#### **Local Mental Health Board**

#### **Director's Report**

#### September 23, 2019

- a. Pine Tree Gardens- HHSA staff have initiated the formation of an Ad Hoc working group with Supervisor Saylor, Supervisor Provenza and members of the Save Pine Tree Gardens committee. The charter of the Ad Hoc is to develop short, medium, and long-range goals and objectives associated with creating a sustainability framework for the two Davis Adult Residential Facilities (Pine Tree Gardens East and West). The Ad-hoc committee met for the first time on July 17<sup>th</sup> and again on Sept 18<sup>th</sup>. The group is currently working on various tasks and projects with the end goal a sustainable Pine Tree Gardens.
- b. SSI Expansion and CalFresh Update- With the implementation of the Social Security Income (SSI) Cash-out or CalFresh expansion which started June 1st, the HHSA Service Center Branch has been anticipating the application of many Yolo County seniors and disabled residents who were previously ineligible. In the first 20 days of June there was a 35% increase in applications compared to the first 20 days of May. Since June 1st we have identified 5,182 possible recipients who could be added to cases or could apply for a new case. Please see data below for a break down by City. We are actively working on reaching out and educating the communities where the increases have been smaller.

SSI/SSP Recipients on cases on CalFresh by City								
	May 2019	June 2019	July 2019	August 2019				
Clarksburg	0	0	0	0				
Davis	18	69	122	158				
Dunnigan	2	3	3	8				
Esparto/ Capay	2	7	10	14				
Guinda	0	1	3	3				
Knights Landing	2	5	9	11				
Madison	1	0	0	0				
West Sacramento/Broderick	66	314	573	752				
Winters	2	5	16	20				
Woodland	44	139	250	329				
Yolo	0	1	1	2				
Total:	137	544	987	1297				
Pre-Cash Out								

**c.** Adult Residential Facility Update- As discussed at prior meetings, the City of Davis issued an RFP for the Pacifico property. The RFP closed in August and the City is reviewing applicants. We are finalizing the ARF RFP and targeting release next

Wednesday, September 25. There is a strong possibility that Pacifico will not be a viable option for our Adult Residential Facility. Due to the time sensitive nature of the MHSA money set aside for our Adult Residential Facility project we have begun concurrently planning to release our own RFP in the hopes of finding a provider who will purchase property and run an Adult Residential Facility in Yolo County. We hope to shorten this process as much as possible in order to have the money to the provider by the end of this fiscal year.

- d. Navigation Center Update HHSA staff are in discussion with CommuniCare as the provider of Navigation Services to increase access to in-person mental health and substance use care in the City of Davis. In addition to being open more days, as location feasibility is determined, a partnership with law enforcement is in development, to accept drop-offs as an alternative to arrest for a subset of substance-related offenses. This innovative pilot project is a partnership between the District Attorney's office, the Davis Police Department and HHSA with services contracted to CommuniCare. The target for the service expansion is January, 2020.
- e. Solano Board and Care- Earlier this year Solano County received a Department of State Hospitals diversion grant to provide housing and treatment to individuals with a mental health condition who would otherwise be prosecuted for a felony offense. Solano County has partnered with Yolo Community Care Continuum (YCCC) who located a house in South Davis for the program. Supervisors Provenza and Saylor met with Solano County Board members and their Health & Human Services staff to receive information on the project and services, expected to start in October. From that discussion a follow-up meeting has been requested to include HHSA staff to develop protocol associated with the Solano client's use of local crisis services (e.g., police contacts, emergency department, etc) when needed. In addition, the discussion will include consideration/usefulness of a regional model for care. For example, eligible Yolo County clients receiving services in the Solano Davis program, or in similar programs in other nearby Counties.

#### f. Regional Council on Homelessness: Behavioral Health Presentation-

On September 6th, the Yolo County Health and Human Services Agency Director, Karen Larsen, presented as part of the Regional Council on Homelessness. Karen and stakeholders from the across the state were selected to be on a panel and provide recommendations to the Governor's Statewide Homeless Task Force on how to best serve homeless individuals with behavioral health conditions. A photo of the task force is provided (right), and presentation slides are attached.



