

Santa Barbara County Mental Health Services Act

MHSA INNOVATION UPDATE

Santa Barbara County

Department of Alcohol, Drug and
Mental Health Services

(ADMHS)

www.countyofsb.org/admhs

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New or Augmented Innovation Program

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 add and improve programs and transform our overall approach to care. The system change process has been significantly influenced by the MHSa Guidelines, including stakeholders, consumers, and family members involved in every component, as well as the adoption of MHSa Principles and Guidelines by the System Change Steering Committee. The stakeholders that make up the System Change Steering Committee include consumers, family members, community based organizations, mental health advocates, social services, and representatives of ethnically diverse populations.

The input from our stakeholders served as the basis for our Three Year Expenditure Plan and also provided the basis for three new programs under our Innovation Component. These include the Girls Resiliency Restoration and Reintegration Alliance (GRRRL) Project, Medical Integration and Older Adult Program, and the development of Culturally Adapted and Recovery Focused Models of Care. The GRRRL Project is a three year component, while the Medical Integration and Culturally Adapted Recovery Focused Models of Care components are intended to be one year pilot components.

Consistent with objectives of the Innovation guidelines, these proposed programs increase access to underserved populations, improve outcomes for unserved or underserved populations, and improve our collaboration with system partners.

Girls Resiliency Restoration and Reintegration aLliance (GRRRL)

Our local stakeholder process identified young girls who are victims, or at risk, of sexual exploitation. Due to the secrecy and underground network of sexual exploitation of adolescent girls, especially those in the juvenile justice system, it is often difficult to recognize the prevalence of this issue in communities. Often, the lack of centralized data collection obscures the issue and makes it difficult to identify the prevalence. Further compounding the problem, systems may not always recognize that young women are victims in these situations, instead defining them as perpetrators and prosecuting them accordingly. Although agencies are doing much better in appropriately identifying this population, additional efforts are needed to raise awareness throughout multiple systems that come in contact with these young women. Key stakeholders identified this population as an unserved and extremely vulnerable population in need of services. The lack of appropriate interventions that address the specific mental health needs and cultural depth of this ethnically diverse population confirmed that this component is worthy of Innovation consideration. The primary purpose of the Innovative Program is to increase the quality of services, including better outcomes, for girls who are victims of, or at risk for, sexual exploitation through sexual trafficking. Moreover, if successful in the development of our interventions, we strongly feel that the model or models developed will greatly enhance the field of mental health and should be replicated throughout the state, due to the statewide networks that traffic

these young women. Unfortunately, the lack of statewide coordination and inconsistency in awareness is an additional barrier that we hope to address through successful application and, if our expectations are realized, replication of this intervention.

Girls and young women in Santa Barbara County are at risk of becoming victims of commercial sexual exploitation of children (CSEC). Those commonly victimized have also suffered from traumatic childhood experiences. The Adverse Childhood Experiences (ACE) Study, noted a “highly significant relationship between adverse childhood experiences and depression, suicide attempts, alcoholism, drug abuse, sexual promiscuity, domestic violence, cigarette smoking, obesity, physical inactivity, and sexually transmitted diseases. In addition, the more adverse childhood experiences reported, the more likely a person was to develop heart disease, cancer, stroke, diabetes, skeletal fractures, and liver disease”.

(http://www.traumacenter.org/products/pdf_files/preprint_dev_trauma_disorder.pdf).

Other evidence indicates that the average lifespan of sexually trafficked girls is tremendously reduced.

A 2013 California Legislative Brief stated that in the U.S., it is estimated that 100,000 youth are at risk of being trafficked every year. Traffickers target the vulnerable, such as runaway and homeless youth or children who have been mistreated or abandoned. Many of these children are vulnerable due to child welfare and foster care systems which are ill equipped to serve the needs of sexually exploited children. Sex trafficking victims are compelled or induced to engage in acts of prostitution by their traffickers, which often results in the victim being convicted of prostitution. The average age of entry into prostitution/sexual exploitation for a female child victim in the United States is 12-14 years old. (*U.S. Department of Justice*). Sex trafficking is not prostitution; through sex trafficking a pimp can make \$150,000-\$200,000 per child each year, and the average pimp has 4 to 6 girls (*U.S. Justice Department, National Center for Missing and Exploited Children*), and the average victim may be forced to have sex up to 20-48 times a day. (*Polaris Project*).

