Yolo County Department of Health Services

Local Mental Health Board

Monday, August 25, 2014, 6:30 PM – 9:00 PM
Arthur F. Turner Community Library Meeting Room
1212 Merkley Avenue, West Sacramento, CA 95691

Members Present:	Bret Bandley; Richard Bellows; Robert Canning, Vice-Chair; Martha Guerrero; June Forbes; James Glica-Hernandez; Supervisor Don Saylor; Robert Schelen, Chair; Tom Waltz; Janlee Wong; Tawny Yambrovich
Members Excused:	Brad Anderson; Nicki King; Davis Campbell; Caren Livingstone;
Staff Present:	Mark Bryan, Assistant Director Karen Larsen, Mental Health Director / Alcohol and Drug Administrator Makayle Neuvert, Administrative Assistant Steve Rea, Assistant Deputy to Don Saylor
Community Members:	Sally Mandujan, NAMI Yolo

1. **Call to Order and Introductions –** The August 25, 2014 meeting of the Local Mental Health Board (LMHB) was called to order at 6:50 PM. Introductions were made.
2. **Public Comment –** None
3. **Approval of Agenda – Motion:** James, **Second:** Richard, **Discussion:** None, **Vote:** Unanimous, passes
4. **Approval of Minutes from June 23, 2014 – Motion:** Davis, **Second:** James, **Discussion:** None, **Vote:** 1 abstention, passes
5. **Announcements and Correspondence –**
   - Suicide Prevention Week begins September 8th. More information to come via email.
   - Housekeeping items were shared regarding parking and exiting the building.
6. **Board of Supervisors Report –** None
7. **Department Report –** Mental Health Director's Report – Karen Larsen shared a list of updates with the Board members as an attachment to the agenda. Each update is listed below, prefaced by "MHD Report:" and followed by any additional discussion that occurred during the meeting.

   a. Mental Health Director's Report – Karen Larsen

   - <u>Suicide Prevention</u>

     MHD Report: *The recent tragic and highly publicized death of Robin Williams is drawing attention to suicide across the country, including here in Yolo County. This tragedy affords us the opportunity to promote suicide prevention in the context of substance use disorders, mental illness and public health.*

     - *It's a tragedy whenever people take their own lives, but when someone as well-known as Robin Williams dies by suicide, it seems much worse. Although a celebrity's death by suicide matters no more than anyone else's, our concern is heightened because of how it may affect people living with mental illness or at risk of suicide. Mr. Williams was in the demographic that makes up the greatest proportion of suicide deaths in California: older white men. Suicide prevention experts note that in the weeks following the death of famous people, suicides will spike between 2 and 12 percent.*

- *Suicide prevention information (in Spanish and English) can be found in the reception areas of all three mental health centers and in staff break rooms. Look for the posters, flyers and brochures from Know the Signs; Each Mind Matters; Older Adult Friendship Line; Mental Health First Aid USA; as well as local and national toll-free 24/7 suicide prevention lifelines.*
- *Education and training programs, for ourselves and our community members, are critical to our suicide prevention efforts. Yolo County Mental Health Services Act Prevention and Early Intervention offers training opportunities on an ongoing basis. These trainings are free of charge and open to anyone lives, works, volunteers or attends school in Yolo County (attach training schedule).*

Discussion: Karen shared that Diane Sommers of Suicide Prevention has been active in local media, a BOS resolution acknowledging Suicide Prevention week is planned, and QPR (Question Persuade Refer) was recently conducted with department staff. Regarding the relationship to the Senior population, Karen shared that she was in communication with the Yolo Healthy Aging Alliance and the Yolo Aging Summit event planned for October 3rd will include increased focus on suicide prevention. Member Janlee noted the current proposed AB 2198 which includes a 2 stage mandate of suicide prevention or specific training in suicide risk and assessment training for mental health professionals. He suggested that passage will have a dramatic impact on the training all mental health professionals receive. A related handout was shared and discussed. Similar bills have been recently passed in Kentucky and Washington State.

- Officer Involved Shooting/Crisis Intervention Training (CIT)

MHD Report: *While we don't want to discuss the details of the officer involved shooting in Woodland on 8/18, it has been widely publicized that this individual was struggling with mental health issues. These situations are always tragic and our thoughts go out to his family. We were subsequently informed that the officers involved in this incident had been trained in CIT (see attached). The next two CIT trainings will be offered on two consecutive days within two consecutive weeks based on feedback from officers that missing four days in a row was a barrier to attending.*

Discussion: Updated CIT training numbers were included in the MHD report. Karen, along with many Board members, acknowledged the tragedy of the situation for all involved. A substantial discussion of member opinions followed, benefiting greatly from member Tom's professional role as a law enforcement officer. All were cautioned to keep in mind that the investigation was still ongoing. Following are brief overviews of the discussion.

- A fully functioning Community Based Crisis Response (CBCR) program would likely not have changed this specific situation but might have been beneficial at a lesser escalated point in time.
- The use of video footage; whether officer body cameras, car cameras or civilian video devices are increasing in usage. Challenges include server storage for captured video and the reality that though helpful, video doesn't always tell the whole story.
- It was clarified that Laura's Law / Assisted Outpatient Treatment (AOT) would not have applied in this case. Laura's Law / AOT is not an immediate solution because of the specific criteria necessary to qualify for the program – such criteria also aims at safeguarding participants civil liberties.
- In response to a comment that the CIT training numbers seem low, Karen reiterated that the trainings are being modified with new training times (see MHD report), updated vocabulary, and attempts to increase the certification to satisfy Training Academy Preparation (TAP Class) qualifications.

