January 21, 2021

Mental Health Services Oversight and Accountability Commission (MHSOAC)
1325 J St., Suite 1700
Sacramento, CA 95814

Via email: shannon.tarter@mhsoac.ca.gov

SUBJECT: CAYEN Public Comment on Kern County Innovation Proposal

The California Youth Empowerment Network (CAYEN), a program of Mental Health America of California (MHAC), is a program led by TAY (transitional age youth; youth ages 15-26) that brings TAY expertise and leadership into behavioral health advocacy and decision-making spaces. CAYEN would like to use our youth expertise & perspective to provide feedback on the Kern County Innovation Proposal.

CAYEN is grateful that the needs of unhoused community members, especially youth, are being uplifted in this innovation project. There are notable strengths in the proposal, however, we've also cited highly important concerns that must be addressed regarding the lack of clarity around aspects of service delivery and the team who will be delivering services. We advocate for these concerns to be addressed before approving this project.

Strengths:

- Prioritization of service delivery to unhoused youth
- Mobile Phone-Based Intervention Project as a way to provide care to unhoused youth
- Increasing access to telehealth by providing unhoused youth with mobile phones
- Emphasis on harm reduction in response to substance use disorders and substance abuse
- Narcan distribution and needle exchange to keep individuals safe and reduce stigma
- Emphasis on ability to choose the care and services that one receives

Concerns and Comments:

- "Expanded Grave Disability Evaluations," and "assistance with community conservatorships" (pg. 6)
    - 5150 evaluations mentioned as possible service provided by street psychiatry clinics
    - Potential damage of trust between mobile clinics and unsheltered populations
- Role of involuntary care in the treatment provided by mobile clinics is unclear
    - Fear caused by loss of property and being ripped away from familiar surroundings
    - No plan described to ensure safety of people's belongings or provide return to living situation
    - No plan described around ongoing treatment once someone is released from a hold
- Need for "increased law enforcement response" was also identified and reallocated to ROEM
    - What exactly this entails is never described or mentioned throughout the course of the report
    - A goal of community care is reducing law enforcement response to matters of mental health
    - Unhoused populations' historically distrusting relationships with law enforcement may lead to distrust towards mobile clinics if law enforcement is further involved
- Currently, training and recruitment of peers and staff can benefit greatly from the following strategies
    - Recruit peer specialists who are TAY, as California has a large unhoused TAY population
    - Recruit peer specialists who identify as LGBTQ+, as many unhoused TAY identify as LGBTQ+
    - Increase Relias Training Program's minimum requirement for Cultural Competency training
        - Current requirement is 6 hours of training per year; less than an 8-hour work day
        - Provide shorter (2-3 hours) trainings multiple times a year, rather than one large training

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- A one-time cultural competency training feels performative and can easily be forgotten

Thank you for your consideration of the California Youth Empowerment Network's (CAYEN) feedback on the Kern County Innovation Proposal: Mobile Clinic with Street Psychiatry. CAYEN is excited to see projects like these that support the needs of unhoused youth, and we advocate for youth to be centered in the decision-making processes around this project. Please reach out to us directly by emailing our Assistant Program Manager, Matthew Diep, at mdiep@mhac.org if you have any questions or requests related to our feedback.

In solidarity,

Zofia Trexler

They/Them

Board Secretary

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He/Him/Hims

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BEHAVIORAL HEALTH&RECOVERY SERVICES

Kern Behavioral Health and Recovery Services
Working Response Document on 30-Day Public Comment:

Comments from the Public are listed below with Kern Behavioral Health and Recovery Services (KernBHRS) response:

1. **How is it possible that an $8m budget only buys two vehicles in support of this effort? That makes no sense and will have very little impact as a result. Also, please DON'T put logos and other markings on the vehicles or people in need of services will not use.**

    - To clarify the budget expenses, not only will the Innovation Project funding support the cost of two customized vehicles including a customized Recreation Vehicle, but it will also be used to fund a Mobile Clinic Street Psychiatry team that will provide treatment and outreach services to those unsheltered. The staffing proposal includes the Full Time Equivalent positions of:

        - 2 Peer Support Specialists
        - 2 Behavioral Health Therapists
        - 1 Psychiatrist
        - 1 Medical Assistant
        - 1 Nurse
        - 1 Behavioral Health Recovery Specialist

    - Regarding the vehicle logos, magnetic removable logos will be available to use on the vehicles when they are needed for community outreach with the general public and can be detached when the vehicle is being used for clinical outreach and service delivery.