Although there is no published data from Santa Barbara County, staff have interviewed and assessed female youth incarcerated in Juvenile Hall for approximately one year and found, on average, over 50% were either strongly suspected of, or had admitted to, sexual exploitation/trafficking. Almost all knew of someone involved in trafficking or had a sophisticated understanding of trafficking, the terminology used, and how one would become involved in trafficking or sexual exploitation. Many girls reported being exploited while they were in local, low level, easy to abscond from group home/foster placements. Probation, DSS, the District Attorney and ADMHS have noted a significant increase in the number of diverse youth who are affected by sexual exploitation.

According to the 2010 Census the Hispanic and Latino populations in Santa Barbara County make up 42% (181,687) of the total population, and of the approx. 182K

Hispanic and Latino residents, approximately 19.5% are between the ages of 10-19 (35K). As minorities are significantly more involved in the criminal justice system, this program will deliver services in a culturally competent manner. Bicultural and bilingual staff, interpretation services and bilingual/bicultural support groups will be available as needed.

Because victims often struggle with alcohol and drug abuse, face mental health challenges, have on-going medical needs, and are involved in the juvenile justice system, a multi-systemic, trauma sensitive, and recovery/strength based approach is required. The County of Santa Barbara is committed to addressing the issue of child sexual exploitation of culturally diverse juvenile justice involved females in a comprehensive manner. The comprehensive approach will include direct services to youth involved in sex trafficking, their siblings, and their family members. The dual diagnosis aspect of this population also necessitates that we look at adapting models that might address issues of post traumatic stress and alcohol/drug use. Seeking Safety has been identified as the most relevant model that will be used and adapted to meet the needs of this population. A wide-spread information and education campaign will be launched to train and inform county staff, CBO staff, first-responders, medical personnel, school personnel, community members, private citizens, etc. A Santa Barbara County task force noted that currently there are no specialized treatment teams or providers in the community that can adequately serve this high risk vulnerable population.

The Proposed Project and Adapted Model

Currently, the County of Santa Barbara has no specialized program or services for young women involved in or at-risk of becoming victims to sex trafficking. Furthermore, their siblings and family members do not have resources available to find help for themselves or their loved ones. The proposed model is consistent with innovative approaches that are intended to address “any aspect of mental health practices or assesses a new or changed application of a promising approach to solving persistent, seemingly intractable mental health challenge.” This would include primarily the following: (1) Services and interventions, including prevention, early intervention, and treatment, (2) Education and training for service providers, including nontraditional mental health practitioners, (3) Outreach, capacity building, and community development, (4) System development, and to an extent (5) Research. The Girls Resiliency Restoration and Reintegration aLLiance (GRRRL) Innovation project will use a three-part process:

- First, providing services to young women using Seeking Safety as an approach that identifies areas of potential mental health risk. The population being served is at high risk for PTSD, dissociative disorders, anxiety disorders, major depression and other mood disorders, and a variety of other potentially serious

mental illness. Consequently, a thorough assessment must be made to ensure that the mental health needs of clients are appropriately identified and assessed. Due to these risk factors and the prevalence of specific mental health issues impacting this population, Seeking Safety was identified as a possible model that would resonate with the population identified. However, significant adaptations will be made to ensure that additional risk factors and linguistic and cultural dynamics of the sex trafficking and sex worker sub culture are addressed appropriately.

- Second, a thorough assessment of potential co-occurring issues will also be conducted to ensure appropriate treatment planning is conducted.
- Third, offering services to siblings and family members to decrease the chance of sibling involvement and increase the positive involvement of family members in promoting the recovery and reintegration of victims.
- Fourth, educating friends, families, service providers, and community members as to how to recognize the signs of sex trafficking, and what to do if you suspect someone is in danger.

Locally, a Sex Trafficking Task Force has formed, but no program specific to this population has been created that offers comprehensive services in a trauma -sensitive, recovery-based program with coordinated services. Mental health services will be an essential element to this project.

