



## MADERA COUNTY BEHAVIORAL HEALTH ADVISORY BOARD

### AGENDA

**September 20, 2023**  
**11:30AM – 1:00PM**

### IN-PERSON MEETING

Madera County Behavioral Health Services  
209 E. 7<sup>th</sup> Street, Conference Room 202  
Madera, CA 93638

The meeting documents are available in hard copy at Madera County Behavioral Health Services (BHS) at 209 East Seventh Street, Madera, CA 93638 and electronically at the BHS Website <https://www.maderacounty.com/government/behavioral-health-services>

In compliance with the American with Disabilities Act (ADA), auxiliary aids and services for this meeting will be provided upon request when given three-day notice.

Bertha Avila District 1	Maria Simmons District 2	Wendy Hicks District 2	Steven Mortimer Chair, District 3	Eric Oxelson District 3
Donald Horal Vice-Chair District 3	Joe Torres District 4	Lori Prentice District 4	Irene Flemming District 4	Dawn Garcia District 5
Ginger Prentice District 5	Jennifer Mullikin District 5	Leticia Gonzalez County Supervisor		

### CALL TO ORDER

#### A. ROLL CALL

#### B. APPROVAL OF MINUTES

Action Item: Approval of the Minutes of June 21, 2023 Meeting.

Action Item: Approval of the Minutes of August 16, 2023 Meeting.

#### C. APPROVAL OF AGENDA

Action Item: Approval of the Agenda for August 16, 2023 Meeting.

Action Item: Approval of the Agenda for September 20, 2023 Meeting.

D. ANNOUNCEMENTS

E. MADERA COUNTY BOARD OF SUPERVISORS APPROVED AGENDA ITEMS

8/15/2023 BOS APPROVED ITEMS

1. American Telepsychiatrists
2. DHCS Drug Medi-Cal Services Contract
3. Health Management Associates, Inc.

9/12/2023 BOS APPROVED ITEMS

1. Central Star BH Crisis Response Unit
2. JDT Consultants, Inc.
3. Aegis Treatment Centers, LLC
4. Specialty Mental Health Services IGT Agreement
5. Drug Medi-Cal IGT Agreement
6. Kings View MHSA PEI
7. Suicide Prevention Month Proclamation
8. Opioid Settlement Funding Presentation on Priority Funding Recommendations

F. PUBLIC COMMENT PERIOD

The Public may address the Board on any matter pertaining to Madera County Department of Behavioral Health Services that is not on the agenda; however, the Board is prohibited by law from taking any substantive action on matters discussed that are not on the agenda. Each person is limited to 3 minutes.

G. COMMITTEE REPORTS

The Chairperson and/or Committees may report about various matters involving Madera County Department of Behavioral Health Services. There will be no Board discussion except to ask questions or refer matters to staff. No action will be taken unless listed in a previous agenda.

1. CHAIRPERSON/COMMITTEE CHAIR REPORTS

a. Standing Committees

- 1.) Executive Committee (Chair, Vice-Chair & AOD Committee Chair)
- 2.) AOD Committee (Don Horal)
- 3.) Membership Nominating Committee (Steven Mortimer, Dawn Swinton Garcia)

2. DISCUSSION/ACTION ITEMS

1. Re-Establish AOD committee to work on DMC-ODS Plan, Opioid Funding Priorities, and Live Well Madera County CHA SUD Priority

H. DIRECTOR'S REPORT – Connie Moreno-Peraza, MSW, LCSW, Director, Madera County Department of Behavioral Health Services (MCDBHS).

1. MHSA Update
2. Opioid Settlement Funds Priorities

### 3. EQRO Report 2023

The Behavioral Health Services Director will report to the Board about various matters involving Madera County Behavioral Health Services. There will be no Board discussion except to ask questions or refer matters to staff, and no action will be taken unless listed on a previous agenda.

- I. PRESENTATION-Jessica Fielding, Program and Policy Section Chief, Community Services Division, California Department of Health Care Services; Jan Ryan, Consultant, Center for Applied Research Solutions: "Prevention Opportunities for Madera County"
- J. PRESENTATION-Miravel Navarro, SUD & JC Division Manager, Department of Behavioral Health Services & Maria Barragan, Program Manager, Department of Behavioral Health Services: "Suicide Prevention Month & Recovery Month".
- K. AGENDA ITEMS FOR FUTURE MEETING
- L. CONFIRMATION OF MEETING DATE/ADJOURNMENT  
The next meeting will be October 18, 2023, 11:30am-1:00pm, in-person at Hope House, 117 N. R Street, Madera, CA 93637 and/or virtual, via zoom\*\*.

***BOARD MEMBERS WHO ARE NOT GOING TO ATTEND A MEETING, PLEASE CONTACT MELISSA TORRES, AT 673-3508, EXT. 1225, BY NOON ON THE MONDAY PRIOR TO THE MEETING.***

#### PACKET ATTACHMENTS

Behavioral Health Advisory Board August 16, 2023, Minutes

Behavioral Health Advisory Board September 20, 2023, Agenda

Behavioral Health Advisory Board Attendance Report

#### MEMBER ATTACHMENTS

Madera County Board of Supervisors Department of Behavioral Health Services  
Agenda Items 8/15/2023-9/12/2023

Hope House Activity Calendars

#### CONTACT INFORMATION

MCDBHS Director: Connie Moreno-Peraza, MSW, LCSW  
Secretary/BHAB Liaison: Melissa Torres, Executive Assistant  
Madera County Department of Behavioral Health Services  
PO Box 1288  
Madera, CA 93639 (559) 673-3508

**\*\*Attendance to this meeting is available via zoom for those members that meet the “Just Cause” or “Emergency Circumstances” criteria.**

**ZOOM Link**

<https://us06web.zoom.us/j/87102682445?pwd=WS9Zekc0dGZUNGZpTjk0UXRJYWVRZz09>

Meeting ID: 871 0268 2445

Passcode: 684012

**Just Cause**

- A childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely.
- A contagious illness that prevents a member from attending in-person.
- A need related to a physical or mental disability.
- Travel while on official business of the legislative body or another state or local agency.

**Emergency Circumstance**

- A physical or family medical emergency that prevents a member from attending in-person.



**MADERA COUNTY BEHAVIORAL HEALTH  
ADVISORY BOARD  
MEETING MINUTES  
August 16, 2023  
IN-PERSON MEETING  
11:30 AM - 1:00 PM**

**CALL TO ORDER:**

Attendee Name	Title	Call to Order time
Steven Mortimer	Behavioral Health Advisory Board Chairperson	11:40 A.M.

**A. ROLL CALL**

Attendee Name	Title	Status
Bertha Avila	Board Member District 1	Present
Maria Simmons	Board Member District 2	*Absent
Wendy Hicks	Board Member District 2	Absent
Steven Mortimer	Board Chairperson District 3	Present
Eric Oxelson	Board Member District 3	Absent
Donald Horal	Board Member Vice Chairperson District 3	Absent
Joe Torres	Board Member District 4	Present
Lori Prentice	Board Member District 4	Present
Dawn Swinton Garcia	Board Member District 5	Absent
Ginger Prentice	Board Member District 5	Present
Jennifer Mullikin	Board Member District 5	Present
Supervisor Leticia Gonzalez	Board Member, Board of Supervisors Representative, District 4	Absent

**\*\*Absent-Did not meet the exemption/emergency criteria\*\*.**

**B. APPROVAL OF MINUTES**

Consideration of approval of minutes for June 21, 2023 and August 16, 2023 meeting.

BHAB MEMBER	YES	NO	Abstain
Bertha Avila			
Maria Simmons			
Wendy Hicks			
Steven Mortimer			
Eric Oxelson			
Donald Horal			
Joe Torres			
Lori Prentice			
Dawn Swinton Garcia			
Ginger Prentice			
Jennifer Mullikin			
Supervisor Leticia Gonzalez			

<b>Motion Passes:</b>	<b>Motion Fails:</b>
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\*\*No Quorum was met\*\*

**C. APPROVAL OF AGENDA**

Consideration of approval of the agenda for August 16, 2023 and September 20, 2023 meeting.

<b>BHAB MEMBER</b>	<b>YES</b>	<b>NO</b>	<b>Abstain</b>
Bertha Avila			
Maria Simmons			
Wendy Hicks			
Steven Mortimer			
Eric Oxelson			
Donald Horal			
Joe Torres			
Lori Prentice			
Dawn Swinton Garcia			
Ginger Prentice			
Jennifer Mullikin			
Supervisor Leticia Gonzalez			
<b>Motion Passes:</b>	<b>Motion Fails:</b>		

\*\*No Quorum was met\*\*

**D. ANNOUNCEMENTS**

Director Connie Moreno-Peraza announced Mr. Mortimer was awarded the “2023 Lifetime Achievement Award”. In addition, Dr. Bertram was introduced to the Board as BHS new Medical Director.

