

Yolo County Health and Human Services Agency

BEHAVIORAL HEALTH SERVICES

Local Mental Health Board Mental Health Director's Report July 25, 2016

Integration Celebration

On July 13 and 12 we hosted an Integration celebration, barbecue for staff to celebrate our first year of integration. Staff reviewed boards highlighting our strategic plan goals and were asked to provide feedback on what we are doing well, and what we could improve upon.

Service Centers Branch Director

After nearly a decade with Yolo County, Nancy O'Hara left to take the Human Services Director position in Sutter County. Nancy and her family are longtime residents of Sutter County and the interview process for this position started several months ago. We have opened a recruitment for the Service Center Director and have asked Ed Smith to assume the Interim Branch Director position for this Branch, In addition to his role as the Interim Child, Youth and Family Branch Director.

Whole Person Care Pilot

You may recall that during the community input meetings in early June, I shared that the financial aspects of this grant opportunity were very complex, and that our fiscal team was working hard to figure out how to make it work for our community. Unfortunately, we were forced to make the decision to stop pursuing this grant opportunity due to concerns about financial viability. Essentially, in order to make the project work the County would have to float a significant portion of the costs for the project upfront using our scarce local dollars, which would require us to de-fund other important projects that already exist in the community.

Adult Day Health Center (ADHC)

County staff continue to visit other ADHC sites and meet with potential partners for a new ADHC site in Yolo County. We have extended our contract with Dignity Health for one year in order to give us time to find the best option.

Drug Medi-Cal Organized Delivery System (DMC-ODS)

On July 15, the Department of Health Care Services staff were on-site all day to provide technical assistance and guidance to substance use disorder providers and County staff in preparation for the DMC-ODS Waiver. Karen Baylor, Deputy Director, Mental Health and Substance Use Disorder Services for DHCS and Mariles Perez, Division Chief for Substance Use Disorder Services were both at the visit. It was an extremely productive day and we are so excited to participate in this opportunity.

Jail and Juvenile Detention Facility Behavioral Health Services Contract

County staff met with California Forensic Medical Group (CFMG) staff last week to review the Behavioral Health contract for the Jail and Juvenile Detention Facility. Staffing will be dramatically increased as will programming.

Community Intervention Program (CIP)

At the last LMHB meeting there was concern about possible reduction in CIP hours. Fortunately, with additional funds from the First Episode Psychosis program set aside, the CIP provider, Turning Point Community Programs, has found a way to actively staff clinicians from 8 AM to 12 AM daily, with on call availability after 12 AM. They are working out some final logistics but our hope is that this schedule will go live soon.

Cooperative Agreements Benefitting Homeless Individuals

Several months ago staff submitted an application to the Substance Abuse and Mental Health Services Administration (SAMHSA) for a Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant, with the intended purpose of providing intensive wraparound services to people experiencing homelessness in Yolo County with co-occurring mental health and substance use disorders. We recently learned that our application was funded in the amount of \$2,399,328 over a three-year period (\$799,776 annually)! The service delivery for the project will be contracted with Fourth and Hope, and will provide three key components including: (1) identification, assessment and triage, (2) intensive case management and treatment, and (3) housing navigation and permanent placement. The project will fund a total of 11 full-time positions at Fourth and Hope, including: 1 Clinical Program Manager; 2 Outreach Workers; 2 Case Managers; 4 Peer Support Specialists; 1 Housing Navigator; 1 Employment Specialist; and 24-Hour Crisis Response. See the [attached a project summary](#) for additional information.

Continuum of Care Reform

Please see [AB403 Fact Sheet attached](#). Information on CCR was requested at last LMHB meeting.

Inter-Governmental Transfer Funds (IGT)

Please [see attached IGT plan for Yolo County](#), approved this week.

EXTENDED HOPE:

A PROJECT TO SERVE HOMELESS PERSONS WITH CO-OCCURRING DISORDERS

Background

In March 2016, the **Substance Abuse and Mental Health Services Administration (SAMHSA)** released a funding announcement for the Cooperative Agreements to Benefit Homeless Individuals (CABHI) grant with the purpose of increasing the capacity of local communities to provide treatment services, permanent housing, peer supports and other critical services for people experiencing homelessness with a mental illness and/or substance use disorder.

The **Yolo County Health and Human Services Agency (HHSA)**, in partnership with **Fourth and Hope**, submitted a proposal to provide intensive wraparound care to people experiencing homelessness with co-occurring mental health and substance use disorders through the Extended Hope Project.