- Suggestions:
  - Infuse the popular trainings with mental health issues, e.g. tactical driving;
  - Have the SB82 clinician offer short roll call trainings for officers;
  - Have CIT trainer Mike Summers present refresher/booster sessions.
  - Improve the CIT training audit or feedback process by having a separate survey for training managers and the command versus the POST version.
  - Allow interested parties (e.g. LMHB or NAMI members, people with education pedagogy background, etc.) to attend and provide feedback on CIT. This was noted as a possibility since ADMH is the holder of the contract.
  - Invite Mike Summers to present at a LMHB meeting to share CIT training details and the approach including adaptations under way.

- Assisted Outpatient Treatment (AOT)/Laura's Law

  MHD Report: *Effective July 1st, this program became an ongoing project of the department, as opposed to a pilot project, and slots were increased from 4 to 5. Almost immediately we received several referrals and all slots are full. We have received a lot of media requests as well as requests from other counties wanting to implement the program.*

  Discussion: In order to accurately report the cost, Mark will report back with the per-participant/slot cost for AOT services.

- Community Based Crisis Response (CBCR) and Companion Grants

  MHD Report: *On August 5th, Tom Waltz and Nicki King joined me at the Board of Supervisors meeting in support of our Community Based Crisis Response Program and contract with Turning Point. Bob Schelen provided a letter of support and the Board voted unanimously to approve the contract. Turning Point is actively recruiting and we hope to have at least one team on the ground by October 1st (see attached presentation and timeline). Additionally, the requisition for the vans and modifications has been submitted.*

  Discussion: The CBCR program is in the recruiting phase and key staff panels will be formed including staff, LMHB members, and other stakeholder who have participated thus far in the program feedback. Karen noted that she has participated in the acquisition and design of the program vans in order to ensure they meet the need. Once the program gets underway, each jurisdiction will have the freedom and flexibility to shape some program elements, like staffing hours to meet the unique needs. Staff will widely have on-call options. The Board requested a scheduled CBCR presentation and van tour from the contract provider Turning Point Community Programs.

- ADMH Service Entry/Orientation

  MHD Report: *Effective July 1st, our department initiated a complete re-design of our "front door," our process for entering services. Prior to July of this year, our department offered Orientation two times per week in Woodland and it was taking over two months for individuals to get an intake assessment, which is the next step in the process.*

  We are now offering orientation daily in Woodland and will soon be offering one day per week in West Sacramento. We have initiated a triage or screening process at orientation that has allowed us to determine that day whether or not individuals meet medical necessity or should be referred elsewhere. We also updated the Orientation presentation so it truly educates clients as to what services our department provides and expectations around treatment and timelines (see attached orientation PowerPoint).

The results thus far have been pretty amazing. We have seen 56% of the individuals presenting for orientation more appropriately served elsewhere in the community, either through a local provider of housing or substance use disorder services, or through their primary care provider or other community based organization better suited to serve people struggling with mild to moderate mental health issues.

This has meant that the most Seriously Mentally Ill, our department's target population, have streamlined entry to care. We are now able to schedule these clients for an assessment within a week of their orientation as opposed to two months. We also have daily post hospitalization appointments with a psychiatrist to provide seamless transition from hospitalization back into the community. This means less likelihood of hospitalization and further destabilization and improved satisfaction and client outcomes.

Discussion: Post-hospitalization visit are available and part of the CBCR plan is for the peer support workers to do phone follow-up. Adjustments still need to be made on the children's side and the addition of West Sacramento orientations are planned. Member feedback on the orientation presentation suggested instead of listing the potential diagnosis, switch to listing acuity to avoid a focus on what is wrong with a person.

- Requests for Proposals (RFPs) / Contracts

  MHD Report: *Over the past 6 weeks our department released two separate RFPs. One of these was for Mental Health and Substance Use Disorder services for CalWorks participants and was awarded to CommuniCare Health Centers. The other RFP was for Substance Use Disorder services for incarcerated individuals at the jail and juvenile detention facility. This contract was awarded to Phoenix House.*

  Discussion: The Phoenix House contract is being supported by SAP-T Block grant discretionary funds.

- Jail Medical

  MHD Report: *The Department holds the contract for jail medical services, including mental health services, provided by California Forensic Medical Group (CFMG). We are reviewing all services currently and will be making recommendations for improvements.*

  Discussion: None

- Department Strategic Plan

  MHD Report: *The Management Team was able to complete the GANTT chart for the strategic plan (see attached). We are making good headway on several of the initiatives.*

  Discussion: None

- Personnel/Recruitment

  MHD Report: *We have posted all new 14/15 positions previously discussed with LMHB. We have completed interviews for the Adult System of Care Manager and hope to be hiring someone shortly. We are requesting additional positions at the September 23rd Board of Supervisors meeting. These positions include the Clinic Manager (to be funded by SAMHSA block grant), Mental Health Specialist-Homeless outreach (funded by IGT), Mental Health Specialist – Substance Use Disorder Treatment (funded by IGT), as well as two additional Office Support Specialists to support QI and MHSA.*

  Discussion: Some of the recruitment response numbers have led to modifications in some position requirements. New requested positions are fully funded so approval is anticipated. Other Post-Employment Benefits (OPEB) costs are now to be accounted for and these add significant costs to budgets.

- Homelessness

  MHD Report: *On July 28th through 31st a Yolo County contingent comprised of myself, Supervisor Villegas, Supervisor Rexroad, Joan Planell, Lisa Baker and other county staff attended the National Alliance on Ending Homelessness conference in Washington DC. We were able to learn national best practices and innovative approaches to ending homelessness. The conference was inspiring and we even got to hear the First Lady speak. We continue to have local strategy sessions as well as meetings with local residents (see attached homeless services sheet).*

  Discussion: Speakers, Michelle Obama and Senator Cory Booker were very inspirational. The larger contingent from Yolo County that attended the conference speaks to the County's emphasis on improving homelessness. "Housing First" is the primary focus which is seen as a shift for homeless providers. This will require buy-in and support. Providers have a great deal of federal funding and so are not solely influenced by County direction. The County will be working with providers to get them on board. The San Francisco example was noted in conjunction with questions like, "…is housing truly in short supply or is this an interpretation of building requirements?" The steering committee is considering such questions and or if it is a matter of not being proactive enough. The Intergovernmental Transfer (IGT) funded Mental Health Specialist position being added is planned to focus on homeless supports.