**E. BOARD OF SUPERVISORS’ AGENDA ITEMS**

1. Crisis Support Services of Alameda County
2. Master Contract 20, Attachment D
3. Discovery Practice Management
4. Valley Teen Ranch
5. San Jose Behavioral Health
6. Dr. Raypon, MD
7. Montecantini Eating Disorder Treatment Center
8. Lynn Bertram, MD
9. BHAB Appointment; I. Flemming
10. Montecantini Eating Disorder Treatment Center Amendment
11. BHAB Appointments; S. Mortimer, D. Horal, G. Prentice
12. River Vista Behavioral Health
13. Relias LC
14. Jonathan Terry, DO
15. BHCIP Round 5: Crisis and Behavioral Health Continuum Resolution-CSU and Sobering Center
16. Turning Point of Central California
17. BHC Fremont Hospital
18. Vista Pacific Enterprises, Inc.

**F. PUBLIC COMMENT PERIOD –Speakers have up to 3 minutes to present an item.**

Mr. Mortimer, Chairman, asked about the Montecantini Eating Disorder Treatment Center BOS item and if BHS actually utilizes them for clients. Director Connie Moreno-Peraza informed the Chairman that we do have several clients who require assistance with this disorder.

**G. COMMITTEE REPORTS**

1. CHAIRPERSON/COMMITTEE CHAIR REPORTS (Each report is limited to 10 minutes)

a. Standing Committees

1. Executive Committee (Chair, Vice-Chair & AOD Committee Chair)

No report was provided by this committee.

2. AOD Committee (Don Horal)

Director Connie Moreno-Peraza asked if the SUD Committee could be reconvened.

3. Membership / Nominating Committee (Steve Mortimer,  
Dawn Swinton Garcia, Connie Moreno-Peraza)

No report was provided by this committee.

b. Ad Hoc Committee

1. Outreach

No report was provided by this committee. Mr. Mortimer asked this committee to be removed since there is no representative.

2. Nominating Committee (Board of Supervisor Leticia Gonzalez, Joe Torres)

2. DISCUSSION/ACTION ITEMS

None were discussed at this time.

**H. DIRECTOR'S REPORT-** Connie Moreno-Peraza, MSW, LCSW, Director, Madera County Department of Behavioral Health Services (MCDBHS).

**I. PRESENTATION-**Lori Prentice, Behavioral Health Board Member: "The Non-Invasive Treatment of Floating for Mental Health".

[https://www.jmoodanxdisorders.org/article/S2950-0044\(23\)00003-2/fulltext](https://www.jmoodanxdisorders.org/article/S2950-0044(23)00003-2/fulltext)

<https://pubmed.ncbi.nlm.nih.gov/29656950/>

**J. ITEMS FOR FUTURE AGENDA**

**K. CONFIRMATION OF MEETING DATE/ADJOURNMENT**

The meeting was adjourned at 1:00 pm by Chairperson Steven Mortimer.

The next meeting will occur on September 20, 2023, 11:30 am- 1:00 pm, at Madera Behavioral Health Services, 209 E. 7<sup>th</sup> Street, Madera CA 93638.

**Attendance to this meeting is available via zoom for those members that meet the “Just Cause” or “Emergency Circumstances” criteria.**

**Just Cause**

- A childcare or caregiving need of a child, parent, grandparent, grandchild, sibling, spouse, or domestic partner that requires them to participate remotely.
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**Emergency Circumstance**

- A physical or family medical emergency that prevents a member from attending in-person.



## MADERA COUNTY BEHAVIORAL HEALTH BOARD ATTENDANCE RECORDS 2022-2023

### Quorum

Member	Appointment Ends	Jun-22	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Goodwin, Loraine (SUD)		Excused		X	Absent	X	Absent		X	Absent	Absent	Absent		
Horal, Donald (SUD)	7/1/2026	Late	X	x	X	X	X		Excused	Absent	X	X	X	X
Mortimer, Steven (MH)	7/1/2026	X	X	x	x	X	X		X	X	X	X	X	X
Oxelson, Eric (MH)	4/1/2024	X	X	x	x	X	X		X	X	X	X	X	X
Garcia, Dawn (MH)	9/1/2023	X		x	Absent	X	X		X	X	Absent	Excused	Absent	X
Prentice, Lori (MH)	10/1/2025	X	X	x	Excused	X	X		X	Excused	Absent	X	X	Excused
Prentice, Ginger (MH)	7/1/2026	X	X	x	Excused	Excused	X		X	Excused	X	X	Absent	X
Alammari, Sadek (SUD)		X	X	x	x	X	Excused		X	X	Absent	Absent	Absent	
Simmons, Maria (MH)	9/1/2023	X	X	Excused	x	Absent	Absent		X	X	X	X	Absent	Absent
Mullikin, Jennifer (SUD)	6/1/2025	X	X	x	x	Absent	X		X	Absent	X	X	Absent	X
Avila, Bertha (MH)	11/1/2025			Excused	Excused	Excused	Excused		X	X	Excused	X	Excused	Excused
Hicks, Wendy (SUD)	7/1/2025			Absent	Absent	Absent	Absent		Absent	X	Excused	Absent	X	X
Torres, Joe (MH)	4/1/2026													
Supervisor Leticia Gonzalez/Karla Estupinian		x	x	x	x	Excused	Excused		X	Excused	X	X	X	Excused





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**5.D**

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**AGENDA ITEM SUBMITTAL** **August 15, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.D Consent Calendar	
<b>SUBJECT:</b> American Telepsychiatrists		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9869	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC NO. 11631A-22 PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Agreement with American Telepsychiatrists for outpatient medication support services via video consultation for Fiscal Year 2023-2024 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

In 2005, through a grant made available through the U.C. Davis Health System and California Telemedicine and e-Health (CTEC), Madera County Department of Behavioral Health Services (MCDBHS) was able to purchase and install telemedicine equipment at the Behavioral Health 7<sup>th</sup> Street building, Chowchilla Recovery Center, and Oakhurst Counseling Center. Due to a reduction in part-time staffing and larger caseloads, MCDBHS has incurred an increased need to contract with telemedicine providers. To meet this demand, American Telepsychiatrists, in addition to on-site psychiatrists and another telemedicine provider, will be utilized to ensure minimal wait times and compensate for the increased caseloads.

**FISCAL IMPACT:**

The costs associated with this agreement will be funded by Mental Health Realignment, Mental Health Services Act funds and Medi-Cal reimbursement; therefore, there will be



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no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing mental health services to MCDBHS clients.

## **ATTACHMENTS**

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1. American Telepsychiatrists Agreement FY 23-24



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**AGENDA ITEM SUBMITTAL** **August 15, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.F Consent Calendar	
<b>SUBJECT:</b> DHCS Drug Medi-Cal Services Contract FY 23-27		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9884	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC No. 11793-20, 11793A-21 PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Agreement with the Department of Health Care Services (State Agreement No. 23-30095) in an amount not to exceed \$2,623,948.00 for the purpose of identifying and providing covered Drug Medi-Cal services for substance use treatment for Fiscal Years 2023-2027 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

The Department of Health Care Services (DHCS) and the County of Madera (County) wish to enter into this contract pursuant to Section 14124.21 of the Welfare and Institutions Code, and section 11772 of the Health and Safety Code, for the purpose of identifying and providing for covered Drug Medi-Cal (DMC) services for substance use treatment in the County's service area.

The objective is to make substance use treatment services available to Medi-Cal beneficiaries through utilization of federal and state funds available pursuant to Title XIX and Title XXI of the Social Security Act for reimbursable covered services rendered by certified DMC providers.

**FISCAL IMPACT:**

Processed by BOS Clerk:



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The costs associated with this agreement will be funded by DMC State General and County Realignment funds; therefore, there will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing funds to the County of Madera to make substance use disorder services available to Madera County residents.

## **ATTACHMENTS**

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1. DHCS Contract



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**5.E**

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**AGENDA ITEM SUBMITTAL** **August 15, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.E Consent Calendar	
<b>SUBJECT:</b> Health Management Associates, Inc.		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9883	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: N/A PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Agreement with Health Management Associates, Inc. in an amount not to exceed \$30,000.00 to fund a part-time coordinator to participate in the Community Overdose Prevention Effort (COPE) to increase opioid and fentanyl education, Naloxone saturation and other COPE collaboratives for Fiscal Year 2023-2024 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

Health Management Associates, Inc. (HMA) is a subcontractor of the Department of Health Care Services (DHCS) and will distribute a stipend of \$30,000.00 from the State Opioid Response Grant to the Madera County Department of Behavioral Health Services (MCDBHS) for the purpose of paying a part-time coordinator to support specific and approved strategies to increase opioid and fentanyl education, Naloxone saturation, and the capacity for county Community Overdose Prevention Effort (COPE) collaboratives to respond to overdose spike events to reduce overdose deaths.

The part-time COPE coordinator will plan, coordinate, and deliver Point of Distribution (POD) and Train the Trainer events, support the COPE and POD committee in setting and meeting Calendar Year 2024 goals, organize and assemble Naloxone kits, and coordinate POD and outreach activities with designated points of contact at the Madera



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County Departments of Social Services and Public Health.