In July 2016, HHSA was awarded **\$2,399,328** to fund the three-year project (\$799,776 annually).

Project Goal

The project aims to advance the recovery of people experiencing homelessness with CODs in Yolo County by improving several key areas in the lives of each participant, including (1) housing stability, (2) behavioral and physical health, (3) self-sufficiency, (4) criminal justice involvement, and (5) purpose and community.

Target Population

People experiencing homelessness in Yolo County who have co-occurring mental health and substance use disorders (COD).

Project aims to contact 150 people experiencing homelessness through outreach each year, and enroll 75 people experiencing homelessness with CODs in intensive case management.

Project Description

The project will advance client recovery through use of a two-year integrated treatment approach that includes three key components including (1) identification, assessment and triage, (2) intensive case management and treatment, and (3) housing navigation and permanent placement.

1. Identification, Assessment and Triage

The outreach component of the project will utilize two full-time Outreach Workers who will assist with identifying, assessing, and providing services to the target population.

Identification: Workers will conduct street outreach, provider outreach and jail inreach to identify the target population.

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Assessment: Workers will use the Vulnerability Index and Service Prioritization Decision Assistance Tool (VI-SPDAT) to assess the vulnerability of all homeless persons that they identify.

Triage: Workers will enroll the most vulnerable individuals (with CODs) in the case management component of the project. Clients with lower levels of vulnerability, or not meeting the target population, will be linked with services from partner agencies.

2. Intensive Case Management and Treatment

The case management component of the project will utilize 1 Clinical Program Manager and 2 Case Managers to create and implement individualized case plans for each client. Additionally, 4 Peer Recovery Support Specialists will provide recovery support through mentorship and educational sessions, and 1 Employment Specialist will assist clients with securing employment. The case management team will also provide 24-hour crisis response coverage to address urgent client needs, intended primarily to avoid hospitalizations and arrests.

The project will also provide residential substance use treatment for approximately 10-12 clients each year, with a stay of no longer than 90 days per client.

3. Housing Navigation

The Housing Navigation component of the project will utilize 1 Housing Navigator to provide assistance with securing and maintaining permanent housing placements for clients on the case management caseload.

Project Staffing

- 1 Clinical Program Manager
- 2 Outreach Workers
- 2 Case Managers
- 4 Peer Support Specialists
- 1 Housing Navigator
- 1 Employment Specialist
- 24-Hour Crisis Response

Project Partners

- **Fourth & Hope** will operate the direct service delivery components of the project.
 - **Yolo County Health and Human Services Agency (HHSA)** will serve as the project administrator. HHSA will be responsible for providing executive oversight of client admission and treatment plans, convening a steering committee, monitoring data collection, and evaluating performance measures.
 - **Sacramento Steps Forward** will provide infrastructure development services and back-end programming for the local Homeless Management Information System.
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AB 403 (Stone): Foster Youth: Continuum of Care Reform

BILL SUMMARY

AB 403 is a comprehensive reform effort to make sure that youth in foster care have their day-to-day physical, mental, and emotional needs met; that they have the greatest chance to grow up in permanent and supportive homes; and that they have the opportunity to grow into self-sufficient, successful adults.

AB 403 addresses these issues by giving families who provide foster care, now known as resource families, with targeted training and support so that they are better prepared to care for youth living with them. The bill also advances California's long-standing goal to move away from the use of long-term group home care by increasing youth placement in family settings and by transforming existing group home care into places where youth who are not ready to live with families can receive short term, intensive treatment. The measure creates a timeline to implement this shift in placement options and related performance measures.

The measure builds upon many years of policy changes designed to improve outcomes for youth in foster care. It implements recommendations from CDSS's 2015 report, [California's Child Welfare Continuum of Care Reform](#), which were developed with feedback from foster youth, foster families, care providers, child welfare agency staff, policymakers, and other stakeholders.

PROBLEM BACKGROUND

For over a decade, California has implemented policies to reduce the number of children in out-of-home foster care placements, which has resulted in a decline from a high of over 100,000 youth in foster care in 1999 to about 60,000 in 2014. These policy changes have included preventative efforts to reduce the likelihood that a child is removed from his or her home, early intervention in child welfare cases, and assistance with finding children permanent homes with relatives and through adoption.