- Upcoming Dates

  MHD Report: *Upcoming dates of interest were shared.*

  - *September 3rd – Jail Construction Meeting*
  - *September 9th – Suicide Prevention Week County Board of Supervisors Resolution*
  - *September 10th – Mental Health Community Forum (see attached flyer)*
  - *September 23rd – Board of Supervisors Mental Health Workshop & Homelessness Workshop*

  Discussion: None

- Affordable Care Act (ACA) Update

  An update on ACA impacts to ADMH was requested by the Board. Karen shared that the largest increase in services has been seen in substance use disorder treatment for single men. Mark shared the preliminary numbers / statistics which appear in-line with the populations we anticipated. The previous concerns that Beacon was going to screen out people for mild to moderate service is occurring as they are screening in those that are appropriate and referring others to us.

b. Health & Human Services Integration Update – Mark Bryan and Karen Larsen shared an update including the ongoing efforts of the work team which are implementing solutions to some of the easier integration issues like making available an eligibility worker at orientations. The long-term vision per Karen is to have multi-disciplinary teams that surround and offer service to any individual's needs despite why they initial come to the department. Mark added that from the administrative perspective integration offers new ways to use funding streams. For instance on the DESS side, growth opportunities exist for Benefits Specialists by using DESS Realignment funds for enrollment and eligibility services, allowing MHSA dollars to go to treatment or prevention. A Board member shared desire for individuals getting access to care to also receive support, enrollment, and information on other eligible programs, e.g. workforce investment act, literature, or outreach. This is something that can be implemented now.

c. Winters Service Location: Mark shared an update on the new Winters service location located at 111 East Grant Street in Winters. Site improvements are in process and the site is scheduled to open in November. DESS will offer an array of service along with Health Services, ADMH and Public Health, including mental health, WIC and Immunization services. Health Services will have a dedicated office and this will be significant improvement. Regarding a member inquiry into transportation issues and improvements,

Marks shared that the County is currently undergoing a large space planning exercise and Broadband review which are addressing similar issues, reviewing client access both real and electronic.

8. **Chair Report –** Bob Schelen

   a. Strategic Plan Updates: Per Bob, the Strategic Plan objectives are still in process.

   b. Committee and Sub-Committee Updates: Bob will send information on the updates via email. The hope is that the code and the Strategic Plan will merge. A great deal of work could be accomplished via committees and this could lessen the number of regular meetings the Board holds.

   c. Legislative Report: A handout shared with the meeting agenda was referenced and discussed. No significant activity is expected prior to September 30th. All were encouraged to filter questions to Martha and it was suggested that the ad hoc sub-committee meet and have a deeper conversation on the recommended next actions.

   d. Metrics Update: A meeting by the sub-committee took place toward the end of July generated the handout shared by Mark and discussed with the Board. Feedback on EPSDT and CalWorks numbers were requested as an addition to the next Metric Report.

9. **Plan Next Meeting Agenda Items –**

   - Tawny suggested adding to the agenda the use of MHSA PEI dollars to fund school counselors at elementary schools.
   - Sub-committees were invited to meet prior to the next meeting at the Bauer Building which will be available beginning at 6 PM on September 22nd.
   - The traditionally combined November and December LMHB meeting is scheduled for December 1st and will take place in West Sacramento at the Arthur F. Turner Library.

10. **Adjournment –**The meeting was adjourned at 8: 56 PM

11. **Next Meeting Date and Location –** Monday, September 22, 2014, 7:00 PM – 9:00 PM in the Thomson Conference Room at Bauer Building, 137 N. Cottonwood, Woodland, CA 95695.

AB2198 (Levine) Requires Suicide Risk Assessment Training for Certain MH Professionals

Would require licensed counselors, social workers, and psychologists, along with unlicensed counselors, social workers and psychologists to have six hours of specific training on suicide risk assessment either prior to licensure or for renewal of licensing. One-time requirement.

Status: Has passed Assembly and Senate and is on it's way to Governor.

CON: BOP, BBS have opposed as have psychology, social work and MFT professional organizations.Opposition has focused on independent decisions about training from professionals, need for PCPs to have training first, and lack of requirement for psychiatrists.

PRO: Favored by American Association for Suicidology and American Foundation for Suicide Prevention. Argue that research shows MHPs are likely to encounter suicidal people. MHPs do not have specific enough training in this area despite it being a core competency.

CMHDA & CADPAAC are in the process of becoming

CBHDA County Behavioral Health Directors Association of California

Date: July 3, 2014

To: CBHDA Members

From: Robert E. Oakes, Executive Director
Kirsten Barlow, Associate Director, Legislation & Public Policy

Re: Final 2014-15 State Budget

Governor Jerry Brown signed the 2014-15 State Budget Act (SB 852) on June 20. The Governor and legislature had reached agreement on most of the budget items, so there were only a few line-item vetoes, including a 50% reduction to funding for mental health and substance use disorder (SUD) parity enforcement that the legislature provided ($375,000 instead of $749,000 to the Department of Insurance and $2.1 million instead of $4.2 million to the Department of Managed Health Care (DMHC)).The costs will be paid from fees paid by health insurers/plans. The Governor asserts in his veto messages that the amounts provided are sufficient to allow the departments to monitor parity compliance and that, in the coming year, the DMHC will "review health plan filings, and identify any areas of concern and any additional resources needed to address them."

