WELLNESS • RECOVERY • RESILIENCE

Mental Health Services
Oversight & Accountability Commission

February 23, 2017
PowerPoint Presentations and Handouts

Tab 2:	•	**PowerPoint:**	**Santa Cruz County Innovation Plan**
Tab 3	•	**PowerPoint:**	**Merced County Innovation Plan**
Tab 4:	•	**PowerPoint:**	**Riverside County Innovation Plan**
Tab 6:	•	**PowerPoint**	**Innovation – The Verily View, Thomas R. Insel, MD, Verily Life Sciences**

County of Santa Cruz California

Serving the Community ~ Working for the Future

Innovation Plan- Integrated Health and Housing Supports

Erik G. Riera, Director

Pam Rogers-Wyman, Director Adult Services

Alicia Najera, Director of Watsonville Services

County of Santa Cruz

Population: 270K residents

Geographic Area: 607 square miles

Ethnicity: 33% Hispanic, 58% Non-Hispanic

Housing: Median Rent for 1 bedroom = $1,500

Disability Income < $1100 per month

County of Santa Cruz California

Serving the Community ~ Working for the Future

Introduction- Goal

-Establish an Innovative Program that will more effectively support individuals in supportive housing through the use of:

- Telehealth monitoring devices to monitor mental health and other health conditions
- Peer and Family mentors to provide in home supports and reinforce healthy living and engagement in services- mental health, substance use disorder services and primary care

-For consumers who have a severe mental illness and a co-occurring other health condition such as diabetes, hypertension, obesity and Chronic Obstructive Pulmonary Disease (COPD)

Need:

- Adults with a severe mental illness have a lifespan that is 25-years shorter than the general population who do not have an SMI
  - Risk for chronic disease is much higher in individuals with SMI
    - Examples*:

Risk Factors	Schizophrenia	Bipolar Disorder
Obesity	45-55% prevalence, 1.5 -2X relative risk	26% prevalence
Diabetes	50-80% prevalence, 2-3X relative risk	10% prevalence
Hypertension	18% and over prevalence	15% prevalence

*Bartels, S. (December 20, 2013) Closing the Gap: Implementing Evidence Based Behavioral Health Practices for Older Americans., Geisel School of Medicine at Darmouth Medical School

Need, continued….

- Individuals with SMI and other serious health conditions are at higher risk of losing their housing which is compounded by the additional risks that other health conditions place on the individual
  - Ability to secure housing in Santa Cruz is nearly impossible for this population
    - Out of market for affordability
    - Wait lists for Section 8's are years long
    - Other serious health conditions deteriorate over time and create risk for institutional placement
    - These individuals remain disproportionately housed in locked mental health rehabilitation centers at great expense to the County, and these facilities do not support opportunities for independent living that should be guaranteed to our clients

Proposal:

- Create an Integrated Health and Housing Support Program
  - Utilize apartments in the community that will be leased through a master lease agreement
  - Serve up to 60 individuals per year
  - Telehealth monitoring device in the home to monitor blood glucose, weight and BMI, and other health and mental health symptoms to flag individuals needing attention from the mental health team or primary care
  - Integration of information with the clients Electronic Health Record on the health and mental health side
  - Close coordination of care through a multidisciplinary team made up of nursing staff, medical assistants, peer and family mentors, case managers, psychiatrists and primary care physicians.

County of Santa Cruz California

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Program Participants:

- Individuals with a severe mental illness (SMI)
- Receiving primary care services through a County operated FQHC
- Require intensive community based housing supports to remain in the community due to a mental illness and/or substance use disorder
- Have a co-occurring other health condition such as diabetes, COPD, obesity, hypertension
- Interested in participating in the program voluntarily

- Program will be subject to IRB approval through our proposed evaluator, Applied Survey Research.

Learning Objectives:

- How to more effectively address mental health and other health conditions to support improved community tenure and symptom reduction through the use of telehealth monitoring devices, and peer and family mentors
- Anticipated results:
  - The more effective control of other health conditions, the more likely positive effects on the individuals mental health condition: Primary Area #1 being researched
  - The more effective both areas are controlled, the more likely an individual is to remain in independent housing: Primary Area #2 being researched
  - The use of peer and family mentors in a scattered site supported housing model will prove a highly effective model at supporting community tenure: Primary Area #3 being researched
  - Medication adherence will improve, thus contributing to improved health and other health stability, through the use of telehealth monitoring devices in the home: Primary Area #4 being researched

County of Santa Cruz California

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Community Input into the Proposed Plan:

- Evidence Based and Integrated approaches to services has been identified as a key priority area in the County's Mental Health Strategic Plan:
  - Santa Cruz County: A Community Roadmap to Collective Mental Health Wellness
- May 2016: Town Hall meeting to discuss options under MHSA planning in relation to MH Strategic Plan
- September 2016: Additional community forums to discuss Innovative Plan development
- September – October: Public Comment Period
- October 20, 2016: Public Hearing
- January 24, 2017: Board of Supervisors Approval for submission

Proposed Budget:

B. New Innovative Project Budget By FISCAL YEAR (FY)*							
EXPENDITURES	Beg: April 2017					Ends: March 2022	
NON RECURRING COSTS (equipment, technology)	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Contractor: Telehealth Devices @ $1,000/each x 60 devices	60,000	-	-	-	-	-	60,000
Contractor: Telehealth Integration Fees @ $30,000	30,000	-	-	-	-	-	30,000
Iphone (for Medical Assistant @ approx. $200/each)	200						200
Total Non-recurring costs	90,200	-	-	-	-	-	90,200
Personnel	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Medical Assistant (Salaries & Benefits)	21,509	90,924	96,099	96,099	98,489	75,719	478,839
Medical Assistant (Operational Costs)	1,549	4,192	4,217	4,217	4,229	3,030	21,434
Total Personnel	23,058	95,116	100,316	100,316	102,718	78,749	500,273
CONSULTANT COSTS/CONTRACTS (clinical, training, facilitator, evaluation)	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Contractor: Integrated Health Housing Support Team	162,718	671,346	684,773	698,468	712,436	545,013	3,474,754
Contractor: Master Lease & Rent Subsidies	95,000	380,000	391,400	410,970	431,519	339,821	2,048,710
Total Contract Operating Costs	257,718	1,051,346	1,076,173	1,109,438	1,143,955	884,834	5,523,464
OTHER EXPENDITURES (please explain in budget narrative)	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Contractor: Telehealth Connection/Software Fees (60 devices)	12,420	49,680	50,400	51,120	51,840	39,420	254,880
Contractor: Program Evaluation	50,000	25,000	25,000	50,000	50,000	25,000	225,000
Total Other Expenditures	62,420	74,680	75,400	101,120	101,840	64,420	479,880
BUDGET TOTALS	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Non-recurring costs	90,200	-	-	-	-	-	90,200
Personnel	23,058	95,116	100,316	100,316	102,718	78,749	500,273
Contract Operation Costs	257,718	1,051,346	1,076,173	1,109,438	1,143,955	884,834	5,523,464
Other Expenditures	62,420	74,680	75,400	101,120	101,840	64,420	479,880
Total Gross Budget	**433,396**	**1,221,142**	**1,251,889**	**1,310,874**	**1,348,513**	**1,028,003**	**6,593,817**
Administrative Cost @ 15% Net of INN Funds	45,408	103,162	106,666	114,702	119,375	91,288	580,602
Grand Total	**478,804**	**1,324,304**	**1,358,555**	**1,425,576**	**1,467,888**	**1,119,291**	**7,174,419**
C. Expenditures By Funding Source and FISCAL YEAR (FY)							
Estimated total mental health expenditures for the entire duration of this INN Prc	**FY1617**	**FY1718**	**FY1819**	**FY1920**	**FY2021**	**FY2122**	**Total**
Innovative MHSA Funds	348,128	790,911	817,774	879,381	915,210	699,875	4,451,280
Federal Financial Participation	73,188	303,440	310,828	316,242	322,725	246,951	1,573,374
Behavioral Health Subaccount	19,988	79,953	79,953	79,953	79,953	59,965	399,765
Other funding* - MHSA CSS	37,500	150,000	150,000	150,000	150,000	112,500	750,000
Total Proposed Administration	478,804	1,324,304	1,358,555	1,425,576	1,467,888	1,119,291	7,174,419

County of Santa Cruz California

Serving the Community ~ Working for the Future

Questions?

Thank-you for your time and consideration of our proposal.

Proposed Motion

- **Proposed Motion:** The MHSOAC approves Santa Cruz County's Innovation Project, as follows:
- **Name:** Integrated Health and Housing Supports
- **Amount:** $4,451,280
- **Project Length:** Five (5) Years

MERCED COUNTY

BEHAVIORAL HEALTH AND RECOVERY SERVICES (BHRS)

ABC FRAMEWORK MODEL Innovative Strategist Network (ISN)

Hope CHANGES EVERYTHING

Introduction

- We are presenting Merced County's Innovative Plan
- Designed for transformational benefits
- Community wide Innovative thinking, strategies and actions
- Catalyst for improved health outcomes and services.

Project Overview

- Development of an Innovative Strategist Network (ISN)
  - To provide barrier-free services and linkages to services, allowing clients to be given the services and supports they need through an open, whole person care, and more customizable version of mental health services delivery.
- Implement ISN using an ABC Framework Model
  - **A**ppreciative inquiry: provides a positive approach to care that builds off of “what has been going well” and "what can be done to make things better”.
  - **B**uilding Capacity: focuses on understanding the obstacles that inhibit people from getting and maintaining needed services.
  - **C**are coordination: brings together various providers and information systems to coordinate health services, patient needs, and information to help better achieve the goals of treatment and care.