2. **I feel this is a much-needed program and should be implemented sooner rather than later. Should also have social workers in the units to provide temporary housing and food aid.**

    - Staff will include Behavioral Health Therapists, Behavioral Health Recovery Specialist, and Peer Support Specialist, all of these roles are trained and active in social worker duties. The job description of the Behavioral Health Therapist requires four types of licensures including: Pre-Licensed or Licensed Marriage and Family Therapist (LMFT), Pre-Licensed or Licensed Clinical Social Worker (LCSW), Pre-Licensed or Licensed Professional Clinical Counselor (LPCC), or Pre-Licensed or Licensed Psychologist (PhD/PsyD). Duties of these roles include providing support with temporary housing, food aid, and other services involving activities of daily living. The ROEM outreach and engagement model includes leveraging housing support, food aid, and other services involving activities of daily living to engage and build trusting relationships with the focused population served.

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KERN COUNTY

3. **MHSA promised the voters and taxpayers that the funding would "provide timely treatment," "increase effective treatment," and "treat mental illness." Population designated to provide treatment is children, seniors, and adults. The funding is "dedicated to remedy the shortage of qualified individuals to provide mental health services for severe mental illness. The Mobile Clinic with Street Psychiatry is a social service. Model and not a mental health model. The proposal fails to include industry recognized mental health treatment for mental health disorders, mental illness, psychosocial stressors, attachment issues resulting from breakdown of family and high rate of divorce, ego defense mechanisms acting as a barrier to healthy relationships and motivation for success. Instead, the proposal focusses on a social service model for linage and primary peer support for homeless population without a treatment component for the root cause.**

    - To clarify, this Mobile Clinic with Street Psychiatry Innovation Proposal should provide more timely treatment options for individuals facing houselessness. Within Kern County, this would include children, adults and older adults that are unsheltered. The approach to this proposal is to replicate KernBHRS's brick and mortar clinics and put it on wheels so that we may serve hard to reach populations. To increase engagement with unsheltered individuals, who typically are deemed as a hard-to-reach population, the ROEM engage strategies will be used to build lasting and trusted relationships with this population so that they may be in a place to get treatment and resources that they may need.

4. **The increasing number of individuals who suffer from schizophrenia and a lack of innovation treatment tailored to this population warrants additional treatment options, such as the street psychiatry initiative. This program can begin to expand the amount of universally implemented psychosocial interventions for the severely mentally ill and or homeless populations who otherwise would not seek community-based care.**

    - That is the intent of this model.

Comments below were received after 30-Day Public Comment period was closed by California Youth Empowerment Network (CAYEN).

1. **"Expanded Grave Disability Evaluations," and "assistance with community conservatorships" (pg. 6)**

    - **5150 evaluations mentioned as possible service provided by street psychiatry clinics**

        - This is an option if a person who is gravely disabled (unable to provide food, clothing, or shelter and unwilling to accept 3rd party assistance due to a mental illness) and used as a last resort. It is listed as an option to have comprehensive care available through the Mobile Clinic.

- **Potential damage of trust between mobile clinics and unsheltered populations.**

    - The Relational Stages of Outreach and Engagement Model (ROEM) will be used in outreach towards individuals served. This approach involves phases of engagement with individuals experiencing houselessness to support them in options for wellness, self-care, treatment, and/or recovery as they choose. This model is specifically designed with insight in building trust between unsheltered individuals and the mobile clinic team.

2. **Role of involuntary care in the treatment provided by mobile clinics is unclear.**

    - **Fear caused by loss of property and being ripped away from familiar surroundings.**

        - Infrastructure is already built into KernBHRS's system of care through the MHSA General System Development Funded Home to Stay program to support storage of personal property, if needed. This is not mentioned because it is already a norm for KernBHRS.

    - **No plan described to ensure safety of people's belongings or provide return to living situation.**

        - Additionally, to add to the prior comment, if a person engaged in treatment options that require their personal property to be stored, the individual's belongings would be returned, and support provided to transport the personal property to the individual's future living situation or opportunity.