## **FISCAL IMPACT:**

The costs associated with this agreement will be funded by the State Opioid Response Grant; therefore, there will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by expanding opioid-related services to make available to Madera County residents.

## **ATTACHMENTS**

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1. Health Management Associates - Madera County COPE Coordinator MOU





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**AGENDA ITEM SUBMITTAL** **September 12, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.D Consent Calendar	
<b>SUBJECT:</b> Central Star Behavioral Health Crisis Response Unit		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9957	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC No. 11932-21 PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Amendment to MCC No. 11932-21 with Central Star Behavioral Health, Inc., amending the initial term and extending to December 31, 2023, insurance provisions and rate for crisis residential treatment services for Fiscal Years 2020-2024 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

Madera, Merced, Mariposa, Calaveras, Tuolumne and Stanislaus Counties have obtained joint funding from the California Health Facilities Financing Authority (CHFFA) through the Investment in Mental Health Wellness Act of 2013. The funding from CHFFA was used to establish a 16-bed Crisis Residential Unit in Merced County to provide mental health related services such as crisis residential treatment services (CRTS). Madera County Department of Behavioral Health Services (MCDBHS) has a need for CRTS for its clients.

The requested amendment is to extend the term of the agreement to December 31, 2023, amend requisite insurance provisions, and change to a fixed rate not subject to cost reporting. All other terms and conditions of the agreement will remain the same.

**FISCAL IMPACT:**



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The costs associated with this agreement will be funded by Mental Health Wellness Act of 2013 funds and other Behavioral Health funding sources; therefore, there will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing mental health services to MCDDBHS clients.

## **ATTACHMENTS**

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1. Central Star Merced CRU Amendment FY 23-24



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5.E

**AGENDA ITEM SUBMITTAL** **September 12, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.E Consent Calendar	
<b>SUBJECT:</b> JDT Consultants, Inc.		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9959	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC No. 11405-19 PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Amendment to MCC No. 11405-19 with JDT Consultants, Inc., amending to incorporate additional terms regarding the scope of work and rates for the provision of Therapeutic Behavioral Services and Intensive Home-Based Mental Health Services for Fiscal Year 2023-2024 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

Madera County Department of Behavioral Health Services (MCDBHS) is required to provide Therapeutic Behavioral Services (TBS) to Madera County Medi-Cal beneficiaries who meet the eligibility criteria. TBS are supplemental services for Medi-Cal beneficiaries who are under 21 years of age, have serious emotional problems and meet specific eligibility criteria. TBS are intended to supplement other specialty mental health services by addressing the target behaviors or symptoms that are jeopardizing the child's/youth's current living situation or planned transition to a lower level of placement. JDT Consultants can provide TBS services and Intensive Home-Based Mental Health Services (IHBS). IHBS are individualized, strength-based interventions designed to ameliorate mental health conditions that interfere with a child/youth's functioning and are aimed at helping the child/youth build skills necessary for successful functioning in the home and community.



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JDT Consultants have been a provider of TBS and IHBS for children and youth throughout the San Joaquin Valley and the State of California for more than fifteen years and are familiar with the requirements imposed by Medi-Cal and the Department of Health Care Services (DHCS).

The requested amendment is to increase fee-for-service rates from \$2.00 and \$2.10 per minute to \$4.00 and \$4.08 per minute, respectively; and amend Scope of Work.

## **FISCAL IMPACT:**

The costs associated with this agreement will be funded by Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) funds and Medi-Cal reimbursement; therefore, there will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing mental health services to MCdBHS clients.

## **ATTACHMENTS**

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1. JDT Consultants Contract (amendment) FY 23-24



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**AGENDA ITEM SUBMITTAL** **September 12, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.C Consent Calendar	
<b>SUBJECT:</b> Aegis Treatment Centers, LLC		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9956	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC No. 11658-20 PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Agreement with Aegis Treatment Centers, LLC to provide a Narcotic Treatment Program to Madera County residents for Fiscal Year 2023-2024 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

The 2011 Realignment allocation includes funds intended to pay for the provision of all Drug Medi-Cal (DMC) covered services to beneficiaries within their County. Madera County Department of Behavioral Health Services (MCBHS) does not currently have access to provide all services covered by DMC. On February 8, 2018, the Department of Health Care Services (DHCS) released MHSUDS Information Notice 18-009 informing all counties of their requirement to contract or arrange for DMC-covered services.

Aegis Treatment Centers (Aegis) provide Narcotic Treatment Programs (NTPs) and outpatient Medication Assisted Treatment (MAT). Aegis operates as an American Society of Addiction Medicine (ASAM) Level 1.0 Opioid Treatment program licensed by DHCS and certified as a DMC Provider. Their staff is experienced and specially trained to provide DMC services. They utilize a multidisciplinary and integrated scope of services that include caseload management/care coordination, crisis intervention,



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specialized services both in group and individual settings, social work, education, support groups, recovery services, and peer support.

## **FISCAL IMPACT:**

The costs associated with this agreement will be funded by 2011 Behavioral Health Realignment and Federal Medicaid funds; therefore, there will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing narcotic-related and mental health services to Madera County clients.

## **ATTACHMENTS**

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1. Aegis Treatment Center Contract FY 23-24



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5.H

**AGENDA ITEM SUBMITTAL**

**September 12, 2023**

Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.H Consent Calendar	
<b>SUBJECT:</b> Speciality Mental Health Services IGT Agreement		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9962	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? No Will this item require additional personnel? No Previous Relevant Board Actions: N/A PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Agreement with the California Department of Health Care Services for the Madera County Department of Behavioral Health Services to manually transfer public funds associated to Specialty Mental Health Services for a service period of July 1, 2023 through December 31, 2026 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

The California Advancing and Innovating Medi-Cal (CalAIM) Act requires the Department of Health Care Services (DHCS) to implement Behavioral Health Payment Reform by July 1, 2023. As a component of Behavioral Health Payment Reform, DHCS is required to design and implement an Intergovernmental Transfer (IGT)-based payment methodology to replace the existing certified public expenditure-based reimbursement methodology for Medi-Cal Specialty Mental Health Services (SMHS), and for costs incurred by counties to administer those benefits. An IGT is a transfer of funds from the county to DHCS to be used as the county portion of the nonfederal share of payments to the county for Medi-Cal covered Behavioral Health Services.

The Madera County Department of Behavioral Health Services (MCDBHS) has elected to transfer funds to DHCS through manual Electronic Funds Transfer (EFT).



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## **FISCAL IMPACT:**

There will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing a payment system to ensure continued support of behavioral health-related services and activities that benefit Madera County clients.

## **ATTACHMENTS**

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1. INTERGOVERNMENTAL AGREEMENT FOR TRANSFER OF FUNDS





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**AGENDA ITEM SUBMITTAL** **September 12, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.G Consent Calendar	
<b>SUBJECT:</b> Drug Medi-Cal IGT Agreement		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9961	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: N/A PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Agreement with the California Department of Health Care Services (DHCS) for the Behavioral Health Services Department to manually transfer public funds to DHCS for Drug Medi-Cal services for Fiscal Years 2023-2026 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

The California Advancing and Innovating Medi-Cal (CalAIM) Act requires the Department of Health Care Services (DHCS) to implement Behavioral Health Payment Reform by July 1, 2023. As a component of Behavioral Health Payment Reform, DHCS is required to design and implement an Intergovernmental Transfer (IGT)-based payment methodology to replace the existing certified public expenditure-based reimbursement methodology for Substance Use Disorder Treatment Services, and for costs incurred by counties to administer those benefits. An IGT is a transfer of funds from the county to DHCS to be used as the county portion of the nonfederal share of payments to the county for Medi-Cal covered Behavioral Health Services.

The Madera County Department of Behavioral Health Services (MCDBHS) has elected to transfer funds to DHCS through manual Electronic Funds Transfer (EFT).



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## **FISCAL IMPACT:**

There will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing a payment system to ensure continued support of behavioral health-related services and activities that benefit Madera County clients.

## **ATTACHMENTS**

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1. DMC IGT Agreement FY 23-26



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**5.F**

**AGENDA ITEM SUBMITTAL** **September 12, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 5.F Consent Calendar	
<b>SUBJECT:</b> Kings View MHSA PEI		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9960	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? Yes Will this item require additional personnel? No Previous Relevant Board Actions: MCC No. 12249-22 PowerPoint/Supporting Documents: Contract			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Consideration of entering into an Agreement with Kings View in the amount not to exceed \$732,323.00 for Mental Health Services Act and Prevention and Early Intervention (PEI) Mental Health WRAP services for Fiscal Year 2023-2024 and authorize the Chairman to sign.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

Welfare and Institutions Code section 5840.7(d)(1) requires that counties, through their Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plans and Annual Updates, focus use of their Prevention and Early Intervention (PEI) funds on the Mental Health Oversight & Accountability Commission's (MHOAC) established priorities or other priorities as determined through their respective, local community partner processes. PEI funds are designed to prevent mental illness and emotional disturbance from becoming severe and disabling and improve timely access for underserved populations. The California Department of Health Care Services (DHCS) requires at least 51 percent of PEI funds to be used to serve individuals who are 25 years of age or younger.