Project Overview (continued)

- Implementation of ISN
  - ISN will serve all ages (youth, TAY, adult and older adult) through both internal BHRS program staff and external contracted services, Monday – Friday, 8 am to 5 pm, with possibility of flexible operating hours.
  - ISN team will consist of seven (7) direct service Strategists, each with a unique skill-set designed to address gaps in service. Since each Strategist has different qualifications ranging from clinical to community to peer expertise, a Strategist can be paired with a client, based on the identified level of care required.
- Areas of Innovation Focus
  - Increase access to services
  - Promote interagency collaborations

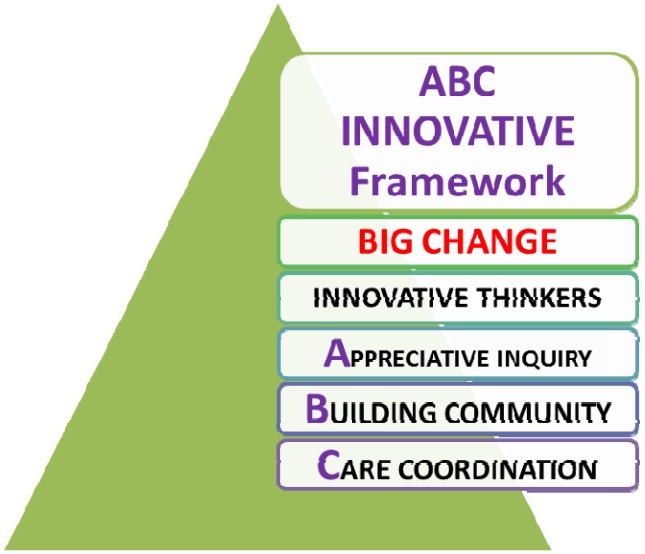
Project Overview (continued)

- Service Needs
  - Merced County has a population that continues to grow, and the Central California Alliance for Health reports that there are 127,603 Medi-Cal beneficiaries in Merced County which has an overall population of 268,455.
  - BHRS currently serves 3,891 of those beneficiaries
  - The ISN goal is to be able to address service gaps and build capacity beyond the limits of Mental Health Plan guidelines.
  - The ISN would also be more flexible than the program requirements of a Full Service Partnership.
- Baseline Data
  - The first 6 months to one year of ISN implementation will be a program-building period which will include establishment of baseline data and further id of gaps.

Program Grand Strategy

"ABC Framework Model adapted from the principles of

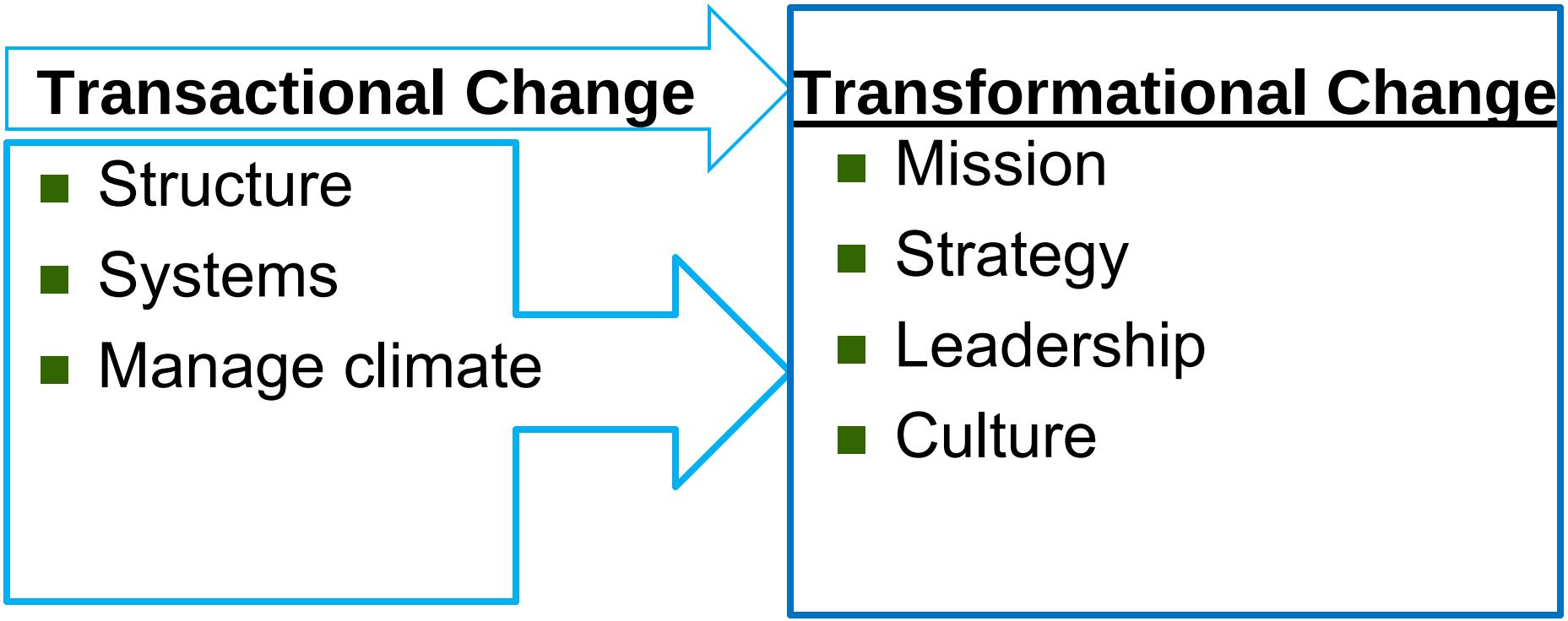
- Leadership Development
- Change Management
- Capacity Development



Program Grand Strategy (Cont.)

- Open Mental Health Pathways
- KEY Strategist (ISN)
- Innovative Thinkers (ISN)
- Infuse The Community System

Steps to Transformational Change



How is the ISN Innovative?

- Increase access to and quality of services
  - ISN creates a network of Innovative thinkers and strategists that can readily identify strategies and coordinate care that lead to positive outcomes and improved services, wellness and recovery
  - Provide timely care and uncomplicated entry into services through decreased barriers and improved coordination among involved partners
- Promote interagency collaborations
  - Create a clear infrastructure for interagency cooperation and coordination, including a process for identifying and referring clients to ISN
  - Improve communication flow and knowledge of available resources to ensure timely and improved access to services

Community Planning Process

- The development of the ISN came to be through the MHSA Community Planning Process :
- Community meetings and focus groups held at multiple locations and attended by:
  - Consumers, Family Members of Consumers, Child Care Providers, Public Agency Representatives, Community Representatives, Public Members
- Key informant interviews
- MHSA Ongoing Planning Council
- The Stakeholder process is active and robust

Community Planning Process

- Main issues identified in focus groups and by stakeholders:
  - Insufficient system flow
  - Absence of infrastructure
  - Shortage of capacity to provide services
  - Need for strategic goals and system wide improvement and sustainability

- MHSA 16/17 Annual Update, including ISN Innovation Project, approved by Board of Supervisors on November 22, 2016

ISN Customer Profile

ISN will work with individuals with Serious Mental Illness (SMI) and those with mild to moderate problems

ISN will support the client with this barrier profile:

- Limited Availability of Medical and Health Professionals
- Closed pathways to healthcare
- Limited Affordability
- Policy Limitations
- Lack of Family and Community Support
- Stigma and Discrimination
- Disconnect with Service Providers
- Experience with system failure

ISN Team Profile – 8 Strategists

How will services flow ?

- **Step 1:** ISN receives walk-in service requests or referrals form community or partners
- **Step 2:** ISN staff (strategists) work with clients to complete paperwork/intake of data
- **Step 3:** ISN Staff or Team determine appropriate avenue of care/appropriate strategy
- **Step 4:** ISN is not appropriate for client and client is referred to other services, OR
- **Step 5:** ISN is appropriate for client and client is connected to appropriate Strategist

How will services flow? (Cont.)

- **Step 6:** Client meets with assigned Strategist
- **Step 7:** Client receives on-going ISN services and continues until other referral made or appropriate and successful discharge
- **Step 8:** Strategist may link client to other ISN services as needed based on level of care required
- **Step 9:** ISN client continues in program until discharge, OR
- **Step 10:** Referrals made to higher level of care as needed

Budgeting and Time Period

- Proposed 5-Year Implementation Period
- Adult ISN funding total: $5,597,288 (BHRS)
  - Internal BHRS funding for the Program Support Strategist will fund a contracted Program Evaluator
- Youth ISN funding total: $1,265,000 (Contracted)

TOTAL 5-YEAR FUNDING: $6,862,288

Learning Objectives

Merced County BHRS seeks to learn:

- How does the ISN, with the focus on strength-based strategies to open pathways to wellness, impact improved access to services and linkages to other providers?
- How will developing an “ABC Innovative Framework Model”, inclusive of the 4D-Cycle approach, impact positive client outcomes and stigma reduction?
- How does the development of a professional and knowledgeable Strategic/Innovative team build community capacity and care coordination?
- How does the ISN increase the number of adults being served and provided adequate resources and services?
- Does the ISN impact adults desiring improvements in their mental health and wellness by identifying resources and connections to appropriate care?

Project Evaluation

- BHRS will develop an evaluation framework and a team to consider the effectiveness of the ISN, including consideration of the identified learning objectives and evaluation of system and client level outcome measures, including, but not limited to, data reports, development and tracking of program goals and satisfaction surveys
- ISN Project evaluation team will include internal BHRS staff and an expert external evaluator secured through a fair bid process, such as Request for Proposal (RFP)
- ISN Project evaluation will be a multi-year process and stakeholders will be updated and have input along the way
- Progress and outcomes will be communicated to the community through presentations and updates at MHSA Ongoing Planning Council meetings, community partner meetings, and Behavioral Health Board meetings

The Transformational Outcome

- By 2021 the Merced Community will be familiar with the ABC Innovative Framework philosophy which will have documented benefits of promoting recovery and wellness.

- By June 2021 there will be an increase of mild to moderate clients receiving innovative specialty care.

The Transformational Outcome (Cont.)