- g. Homeless Technical Assistance- In light of a need for more infrastructure around Yolo County's homeless governance structure the HHSA team pursued free technical assistance offered by the California Department of Housing and Community Development. HHSA was assigned a team of consultants from the Technical Assistance Collaborative (TAC) and has been working with them since March of 2019 with a special focus on homeless governance and Homeless Management Information Systems (HMIS) coordination. The TAC technical assistance team began by surveying stakeholders including community partners, elected officials, and all Homeless and Poverty Action Coalition (HPAC) members. The team presented survey findings and completed interviews in July. We're looking forward to the receiving final recommendations from the TAC team on September 25.
- h. Data Driven Recovery Project (DDRP) Update- HHSA is pursuing an opportunity to utilize Mental Health Services Act (MHSA) innovation funding to identify ways to overcome barriers and increase data linkages across the criminal justice and behavioral health systems. The Data Driven Recovery Project (DDRP) will focus on answering two fundamental questions: (1) How many people in jail have behavioral health needs? and (2) How many of those people were actively receiving behavioral health services at the time of booking? Additionally, when criminal justice and behavioral health data are overlaid with Full Service Partnership (FSP) services, we'll be better able to assess the efficacy of specific interventions and treatment approaches in reducing incarceration, hospitalization and homelessness for the clients most seriously affected by mental illness in own community. To complement the DDRP, Yolo County will also be working to improve our trauma informed system of care via Adverse Childhood Experience Screenings (ACES), targeted therapeutic treatment and additional staff training. The lead project consultant has initiated contact with all five participatory counties including: Yolo, Sacramento, Plumas, Nevada and San Bernardino. The next step includes developing project charters for each county. Please see attached handout.
- i. Partnership Health of California and Blue Sky Consulting- HHSA has begun meeting with Partnership HealthPlan of California, Blue Sky Consulting and a few other Partnership counties to discuss opportunities for integration of physical health and behavioral health. We have developed an agreement for sharing data and are now moving forward to determine whether our initial efforts should be specific to a site, such as West Sacramento, or a population, such as Children or Older Adults. These are exciting conversations and we look forward to the opportunities ahead.
- j. Board and Care Legislative Advocacy Workgroup- On September 25, representatives from the California State Association of Counties (CSAC), the California Welfare Directors Association (CWDA), California Behavioral Health Directors Association (CBHDA), the Steinberg Institute, LA and Yolo County will convene to discuss the decline in Board and Care facilities statewide and the impact on the continuum of housing options for those we serve. We're optimistic that this conversation will be the first of

many to come in an effort to put forth legislation to develop a long term strategy to address the core issue that reimbursement for Board and Care facilities has not kept pace with raising operating costs.

- k. Full Service Partnership (FSP and Assertive Community Team (ACT) /Assisted Outpatient Treatment (AOT) Data- For Fiscal Year 2018-2019 the FSP teams of Yolo County HHSA have seen an 87% decrease in the number of days that consumers experienced homelessness since fiscal year 17/18, and a 97% decrease in days of incarceration. The team also had a decrease in average number of days of psychiatric hospitalization from 28 days to 16 days. The ACT/AOT team had a 100% decrease in number of days that consumers experienced incarceration in 18/19, and 56% decrease in number of days hospitalized from 523 days in 17/18 to 228 days in 18/19. Please see attached performance measurement forms.
- I. External Quality Review Organization (EQRO) for DMC-ODS The EQRO will be in Yolo County for our inaugural Drug Medi-Cal external quality review on October 1-2, 2019. The focus of this review is access to care, timeliness to services, and overall quality and outcomes of care within our DMC Organized Delivery System; the EQRO will also evaluate our Information Systems capability (Avatar) and the way in which we use data to drive decisions and evaluate performance. Like the specialty mental health EQR in February 2019, the DMC-EQRO has requested to meet with representation from all levels of the service delivery system. Reviewers will visit four provider sites, including the 24-7 Access Line call center. Please reach out to <a href="mailto:samantha.Fusselman@yolocounty.org">Samantha.Fusselman@yolocounty.org</a> for additional information.