Kings View will provide PEI services through their Youth Empowerment Program (YEP) at Madera County Middle and High Schools, their YEP office, and designated



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community sites. The target population, middle school age and Transitional Age Youth (TAY), will include members of unserved and underserved cultural, ethnic, linguistic, and rural communities. Participants will engage in a variety of specialized prevention activities.

## **FISCAL IMPACT:**

The costs associated with this agreement will be funded by MHSA PEI funds; therefore, there will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This contract meets the goal of the Strategic Focus Area of Health by providing mental health support and services to Madera County residents.

## **ATTACHMENTS**

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1. Kings View MHSA PEI Contract FY 23-24



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**6.b**

**AGENDA ITEM SUBMITTAL** **September 12, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 6.b <b>DISCUSSION ITEMS:</b>	
<b>SUBJECT:</b> Suicide Prevention Month September 2023		<b>REQUIRED VOTE:</b> N/A	<b>DOC. ID NUMBER</b> 9966	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Public Information					
<u>For Clerk of the Board's Office Use Only</u>					
Is this item Budgeted? N/A Will this item require additional personnel? N/A Previous Relevant Board Actions: PowerPoint/Supporting Documents: Other/Misc.			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Presentation of a Proclamation naming September 2023 as National Suicide Prevention Month and the day of September 10, 2023 be declared as World Suicide Prevention Day.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

While suicide prevention is important to address year-round, Suicide Prevention Awareness Month provides a dedicated time to come together with collective passion and strength around a difficult topic. The truth is, we can all benefit from honest conversations about mental health conditions and suicide, because just one conversation can change a life.

This proclamation demonstrates Madera County's support of September 2023 as Suicide Prevention Month and encourages all citizens, government agencies, public and private institutions, businesses and schools in Madera County to recommit to our communities to increase awareness and understanding of mental illnesses and suicide prevention. Your approval of this proclamation will recommit Madera County's increasing awareness and understanding of mental illness, suicide prevention and the importance of appropriate and accessible behavioral health services for all of Madera



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County. This Proclamation reaffirms Madera County is united in raising awareness that prevention is possible; treatment is effective; and people do recover.

***The Theme for 2023 is “Share Hope Together for Suicide Prevention”.*** This measure would recognize September 2023 as Suicide Prevention Month in the County of Madera to highlight the importance of open and direct dialogue that can decrease stigma, spread hope and share vital information so that our communities have access to the resources they need to discuss suicide prevention and to seek help.

### Suicide prevention events for September 2023 will be:

- Suicide Prevention Week, September 10, 2023-September 16, 2023
  - o Behavioral Health Services will promote this through social media posts in relation to mental health awareness and services throughout the month of September.
- Suicide Prevention and Mental Health Awareness Workshop Series
  - o A series of 3 workshops highlighting mental health and suicide prevention information-September 7, 14 & 28. These include Suicide Prevention 101, Wellness & Game Night and Know Your Local Resources panel.
- Suicide Prevention and Mental Health Awareness presentation
  - o Mental Health and Suicide Prevention Information and resources presented to a parent group at Sierra Vista Headstart- September 8, 2023
- Suicide Prevention and Mental Health Awareness presentation
  - o Mental Health and Suicide Prevention Information and resources presented to Department of Social Services Career Club group.
- Suicide Prevention and Mental Health Promotion for Youth
  - o Madera Unified School District- lunch-time outreach events at different school sites throughout the district.
- Suicide Prevention and Mental Health Awareness for the Community
  - o English and Spanish outreach/presentations education community members on mental health and suicide awareness as well as local resources
- Suicide Awareness Presentation to Madera Unified School District students
  - o In Collaboration with Madera Unified School District, there will be several presentation given to targeted grades (6<sup>th</sup>, 8<sup>th</sup>, 10<sup>th</sup> & 12<sup>th</sup>) that will begin in September. These will be offered to all students within those grades throughout MUSD.

### **FISCAL IMPACT:**



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There is no impact to the County General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

This proclamation meets the above selected Strategic Focus Area by reaching out to the public and providing helpful and useful information on the prevention of suicide.

## **ATTACHMENTS**

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1. PROCLAMATION - SUICIDE PREVENTION MONTH



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6.i

**AGENDA ITEM SUBMITTAL** **September 12, 2023**  
Chairman David Rogers

<b>DEPARTMENT</b> Behavioral Health Services		<b>DEPARTMENT CONTACT</b> Melissa Torres 559-673-3508		<b>AGENDA ITEM</b> 6.i <b>DISCUSSION ITEMS:</b>	
<b>SUBJECT:</b> Opioid Settlement Funding		<b>REQUIRED VOTE:</b> 3/5 Votes Required	<b>DOC. ID NUMBER</b> 9963	<b>DATE REC'D</b>	
<b>STRATEGIC FOCUS AREA(S):</b> Health					
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Is this item Budgeted? N/A Will this item require additional personnel? No Previous Relevant Board Actions: N/A PowerPoint/Supporting Documents: PowerPoint Presentation			<b>DOCUMENT NO(S).</b>		

**RECOMMENDED ACTIONS:**

Presentation, direction and discussion on the Opioid Epidemic in California and Madera County, including the recommended priorities with Opioid Settlement funds.

**DISCUSSION / FISCAL IMPACT / STRATEGIC FOCUS:**

**DISCUSSION:**

On July 21, 2021, California Attorney General Rob Banta announced the final settlement agreements with prescription opioid manufacturer Janssen Pharmaceuticals and pharmaceutical distributors McKesson, Cardinal Health, and AmerisourceBergen (the Janssen and Distributors, or J&D Settlement) that will provide substantial funds for the abatement of the opioid epidemic in California. Funds must be used for activities tied to the ending, reduction or lessening the effects of the opioid epidemic in communities and include prevention, intervention, harm reduction, treatment, and recovery services. No less than fifty percent (50%) of the funds received in each calendar year will be used for High Impact Abatement Activities.

Allowable expenditures include creating new or expanded substance use disorder (SUD) treatment infrastructure, addressing the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD, interventions to prevent drug addiction in vulnerable youth, expand training for first responders, schools, community support





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groups, and families, and provide comprehensive wrap-around services to individuals with Opioid Use Disorder.

## **FISCAL IMPACT:**

There will be no impact to the County's General Fund.

## **CONNECTION TO THE COUNTY OF MADERA STRATEGIC PLAN - MISSION 2023:**

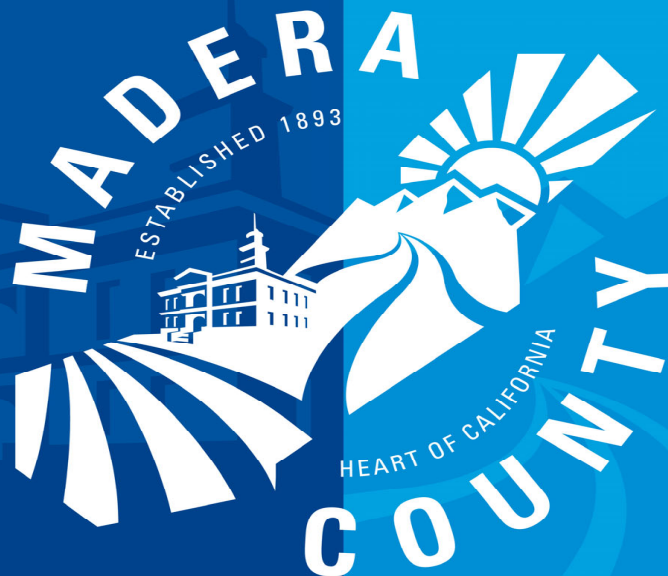
This contract meets the goal of the Strategic Focus Area of Health by expanding opioid-related services to Madera County residents.

## **ATTACHMENTS**

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1. Opioid PPT 9-12-23 BOS presentation 9.6

# DEPARTMENT OF BEHAVIORAL HEALTH SERVICES



## OPIOID SETTLEMENT FUNDS PRESENTATION SEPTEMBER 12, 2023

By: Connie Moreno-Peraza, BHS Director and Dr. Simon Paul, Public Health Officer

# SPECIAL THANKS TO MADERA COUNTY OPIOID SETTLEMENT FUNDS STAKEHOLDER MEMBERS

Special Thanks to Stakeholder Members That Provided Input Regarding Funding Priorities for Opioid Settlement Funds for Madera County:

- Dr. Simon Paul, Public Health Officer
- Chris Childers, Probation Chief
- Deborah Martinez, Social Services Director
- Sara Bosse, Public Health Director
- Dr. Lynn Bertram, Medical Director, Behavioral Health
- Sally Moreno, District Attorney
- Dr. Herb Cruz, Former Medical Director, Behavioral Health



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# OPIOID EPIDEMIC IN CALIFORNIA AND MADERA COUNTY

- In just three years, between 2019 and 2021, California's opioid-related deaths spiked 121%, according to the state's health department. Most of these deaths were linked to fentanyl, an extremely potent synthetic opioid.
- In Madera County, 11 deaths were reported in 2022 and to date we have an average of 8.1 overdoses per week in 2023.