- By June 2021 the pathways to healthcare will be open by:
  - Creating effective access for individuals experiencing barriers to mental health care
  - Improving the client experience in achieving and maintaining wellness
  - Improving care coordination across the system, including linkages to other needed resources and timely access to mental health services

ISN Success and Sustainability

- At the conclusion of the five-year project timeline, if the ISN is determined to be a successful program and worthy of sustainability, BHRS will take the necessary steps to transition the ISN under both the Community, Services and Supports (CSS) and Prevention and Early Intervention (PEI) Components of MHSA.
- The ISN incorporates essential elements that adhere to both CSS and PEI components.
- This transition would involve comprehensive reporting of the project findings, data and outcomes to stakeholders, the community, the MHSA Ongoing Planning Council and the MHSOAC.

Questions ?

Proposed Motion

- **Proposed Motion:** The MHSOAC approves Merced County's Innovation Project, as follows:
- **Name:** Innovative Strategist Network (ISN)
- **Amount:** $6,862,288
- **Project Length:** Five (5) Years

Riverside University HEALTH SYSTEM Behavioral Health

Riverside County MHSA Innovation Plan

Commercially Sexually Exploited Children (CSEC)

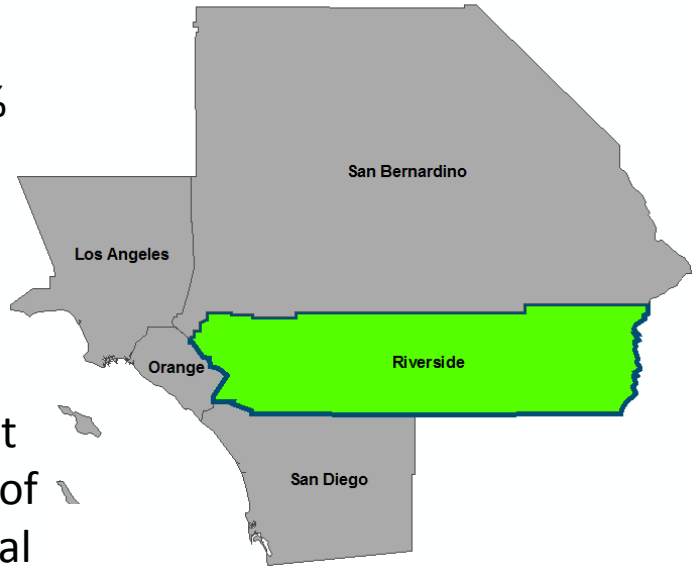
Riverside County Profile

Riverside County is the fourth most populous county in the state with an estimated 2,323,527 residents (2015)*

Approximately 26% of the population is under the age of 18

Overall Population

- Hispanic/Latino 47%
- Caucasian 38%
- Black/African American 6%
- Asian/Pacific Islander 7%
- Multiracial 2%



Riverside directly north of San Diego and directly east of Los Angeles has been referred to as an extension of LA when identifying "hot spots" for commercial sexual exploitation of children

*http://www.dof.ca.gov/Forecasting/Demographics/Projections/P-3: Excel Data Files; Total Population Only by Race Ethnicity and Age

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CSEC Defined

- **Child sex trafficking** is one of the most common types of **commercial sexual exploitation**. Child sex trafficking victims include girls, boys, and LGBTQ youth. Victims could be anyone – your daughter, neighbor, or nephew.
- According to the federal Trafficking Victims Protection Act **sex trafficking** is defined as "the recruitment, harboring, transportation, provision, obtaining, patronizing, or soliciting of a person for the purposes of a commercial sex act."
- A **commercial sex act** is "any sex act on account of which anything of value is given to or received by any person." Therefore, any youth who is under 18 who is exploited through commercial sex, where something of value – such as money, drugs or a place to stay – is traded for sexual activity, is a victim of sex trafficking.

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Community Planning Process

MHSA Year Round On-Going Planning process

MHSA Planning Committees

Committees represent a broad cross-section of community

Mental Health Consumers—Family Members – Community Members – Peer Specialists – Family Advocates
Parent Partners – Community Based Orgs – Public Agency Staff – Behavioral Health Commissioners

<u>Four Age Span Committees</u>
Children- TAY
Adult and Older Adult

<u>Cross Collaborative Committees</u>
Criminal Justice
DPSS
Cultural Competency/Reducing Disparities
Consumers Wellness Coalition
Behavioral Health Commission

Prioritizing Issues

Bringing Forward Concerns of Community and Stakeholders

Generating Ideas

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CSEC as Priority

Parent Partners heard about the need from parents, school districts, providers

Community expressed need to understand how to better serve CSEC Youth and avoid additional traumatization of victims and their families in the process

TAY Collaborative Committee identified need

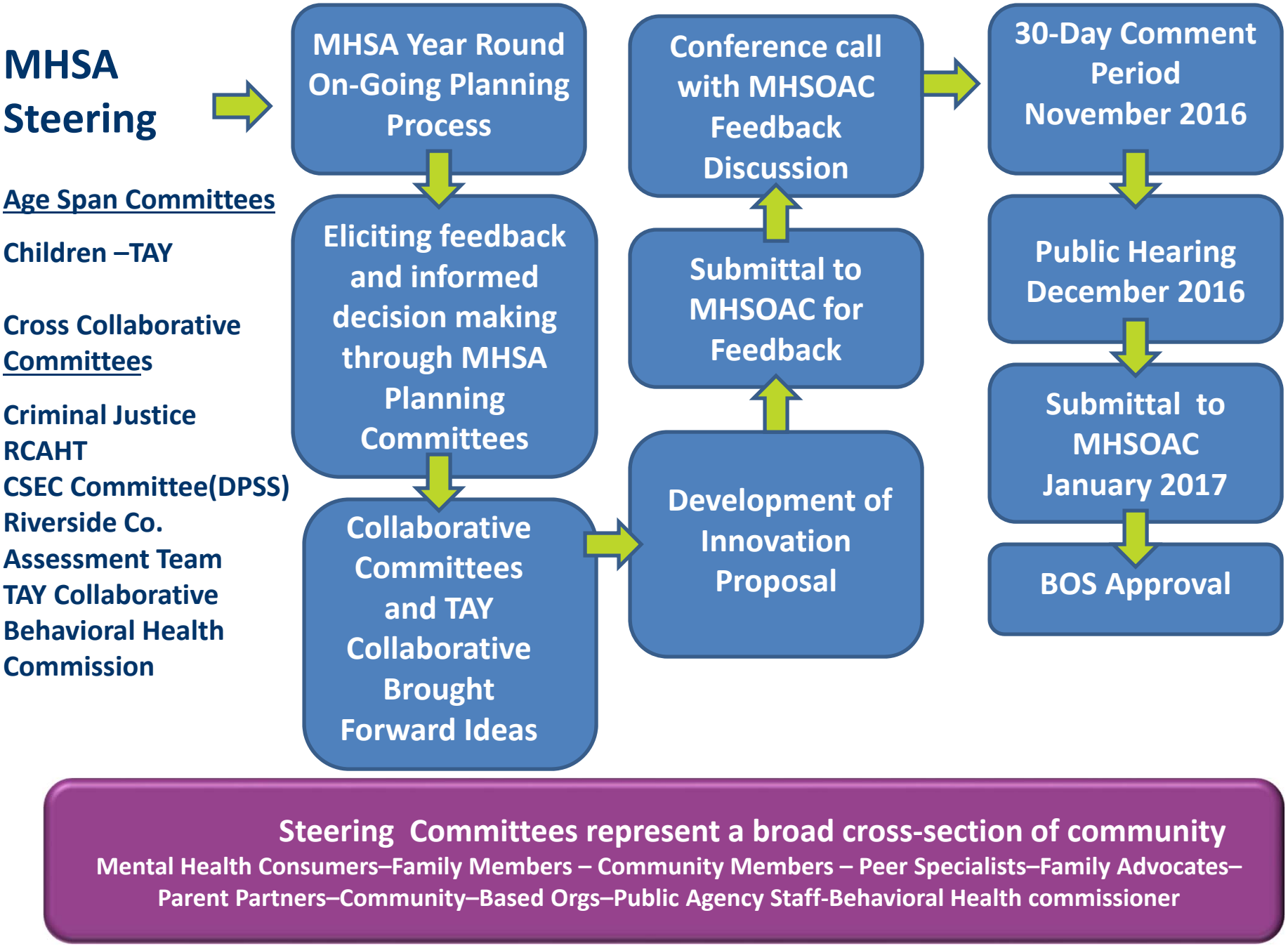
Cross-Collaborative Committees (DPSS & Criminal Justice) expressed concerns with not knowing about treatment options that work for CSEC youth

Questions Arose

What therapeutic Responses are best ?

What works with this population?

What are the treatment options available?


MHSA Steering
Age Span Committees
Children –TAY
Cross Collaborative Committees
Criminal Justice
RCAHT
CSEC Committee(DPSS)
Riverside Co. Assessment Team
TAY Collaborative
Behavioral Health Commission
MHSA Year Round On-Going Planning Process
Eliciting feedback and informed decision making through MHSA Planning Committees
Collaborative Committees and TAY Collaborative Brought Forward Ideas
Development of Innovation Proposal
Submittal to MHSOAC for Feedback
Conference call with MHSOAC Feedback Discussion
30-Day Comment Period November 2016
Public Hearing December 2016
Submittal to MHSOAC January 2017
BOS Approval
Steering Committees represent a broad cross-section of community
Mental Health Consumers–Family Members – Community Members – Peer Specialists–Family Advocates–
Parent Partners–Community–Based Orgs–Public Agency Staff-Behavioral Health commissioner

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The Need

Youth that have experienced commercial sexual exploitation present unique challenges for therapy. Current therapies are ineffective for this unique population. Victims of CSEC are difficult to engage and retain in therapy.

- CSEC youth are at a high risk for experiencing symptoms of traumatic distress including PTSD, anxiety, and depression.
- CSEC youth often do not view their exploitation as traumatic
- Dangerous and risky behavior.
- Repeated running away, often returning to the abuser.
- Multiple problems can overwhelm caregivers and lead to challenges in providing stable placement.
- Recently at least 129 youth have been identified as CSEC victims by County Probation or the Department of Public Social Services.