Below is a summary of the many appropriations and trailer bill policy changes included in the final 2014-15 state budget that impact mental health and SUD services. Unless otherwise noted, funding amounts refer to state General Funds (GF). For reference, the Governor's budget is available online at: http://www.ebudget.ca.gov.

Please contact either of us if you have any questions (roakes@cmhda.org, 916-556-3477x1108; kbarlow@cmhda.org, 916-556-3477x1112).

Mandates

The budget includes a $100 million payment to local agencies ($73 million for counties) for pre-2004 mandate claims (the state currently owes $900 million). CSAC's Budget Action Bulletin estimates each county's share. Additionally, if actual state revenues exceed the Administration's 2015 May Revise estimates, budget bill language directs up to $800 million more to local agencies, once the state meets its Prop. 98 (education funding) guarantee. The state owes counties over $246 million for pre-2004 mandate claims for AB 3632 special education mental health services and another $272 million for post-2004 claims.

Katie A. Implementation

The budget includes $2 million for county *Katie A*. administrative costs, including: $600,000 in the Department of Health Care Services (DHCS) budget for county mental health departments, $400,000 in the Department of Social Services (DSS) budget for county child welfare departments, and $1 million in anticipated federal matching funds. These funds are intended to cover counties' non-federal share of the cost to comply with new DHCS requirements for *Katie A.* implementation. As noted in the Governor's May Revise proposal, *"Proposition 30, passed in 2012, requires the state to provide annual funding for newly required activities that have an overall effect of increasing county costs in realigned programs. Although the settlement was reached prior to the passage of Proposition 30, there may be new administrative activities that increase the overall cost to counties."*

The Budget Act (SB 852) indicates these funds are available to counties for semiannual implementation progress reports, as described in DHCS Information Notices 13-19 and 14-010, upon approval by the Director of Finance (DOF). Prior to approval, SB 852 requires DOF to consult with DHCS, DSS, and CSAC to "determine if counties incurred overall cost increases due to the notices outlined in this provision." DOF is required to provide notification of the allocation to the Joint Legislative Budget Committee within ten (10) working days from the date of DOF approval.

CBHDA will work with DHCS on a method for counties to claim for these reimbursements, and will advocate for a quarterly claiming process (i.e., parallel that which is already in place for claiming Early & Periodic Screening, Diagnosis, and Treatment (EPSDT) administration and utilization review costs) available to cover costs in the current year and forward.

Health Reform Implementation and Medi-Cal Expansion

- Medi-Cal Caseload and County Savings: $437 million for the state's 2014-15 costs to implement the Affordable Care Act. Current estimates project 11.5 million enrollees will soon join the Medi-Cal rolls -- 30% of the state's population! Approximately 800,000 are mandatory expansion enrollees (where the state/federal cost share is 50/50). The budget also assumes $725 million will be shifted from county health care services to the state in 2014-15 as low-income indigent individuals enroll in Medi-Cal.

- Mental Health and SUD Expansion: State and federal funding to expand non-specialty mental health services into Medi-Cal managed care plans, and to expand SUD benefits in Drug Medi-Cal, is currently estimated as follows:

    - Mental Health Benefit Expansion: $391 million ($138 million GF, $253 million federal)
    - SUD Services Benefit Expansion:

        - Intensive Outpatient Treatment: $20.3 million GF, $46.2 million federal funds
        - Residential Treatment (assuming federal approval of 1115 Demonstration Waiver request): $36.9 million GF, $74.5 million federal funds
        - Voluntary Inpatient Detox (Fee for Service, not provided by counties): $9.9 million GF, $17.1 million federal funds.

- Parity: The health trailer bill (SB 857) implements the federal mental health parity law by requiring that individual, small group, and large group health care service plan contracts be in compliance with the federal law by January 1, 2015. SB 857 also authorizes DMHC to issue guidance to health care service plans through January 1, 2016.

- Provider Rates: The budget does not restore recent 10% Medi-Cal provider rate cuts to physicians and clinics. However, health trailer bill SB 870 states the legislature's intent that DHCS continue to monitor access to and utilization of Medi-Cal services in the fee-for-service and managed care settings during the 2014-15 fiscal year. DHCS is required to use this information to evaluate current reimbursement levels for Medi-Cal providers and make recommendations for targeted changes to the reductions in reimbursement levels made in the 2011 Budget Act to the extent DHCS finds those changes appropriate.

Mental Health Services Act

- Centers for Behavioral Health Excellence: Appropriates $15 million in unspent Mental Health Services Act (MHSA) state administration funds in the Mental Health Services Oversight and Accountability Commission (MHSOAC) budget to establish "Centers for Behavioral Health Excellence" focusing on brain research at UC Davis and UCLA. Most of the money ($12.3 million) is from the MHSOAC's 2012-13 budget; the remaining $2.7 million may only be released if DOF determines there are available state administration funds. The University of California has until June 30, 2017 to expend the funds. CBHDA will be meeting with Senator Steinberg's office to learn more about this initiative.

- Reducing Disparities Project: The budget appropriates $18.5 million in MHSA funds to the Department of Public Health and continues the following budget bill language provided in last year's state budget regarding the California Reducing Disparities Project:

> *It is the intent of the Legislature that a total of $60,000,000 for the California Reducing Disparities Project, which seeks to improve timely access to mental health services for unserved and underserved populations in California by bringing forward community-defined solutions and recommendations developed by diverse workgroups comprised of community representatives, shall be available over the course of four fiscal years beginning with the 2012–13 fiscal year. Contracts with entities representing focused populations to develop strategic planning work groups are presently in effect to identify population-focused, culturally competent recommendations for reducing disparities in mental health services and to improve outcomes by identifying community-defined, strength-based solutions and strategies to eliminate barriers in the mental health service system. Results from these strategic planning workgroups are to be used to effectuate changes in the mental health system to reduce and mitigate multiethnic, sexual orientation, and cultural disparities. Of the amount appropriated in this item, $15,000,000 is to fund the California Reducing Disparities Project and shall be available without regard to fiscal years.*