The program will use an interagency multi-layered treatment, training and education approach which will include extensive community collaboration with law enforcement, courts, social services, alcohol and drug services, mental health providers, schools, pediatricians, public health, first responders, community based organizations, parents, foster parents, peers, etc.

A comprehensive model of services, resources, protocols, education and training will be designed, implemented and tested; this will include early intervention strategies for those juvenile justice involved females “at risk” for sexual exploitation. The GRRRL project will cover outreach, education, training, interventions, peer supports, outcome measurements, and ongoing Continuous Quality Improvement.

The GRRRL project will use the Seeking Safety Model as a guide and will also include these integrated elements:

1. Initial intake/ongoing/out-processing screenings and assessments to collect/evaluate data to ensure program efficacy as well as provide compatible treatment interventions.

2. Comprehensive Treatment Planning and Development with team, youth and family/caretakers; Establishing a strong report and a sense of safety and security for clients. This is a critical foundation of the Seeking Safety Model, which is even more critical with this target population.
3. Trauma Sensitive Crisis care interventions 24/7.
4. Treatment will focus on wellness, resilience and recovery through mind/body/spiritual awareness, positive psychology, DBT, pro-social, and mindfulness approaches, including:
 - a. Yoga
 - b. Writing Workshops
 - c. Artistic Activities
 - d. Meditation/Mindfulness/Intentional Thinking
 - e. Pro-social opportunities through pro-social and resiliency building group activities
 - f. Mindfulness/DBT/Positive Psychology/Trauma Informed Groups
 - g. Individual Therapy/Counseling/Supports
 - h. Peer Mentor Program
5. Family Therapy
6. Linkages to recovery-driven resources
7. Advocates to assist youth in navigating services including: legal, social services, school, immigration, mental health, and medical systems.
8. Medication Support
9. Regular Treatment Team meetings with youth and family to review progress and problem solve
10. Meaningful and pro-social incentive program to keep youth engaged

This project seeks to make a change to existing behavioral health services by enhancing the understanding and approach to young females who are vulnerable or involved in sex trafficking. Current programs for juvenile justice involved youth have not been successful in making a significant impact with this vulnerable population. This proposed innovation will seek to provide care specifically designed for the needs of this population. It will also serve as a learning tool to determine appropriate and effective ways to successfully treat this high risk vulnerable population.

MHSA General Standards

This component is consistent with the areas identified in the Innovation MHSA General Standards. Specifically, we feel strongly that the community planning process integrated the majority of these principles.

MHS Community Collaboration - the development of this component was a result of a diverse group of stakeholders representing the community of Santa Barbara and many of its providers.

Cultural Competence - Unfortunately, sex trafficking victims are disproportionately young women of color. Consequently, a major focus is to increase access to an underserved population. Additionally, the program will also be developed ensuring that these factors are considered and that staff have the relevant cultural experience to address the needs of this population.

Client-driven – This project, as well as all others in our plan, were vetted by a diverse group of consumers from our community. This also included the consumer and family advisory committee, which is a group created specifically to inform our MHSA process. Additionally, the programs philosophical foundation is rooted in ensuring that wellness and recovery are at the heart of all interventions. Consequently, treatment will be conducted in partnership with all clients and their families if so desired.

Family-driven – Family members were key participants in our MHSA stakeholder process. Family members were also represented in in our Mental health Commission and were critical in the development of many of the outcomes requirements of this program. This was also vetted by the consumer and family advisory committee, which is a group created specifically to inform our MHSA process.

Wellness-, Recovery-, and Resilience-focused - Our department is committed to the development of programs that have a focus on wellness and recovery. This component is no exception. Staff will ensure that the program builds on resiliency concepts when working with this vulnerable population.

Integrated Service Experiences for clients and their families - As described in the program description, multiple efforts and program components will be focused on working with families of clients to ensure that all natural supports are explored and maximized.