Total Innovation $6.2 Mil over 5 years* Yr 1- $1.8 Mil. Yr 2- $1 Mil. Yr 3-$1 Mil. Yr 4 and 5 are $1.1 Mil each year

*Rounded dollar figures

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The Challenge

- There is a lack of knowledge regarding the model of mental health service delivery that is most effective for child victims of commercial sexual exploitation.
- A review of the literature showed little information is available on which mental health approaches best promote and support recovery and the transition into productive lives and a hopeful future.
- Researchers have recently suggested that adaptations to evidence-based treatments are needed to address the complex clinical needs of these youth (Cohen, Mannarino, & Kinnish, 2015).

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Innovation Project

The Proposed Project

The proposed CSEC Field Based Project combines an adapted TF-CBT model to effectively treat trauma with a field-based coordinated Specialty Care Team approach designed to meet the challenges of continued engagement with CSEC youth.

Key Activities

- Focus on engagement, meet youth where they are at.
- Field based one youth, one family, one team.
- Adapt TF-CBT to include Motivational Interviewing and significant work with Caregivers/Families.
- Utilize Parent Partners and TAY Peers with experience as exploited youth.
- Train agency partners and caregivers/parents in trauma informed care.

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Innovation Project

The CSEC Field Based Project will establish four teams:

- ✓ Staffing: Clinical Therapist, Child Psychiatrist, Parent Partner, a Peer Specialist (with transition age youth experience), a Licensed Vocational Nurse, and a shared Behavioral Health Specialist.

Focus on providing a rapid response to request for treatment for a CSEC youth and their families or caregivers.

A field-based coordinated Specialty Care Team using a “Wraparound” like approach is best suited to address the challenges.

Utilizing strategies suggested by the developers of TF-CBT, these teams will be trained in using TF-CBT with an adaptation to include motivational interviewing and significant work with caregivers to engage and treat CSEC youth (Cohen, Mannarino, & Kinnish, 2015).

Expected Outcomes

Expected Outcomes

- Increase engagement and retention in treatment services
- Reduce trauma symptoms
- Increase mental well-being
- Decrease recidivism back into commercial exploitation
- Reduced running away and decrease placement challenges
- Increases in participation in school or work

Target Population

- It is expected that the program will serve approximately 100 CSEC youth per year.
- Referrals are expected from Probation, Department of Social Services, School Districts as well as outreach for youth self-referral.

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The Innovation

MHSA Project Category – Makes a change to an existing mental health practice that has not yet been demonstrated to be effective.

Primary Purpose – Increase the quality of mental health services including measurable outcomes.

1. Specific therapies, which may help reduce trauma symptoms related to CSEC, have not been tested and little is known about their effectiveness.
2. There is little information regarding engagement of CSEC victims and their families into care and their successful return to the community.
3. The CSEC Field Based Project aims to test an adapted evidence-based practice (TF-CBT) to determine if the adaptation delivered within a coordinated specialty care model will, as a whole, improve outcomes for this vulnerable population.

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Learning Goals

CSEC Field Based Project will contribute new knowledge on the best service delivery approach for working with CSEC youth and contribute to knowledge on new methods to apply TF-CBT for this vulnerable, hard to reach population.

Goal 1: Effectiveness of adapting TF-CBT for a commercially sexually exploited youth population to understand if this adapted approach delivered in a field based Specialty Care Team model increases engagement, retention, and outcomes.

Goal 2: Effectiveness of a coordinated Specialty Care Team approach with a CSEC team including the use of TAY Peer Specialist and Parent Partners to increase engagement and retention in services and improve outcomes.

Learning Goal 1

Effectiveness of adapting TF-CBT for a commercially sexually exploited youth population

Does this adapted TF-CBT approach delivered in a Specialty Care Team model increase engagement, retention, and outcomes?

- ✓ Pre to Post surveys to measure trauma symptoms
- ✓ Pre to Post Surveys to measure general mental well-being and functioning (YOQ)
- ✓ Functional outcomes will also be collected such as participation in school or work, reduced running away and placement challenges, and recidivism rates for youth returning to trafficking.

Riverside University HEALTH SYSTEM Behavioral Health

Learning Goal 2

Effectiveness of a coordinated field based Specialty Care Team approach with a CSEC team including the use of TAY Peer Specialist and Parent Partners

Does utilizing TAY Peers and Parent Partners increase the likelihood that CSEC youth will engage and continue in Services and improve outcomes ?

- ✓ Measurement will include retention and completion of treatment services
- ✓ Structured interviews for Family/Caregiver relationships
- ✓ Structured interviews on youths experience with TAY Peers and Parent Partners

Proposed Motion

- **Proposed Motion:** The MHSOAC approves Riverside County's Innovation Project, as follows:
- **Name:** Commercially Sexually Exploited Children Mobile Response
- **Amount:** $6,252,476
- **Project Length:** Five (5) Years

Innovation –
The Verily View

Thomas R Insel, MD
Verily Life Sciences

Feb 23, 2017

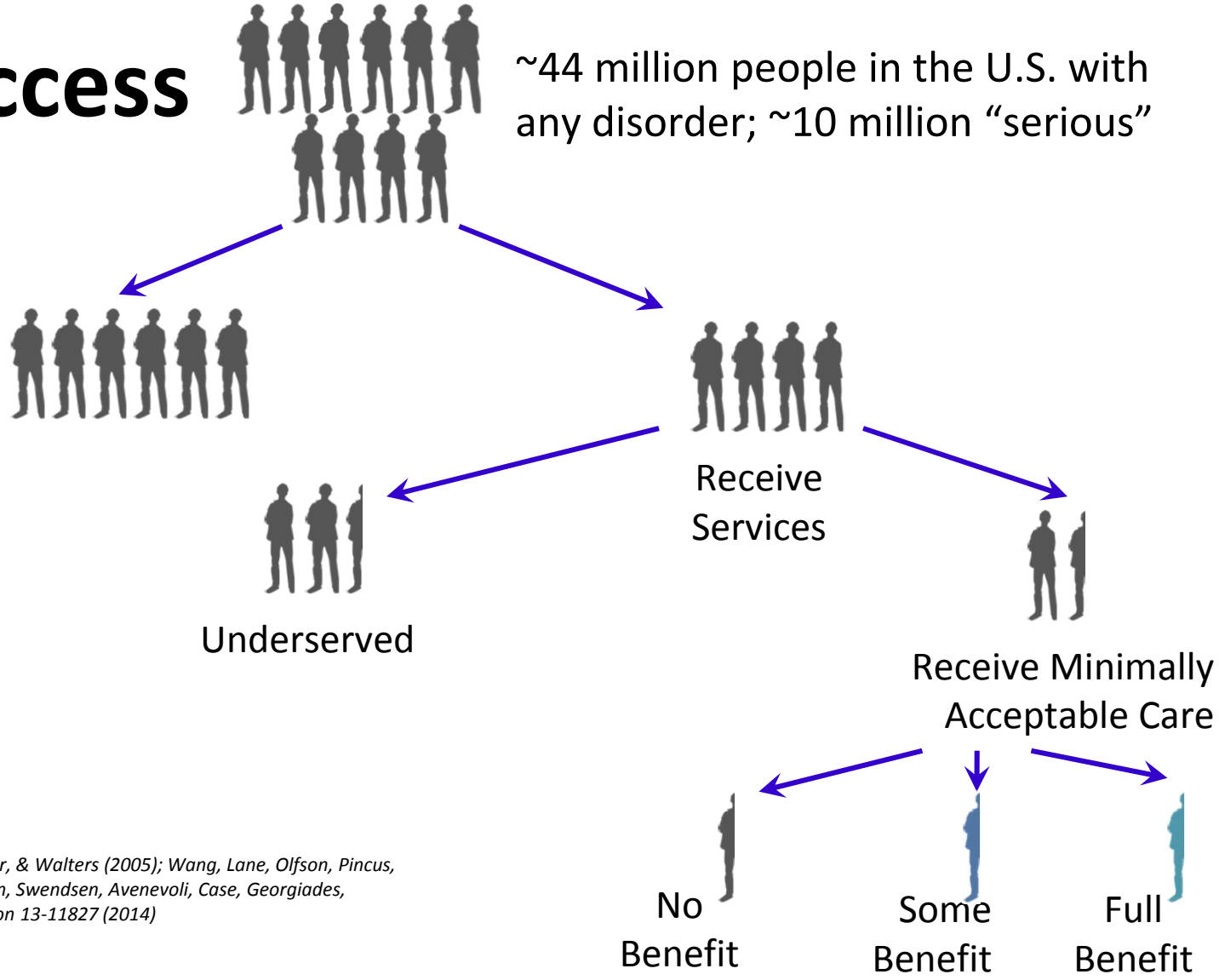
Our Problem Statement

Mental illnesses occur more frequently, affect more people, require more prolonged treatment, cause more suffering by the families of the afflicted, waste more of our human resources, and constitute more financial drain upon both the public treasury and the personal finances of the individual families than any other single condition.

JFK
Feb 5, 1963

Why Have We Failed to Bend the Curve?