    - **No plan described around ongoing treatment once someone is released from a hold.**

        - KernBHRS's current standard of care includes linkage and warm hand offs into treatment and care which is individually determined case by case. The linkage factors the step-down level of care that is appropriate for the individual receiving services.

3. **Need for "increased law enforcement response" was also identified and reallocated to ROEM.**

    - This statement may be out of context. The ROEM Team that was recently established in 2021, was in request to assist with the increase in law enforcement calls and response to unhoused individuals in need. Through this past year the ROEM model used by the ROEM Team has been successful in engagement and building trust with the unhoused population.

- **What exactly this entails is never described or mentioned throughout the course of the report.**
- **A goal of community care is reducing law enforcement response to matters of mental health.**
- **Unhoused populations' historically distrusting relationships with law enforcement may lead to distrust towards mobile clinics if law enforcement is further involved.**

4. **Currently, training and recruitment of peers and staff can benefit greatly from the following strategies:**

   - **Recruit peer specialists who are Transitioning Age Youth (TAY), as California has a large, unhoused TAY population.**

     - When recruitment begins for this position, it will be inclusive of the TAY population. KernBHRS values diversity, equity and inclusion and culturally appropriate care. The recruitment will be broadcast to our networks that support TAY individuals and programming.

   - **Recruit peer specialists who identify as LGBTQ+, as many unhoused TAY identify as LGBTQ+.**

     - As stated on the above, KernBHRS values diversity, equity and inclusion and culturally appropriate care. The recruitment will be broadcast to our LGBTIQ+ networks.

   - **Increase Relias Training Program's minimum requirement for Cultural Competency training.**

     - On average, KernBHRS staff have between 9-10 hours on average annually as documented Cultural Competency training. KernBHRS values diversity, equity and inclusion and culturally appropriate care and attempts to add culturally significant leadership and training throughout daily operations and programs. Diversity, Equity, and Inclusion practices are engrained in all that KernBHRS does. Additionally, the bullet points below are assumptions and not how accurate the Relias system works. KernBHRS can take Cultural Competency classes personally tailored to the work they do, tasks they complete, populations they serve, and specific to culturally relevant topics in Kern County. The Relias system allows each individual to tailor their training based on what they need to be successful in their role within the organization. The 6 hours of training is not completed in one day as a standalone curriculum. The 6 hours are the accumulative minimum a staff must reach annually. Additionally, Workforce, Education and Training (WET) funding is available to KernBHRS staff that allows additional funding for more culturally specific training for staff and the department in such events like conferences, conventions, and gatherings that promote cultural competent training (these are not always reflected in the 6-hour minimum training a staff can receive through Relias).

- **Current requirement is 6 hours of training per year; less than an 8-hour workday.**

- **Provide shorter (2-3 hours) trainings multiple times a year, rather than one large training.**

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INN: Mobile Clinic with Street Psychiatry

30-Day Public Review and Feedback
(12/17/2021 - 01/17/2022)

TOTAL SURVEY RESPONSES:	TOTAL RECOMMENDATIONS:	RECOMMENDATIONS:
9	**4**	1. ***"…DON'T put logos and other markings on the vehicles…"*** 2. ***"Do more, faster with less red tape. Please."*** 3. ***"Provide tiny houses utilizing remodeled containers…"*** 4. ***"…Client's greatly benefit from these interventions…"***

MOBILE CLINIC WITH STREET PSYCHIATRY INNOVATION

This innovation plan will customize two vehicles into state-of-art mobile clinics to serve individuals facing homelessness in Kern County, primarily focusing in the downtown Bakersfield area. The clinics will be equipped to provide psychiatric and behavioral health services as well as outreach. The mobile clinics will be used in conjunction with the existing Relational Outreach and Engagement Model (ROEM) to provide intensive outreach support to this community to aid in successful implementation and use of the mobile clinics. The projected cost is $8,774,095.

As required by the MHAOC, Mobile Clinic with Street Psychiatry Innovation Proposal was requested to have a 30-day Public Comment (December 17, 2021 to January 17, 2022) to comply with requirements for the use of Innovation Funding.

The following pages show the feedback received during the 30-day Public Review & Feedback via SurveyMonkey (https://www.surveymonkey.com/r/INN-MobileClinicwithStreetPsychiatry) from December 17, 2021 to January, 17, 2022.