GRRRL's Staffing Recommendations and Budget:

Total Program Budget by Year

Fiscal Year 15/16 Total Budget \$639,249

Fiscal Year 16/17 Total Budget \$925,000

Fiscal Year 17/18 Total Budget \$943,500

Total Program Budget for 3 Years \$2, 507,749

Staffing

GRRRL's Staffing Recommendations:

2.5 FTE Case Worker

1.0 Psychiatric Nurse

1.0 FTE Practitioner II

1.0 FTE Practitioner-Intern

1.25 FTE Recovery Assistant

1.0 FTE Rehabilitation Specialist

1.0 FTE Team Supervisor-Practitioner

.5 FTE Administrative Office Professional II

.25 FTE Psychiatrist II

GRRRL's Training and Education Costs:

Education and training costs are estimated at \$150,000 over three years and will encompass training/education provided at several levels, with training and education to at least 7500 individuals:

1. Law and justice system:
 - a. Juvenile Probation Staff
 - b. District Attorney
 - c. Juvenile Court
 - d. Law Enforcement
2. Behavioral Health Providers:
 - a. ADMHS Children and Adults
 - b. CBO's
 - c. Network Providers
3. Family Support Systems
 - a. DSS
4. Medical Community

- a. EMT's
- b. Family and Adolescent Doctors
- c. Emergency Rooms
5. Education System:
 - a. SB County School Districts
6. Family and Community

Training and education regarding child sexual exploitation and high risk juvenile justice involved females (JJIF) will have two general foci:

1. Education/Awareness
 - a. Improving overall awareness of sexual exploitation and high risk JJIF and in the community including schools, juvenile hall, jails, foster homes, social service agencies, medical clinics, service industries, law enforcement, etc...of the emotional/physical impact to the victims; the legal/monetary/criminal impact to community and strategies for intervening.
2. Training/Education
 - a. Educating first responders" (Emergency Medical Technicians, Pregnancy Prevention/Sexual Health Agencies, Pediatricians, Child Welfare Workers, and Law Enforcement/Probation Officers) on the issues surrounding sexual exploitation and high risk girls.
 - b. Training ongoing/longer term behavioral health care providers (Counselors, Rehab Specialists etc.) Trauma Informed Care, DBT, MDT

Annual # of people served:

The two teams based in Santa Barbara and Santa Maria will serve approximately 160 young women in the first year. However, it must be noted that due to the lack of data, these estimates may need to be revised based on identified needs. The program will reach approximately 2,660 individuals regarding the signs and risks of sex trafficking.

Timeline

The project schedule covers three years from the approval date. The tentative schedule proposed is from July 2015 – July 2018. The timeline will allow sufficient time to effectively implement the project, develop appropriate data collection tools and parameters, collect data, and assess the effectiveness of the project. The final six months of the project will allow a team to analyze data, and if outcomes are favorable, compile a plan for replication. Additionally, an annual analysis of the project will be conducted to allow for program adjustments or changes.

July 2015

- Develop the model for the Innovation project
- Assemble a GRRRL stakeholder committee
- Develop Program Implementation Plan with stakeholder committee

August – October 2015

- Identify specific program outcomes
- Recruit and hire personnel
- Establish data tracking method
- Develop outcome/evaluation tools and process

October – December 2015

- Identify and write program and inter-agency protocols
- Draft and initiate MOUs with collaborating agencies
- Establish training plan and timeline
- Develop training guidelines and program handbook
- Train program staff on best practices and Trauma sensitive care

December 2015-January 2016

- Meet with plan committee and provide update and gather input
- Initiate program implementation
- Make adjustments to the implementation plan as needed
- Develop Evaluation Report and disseminate to all stakeholders. The report will include an analysis of success in achieving the learning objectives.

FY 2016-2017

- Complete quarterly reviews, assessments, and adjustments
- Publish quarterly Evaluation Report
- Publish Annual Evaluation and Outcomes Report
- Plan for any program adjustments or enhancements to begin July 2017

FY 2017-2018

- Complete quarterly reviews, assessments, and adjustments
- Publish quarterly Evaluation Report
- Publish Annual Evaluation and Outcomes Report
- Plan for any program and funding changes to begin June 30, 2018

Project Measurement and Contribution to Learning

A project evaluation team composed of diverse stakeholders, including consumers, family members and representatives of ethnic communities will evaluate the project's success in meeting the learning objectives and assist in the dissemination of the evaluation to stakeholders. Although a specific line item was not identified in the

Innovation budget, these functions will be undertaken by existing resources within the department. The program supervisor will also be responsible for ensuring: that evaluation protocols are developed; that staff is trained on appropriate documentation of outcomes; that evaluation tools are developed; and that data collected is analyzed and reported according to Innovation guidelines. The Supervisor will spend approximately 15% to 20% of their time on ensuring that the all evaluation requirements are being met. That is equivalent to approximately \$17,000 – \$22,000 per year.