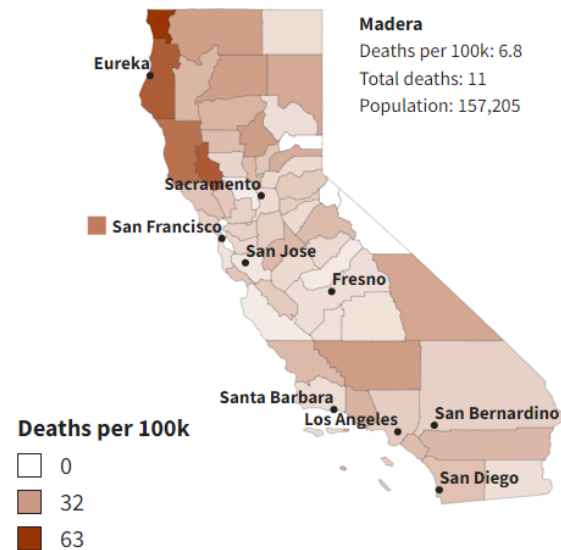
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## Overdoses by county

Any opioid Fentanyl Deaths Emergency department visits

Hover/tap a county



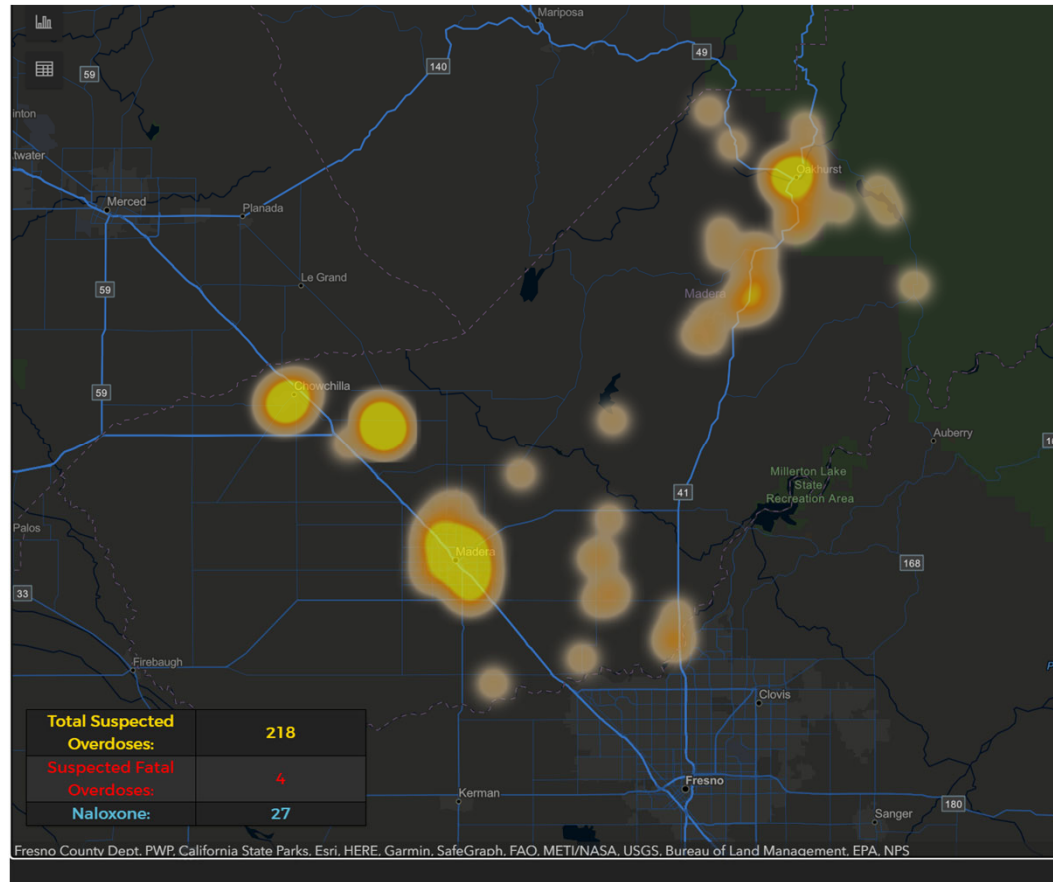
Note: Data is preliminary for the last 12 months, as of 2022 Q3. County is based on place of residence.  
Sources: [California Overdose Surveillance Dashboard](#), [Dept. of Finance](#)



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# MADERA COUNTY LOCAL IMPACT OVERDOSES MAP (OD MAP)



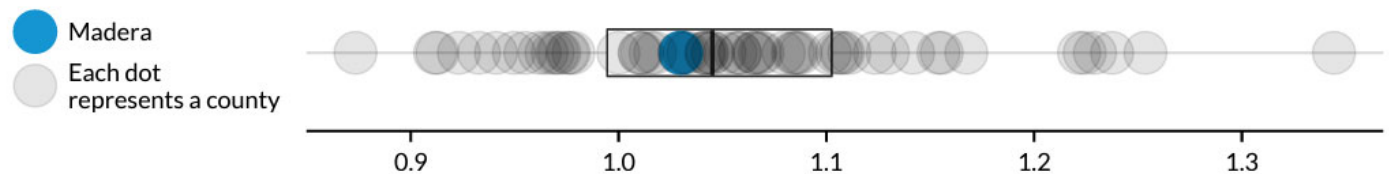


# OPIOID EPIDEMIC: HUMAN IMPACTS DATA AND OVERVIEW MADERA COUNTY

## California County Spotlight: Madera County, March 19, 2018

- In 2016, an estimated **5.7 percent** of people ages 12 years and older (**7,438** people) misused opioids in **Madera**, and **1.0 percent** of people (**1,339** people) had an opioid use disorder (OUD),<sup>a</sup> defined as opioid abuse or dependence. Approximately one-fifth of those who misuse opioids have an OUD.
- The county had **7** opioid overdose deaths in 2016.
- There are **1,004** to **1,163** people with OUD in the county without local access to opioid agonist treatment (i.e. buprenorphine or methadone). Since there are no regulatory barriers to naltrexone and counseling treatments, this snapshot focuses on agonists.

Percent of the Population 12 Years and Older with Opioid Use Disorder (Abuse or Dependence) in California Counties, Highlighting Madera<sup>b</sup>



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### County Measure

All opioid overdose deaths, 2016<sup>c</sup>

7 deaths; 4.5 per 100,000 people



# THE CLIENT AND FAMILY EXPERIENCE

- Children and youth affected by familial opioid use disorders are likelier to experience child maltreatment and neglect.
- They are also more likely to witness familial overdoses, thus creating often-undiagnosed trauma reactions and a need for therapeutic intervention.
- Individuals with opiate and other alcohol or drug addictions suffer additional consequences such as loss of job, legal issues, incarceration, homelessness, family disintegration, etc.
- Addiction is a relapsing disease that crosses all socioeconomic classes, cultural groups, ages, communities, and families.



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Source: Children in the Opioid Epidemic: Addressing the Next Generation's Public Health Crisis  
Feder, Letourneau, & Brook (2019)  
Pediatrics, 143(1)



# OVERVIEW OF OPIOID SETTLEMENT FUNDS

- California has joined multiple national lawsuits against manufacturers, distributors, and other entities responsible for aiding the opioid epidemic and anticipates receiving funds from future opioid judgments. The majority of this money will be used for opioid abatement activities.
- On July 21, 2021, a \$26 billion offer to settle was made by opioid manufacturer Janssen Pharmaceuticals (parent company of Johnson & Johnson) and the “big three” distributors, McKesson, AmerisourceBergen, and Cardinal Health (“the Distributors”) to resolve their liabilities in over 3,000 opioid crisis-related lawsuits nationwide. It's estimated that California will receive approximately \$2.05 billion from the Janssen and Distributors Settlement Agreements through 2038.
- Proposed multistate settlements with opioid manufacturers Teva and Allergan and pharmacies Walmart, Walgreens, and CVS (collectively, the Pharmacies) are pending.