Lack of Access



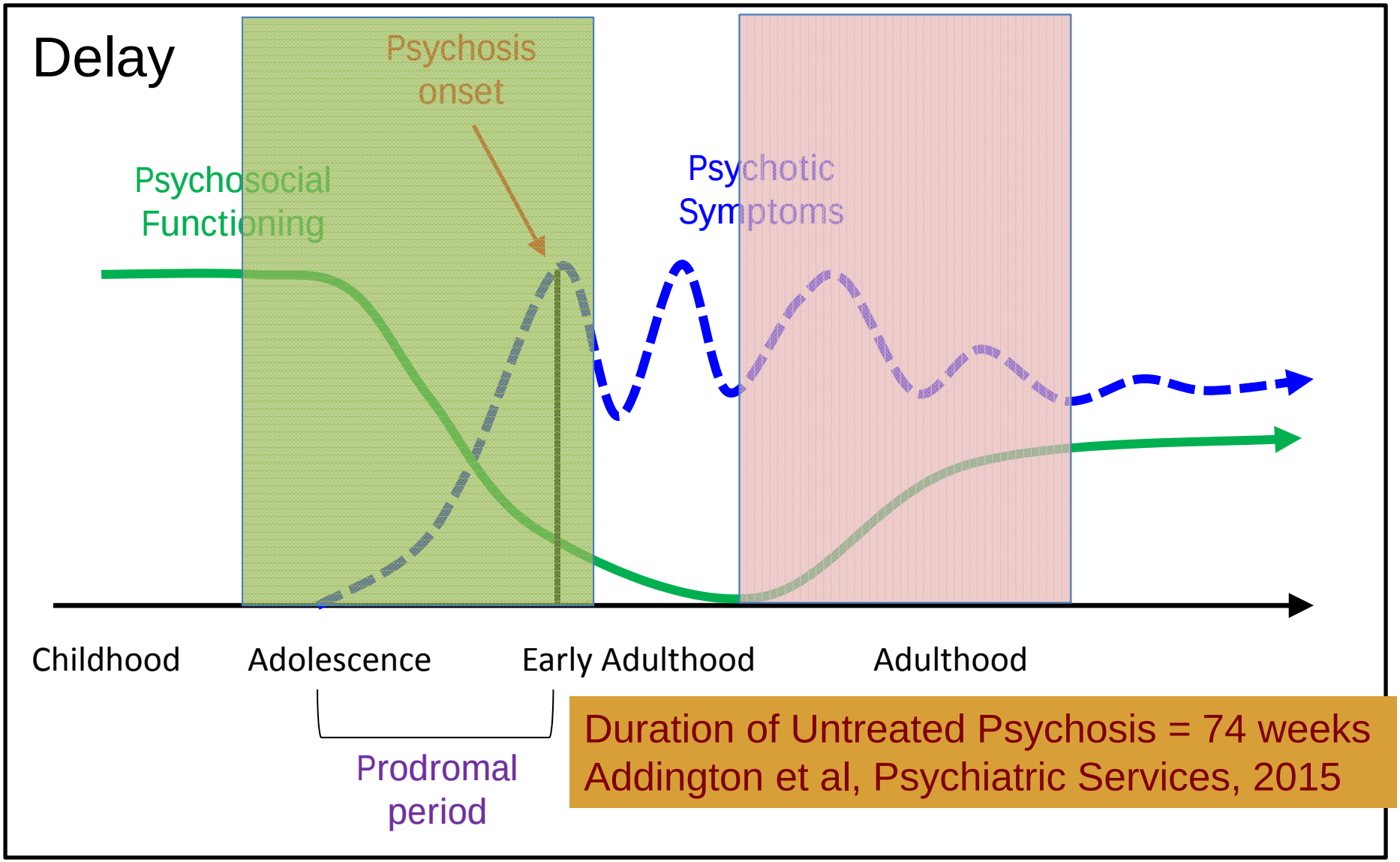
SOURCES: NSDUH (2013); Kessler, Chiu, Demler, & Walters (2005); Wang, Lane, Olfson, Pincus, Wells, Kessler (2005); Merikangas , He, Burstein, Swendsen, Avenevoli, Case, Georgiades, Heaton, Swanson, Olfson (2011), SSA Publication 13-11827 (2014)

Why Have We Failed to Bend the Curve?

Fragmentation

- **Psychological Care**
- **Medical Care**
- **Social Supports**
- **Family Support**

Why Have We Failed to Bend the Curve?



Why Have We Failed to Bend the Curve?

Not only quantity but quality!

Lack of measurement based care

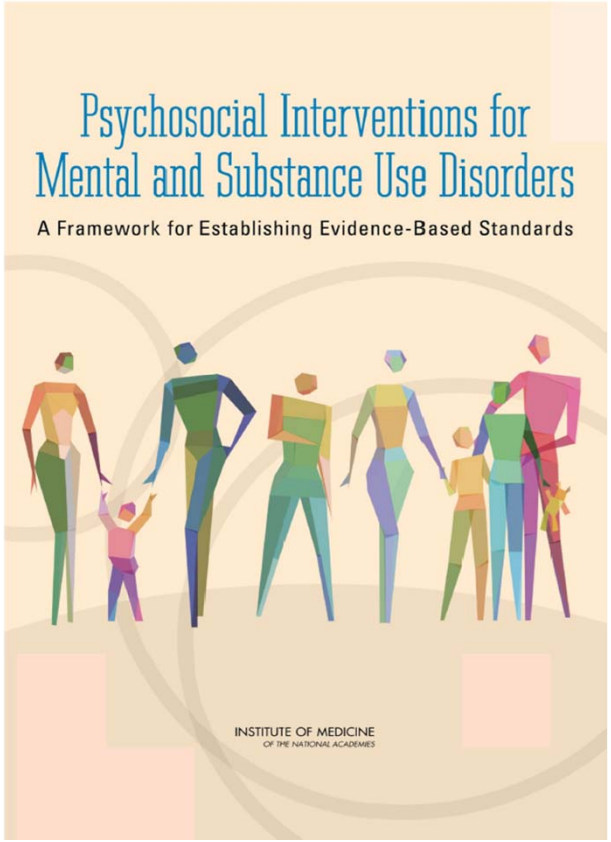
"17.9% of psychiatrists and 11.1% of psychologists routinely administer sx rating scales to their patients. On the basis of clinical judgment alone, mental health providers detect deterioration for only 21.4% of their patients who experience increased symptom severity."

Fortney JC et al, Psych Serv, 2016

Lack of training

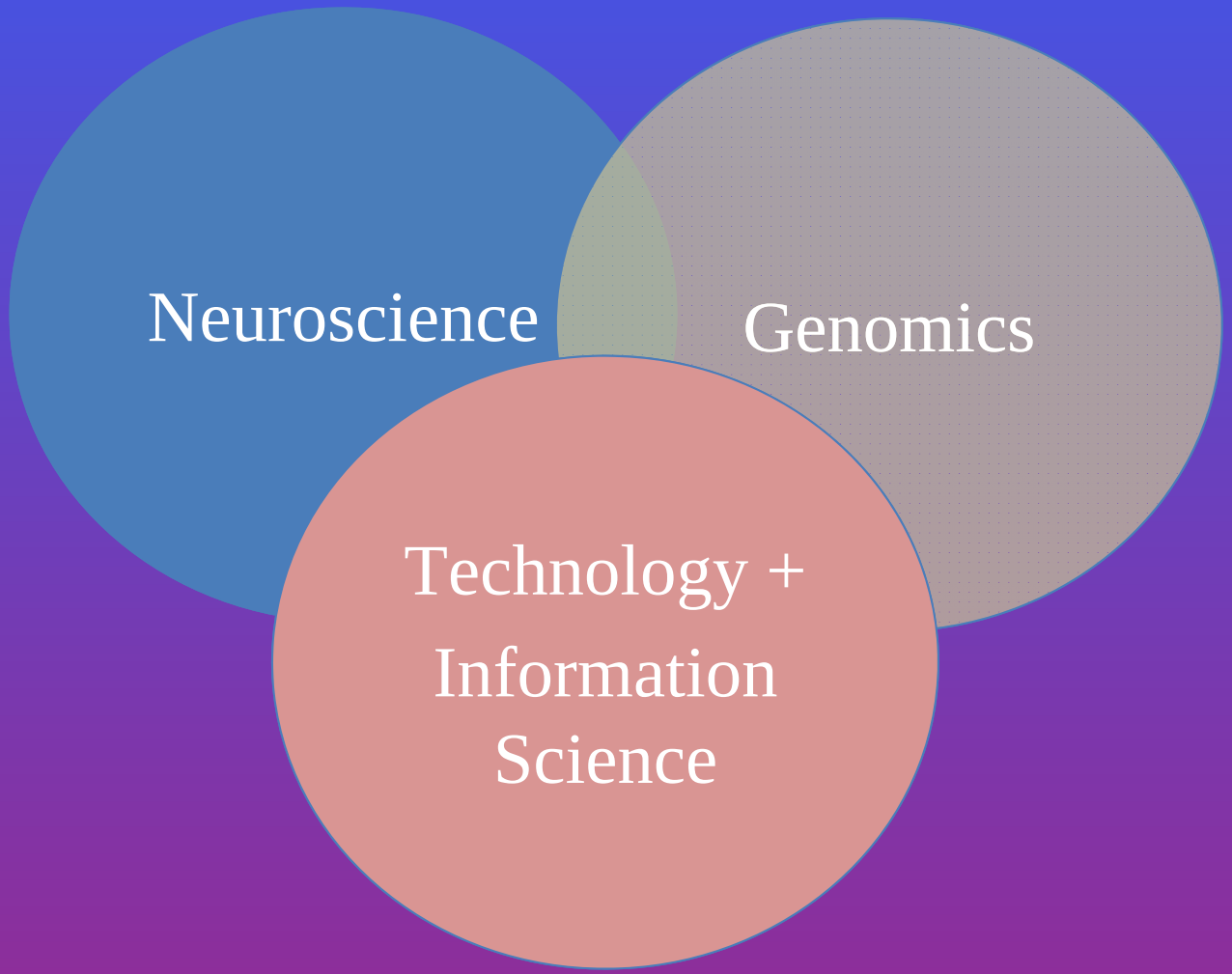
60% of mental health workforce receive NO training in any evidence-based psychosocial treatment

Weissman MM et al Arch Gen Psych, 2006



Treatment depends on the provider's preference not the consumer's needs.

Three Concurrent Revolutions



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Tom Goodwin, Tech Crunch, 2015

“Uber, the world’s largest taxi company, owns no vehicles.

Facebook, the world’s most popular media owner, creates no content.

Alibaba, the most valuable retailer, has no inventory.

And Airbnb, the world’s largest accommodation provider, owns no real estate.

Something interesting is happening.”

Google's mission is to organize the world's information and make it universally accessible and useful.