Objective 1 Effectiveness and impact of using a shared screening tool

This learning objective concerns the effectiveness of having multi-agencies and multi-departments use the same screening tool. It is anticipated that by using the same screening tool the agencies will work in a more coordinated and collaborative way, increasing the chances of providing young women coordinated, cohesive, and complimentary services resulting in a more positive impact. Having a consistent tool should increase access and the accuracy of diagnosis and identification of potential victims. The effectiveness of this objective will be evidenced by an increase in the number of young women who are identified and the time it takes to identify them and provide treatment.

Objective 2: Effectiveness of specifically designed approach.

By using a multi-layered, trauma-sensitive and Seeking Safety-based approach, results will illustrate the impact on girls and young women at risk of or involved in sex trafficking. It is our hope that the specialized program will result in more young women seeking help or avoiding involvement and decreasing recidivism. With accurate diagnosis and treatment, the most critical evaluation component is decrease or reduction in symptoms of PTSD, depression, or a reduction in other risk factors or mental health issues. This particular area of evaluation is critical and must be appropriately documented and tracked if the model is to be replicated. Currently, the approach taken by community services when working with females in the juvenile justice system have not had a positive impact on this population. A specialized program may result in a positive impact which may be replicated in other populations or other counties. Success in this area will be evident by the number of young women who will be enrolled in the program. Additionally, due to the transient nature and oppressive environment they come from, retention of this population is also a critical indicator of success. Therefore, this objective will also be evaluated by comparing the number of participants who are identified and those who successfully complete the program.

Objective 3: Learning about interagency collaboration

The interagency collaboration has already begun with a stakeholder process including current and planned collaborations with the Sex Trafficking Task Force, the DA and law enforcement.

The process will not only help young women who are currently at risk or involved in the sex trafficking trade, it will help future generations by informing county departments, CBOs, schools, and communities about the risks and signs of sex trafficking. We will learn if increasing our inter-agency collaboration results in more agencies having an increased understanding of sex trafficking, increases the knowledge of sex trafficking victims, and improves the way that the victims are treated within the legal system. The collaboration may result in the use of trauma-sensitive and strength-based approaches throughout the broader systems. An increased understanding among partners and increased collaboration, as well as cross referral among partners will increase the likelihood of early identification when young women have contact with diverse areas of the partnership. Finally, a reduction in the prosecution of young women who are coerced into sex trafficking will also be a clear indicator that stigma, attitudes, and the culture within partner agencies can shift. Alternative sentencing practices, such as treatment via this program, will also serve as evidence that attitudes and stigma can shift. It is also the recognition that these young women are viewed as victims and not perpetrators.

A secondary component to this objective also includes documentation of lessons learned and best practices identified. These areas are critical if we are to replicate this model and consequently expand the knowledge base of the field in this area and with this particular population.

Objective 4: Learning if the increase of public awareness increases funding.

Currently, sex trafficking is not commonly understood in Santa Barbara County, and no public funds have been allocated to abolish sex trafficking in the county. This public awareness campaign may result in more community members becoming aware of the problem and prioritizing the provision of services to support the victims and decrease the influence of sex traffickers.

Leveraging Resources

The Innovation project intends to work closely with multiple partners and agencies as outlined under learning objectives 1 & 3. Our partnerships will allow us to leverage services to clients, increase our access to information, and provide training to staff, community leaders, and members. The services to the program and client will be important contributors to the success of the project. Partnerships with ADMHS, CWS, Probation, Law Enforcement, Courts, Parole, District Attorney's Office, Community

Centers, Schools, Public Health, Foster Care, and others will allow young women at risk of or involved in the sex trafficking trade to find support and guidance in order to decrease the likelihood that they will be involved in sex trafficking and/or increase their ability to make different choices. We will work closely with the Sex Trafficking Task Force as well as other agencies to disseminate information about sex trafficking, leveraging the extensive sites and connections that the above named groups offer.