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# OPIOID FUNDING AND ITS BENEFITS

- Creates new or expanded substance use disorder (SUD) treatment infrastructure
- Addresses the needs of communities of color and vulnerable populations (including sheltered and unsheltered homeless populations) that are disproportionately impacted by SUD
- Diverts people with SUD from the justice system into treatment, including by providing training and resources to first and early responders (sworn and non-sworn) and implementing best practices for outreach, diversion and deflection, employability, restorative justice, and harm reduction
- Helps to intervene and prevent drug addiction among vulnerable youth
- Use as matching funds or operating costs for substance use disorder facilities with an approved project within the Behavioral Health Continuum Infrastructure Program (BHCIP)



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# MADERA COUNTY ALLOCATION FY23-24

- Madera County has \$400,000 opioid funding available to fund priorities in FY23-24
- Allocations will be received for further planning based on additional opioid settlements
- Based on this allocation, the following top funding priorities are being presented today for your consideration:

Priority #1: Increase Substance use Disorders Treatment Capacity

Priority #2: Sustain Community Opiate Prevention Effort (HOPE) to Reduce Overdoses

Priority #3: Provide and Coordinate Prevention Services for Youth & Families

Priority #4: Provide Case Management Services for Jail and High Risk Populations



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# PRIORITY # 1: INCREASE SUBSTANCE USE DISORDERS TREATMENT CAPACITY

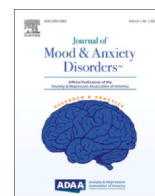
Increase Treatment Capacity and Access to Substance Use Disorders by Using Centralized Access and Crisis Line (559) 673-3508 and the Following Best Practices/Evidence Based Practices:

- ASAM Comprehensive Assessment and Level of Care Placements
- Evidence Based Intensive Outpatient Matrix Model Intensive, 5 Months Program, Specialty Treatment Tracks including Opiate Use Disorders, Methamphetamine, Alcohol, Marijuana
- Aftercare Relapse Prevention Services, Terry Gorski Model, 6-12 months
- Drug Testing as Therapeutic Intervention & Level of Care Placements
- Care Coordination, Warm Hand Offs, and Case Management Services
- Multi-Disciplinary Team Meeting for Efficient and High-Quality Care Planning
- Case Client Conferences for Accountability and Investment in Treatment & Recovery



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## Reduced Environmental Stimulation Therapy (REST) in anxiety and depression: An experience sampling study<sup>☆</sup>



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### ARTICLE INFO

#### Keywords:

Reduced Environmental Stimulation Therapy  
Floatation-REST  
Float therapy  
Anxiety disorder  
Major depressive disorder  
Ecological momentary assessment

### ABSTRACT

**Background:** Reduced Environmental Stimulation Therapy (REST) is a behavioral intervention that systematically attenuates external sensory input to the nervous system. Previous studies have demonstrated acute anxiolytic and antidepressant effects of single sessions of REST in anxious individuals, however the duration and time course of these effects is unknown. In the current study, we used experience sampling and multiple sessions of REST to explore the time course of the anxiolytic and antidepressant effects over a 48-hour time period.

**Methods:** 75 adults with anxiety and/or depression were randomized to complete 6 sessions of REST (either pool-REST, pool-REST preferred, or chair-REST). Post-REST effects were tracked using experience sampling on a smartphone with a ten-item survey administered at 6 time points for each session (i.e., immediately before and after REST and then 4, 8, 24, and 48 h later). Using principal component analysis, responses to survey items at baseline were reduced to broad symptom clusters of anxiety, depression, and serenity and were utilized in linear mixed effects models to determine the magnitude and time course of post-REST effects.

**Results:** REST was associated with significant decreases in anxiety and depression, and significant increases in serenity, with effects lasting for 48 h. Repeated exposure to REST was associated with lower baseline levels of anxiety at later sessions.

**Conclusion:** These initial findings suggest that the anxiolytic and antidepressant effects of REST persist for at least two days, and that repeated REST sessions may have additive effects on lowering anxiety-related symptoms. These findings could help to determine the optimal intervention frequency of REST and facilitate future investigations focused on the combination of REST with standard treatments for anxiety and depression.

### Introduction

Reduced Environmental Stimulation Therapy (REST) is a poorly understood non-pharmacological stress-reduction intervention designed to systematically attenuate external sensory input to the nervous system [1]. Typically, REST involves floating effortlessly in a shallow

pool of warm water that is saturated with Epsom salt (i.e., ‘pool-REST’). Pool-REST environments are lightproof, soundproof, and humidity and temperature-controlled, such that signals from visual, auditory, olfactory, gustatory, thermosensory, tactile, vestibular, and proprioceptive channels are minimized, as is movement and speech. ‘Chair-REST’ is another form of REST that involves reclining in an ergonomically-

<sup>☆</sup> Clinical Trial Registration Identifier; NCT03899090

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engineered “zero-gravity” chair designed to take pressure off the spinal cord; the chair is placed in a room with dim lighting and quiet surroundings, similar but not identical to what would be experienced during pool-REST, thus serving as an active comparator.

Perhaps the most consistent clinical observation to date is that REST induces acute anxiolytic and antidepressant symptom reductions [2–5]. However, the precise duration and time course of these effects are unknown. Here, we explored the time course of acute REST effects using experience sampling over a 48-hour time period after six sessions, with additional exploratory analyses to understand the additive influence of repeated REST sessions on anxiety and depression symptoms.

## Method

### Participants

75 treatment-seeking adults with anxiety and/or depression, and elevated levels of anxiety (as measured by an OASIS score  $\geq 6$ ) and anxiety sensitivity (as measured by an ASI-3 total score  $\geq 24$ ) were recruited through LIBR’s participant databases and from the Tulsa community. The full protocol and eligibility criteria are described elsewhere [6]. The study was pre-registered (clinicaltrials.gov NCT03899090). All study procedures were approved by the Western IRB. All participants provided written informed consent before participation and received compensation.

### Procedures

75 participants were randomized to 6 sessions of pool-REST ( $n = 25$ ), pool-REST preferred ( $n = 25$ ), or chair-REST ( $n = 25$ ). The time course of REST effects was assessed at 6 time points: before and after each REST session via iPad in the laboratory and then 4, 8, 24, and 48 h later via text-message links sent to the participant’s cellular phone using the web-based Chorus platform (Chorus Inc., Los Angeles CA).

The survey consisted of a ten-item questionnaire assessing symptoms known to be influenced by REST environments [3], including the PANAS-X Serenity subscale [7], Karolinska Sleepiness Scale [8], and continuous Visual Analogue Scales (VAS) assessing well-being, stress/anxiety, depression, peacefulness, relaxation, and degree of muscle tension. All survey item values were converted into z-scores before analysis.

### Experimental Conditions

#### Pool-REST

This involved 1-hour session durations prescribed at fixed 1-week intervals within an open or enclosed circular float pool with an 8-foot diameter (Floataway Inc., Norfolk, UK).

#### Pool-REST Preferred

This involved up to 2-hour session durations. Participants were allowed flexibility in arranging their floating sessions to match their preferred schedule within a 12-week period, with the only requirement being that there needed to be a minimum of 24 h between sessions.

#### Chair-REST

This involved reclining in a Zero Gravity Chair (PC510, Classic Power, Series 2, Human Touch Inc., Long Beach, CA). This active comparator closely matched the pool-REST intervention on many parameters including a supine body position in a dimly lit and quiet room, a 1-hour session duration prescribed at fixed 1-week intervals, and a similar instruction set emphasizing the importance of stillness and wakefulness throughout each session.

### Statistical Analysis

All analyses were performed in RStudio 3.6.0. Using a principal component (PC) analysis, responses to survey items at the initial pre-float session time point were reduced to broad symptom clusters using the Kaiser-Guttman criterion and visual inspection of scree plots. A promax rotation was applied to the retained PCs. Survey items that loaded most strongly onto each PC were assigned exclusively to that scale. Once PC scales were generated, individual item responses were converted to POMP scores (standardized units representing the “Percent Of Maximum Possible,” ranging from 0% to 100%). Unit-weighted PC scales were then created by summing POMP scores for each respective component, and this was replicated for each of the subsequent survey timepoints. The resulting unit-weighted PC scales were utilized in independent linear mixed effects (LME) models to determine the magnitude and time course of REST effects. A hypothesis-wise Bonferroni adjustment across the variables of interest was performed, whereby alpha was divided by the number of PCs extracted ( $\alpha = 0.05/3 = 0.017$ ). LME modeling allowed for the examination of main effects of REST session, survey timepoint, and condition, and the interaction between these variables (i.e.,  $PC\# \sim Survey*Session*Condition$ ). The models included subject ID and REST session as random effects (formula:  $\sim 1|Subject\ ID/Session$ ) and utilized an AR1 covariance structure. *Post hoc* two-sided t-tests with Holm corrections were used to interpret significant main effects and simple effects for all significant interactions.

## Results

### Participants

75 participants (mean age = 35.0, SD = 11.3, 77% female, 81% non-Hispanic White) were randomized. All participants had a DSM-5 diagnosis of an anxiety, stress-related, or depressive disorder, with the most common psychiatric diagnoses being major depressive disorder (97.3%) and generalized anxiety disorder (50.7%). At baseline, participants reported elevated anxiety and depression symptoms (average OASIS = 9.7; average PHQ-9 = 12.1, respectively) and high anxiety sensitivity (average ASI-3 = 40.4). The groups did not differ significantly on any sociodemographic or clinical variables at baseline [6]. Of the 25 participants randomized to each group, the six session completer numbers were: 17 (chair-REST), 19 (pool-REST), and 21 (pool-REST preferred); see [6] for further details.