The Technology Revolution

	2006	2016
Smartphones	64M	2B
Facebook users	12M	1.8B
Google searches	250M/day	> 3.5B/day
Apps in App Store	<15K	2M
Analytics	Hypothesis testing stats	Machine Learning

MOU [4]1
MOU [3]1

Using Software to Bend the Curve

Access	**Apps, online platforms**
Fragmentation	**Coordination, continuity**
Delay	**Early, continuous detection**
Poor Quality	**Evidence-based interventions**
Workforce	**Telehealth, training**
Stigma	**Education, anonymity**

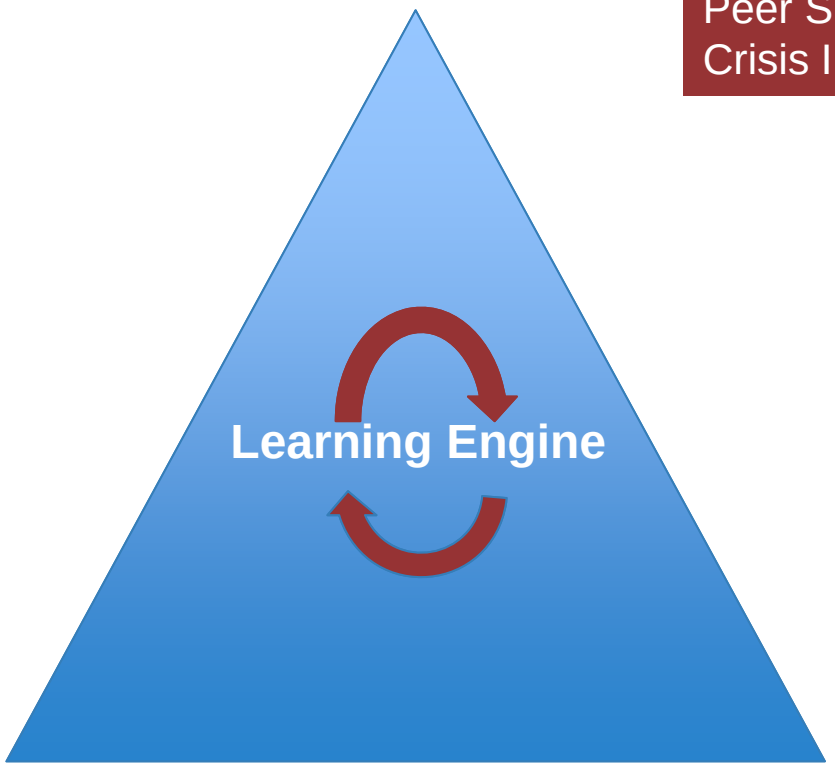
Subjective + objective markers of:
mood, behavior, cognition

Slide 11

MOU [3]1 Microsoft Office User, 2/1/2017

MOU [4]1 Made some tweaks
Microsoft Office User, 2/1/2017

Closed loop learning systems for mental health



Mobile Interventions

CBT, DBT, IPT
Coaching
Peer Support
Crisis Intervention

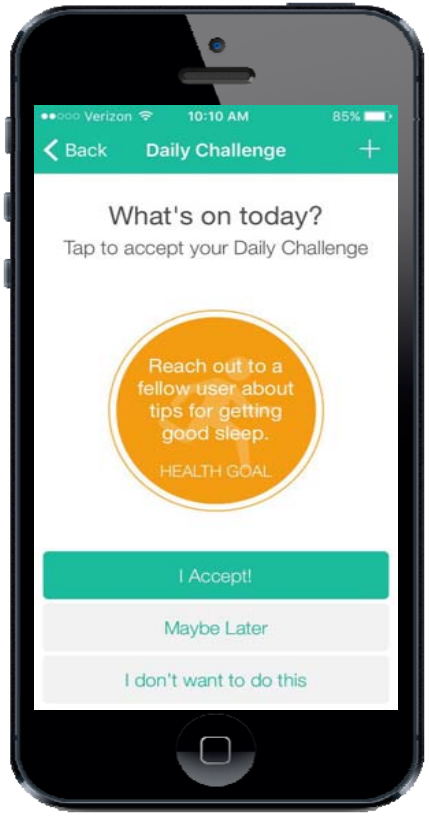
Digital Phenotyping

Activity
Sleep
Voice
Sociality
Cognition

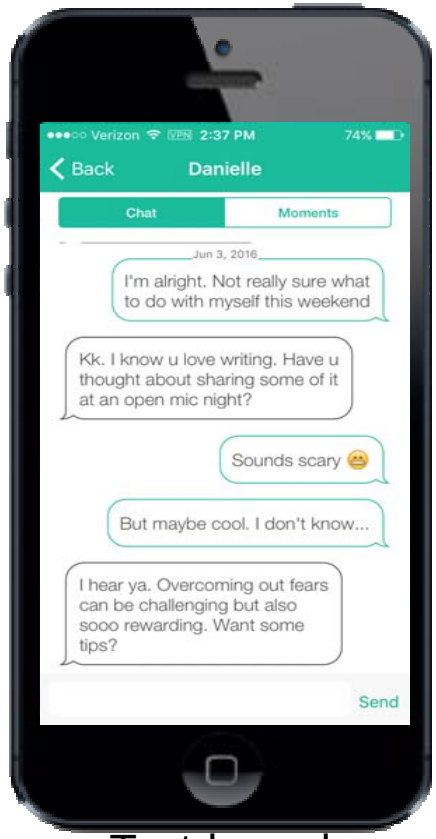
Care Management

Coordination
Data capture
Quality metrics
Feedback

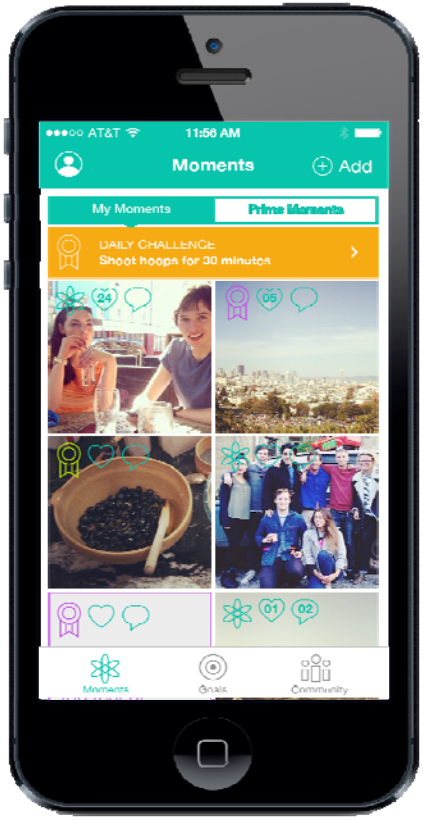
PRIME: addressing access, delay, quality, workforce and stigma



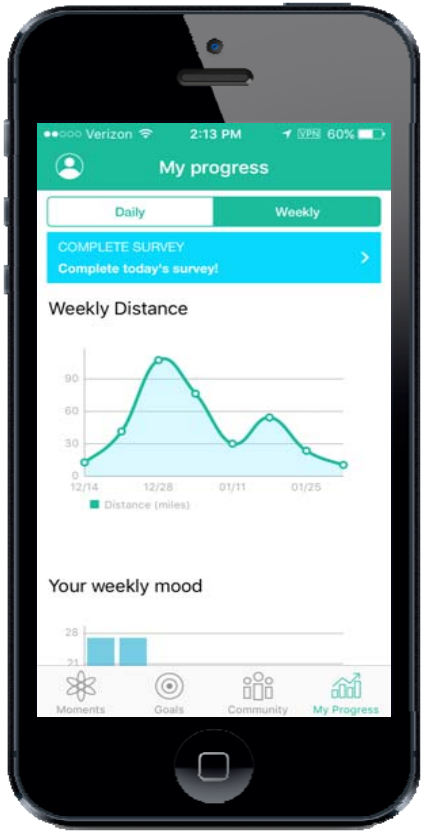
Goal setting to motivate healthy behavior



Text-based coaching with mental health professionals



Social networking to encourage engagement



Tracking activity level and outcomes that consumers care about

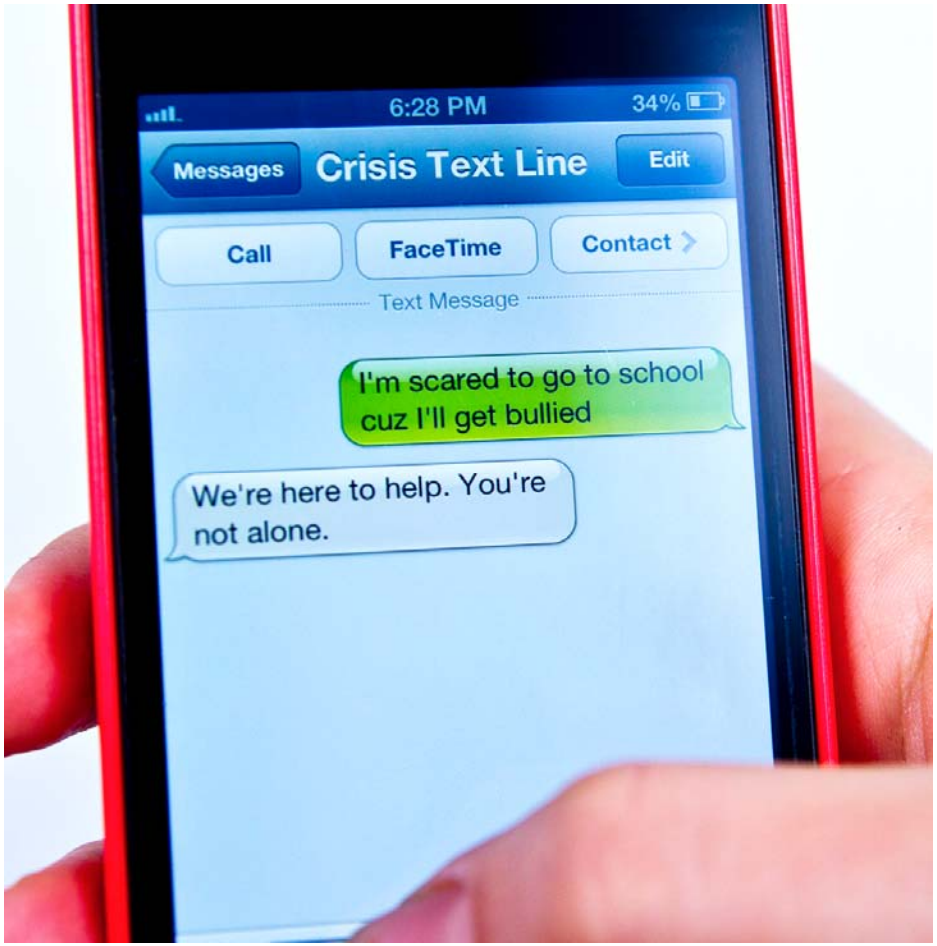
(Courtesy of Danielle Schlosser, UCSF)