- SB 82 Reappropriation and Golden Gate Bridge Suicide Barrier: The budget provides $41.2 million for MHSOAC state administration activities and three (3) staff positions. Additionally, MHSOAC is provided authority to utilize unspent current year SB 82 funds (Steinberg: Investment in Mental Health Wellness triage personnel grant funding, Statutes of 2013) through June 30, 2017, and provides:

- $7 million for "suicide prevention purposes." These funds are now being used to help fund a suicide prevention barrier on the Golden Gate Bridge. The Golden Gate Bridge Highway and Transportation District approved a $76 million plan on June 27, including the $7 million in MHSA funds, available online here.
- The remaining unspent funds are intended to be used to continue funding triage personnel grants approved by the MHSOAC. According to Senator Steinberg's office, this funding will be used to for two additional SB 82 triage personnel grants (San Bernardino and Fresno counties).

- Peer Support: The budget provides $17.8 million in MHSA funds to the Office of Statewide Health Planning and Development (OSHPD) available for expenditure through June 30, 2018. Of this amount, $2 million is for "*peer support, including families, training in crisis management, suicide prevention, recovery planning, targeted case management assistance, and other related peer training and support functions to facilitate the deployment of peer personnel as an effective and necessary service to clients and family members, and as triage and targeted case management personnel.*"

2011 Realignment Revenues

The Governor's May Revise provided updated 2011 Realignment revenue estimates, including the following amounts for behavioral health services:

	2012-13	2012-13 Growth	2013-14	2013-14 Growth	2014-15	2014-15 Growth
Mental Health (1991 Realignment)*	$1.12 billion	$10.7 million	$1.12 billion	$6.3 million	$1.12 billion	$18.8 million
Behavioral Health Subaccount**	$964.5 million	$27.9 million	$992.3 million	$41.7 million	$1.03 billion	$170.7 million

*Growth does not add to base
**The EPSDT and Drug Medi-Cal programs do not yet have a permanent base

Criminal Justice

An array of criminal justice and reducing recidivism investments are included in the budget, including the following for mental health and SUD populations:

- Community reentry facilities: $20 million for county or joint state-county projects targeting mentally ill offenders who are within six (6) to twelve (12) months of release. Projects will focus on successful community reintegration (e.g., work training, education, practical living skills, and SUD/mental health treatment). Facilities may also serve as transitional housing and intermediate sanctions for probationers.

- Mentally Ill Offenders Crime Reduction (MOICR) Grants: $18 million for a competitive grant program for counties, divided equally for juvenile and adult programs. The program will be administered by the Board of State and Community Corrections (BSCC), and requires a 25% percent local match. For additional details, see Sections 31 and 32 of the public safety trailer bill (AB 1468).

- Collaborative Courts: $15 million for court programs focused on mental health and SUD offenders with moderate/high risk. Collaborative courts, pretrial programs, and risk and

needs assessments at sentencing are included. Courts may apply on behalf of counties and other local partners. See additional details on pages 17-19 of the main budget bill (SB 852).

- SUD Treatment Expansion in Prisons: $11.8 million to expand SUD treatment to all non-reentry hub prisons over a two-year period.

- Community Recidivism Reduction Grants: $8 million for non-profit organizations engaged in a broad scope of recidivism reduction efforts in the community. Grants will be administered by the BSCC, and counties are responsible for passing the funding through from the state to the non-profits, which is described in Section 21 of the public safety trailer bill (AB 1468).

- Social Innovation Bonds: $5 million to facilitate social innovation (pay-for-performance) financing for recidivism reduction programs, including housing for former felons.

- Cognitive Behavioral Treatment at Contracted Facilities: $3.8 million for rehabilitative programming at in-state contract facilities, similar to programming at reentry hubs.

- Case Management Reentry Pilot: $2.5 million for California Department of Corrections and Rehabilitation (CDCR) to establish a three-year pilot program in at least (3) three counties that includes case management social workers assisting parolee participants in managing basic needs, including housing, job training, and medical and mental health care. See Section 27 of the public safety trailer bill (AB 1468).

- Innovative Programming Grants: $2.5 million one-time funding, of which $2 million is funded from the Inmate Welfare Fund, to expand non-profit programs that have demonstrated success and focus on offender responsibility and restorative justice principles

- Independent Evaluation of Integrated Services for Mentally Ill Parolees (ISMIP) Program: $500,000 in one-time funding to contract with an independent entity for evaluating the effectiveness of ISMIP in reducing recidivism.

- Alternative Custody: The public safety trailer bill authorizes counties to operate voluntary alternative custody programs, modeled after SB 1266 (Liu, Statutes 2010), which created an alternative custody program for female state prison inmates. The trailer bill permits confinement to a residential drug or treatment program, transitional care facility with appropriate services, or a mental health clinic or hospital with appropriate mental health services. See Section 18 of the public safety trailer bill (AB 1468).

- Mental Health and Health Infrastructure Needs of Los Angeles County Jail: The public safety trailer bill (AB 1468) provides legislative intent that DOF consult with the County of Los Angeles to identify options for how the state may assist in addressing the mental health and health infrastructure needs of the LA County's jail system and report its findings to the Joint Legislative Budget Committee by January 15, 2015. The intent language finds and declares:

  (1) The state has provided counties with the opportunity to receive lease revenue bond financing to improve local correctional facilities. (2) However, for the construction of certain county in-custody mental health treatment and rehabilitation facilities, where the state portion of

construction would be minor, state lease revenue financing may not be an appropriate mechanism. (3) As the largest local correctional and justice system in the nation, it is important to explore improvements to the county's efforts to improve mental health treatment and maximize the efforts to improve criminal justice outcomes and reduce recidivism.