County child welfare agencies provide services to about 95 percent of youth in foster care, including

making arrangements for where the youth will reside and who will care for and take responsibility for the youth. Juvenile probation departments are responsible for the care of remaining 5 percent of foster youth.

"Continuum of care" refers to the spectrum of care settings for youth in foster care, from the least restrictive and least service-intensive (for instance, a placement with an individual foster family or an extended family member) to the most restrictive and most service-intensive (for instance, a group home with required participation in mental health treatment and limits on when the youth can leave the facility).

Most youth in foster care are placed in homes with resource families, but about 3,000 youth live in group home placements, also known as congregate care. Over two-thirds of the youth in congregate care have remained in such placements longer than two years, and about one-third have lived in such placements for more than five years.

Foster youth who live in congregate care settings are more likely than those who live with families to suffer a variety of negative short- and long-term outcomes. Such placements are associated with the creation of lifelong institutionalized behaviors, an increased likelihood of being involved with the juvenile justice system and the adult correctional system, and low educational attainment levels. Further, children who leave congregate care to return to live with their families are more likely than those who were in placed in family-based care to return to the foster system.

In spite of these well-known problems associated with this type of placement, too many children continue to be placed in, and remain living in, congregate care settings which do not always meet their needs or provide stable, supportive homes. AB 403 addresses this issue through a variety of policy changes.

COMPONENTS OF AB 403

To better meet the needs of youth in foster care and to promote positive outcomes for those youth as they

AB 403 (Stone): Foster Youth: Continuum of Care Reform

transition out of foster care, AB 403 implements the following policy changes:

- Updates the assessment process so that the first out-of-home placement is the right one.
- Establishes core services and supports for foster youth, their families, and resource families;
- Strengthens training and qualifications for resource families providing care to foster youth and congregate care facility staff;
- To the extent that the children are provided needed services and support, transitions children from congregate care into home-based family care with resource families;
- Transforms group homes into a new category of congregate care facility defined as Short-Term Residential Treatment Centers (STRTCs);
- Revises the foster care rate structure;
- Requires STRTCs and treatment foster family agencies to be certified by counties through their mental health plans;
- Evaluates provider performance.

AB 403 accomplishes the above in the following ways:

Home-Based Family Care: Reducing placements in congregate care settings will require specially trained resource families to be available to care for youth in home settings, either in resource families approved by a county or through a Foster Family Agency (FFA). AB 403 increases efforts to recruit and train families to meet the needs of foster youth as they step down from short-term residential placement settings with high service levels to less restrictive settings.

Residential Treatment: In order to reduce reliance on congregate care as a long-term placement setting, AB 403 narrowly redefines the purpose of group care. Group homes will be transitioned into a new facility type, STRTCs, which will provide short-term, specialized, and intensive treatment and will be used only for children whose needs cannot be safely met initially in a family setting. AB 403 establishes a timeline for this transition.

Providing Core Services: FFA programs, STRTCs, and social workers will provide core services and supports to foster youth and their placements. Depending on the type of placement and needs of a youth in foster care, core services may include: arranging access to specialized mental health treatment, providing transitional support from foster placement to permanent home placement, supporting connections with siblings and extended family members, providing transportation to school and other educational activities, and teaching independent living skills to older youth and non-minor dependents.

Cost: AB 403 establishes that both congregate care facilities and FFAs will offer the same level of core services to children at a rate that correlates with the level and type of services they provide. Social workers will provide additional core services and support to resource families. An initial state investment will lead to reduced placement costs, and to lower societal costs from improved outcomes.

Performance Measures and Outcomes: A multi-departmental review team will focus on the programs' administrative and service practices, and overall performance, to ensure providers are operating programs that use best practices, achieve desired outcomes for youth and families and meet local needs. To bolster this work, a satisfaction survey of youth and families will be used to determine their perception of the services they received, including whether the services were trauma-sensitive, and to provide feedback that can help programs serving youth and families make continuous quality improvements.

SUPPORT

- California Department of Social Services (sponsor)

OPPOSITION

- None received

FOR MORE INFORMATION

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Use of IGT LMMCRR Net Proceeds for Fiscal Year 2014-2015

Behavioral Health Programs (Budget: \$1,377,139)

- Wrap-around Services Program: \$487,500

This project will support CommuniCare Health Centers' on-going direct services, care coordination and case management for youth who are involved with Yolo County Child Welfare and/or Juvenile Probation. The target population is youth that are either stepping down from higher levels of care to return to their community, or are at risk of being removed from their community and placed in a higher level of care. The wrap-around services cater to the specific needs of the youth as well as developing capacity in the primary caregiver to best care for the youth. Wrap services focus on decreasing tobacco and substance use, improving behavioral and physical health outcomes, and promoting the overall wellbeing of the entire family system. 100% of the target population is Medi-Cal eligible.