CRISIS TEXT LINE™

Anyone in the U.S. can text 741741

Immediate access to trained crisis counselors

Users may get support for FREE 24/7



CRISIS TEXT LINE™

31M

messages since 2013

75% below age 25

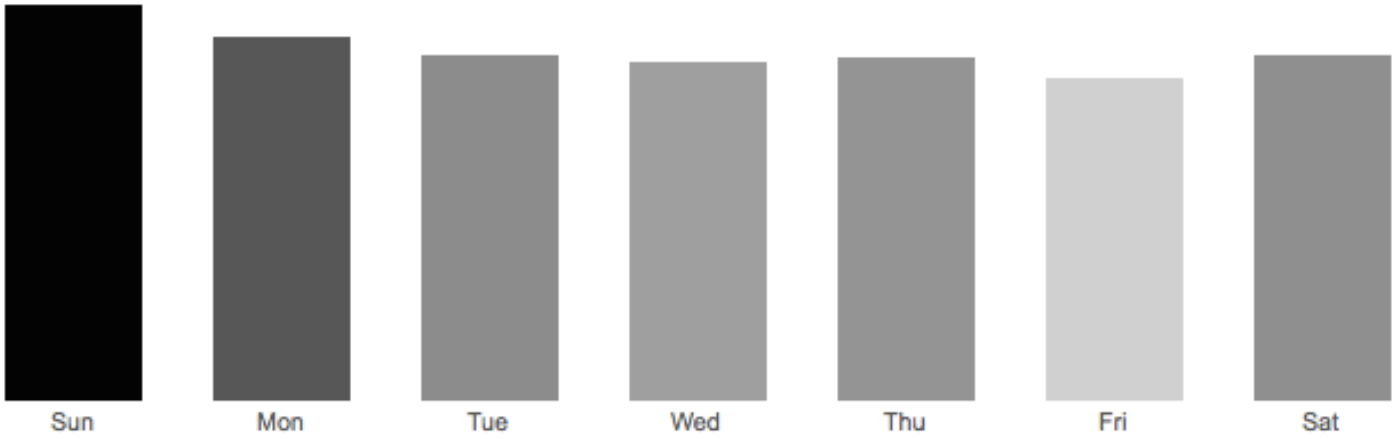
1/3 of messages -- depression and suicide
19% from 10% lowest income zipcodes
9% Native American; 14% Hispanic

> 3K active rescues

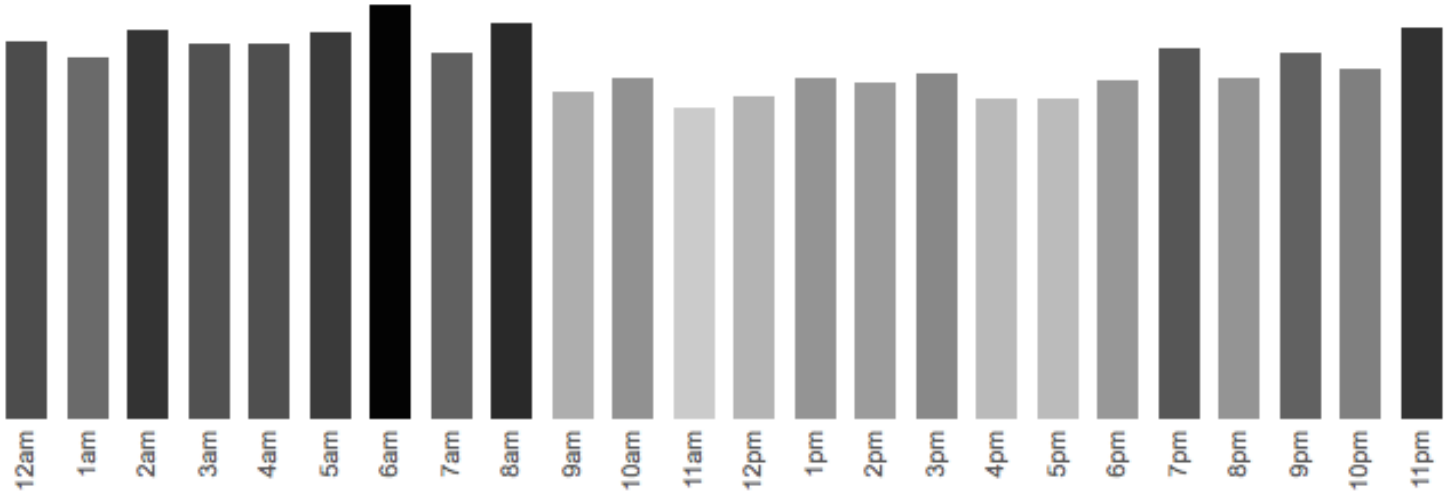
Texters in CA experiencing Suicidal Thoughts also experience these issues in the same conversation

Anxiety	17%	Lgbtq Issues	3%
Bereavement	2%	Physical Abuse	5%
Bullying	4%	Relationships	15%
Depression	47%	School Problems	3%
Eating Disorder	2%	Self Harm	17%
Family Issues	23%	Sexual Abuse	2%
Friend Issues	10%	Stress	20%
Health Concerns	2%	Substance Abuse	2%
Isolation	13%	Suicidal Thoughts	100%

Texters in CA experiencing Suicidal Thoughts over the week



Texters in CA experiencing Suicidal Thoughts over the day

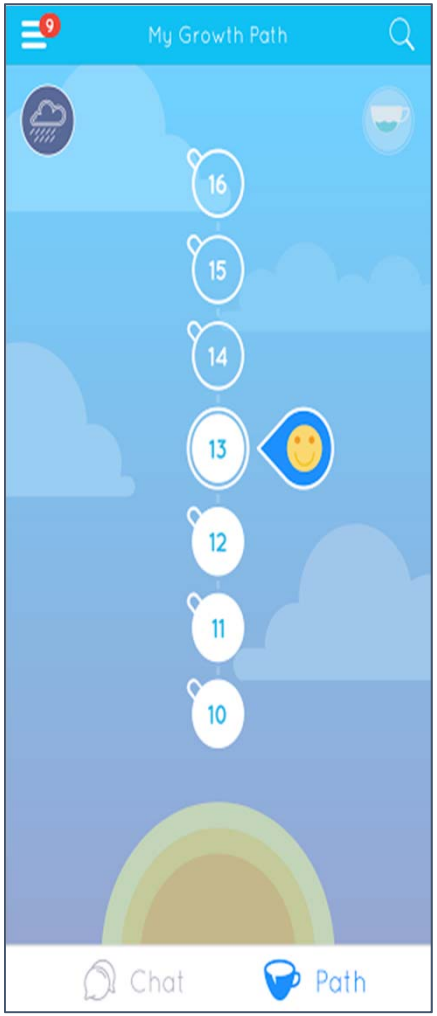


7 Cups

Connected Care

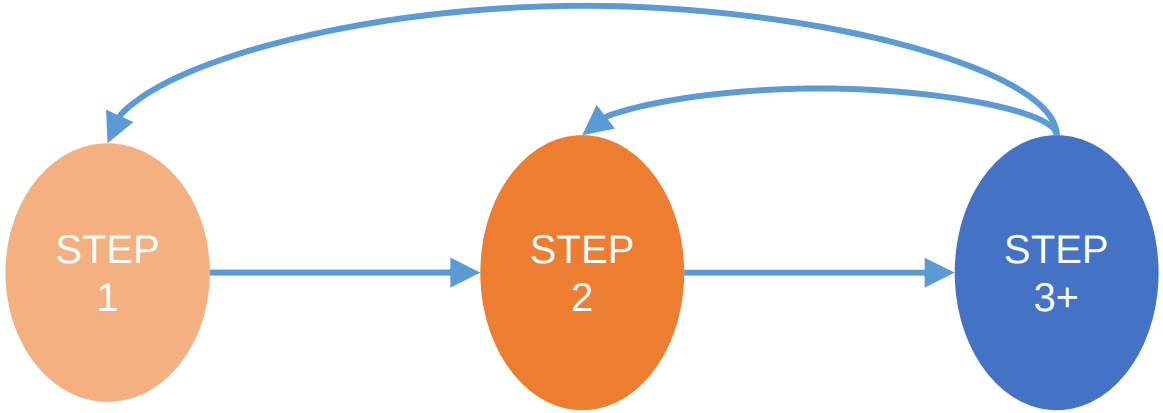
Growth Paths or Integrated Treatment Plans

31 growth paths based on empirically supported treatment protocols. Paths are recommended after users have selected an issue and/or completed the DASS-21 wellness test.



Users upgrade to unlock these paths.