State Hospitals

- State Hospital Restoration of Competency Expansion: $7.8 million in 2013-14 and $27.8 million in 2014-15 for Department of State Hospitals (DSH) to expand restoration of competency bed capacity by 105 beds in the state hospitals.

- Local Restoration of Competency Expansion: $3.9 million to expand restoration of competency services in county jails or community residential treatment facilities instead of a state hospital. The public safety trailer bill (AB 1468) permits competency services to be provided in community treatment facilities if the facility has a secured perimeter or is in a locked and controlled treatment facility. The cost of the services is provided by DSH. Currently, San Bernardino and Riverside counties operate restoration of competency services in local jails. The additional funds permit up to 55 additional beds to in other counties. According to DSH, Alameda and Los Angeles Counties have expressed interest.

- Enhanced Treatment Program: $2.1 million for DSH to design and plan for specialized short-term housing units, totaling approximately 44 beds. These will house and treat the DSH's most dangerous and violent patients. The main budget bill (SB 852) prohibits DSH from expending the appropriation on construction or from proceeding with construction until legislation authorizing ETUs is enacted. See CBHDA's Letter on AB 1341 (Achadjian) expressing significant concerns about the proposed ETUs.

- Patient Management Unit: $1.1 million and ten (10) limited-term positions for the establishment of a Patient Management Unit (PMU) at DSH to facilitate patient movement across all facilities under the DSH's jurisdiction, and the psychiatric programs operated by the DSH pursuant to MOUs with CDCR. As part of the PMU, the public safety trailer bill (AB 1468) requires DSH to adopt regulations on policies and procedures for patient referral to DSH hospitals and screening criteria that:

  ensures that patients are placed in a state hospital or psychiatric program closest to their county of residence in the absence of a compelling reason to place the patient in another facility. Compelling reasons may include, but not be limited to, the patient's specialized psychiatric, medical, or safety needs, and the availability of beds for his or her commitment type.

- Training for Peace Officers in State Hospitals and Developmental Centers: The public safety trailer bill (AB 1468) requires the California Health and Human Services Agency to develop training protocols and policies and procedures for peace officers in state hospitals and developmental centers. It also requires the Agency, in consultation with system stakeholders, to develop recommendations to further improve the quality and stability of law enforcement and investigative functions at developmental centers and state hospitals in a meaningful and sustainable manner. The recommendations are due to the budget and relevant policy committees of both houses of the legislature by January 10, 2015.

Educationally Related Mental Health Services

- $69 million in federal Individuals with Disabilities Education Act (IDEA) funds and $357 million in state GF to special education local plan areas (SELPAs) for educationally related mental health services, including out-of-home residential services for emotionally disturbed pupils, required by an individualized education program pursuant to the federal IDEA and as described in Section 56363 of the Education Code.

Low Income Housing

- Multifamily Housing: $100 million to the Multifamily Housing Program, which provides low-interest loans to developers for the construction or rehabilitation of affordable rental housing. Half will be set aside for loans for creating permanent housing for people who are homeless or at risk of homelessness.

- Veterans' Housing: $76.2 million in bond funds for construction of housing for homeless and low-income veterans.

Human Services

- Elimination of Lifetime Ban for Drug Felons from CalWORKs and CalFresh: $10.6 million in 2014-15 (estimated at $32.5 million annually in future years) for welfare-to-work and food stamp access to drug felons. Beginning April 1, 2015, individuals convicted of felony drug possession, use, or distribution after December 31, 1997 will no longer be banned from receiving CalWORKs and CalFresh benefits.

- CalWORKs Grant Increase: $46.6 million for a 5% CalWORKs grant increase, effective April 1, 2015. Similar to the 5% increase that took effect March 1, 2014, the GF will support these costs until sufficient revenues in the Child Poverty and Supplemental Support Subaccount of the Local Revenue Fund are available.

- CalWORKs Homeless Support: $20 million for families for whom homelessness and housing instability is a barrier to self-sufficiency.

- Commercially Sexually Exploited Children Program: $5 million in 2014-15 (and $14 million annually in future years) to establish a Commercially Sexually Exploited Children Program. For counties that elect to participate, it will include statewide training, development of local protocols for addressing victims of exploitation, and specialized services. The human services trailer bill (SB 855) requires participating county agency representatives from mental health, probation, public health, and substance abuse disorders to participate in case planning and assist in linking commercially sexually exploited children to services. Participating counties must submit a plan to DSS describing the county's collaboration with county partner agencies and the formation of a multidisciplinary team that includes county child welfare, probation, mental health, substance abuse disorder, and public health departments. See pages 139-142 of SB 855.

DHCS Administration

- CMS Monitoring of County Mental Health Plans (MHPs): The DHCS Mental Health Services Division received funding for seven (7) permanent positions to increase the scope, frequency, and intensity of monitoring/oversight of county MHPs in direct

response to concerns the Centers for Medicare and Medicaid Services (CMS) has about: timely access to services in the Medi-Cal Specialty Mental Health Services Program; the availability of interpreter services (especially for Spanish speaking beneficiaries); the continuing, significantly elevated rates of non-compliance observed during system reviews of MHP operations by DHCS; and the continuing high rates of claim disallowance resulting from both outpatient and inpatient medical record reviews. The positions include:

  - Program Oversight and Compliance Branch—Compliance (4 Positions): Increase scope, intensity, and frequency of oversight and monitoring of the county MHPs and identified providers.
  - Program Policy and Quality Assurance Branch—County Support (2 Positions): Increase the level of monitoring and technical assistance provided to the MHPs by the county support unit, including clinical technical assistance in order to ensure they are in compliance with state and federal requirements, and increasing the level of follow-up when out-of-compliance areas are identified.
  - Program Policy and Quality Assurance Branch—Appeals (1 Position): Establish staffing for appeals within the branch which includes licensed clinical staff who will be responsible for reviewing appeals and making appeal decisions.