(Open 12/17/2021 01/17/2022) Total Surveys Collected: 9			
Age Group:		**Sexual Orientation:**	
0-15	**0**	Straight/Heterosexual	**5**
16-25	**0**	Gay or Lesbian	**0**
26-59	**7**	Questioning or Unsure	**0**
60 or Older	**1**	Queer	**0**
Declined/Did not submit a survey	**1**	Asexual	**0**
Gender assigned at birth:		Bisexual	**0**
Male	**1**	Pansexual	**1**
Female	**8**	Another sexual orientation	**0**
Intersex	**0**	Declined/Did not submit a survey	**3**
Declined/Did not submit a survey	**0**	**Race:**	
Gender Currently Identified with:		Asian	**1**
Male (Cis Male)	**1**	Native Hawaiian/Pacific Islander	**0**
Female (Cis Female)	**6**	Black/African American	**0**
Transgender/other	**0**	Latino/Hispanic	**2**
Genderqueer	**0**	Tribal/Native American	**0**
Non-binary	**0**	White/Caucasian	**4**
Genderfluid	**0**	Two or More Races:	**0**
Questioning or Unsure	**0**	Declined/Did not submit a survey	**2**
Other Gender Identity	**0**	**Ethnicity:**	
Declined/Did not submit a survey	**2**	African	**0**
Veteran Status:		Asian Indian/South Asian	**0**
Yes, I am a veteran	**0**	Cambodian	**0**
No, I am not a veteran	**7**	Chinese	**0**
Declined/Did not submit a survey	**2**	Eastern European	**0**
Primary Language:		Korean	**1**
Only English	**9**	Middle Eastern	**0**
Only Spanish	**0**	Vietnamese	**0**
Both English and Spanish	**0**	European	**5**
Other language	**0**	Filipino	**0**
Declined/Did not submit a survey	**0**	Japanese	**0**
		Caribbean	**0**
		Central American	**0**
		Mexican/Mexican American/Chicano	**1**
		Puerto Rican	**0**
		South American	**0**
		Two or More Ethnicities	**0**
		Declined/Did not submit a survey	**2**

Group/Category		Population you feel is most unserved/underserved in the above mentioned community	
Client/Consumer/Person with Mental Illness	**0**	Children/Families	**2**
Peer/Family Member of a Person with Mental Illness	**1**	Transitional Aged Youth (16-25)	**0**
KernBHRS Staff	**5**	Older Adults	**0**
Law Enforcement	**0**	Homeless or at risk of Homelessness	**4**
Veteran Services	**0**	Those in rural Kern areas	**0**
Senior Services	**0**	Veterans	**0**
Education/Schools	**0**	Those with Substance Use Disorders	**2**
Community Member	**0**	Latino/Hispanic	**0**
County Agency Staff (Not KernBHRS Staff)	**0**	Asian/Pacific Islander	**1**
Behavioral Health Provider (Not KernBHRS Staff)	**0**	Black/African American	**0**
Medical Care Provider	**1**	LGBTQ+	**0**
Other	**0**	Other	**0**
Declined/Did not submit a survey	**2**	Declined/Did not submit a survey	**0**

Region of the County you are most involved	
Arvin/Lamont	**1**
Bakersfield	**8**
Delano/McFarland	**1**
California City/Mojave/Rosamond	**1**
Wasco/Shafter	**1**
Buttonwillow/Lost Hills	**1**
Oildale	**1**
Kern River Valley	**1**
Tehachapi	**1**
Ridgecrest	**1**
Taft	**1**
Frazier Park/Mountain Communities	**1**
Declined/Did not submit a survey	**0**