- Substance Use services for CWS-involved parents: \$439,639

This project will support multiple community behavioral health treatment providers to deliver substance use disorder services for the parents of children involved in the Child Welfare System. Services to be provided include assessment, intervention, referral, care coordination, and treatment. As many in this target population have coexisting mental health disorders, services will include case management and linkage to services to address their physical and mental health needs. It is estimated that 90% of the target population to be served are Medi-Cal eligible.

- Substance Use services for Indigent Adults: \$150,000

This project will support indigent clients with co-occurring mental health and substance use disorders to access community-based residential substance use disorder treatment programs. The funds will expand and enhance the currently limited available options for these individuals, pending the implementation of the drug MediCal waiver in Yolo County. It is estimated that 100% of the target population to be served are Medi-Cal eligible.

- Step-down housing for drug and alcohol involved offenders: \$300,000

This project will expand and enhance the continuum of care for the treatment of substance use and mental health disorders as well as link the target population to needed health services. Funds will be used to purchase a 3 or 4 bedroom, single-family residential property to provide supportive housing to the Medi-Cal eligible, justice involved population of Yolo County. This facility will provide safe, stable shelter coupled with mandated wrap-around services focused on meeting individuals' behavioral health and basic health needs, including substance use disorder and mental health treatment, linkage to oral health services and health services for prevention and management of chronic disease. The Yolo County Probation Department will provide onsite daily case management services to the tenants of this home and will partner closely with CommuniCare Health Centers, a

ATTACHMENT A

local FQHC, as the provider of needed health services. It is estimated that 80-90% of the target population to be served are Medi-Cal eligible.

Care Coordination/Case Management (Budget: \$1,175,000)

- Chronic disease case management public health nurse: \$300,000

Based upon knowledge gained from the statewide Care Coordination Learning Collaborative, Yolo County HHSA intends to enhance client health outcomes through strengthening team-based intervention strategies for older adults with co-occurring serious mental health and chronic health conditions. This project will provide a Public Health Nurse (PHN) that will provide case management services for this vulnerable target population. In addition, the PHN will be a partner in the above Step-down housing project, providing education and case management to residents with chronic diseases with an emphasis on developing individual's chronic disease self-management skills. These funds will be used to support a part-time Public Health Nurse across a two-year period to participate on the team approach to care for this population. Emphasis will be on chronic disease education and self-management, and ensuring coordination between primary care, hospitals and mental health providers towards minimizing emergency room and inpatient utilization. It is estimated that 90% of the target population to be served are Medi-Cal eligible.

- Growing Together Nurse Home Visiting: \$300,000

Provides public health nurse case management services for families at risk for poor birth outcomes including women with chronic health conditions, mental health and/or alcohol & drug problems. Target population is low-income women during pregnancy and program continues to provide services for up to the first two years of baby's life. Approximately 90% of families case managed are on MediCal.

- Case Management: \$75,000

CommuniCare Health Centers will continue case management within the community clinics to coordinate care between hospitals and primary care providers with a special focus on high utilizers of the emergency departments (ED). Case Manager will assist in mitigating unnecessary ED visits, enhance care management, improve patient communication and provide patient education. 100% of the target population to be served are Medi-Cal eligible.

- Yolo Adult Day Health Center (ADHC) Facility Development: \$500,000

ADHC offers a medical model of care through out-patient day programming for older persons and adults with chronic medical, cognitive or mental health conditions that are at risk of needing institutional care. The overall objective of the center is to reduce average hospital days, emergency room visits and re-admissions, and doctor office visits. A July 2015 strategic space study found the current facility to be inadequate to meet the needs of the program and the community. The current facility is limited to serving 59 clients daily despite a high waiting list. Funds will be used to meet

ATTACHMENT A

facility and operational needs and expand service capacity. Approximately 85% of ADHC clients are on MediCal.

Access to Specialty Care (Budget: \$0)

Oral Health (Budget: \$0)

IGT Sustainability Reserve (\$121,105)