- Performance Outcomes System Plan/Medi-Cal Specialty Mental Health Services: DHCS received funding for four (4) permanent positions and expenditure authority to implement the EPSDT Performance Outcomes System required as part of the 2012-13 budget. DHCS claims that research and information technology staff is needed to develop the evaluation methodology; extract, compile, and analyze the data to produce reports; and provide counties with technical assistance to interpret reports and develop strategies to monitor and improve local performance and outcomes.

- SUD Expansion: DHCS received funding for ten (10) permanent positions and twelve (12) two-year, limited-term positions to implement new requirements in the ACA and last year's budget for enhanced Medi-Cal SUD services. According to DHCS, these positions will provide program oversight and monitoring, policy development, and program integrity and compliance with applicable state and federal policies, statutes, and regulations.

- SB 82/SB 364 Implementation: DHCS received funding for two (2) permanent positions to perform workload associated with implementation of SB 82 (Senator Steinberg's Investment of Mental Health Wellness Act, 2013) and SB 364 (Senator Steinberg's legislation on the Lanterman-Petris-Short Act, 2013).

- Re-Certification of Drug Medi-Cal Providers: DHCS received funding for twenty-one (21) limited-term positions to recertify providers in the Drug Medi-Cal program. According to DHCS, the Drug Medi-Cal program certification and recertification is a new process for the Provider Enrollment Division (PED) staff, which will entail developing necessary job skills and institutional knowledge to maintain, enhance, and enforce DMC policies and safeguards. In addition, the certification and program standards have not been updated in years; PED staff will need to become familiar with federal and state laws and regulations governing the DMC program, perform policy review, analysis and interpretation, recommend policies, rules and regulations on program matters, strengthen standards of the certification requirements, and provide recommendations for any necessary State Plan Amendments.

- SUD Program Integrity – Counselor and Facility Complaints: DHCS received funding for six (6) three-year, limited term positions to investigate counselor complaints and alcohol and other drug facility complaints. These personnel will investigate complaints related to counselors and facilities that provide 24-hour, non-medical residential and outpatient alcohol and other drug detoxification, treatment, or recovery services to adults. DHCS states that it is currently backlogged with investigating provider and counselor complaints and is not complying with the state mandate of investigating complaints regarding counselor misconduct within the ninety days of receipt.

These positions will be funded from the Residential and Outpatient Program Licensing Fund (ROLF) and contingent on approval of proposed fee increases for licensed and certified facilities. The health trailer bill (SB 857) authorizes DHCS to increase fees charged for licensure and certification of all residential alcohol and other drug (AOD) recovery and treatment facilities and of all outpatient AOD programs; requires DHCS to publish the current fee structure on DHCS's Web site; and requires DHCS to notify and consult with stakeholders regarding new fees or fee changes.

- MEDS Modernization**:** DHCS received sixteen (16) limited-term positions and expenditure authority for a new, multi-year Information Technology project to modernize the Medi-Cal Eligibility Data System (MEDS). Due to the MEDS' outdated technology platform and the declining workforce skilled in these technologies, modernization of MEDS in the immediate future has become a top priority of DHCS. DHCS will be working with CMS to ensure eligibility for enhanced 75% federal financial participation (FFP) for the maintenance of the existing MEDS, and 90% FFP is maximized for the planned MEDS Modernization Project. The project is expected to begin in July 2014 and continue through June 2020.

Review of Federal Bills on Community Mental Health

Comparison of HR 3717 & HR 4574

HR 3717 (Murphy)	HR 4574 (Barber)
Positive Elements	***Positive Elements***
• Creates 4 year pilot program for Assisted Outpatient Treatment. Funding is $50 million with no grant exceeding $1 million annually.	• Creates White Office of Mental Health Policy that develops a guiding national mental health policy strategy and coordinates the work of all agencies providing mental health services such as SAMHSA, Education, Veterans Admin., National Institute for Mental Health, etc. This office will work to improve integration of behavioral health services throughout all health systems and will simplify grant process by creating one grant application for all programs throughout the departments.
• Training program for primary care physicians on behavioral health screening tools.	• Establishes a National Mental Health Council with the President as the Chair as well as a National Mental Health Advisory Board with an appropriate range of stakeholders as required members.
• Telehealth consultations to primary care physicians.	• Strengthens and invests more in SAMHSA programs. Establishes a national Suicide Prevention Technical Assistance Center and continues the operation of the National Child Traumatic Stress Initiative. Maintains SAMHSA grant funding for Protection and Advocacy without imposing new restrictions. Funds national stigma reduction grants and grants to reduce homelessness.
• Demonstration project to improve FQMHC community behavioral health clinic services.	• Funds grants for co-location of behavioral health with physical health providers. Requires a national study and report within 2 years on system barriers to integration of all health care.
• Training for law enforcement officers and other first responders on behavioral health symptoms and appropriate responses.	• Authorizes payment through Medicaid and Medicare for same day appointments for mental health and physical health care.
• Veterans' Treatment Courts	• Eliminates the 190 day lifetime limit on Medicare and Medicaid funding for acute psychiatric hospitalization. Expands the 1915b waiver to include youth in psychiatric residential treatment facilities.
• Efforts to eliminate excessive and duplicate paperwork; loosens regulations under FIRPA and HIPAA.	• Authorizes Medicare Part B to pay for services provided by MFTs and Mental Health Counselors
• Public awareness programs for secondary and post-secondary education.	• Expands Veterans Court Services, and funds correctional facility grants for assessment of inmates and post release transitional services.
• Inclusion of community mental health centers as eligible entities for funding for the electronic health record.	• Extends Medicare and Medicaid funding for development of the Electronic Health Record to psychologists, psychiatric hospitals, community mental health centers, residential and outpatient treatment programs.
• Payment for same day appointments that are medically necessary for the FQMHC and would like to see this allowance extended to community mental health centers.	• Expands and increases funding for Safe Schools-Healthy Students program and creates higher standards for these services. Increases funding for teachers, parents, and students on mental health issues.
• Option for states to allow Medicaid and Medicare payment to "qualified inpatient psychiatric services" for adults over 18 years and under 65 years. (Note: this would eliminate the IMD exclusion that precludes claiming for adults in IMD facilities.)	• Begins an effort for parity enforcement.