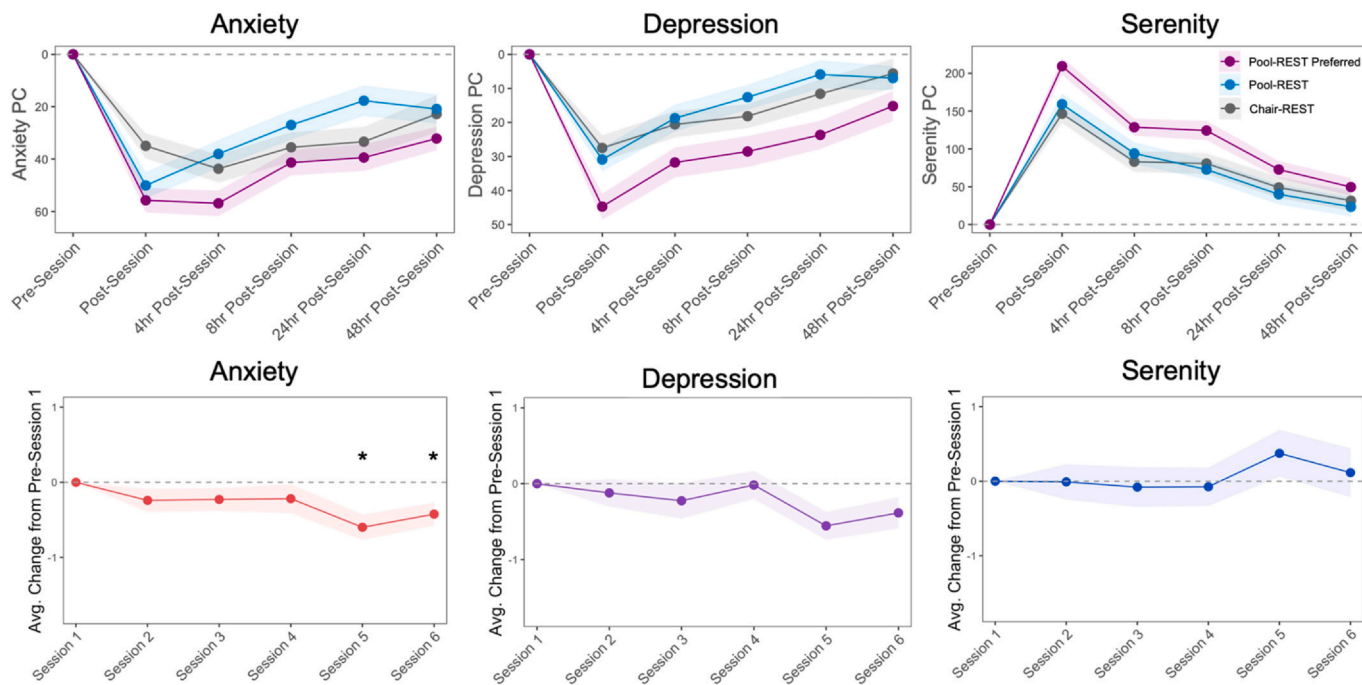
### Principal component analysis

The PC analysis suggested a three-component solution, with the top PCs (Eigenvalues: 4.43, 1.76, and 1.11) cumulatively accounting for 74% of the total variance. The top PCs in descending order of eigenvalue were designated: Serenity, Anxiety, and Depression, and accounted for 45%, 18%, and 11% of the total variance, respectively.

### Magnitude and duration of REST effects

#### Anxiety

In the LME evaluating self-reported anxiety, a significant main effect of survey ( $F(5) = 94.30, p < 0.001, \eta_p^2 = 0.25$ ) and REST session ( $F(5) = 5.10, p = 0.0002, \eta_p^2 = 0.09$ ), and a significant interaction between survey and condition ( $F(10) = 2.88, p = 0.0015, \eta_p^2 = 0.02$ ) was observed. *Post hoc* comparisons revealed reductions in self-reported anxiety lasting 48 h across all three REST interventions ( $ps \leq 0.01$ , Cohen  $d$ s ( $d$ ) = 0.47–1.64; Fig. 1). Additive effects on anxiety levels were observed with significantly lower anxiety at sessions 5 ( $p = 0.0453, d = 0.30$ ) and 6 ( $p = 0.0112, d = 0.35$ ) versus session 1 (Fig. 1).



**Fig. 1. Top:** Time course of average REST effects across six sessions. Significant reductions in anxiety lasted for 48 h across all three REST conditions. Significant decreases in depression were present for 48 h for the pool-REST preferred condition and up to 8 h for the chair-REST and pool-REST conditions. Significant increases in serenity ratings were present at all time points for both pool-REST conditions but were no longer present at 48 h for the chair-REST condition. **Bottom:** Additive effects of REST. Pre-session anxiety at visits 5 and 6 was significantly lower than pre-session anxiety ratings at visit 1. There were no significant additive effects for depression or serenity. Ribbons reflect the standard error of the mean. PC: Principal Component. REST: Reduced Environmental Stimulation Therapy.

**Depression**

In the LME evaluating self-reported depression, a significant main effect of survey ( $F(5) = 87.96, p < 0.0001, \eta_p^2 = 0.23$ ), and a significant interaction between survey and condition ( $F(10) = 2.29, p = 0.0116, \eta_p^2 = 0.02$ ) was observed. *Post-hoc* comparisons revealed significant reductions in self-reported depression lasting 48 h for the pool-REST preferred intervention ( $ps < 0.001, ds = 0.52-1.64$ ) but only up to 8 h in the chair-REST ( $p = 0.0001, d = 0.65$ ) and pool-REST interventions ( $p = 0.0002, d = 0.57$ ; Fig. 1).

**Serenity**

In the LME evaluating self-reported serenity, a significant main effect of survey ( $F(5) = 198.62, p < 0.0001, \eta_p^2 = 0.41$ ) and a significant interaction between survey and condition ( $F(10) = 2.50, p = 0.006, \eta_p^2 = 0.02$ ) was observed. *Post hoc* comparisons revealed significantly higher levels of serenity at 24 h for the chair-REST intervention ( $ps \leq 0.01; ds = 0.50-1.71$ ) and 48 h across the pool-REST and pool-REST preferred interventions ( $ps \leq 0.01; ds = 0.38-2.38$ ; Fig. 1).

**Discussion**

This exploratory study examined the time course of the acute effects of REST in anxious and depressed adults. Significant reductions in anxiety and depression and increases in serenity were observed, lasting up to 48 h post-session. REST also had cumulative effects whereby lower anxiety symptoms were reported prior to the fifth and sixth sessions. These preliminary findings indicate that REST can provide persistent short-term affective symptom relief, suggesting its potential as a viable non-pharmacological intervention to be evaluated further.

Our results inform decisions regarding the optimal number and duration of REST sessions for future randomized clinical efficacy trials. Specifically, a 48-hour window captured most of the acute changes in anxious and depressed mood ratings. Setting a minimum 48-hour interval between REST sessions would thus seem feasible for a study

attempting to induce a more sustained form of anxiolysis. While the acute reductions in anxiety and depression were followed by some increases, the overall symptom reductions remained below baseline levels at the 48-hour timepoint. Thus, the upper limit of this clinical window remains uncharacterized. The additive anxiolytic effects observed at sessions five and six indicate that future REST studies should evaluate the impact of a larger number of sessions. It is currently unclear whether such additive effects would continue to grow with additional sessions, although this may be why prior REST studies have employed larger session numbers (e.g., ranging from 9 to 33 sessions) [4,5].

Several limitations must be acknowledged. The small sample size was not adequately powered for a between-group analysis of pool- vs. chair-REST (i.e., active comparator) effects in this open label exploratory study, nor was a placebo or sham intervention arm included. It is presently difficult to pinpoint the mechanism of the persistent effects of REST despite previously observed impacts on peripheral and central autonomic targets [9,10]. Although the survey items used in this study were extracted from standardized scales with acceptable psychometric properties [7,8] for the experience sampling approach, they do not replace clinical rating scales. Finally, the longer-term clinical effects of repeated sessions of REST remain uncharacterized in anxious and depressed individuals.

**Ethics Statement**

The study was approved by the Western Institutional Review Board under Protocol #20150528 and was performed in accordance with Declaration of Helsinki. All participants gave their written informed consent before participation and received compensation.

**Funding**

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supported by the National Institute of Mental Health (R01MH127225, K23MH112949 to SSK), National Institute of General Medical Sciences Center Grant Award (1P20GM121312 to MPP, SSK), and The William K. Warren Foundation. The funding sources had no role in the design and conduct of the study; collection, management, analysis, and interpretation of the data; preparation, review, or approval of the manuscript; or decision to submit the manuscript for publication.

### Data Availability

Requests for sharing of data used in this analysis can be made to the corresponding author. Any sharing of data will be subject to obtaining appropriate agreements from the principal investigators or data custodians.

### Declaration of Competing Interest

The authors declare the following financial interests/leadership roles which may be considered as potential competing interests: Armen C. Arevian (ACA) is founder of Insight Health Systems, Arevian Technologies, and Open Science Initiative. ACA developed the Chorus platform, which is licensed from the University of California Los Angeles to Insight Health Systems. Martin Paulus is an advisor to Spring Care, Inc., a behavioral health startup, and has received royalties for an article about methamphetamine in UpToDate. Justin Feinstein is the president and director of the nonprofit Float Research Collective. Sahib Khalsa is an executive committee member of the International Society of Contemplative Research and a board member of the Float Research Collective, both of which are unpaid roles. There are no other competing interests to report for any authors.