Treatment & Outcome Research via Growth Paths



- Baseline Assessment with the DASS-21 (Depression, Anxiety, Stress Scale)
- Initial Diagnosis

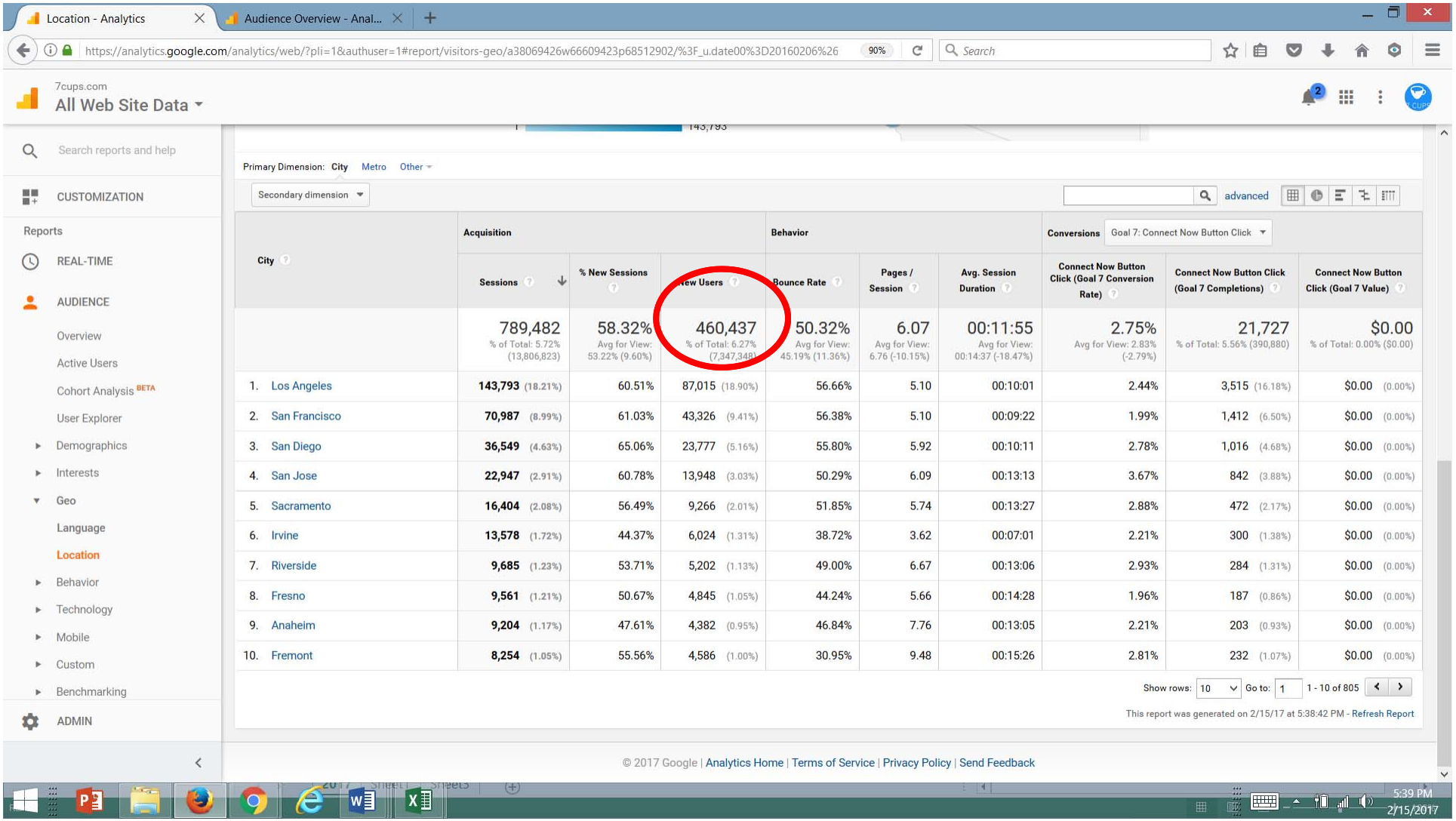
- Emotional Support from Listeners or Therapists
- Therapeutic Activities via the Growth Path

- Reassess with DASS-21 every 20 Steps on Growth Path
- Track Individual and Group Outcomes
- Adapt treatment

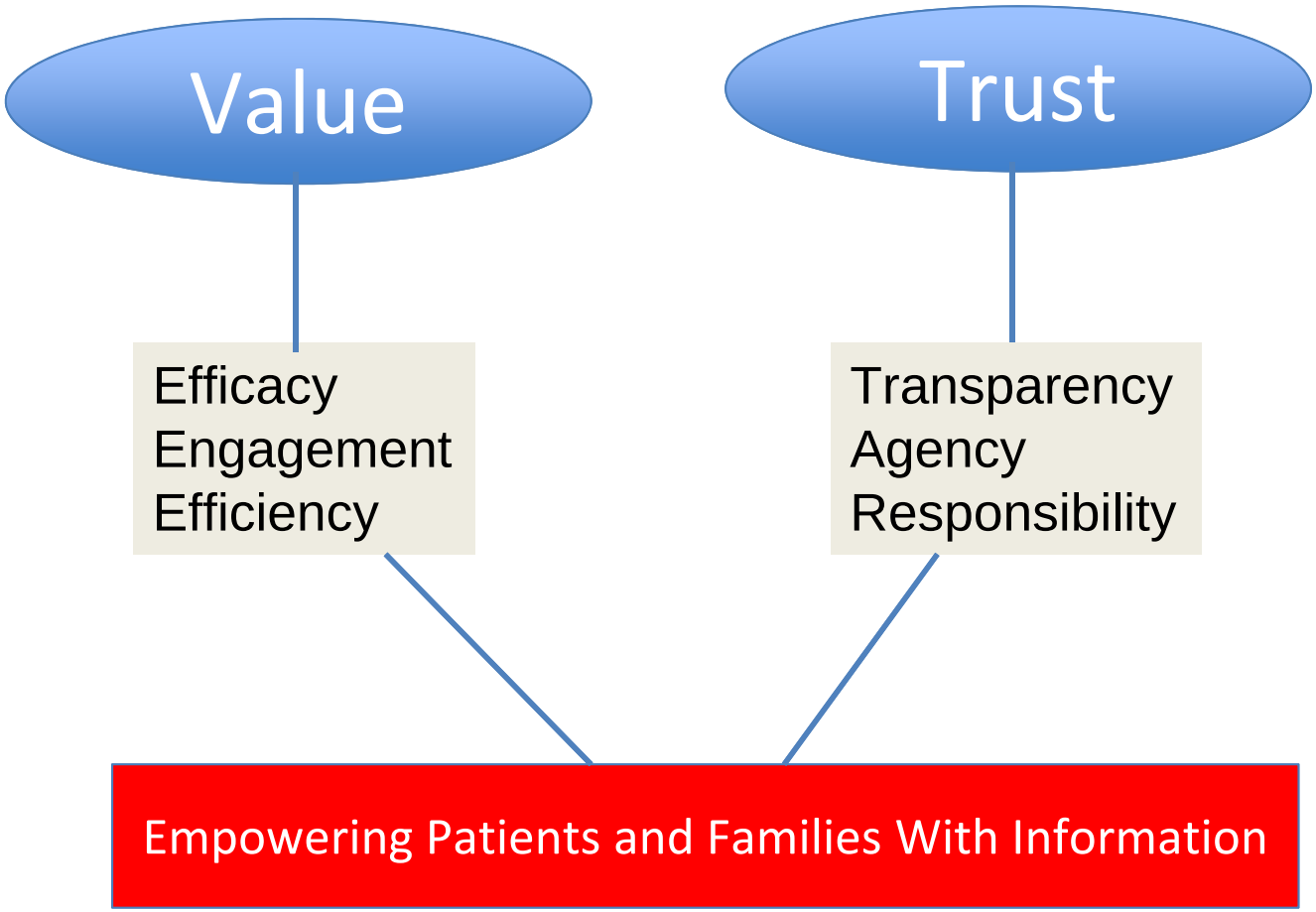
7 Cups is **10X better** and accelerating

7 Cups	Traditional Mental Health
On Demand	**Weeks to Months to be Seen**
Free or Affordable	**$100+ for single 50 minute session**
No Stigma – anonymous, no fear of judgment	**Stigma** – fear of being judged
Community – Key part of Treatment	**No Community** – only relationship is with provider
Unlimited support – available 24x7	**Limited Support** – 50 minutes/week
Convenient – app or web; provider in your pocket	**Inconvenient** – Drive to office
Support in 140 Languages and 189 Countries	**Support primarily in English and Developed Countries**
Task Shifting + Stepped Care	**Very Little Task Shifting and Stepped Care**
Advanced Research Capabilities and Outcome Tracking	**Limited Research Capabilities and Outcome Tracking**

19% Growth Month Over Month for 36 Months



The Opportunity and Challenge of the Technology Revolution



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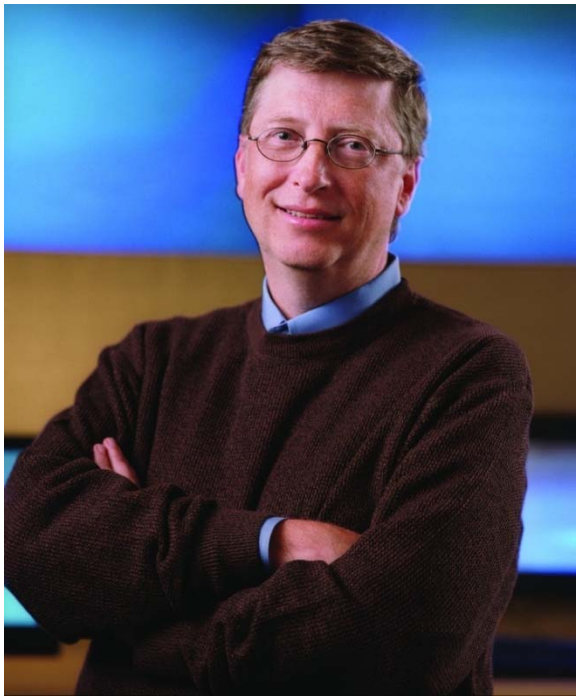

“We always overestimate the change that will occur in the next two years and underestimate the change that will occur in the next ten.”

--Bill Gates Jr.

Thank you !

Organizing the world's health information and making it universally accessible and useful

verily