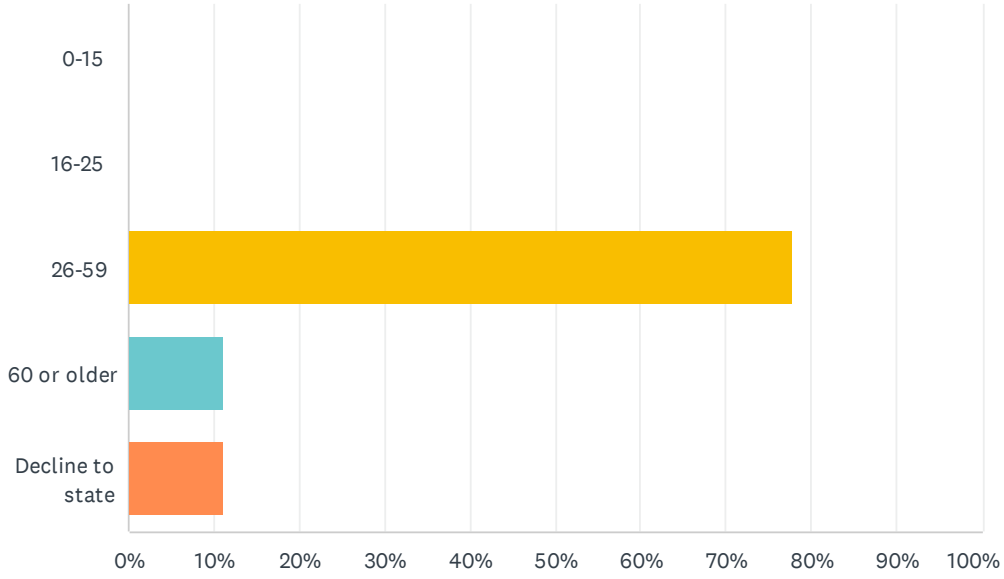
Do you have any question, comments or concerns?	
Declined/Did not submit a survey	**5**
Answered	**4**
• How is a possible that an $8m budget only buys two vehicles in support of this effort? That makes no sense and will have very little impact as a result. Also please DON'T put logos and other markings on the vehicles or people in need of services will not use	
• I feel this is a much needed program and should be implemented sooner rather than later. Should also have social workers in the units to provide temporary housing and food aid.	
• MHSA promised the voters and taxpayers that the funding would "provide timely treatment," "increase effective treatment," and "treat mental illness." Population designated to provide treatment is children, seniors, and adults. The funding is "dedicated to remedy the shortage of qualified individuals to provide mental health services for severe mental illness. The Mobile Clinic with Street Psychiatry is a social service. model and not a mental health model. The proposal fails to include industry recognized mental health treatment for mental health disorders, mental illness, psychosocial stressors, attachment issues resulting from breakdown of family and high rate of divorce, ego defense mechanisms acting as a barrier to healthy relationships and motivation for success. Instead the proposal focus on a social service model for linkage and primary peer support for homeless population without a treatment component for the root cause.	
• The increasing number of individuals who suffer from schizophrenia and a lack of innovative treatment tailored to this population warrants additional treatment options, such as the street psychiatry initiative. This program can begin to expand the amount of universally implemented psychosocial interventions for the severely mentally ill and or homeless populations who otherwise would not seek community-based care.	

Please provide any suggestions for MHSA programs, services, or identified unserved/underserved populations:	
Declined/Did not submit a survey	**5**
Answered	**4**
• The community stated for the following: a) Lamont area has only one agency that serves the area for mental health. Recommendation: Mobile Unit should be replaced with another mental health treatment center to provide individual and group mental health treatment recognized by the field of psychology and family system theories. b) Contract mental health professionals (psychologists, psychotherapists) to create innovative mental health treatment programs to increase access in the Lamont area.	
• Do more, faster with less red tape. Please.	
• Provide tiny houses utilizing remodeled containers. This is working in other areas. Focus on sobriety and back to work partnerships with local entities.	

- I have worked as a recovery specialist on REACH and ACT behavioral health teams and can attest to the benefits of psychosocial interventions. Client's greatly benefit from these interventions that cannot be provided by regular teams for a variety of reasons (time constraints, lack of resources, lack of manpower). Specialty mental health treatment teams have already implemented community-based interventions with great results. Innovative solutions which reduce psychiatric hospitalizations are cost effective for patients and ultimately for society. Many individuals within our community lack the knowledge to make an informed decision about when to seek help. MHSA programs help identify those in need, and offer innovative solutions to ensure these individuals receive the care, support and education they need.

Q1 Age Group?

Answered: 9 Skipped: 0



ANSWER CHOICES	RESPONSES	
0-15	0.00%	0
16-25	0.00%	0
26-59	77.78%	7
60 or older	11.11%	1
Decline to state	11.11%	1
TOTAL		9