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FULL TEXT LINKS



*Biol Psychiatry Cogn Neurosci Neuroimaging*. 2018 Jun;3(6):555-562.  
doi: 10.1016/j.bpsc.2018.02.005. Epub 2018 Mar 9.

# The Elicitation of Relaxation and Interoceptive Awareness Using Floatation Therapy in Individuals With High Anxiety Sensitivity

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Affiliations

PMID: 29656950 PMID: [PMC6040829](#) DOI: [10.1016/j.bpsc.2018.02.005](#)

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## Abstract

**Background:** Floatation-REST (Reduced Environmental Stimulation Therapy), an intervention that attenuates exteroceptive sensory input to the nervous system, has recently been found to reduce state anxiety across a diverse clinical sample with high levels of anxiety sensitivity (AS). To further examine this anxiolytic effect, the present study investigated the affective and physiological changes induced by Floatation-REST and assessed whether individuals with high AS experienced any alterations in their awareness for interoceptive sensation while immersed in an environment lacking exteroceptive sensation.

**Methods:** Using a within-subject crossover design, 31 participants with high AS were randomly assigned to undergo a 90-minute session of Floatation-REST or an exteroceptive comparison condition. Measures of self-reported affect and interoceptive awareness were collected before and after each session, and blood pressure was measured during each session.

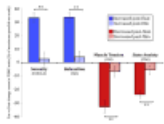
**Results:** Relative to the comparison condition, Floatation-REST generated a significant anxiolytic effect characterized by reductions in state anxiety and muscle tension and increases in feelings of relaxation and serenity ( $p < .001$  for all variables). Significant blood pressure reductions were evident throughout the float session and reached the lowest point during the diastole phase (average reduction  $> 12$  mm Hg). The float environment also significantly enhanced awareness and attention for cardiorespiratory sensations.

**Conclusions:** Floatation-REST induced a state of relaxation and heightened interoceptive awareness in a clinical sample with high AS. The paradoxical nature of the anxiolytic effect in this sample is discussed in relation to Wolpe's theory of reciprocal inhibition and the regulation of distress via sustained attention to present moment visceral sensations such as the breath.

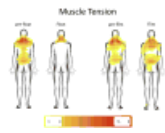
**Keywords:** Anxiety; Blood pressure; Floatation-REST; Floating; Interoception; Mindfulness; Novel intervention; Relaxation response.



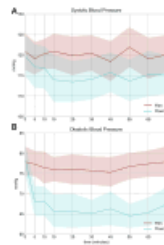
# Figures



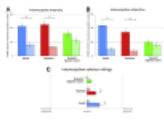
**Figure 1** Anxiolytic effect of floatation therapy....



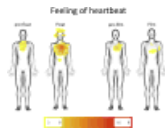
**Figure 2** Muscle tension tracings. Participants traced...



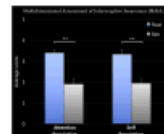
**Figure 3** Average (A) systolic and (B)...



**Figure 4** Interoception ratings during the float...



**Figure 5** Heartbeat sensation tracings. Participants traced...



**Figure 6** Average score (range, 0–5) on...

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# Hope House of Madera County Youth Program Calendar



117 North R Street, Suite 103, Madera CA 93637 (559) 664-9021

Monday	Tuesday	Wednesday	Thursday	Friday
<p><b>4:00pm</b></p> <p><b>Motivational MONDAYS</b></p>	<p><b>4:00pm</b></p> <p><b>MUSIC love</b></p>	<p><b>2:30pm</b></p> <p><b>Current Events</b></p>	<p><b>4:00pm</b></p> <p><b>MUSIC love</b></p>	<p><b>4:00pm</b></p> <p><b>Friday Fun</b></p>
<p><b>4:30pm</b></p> <p>the <b>Self Care</b> station</p>	<p><b>4:30pm</b></p> <p><b>GAME TIME!</b></p>	<p><b>3:00pm</b></p> <p><b>wellness wednesdays</b></p>	<p><b>4:30pm</b></p> <p><b>Creativity Corner</b></p>	

**OPEN**  
Monday-Friday  
2pm-6pm

*Socialization Hours: 2pm-4pm*



- We will be **CLOSED** for Labor Day – Monday, Sept. 4<sup>th</sup>
  - Lunch with Friends – Wednesday, Sept. 13<sup>th</sup>
  - Afternoon in the Park – Wednesday, Sept. 20<sup>th</sup>
  - Shopping on a Budget – Wednesday, Sept. 27<sup>th</sup>



EMOTIONAL - SPIRITUAL - INTELLECTUAL - PHYSICAL - ENVIRONMENTAL - FINANCIAL - OCCUPATIONAL - SOCIAL

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# Hope House of Madera County Calendario del programa Juvenil



117 North R Street, Suite 103, Madera CA 93637 (559) 664-9021

Lunes	Martes	Miércoles	Jueves	Viernes
<p><b>4:00pm</b></p> <p>Lunes de Motivación</p>	<p><b>4:00pm</b></p> <p>MUSICA</p>	<p><b>2:30pm</b></p> <p>Eventos Actuales</p>	<p><b>4:00pm</b></p> <p>MUSICA</p>	<p><b>4:00pm</b></p> <p>Viernes Divertido</p>
<p><b>4:30pm</b></p> <p>Cuidado Personal</p>	<p><b>4:30pm</b></p> <p>Torneo de Juegos</p>	<p><b>3:00pm</b></p> <p>Miércoles de Bienestar</p>	<p><b>4:30pm</b></p> <p>MUESTRA TU CREATIVIDA</p>	

**ABIERTO DE**  
Lunes a Viernes  
2pm-6pm

Horas de Socialización: 2pm a 4pm

- CERRADO para El Dia Laboral - Lunes el 4 de Septiembre
- Almuerzo con Amigos - Miércoles el 13 de Septiembre
  - Viaje al Parque - Miércoles el 20 de Septiembre
- Compras de bajo costo - Miércoles el 27 de Septiembre



MES NACIONAL DE  
**PREVENCIÓN  
DEL  
SUICIDIO**  
SEPTIEMBRE



EMOCIONAL · ESPIRITUAL · INTELLECTUAL · FISICA · AMBIENTAL · FINANCIERA · OCUPACIONAL · SOCIAL





# Hope House of Madera County September Adult Program Calendar



117 North R Street, Suite 103, Madera CA 93637 (559)664-9021

Monday	Tuesday	Wednesday	Thursday	Friday
<p><b>9:00am</b></p>	<p><b>9:00am</b></p>	<p><b>9:00am</b></p> <p><b>Morning Walk at the Swap Meet</b></p>	<p><b>9:00am</b></p>	<p><b>9:00am</b></p>
<p><b>9:30am</b></p>	<p><b>10:00am</b></p>	<p><b>11:00am</b></p>	<p><b>10:00am</b></p>	<p><b>10:00am</b></p>
<p><b>11:00am</b></p>	<p><b>11:00am</b></p>	<p><b>11:00am</b></p>		



OPEN Monday - Friday from 8:00am to 12:30pm



- We will be CLOSED for Labor Day - Monday, Sept. 7<sup>th</sup>
- Town Hall Meeting - Thursday, Sept. 7<sup>th</sup> at 11:00am



EMOTIONAL - SPIRITUAL - INTELLECTUAL - PHYSICAL - ENVIRONMENTAL - FINANCIAL - OCCUPATIONAL - SOCIAL



# Hope House of Madera County

## Calendario para el programa de adultos - Septiembre



117 North R Street, Suite 103, Madera CA 93637 (559)664-9021

Lunes	Martes	Miércoles	Jueves	Viernes
<p><b>9:00am</b></p> <p><b>Caminata</b></p>	<p><b>9:00am</b></p> <p><b>Caminata</b></p>	<p><b>9:00am</b></p> <p>PASEANDO EN EL REMATE</p>	<p><b>9:00am</b></p> <p><b>Caminata</b></p>	<p><b>9:00am</b></p> <p><b>Caminata</b></p>
<p><b>10:00am</b></p> <p><b>Cuidado Personal</b></p>	<p><b>10:00am</b></p> <p>Placticando y tomando café</p>		<p><b>10:00am</b></p> <p>Placticando y tomando café</p>	<p><b>10:00am</b></p> <p><b>Cuidado Personal</b></p>
<p><b>11:00am</b></p> <p><b>Torneo de Juegos</b></p>	<p><b>11:00am</b></p> <p><b>TED</b> IDEAS WORTH SPREADING</p>	<p><b>11:00am</b></p> <p>Eventos Actuales</p>	<p><b>11:00am</b></p> <p><b>Torneo de Juegos</b></p>	



*Abierto de Lunes a Viernes de 8:00am a 12:30pm*



MES NACIONAL DE  
**PREVENCIÓN  
DEL  
SUICIDIO**  
SEPTIEMBRE

- CERRADO para El Dia Laboral - Lunes el 4 de Septiembre
- Junta Communal - Jueves el 7 de Septiembre a las 11



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