HR 3717 (Murphy)	HR 4574 (Barber)
HR 3717 Supporters: Treatment Advocacy Center, NAMI, American Academy of Child and Adolescent Psychiatrists, American Psychiatric Assoc, American Psychological Assoc., National Sheriffs Assoc.	HR 4574 Supporters: Mental Health America, American Psychological Assoc., American Assoc. for Marriage and Family Therapists, National Assoc. of School Psychologists, Bazelon Center for Mental Health Law, Psych Central, National Coalition for Mental Health Recovery, National Council for Behavioral Health, American Foundation for Suicide Prevention, National Assoc for Rural Mental Health, National Assoc. of County Behavioral Health and Developmental Disability Directors, The Trevor Project, American Mental Health Counselors Assoc., American Assoc. on Health and Disability, National Board for Certified Counselors
HR 3717 Opposition: American Bar Association, Bazelon Center for Mental Health Law, Mental Health America, Psych Central, National Coalition for Mental Health Recovery, National Council on Independent Living, American Assoc. for People with Disabilities	HR 4574 Opposition: None known

Elements of Concern	***Elements of Concern***
• Creation of a new Center for Mental Health Services at the cost of $150,000,000. SAMHSA, which has taken a leadership role in policy, block grants, data, and would be relegated to a less significant role.	• Requires more annual reports at all levels.
• A move away from integrated, community-based care.	• Creates grants for unnecessary and duplicative state registries of facilities.
• Elimination of funding for Protection & Advocacy state programs, which protect the rights of persons with mental illness.	• Requires all individuals to have mental health assessments prior to enlistment in the Armed Services and for assessment to become part of serviceman's record.
• Elimination of funding for consumer-focused SAMHSA programs and other discretionary programs.	• Only provides funding for 10 psychiatrists per year in the Veterans Administration loan forgiveness program.
• Possible loss of SAMHSA Block Grant funding.	• Authorizes a registry at Centers for Disease Control of all participants in research on mental illness.

County of Yolo
Alcohol, Drug and Mental Health Services

Counts by Type of Service by Fiscal Year

		Total	FY2008-09	FY2012-13
Total	Consumers	5,471	4,096	2,386
	Encounters	163,284	92,274	71,010
Assessment	Consumers	2,275	1,368	990
	Encounters	3,842	2,332	1,510
Benefit Specialist/Support	Consumers	212	0	212
	Encounters	793	0	793
Case Mgmt/Rehab/Mental Health	Consumers	3,844	2,682	2,039
	Encounters	58,317	29,067	29,250
Collateral	Consumers	1,187	708	561
	Encounters	8,026	5,035	2,991
Crisis Services	Consumers	1,242	1,076	225
	Encounters	2,209	1,795	414
Day Treatment Services	Consumers	34	32	2
	Encounters	4,652	4,622	30
Group Therapy	Consumers	346	259	107
	Encounters	3,316	2,718	598
Individual/Family Therapy	Consumers	1,639	1,066	644
	Encounters	15,454	9,401	6,053
Inpatient Medication Support	Consumers	288	284	4
	Encounters	1,138	1,103	35
Inpatient/Residential Services	Consumers	479	360	166
	Encounters	39,081	24,458	14,623
Medication Support	Consumers	2,089	1,439	1,228
	Encounters	24,959	10,588	14,371
Therapeutic Behavioral Services	Consumers	31	16	15
	Encounters	1,497	1,155	342

County of Yolo
Alcohol, Drug and Mental Health Services

Counts by Languageby Fiscal Year - Detail
7/1/2008 to 6/30/2013

		Total	FY2008-09	FY2012-13
Total	Consumers	5,471	4,096	2,386
	Encounters	163,284	92,274	71,010
English	Consumers	4,759	3,602	2,028
	Encounters	150,751	86,038	64,713
Spanish	Consumers	403	279	182
	Encounters	8,903	4,545	4,358
Russian	Consumers	54	42	32
	Encounters	781	422	359
Others	Consumers	255	173	144
	Encounters	2,849	1,269	1,580

County of Yolo
Alcohol, Drug and Mental Health Services

Counts by City of Residence
7/1/2008 to 6/30/2013

		Total	FY2008-09	FY2012-13
Total	Consumers Encounters	5,472 163,286	4,097 92,276	2,386 71,010
Woodland	Consumers Encounters	2,067 76,357	1,485 40,799	1,009 35,558
West Sacramento	Consumers Encounters	1,490 30,522	1,082 17,983	698 12,539
Davis	Consumers Encounters	870 30,709	667 17,299	378 13,410
Winters	Consumers Encounters	148 2,718	100 1,469	62 1,249
Other Yolo County	Consumers Encounters	213 5,325	142 2,384	111 2,941
Out of County	Consumers Encounters	645 17,516	590 12,257	120 5,259
Others	Consumers Encounters	39 139	31 85	8 54

	FY2011-12	FY2012-13	FY2013-14
Psychiatrist	5	3.5	3.5
Consulting Specialist/EH Psychiatrist	0	1	2
Nurse Practitioner	2	1.5	1.625
ADMH Specialist	10	7	7
Mental Health Specialist	4.5	5.5	5.5
Alcohol and Drug Specialist (AD)	3	2	2