues involved with these cases and have been working closely with Juvenile Hall . She shared the importance for the task force to develop protocols to partner with ADMHS. Currently doing needs assessment with Santa Barbara Scholarship Foundation.

Presentations:

Mental Health Services Act Plan Approval

Division Chief of Mental Health Services Act (MHSA), Refugio Rodriguez shared with the Commission that although this has been a lengthy process, this has been the first year that numerous stakeholders have been able to review the plan and provide their input.

The Commission was given the opportunity to ask any additional questions regarding the plan and give input before the plan was to be voted on.

Questions presented by the Commission members:

1. Is it a 3 year commitment?

Mr. Rodriguez: “Although we are submitting for three years, we have to update every year. It’s not a full 3 year commitment”.

2. Can the vote be done in February when the Commission Chair and Vice Chair are present?

Mr. Rodriguez: “It’s ultimately the Commission’s decision”. Mr. Craft, Director of Clinical Operations and Dr. Gleghorn, ADMHS Director shared that they rather not further delay the approval process.

3. Commissioner Ann Eldridge shared concern with the Girls Innovations program, “we have not had the chance to have a dialog with the Director about this plan”. Commissioner Eldridge is looking for actual numbers involving this population who reportedly needs mental health services. Lisa Conn with Juvenile Justice Mental Health shared that about two years ago, they began to see cases where girls were reporting rape and then it would turn out that they were being trafficked by people who would take advantage of their runaway situation and were lured in as a survival mechanism. Ms. Conn reported that they are currently working with 38 girls (half of them are verified trafficking cases, the other half are suspected victims). The City of Lompoc currently has 22 girls proven to be trafficked. Most of these girls are treated as criminals for the simple fact that there are no services available to them, it has been noticed that they are being put on detention for longer sentences just for not having enough services for these girls. Commissioner Eldridge requested numbers representing what is being shared today.

4. What’s the immigration status of these girls?

Ms. Conn : “No, rarely. The majority of the girls we see are Latinas and African American. The Girls program is designed to do early intervention”. Commissioner Eldridge shared concern that there is still not enough evidence to prove that this is primarily a mental health issue.

Dr. Gleghorn shared that she has experience with this type of activity involving vulnerable individuals with extreme levels of trauma – mental health needs for this populations are great and she commends those who are taking this project on. Dr. Gleghorn is in full support of this component of the MHSA plan.

Commissioner Winter feels that the lead should be taken by the Department of Social Services and Child Protective Services as opposed to ADMHS. “We have severely mentally ill homeless who are in need of our services. These funds will serve less than 100 people in our County. Three million dollars over three years? That’s a lot of money for less than 100 people”.

Ms. Conn: “we have many people that are at risk who these funds can also go to”.

Mr. Rodriguez added that the Department would not put forth a program if this was not a population that was in need of our services. These young women have multiple diagnoses. It’s disproportionately woman of color which is a priority/target population defined by the MHSA guidelines. There is no treatment for this population who primarily has mental health issues. We have partnered with agencies and have doubled homeless and justice alliance staff.

Commissioner Eldridge expressed concerned that the information presented today is not reflected in the plan.

Mr. Rodriguez : “true, however it will be recorded in the minutes of this meeting”.

Commissioner Julie Solomon commented “this looks like an intervention model, how will this program function?”

Ms. Conn shared the case of a girl who they found on craigslist and was brought to Juvenile Hall when she was twelve years old as she had been raped that day by nine men. She was a chronic runaway who was born addicted to spice and methamphetamine. She was treated, got better and was followed by their team while she got used to new relationship – but that was not enough – she ended up coming back. The new funding would bolster what we have already been doing but with increased staff. There would be a relationship already established when released – MHSA funding would facilitate this.

The new model would be a team, they would be assigned a main clinician with a managing team to assist.

Commissioner Solomon: “Will there be the notion that these girls have a primary person supporting them?”

Ms. Conn: The funding will allow having a specialized team, including 2 ½ case workers or practitioners and a ½ time psychiatrist and a nurse.

5. 25 % vacancy is the existing rate – based upon salary model approved by the board. Working with HR folks as to where we are with vacancies.
6. Are innovative funding amounts designated to each county or state wide?

Mr. Rodriguez: “It’s assigned to each County. There’s an annual allocation for this particular County”.

Mr. Craft shared that this plan reflects a conceptual description of where the Department is headed, we are in the implementation process. There have been no substantial changes made to the clinics. The idea is to have specialized levels of care and a team based approach.

Commissioner Eldridge made a motion to postpone the approval of this plan until the Chair, Vice Chair and Department Director were present. Commissioner Winter seconded. Commissioner Rohde objected. Commissioner Neenan agrees with Commissioner Rohde and sees this as a blueprint. Commissioner Huffines commented that many questions have been answered at this meeting and agrees with Ann that the Chair and Vice Chair should be here but supports the girls program, however he is ready to move forward with the voting of this plan.

Mr. Craft shared the consequences of postponing the approval of the plan which include; delay in presenting to the Board of Supervisors which may mean that the funds would no longer be available, not able to focus on 15-16 plan and a delay in implementing the girls program.

Dr. Gleghorn believes that it’s important to move forward with the approval of this plan; her physical presence is not necessary for the Commission to vote.

Commissioner Eldridge withdraws her motion to postpone the vote for the MHSA Plan.

Commissioner Solomon made a motion to approve the MHSA Plan as presented with the addition of question and answers discussed today in the comment section of the plan. Commissioner Huffines seconded. Commissioners Eldridge and Winter opposed. MHSA Plan approved by majority vote.

Mr. Craft – thanked the Commission and shared that he appreciates the comments and assured them that the questions and concerns presented today would be added to the supplemental comments section. The Commission requested to see the medical billing portion of the Girls program.