# Regional Council on Homelessness: Behavioral Health

SEPTEMBER 6<sup>TH</sup> 2019

KAREN LARSEN, DIRECTOR YOLO COUNTY HHSA
ELIZABETH KELLY, DIRECTOR COLUSA COUNTY HHSA
TOD LIPKA, CEO STEP UP ON SECOND SANTA MONICA
KEN KIM, DIRECTOR OF BEHAVIORAL HEALTH GLIDE FOUNDATION SAN
FRANCISCO

## **Best Practices:**

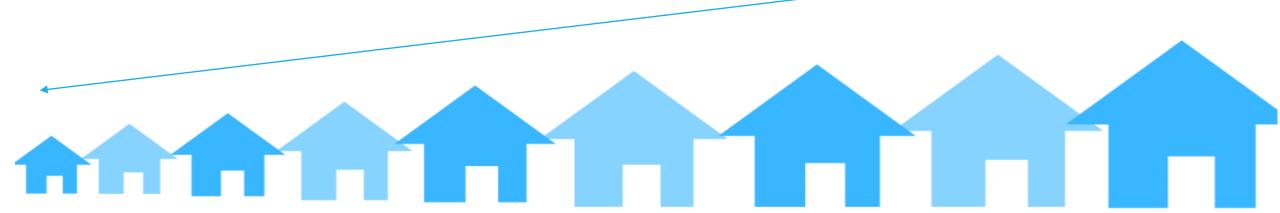
 Consumer is at the center of all decisions.



## Pipeline & Continuum of Housing:

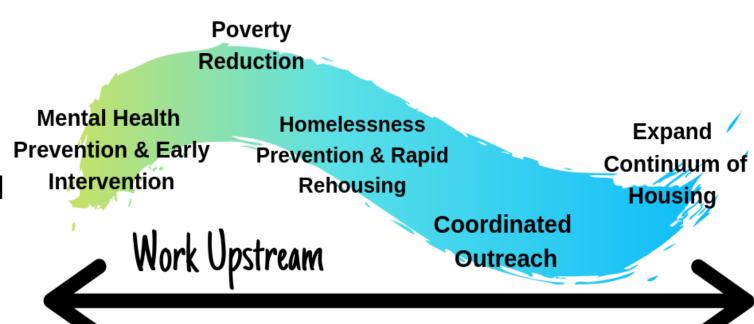
- 1. Interim Bridge Housing
- 2. Room & Board
- 3. Sober Living Environment
- 4. Shared Housing

- 5. Peer Supported Housing
- 6. Board & Care
- 7. Assisted Living Facilities
- 8. Skilled Nursing Facilities
- 9. Permanent Supportive Housing



## **Lessons Learned:**

- Upstream interventions are most effective.
- There's a need to focus on sub-populations (ex: Unsheltered Elderly).
- During movement between levels of housing with supportive services, wraparound services are required.
- Better outcomes are achieved through a peer workforce.



## **Recommendations:**

- Work collaboratively rather than in silos.
- Invest in data sharing platforms and agreements.
- Involve health plans as part of the solution.
- Evaluate VI-SPDAT compared to other models.
- Incentivize Social Security Advocacy that is field based.
- All services should be field based.
- Educate Public & Stakeholders regarding Behavioral Health and key drivers of homelessness.



# **Questions:**



## DATA DRIVEN RECOVERY PROJECT

#### Overview

The DDRP offers five Counties an opportunity to identify informed strategies for reducing the incidence, duration, and recurrence of arrests and incarcerations of people with behavioral health conditions. DDRP will accomplish this through improved use and appropriate sharing of data about the behavioral health needs of people in contact with or at increased risk of contact with the criminal justice system.



The cohort of Counties, led by Yolo County Health and Human Services Agency, includes:

- Yolo
- Nevada
- Plumas
- Sacramento
- San Bernardino

The DDRP envisions sustained improvements in outcomes and livelihoods for justice involved behavioral health clients through the development of partnerships, interventions, and analysis of key barriers and data sharing opportunities.

Two Components: 1) Data Sharing 2) Trauma Informed Care (Yolo County Only)

#### 1) Data Sharing Deliverables

- Develop a data governance plan and cross-agency analytic plan to use and identify clients in multiple systems, but maintain privacy and confidentiality.
- Develop baselines for prevalence and outcomes for justice-involved behavioral health clients.
- Create Process maps to inform areas for system improvement, client connections, and efficiency gains.
- Build off of the Sequential Intercept Mapping effort to analyze gaps and support next steps in a data-driven way.

#### 2) Trauma Informed Care Deliverables (Yolo County Only)

- Development of a framework or logic model for Trauma-Informed Training
- Implement Trauma Trainings (STC/POST Certification)
- Conduct Universal ACE's Screening and Evaluations of Adult Offender Population
- Conduct Therapeutic Cognitive Assessments with Targeted Therapy Recommendations for Adult Offenders with high ACE's scores
- Complete a final report on findings from Trauma Trainings, Screenings, Assessments and Targeted Therapies





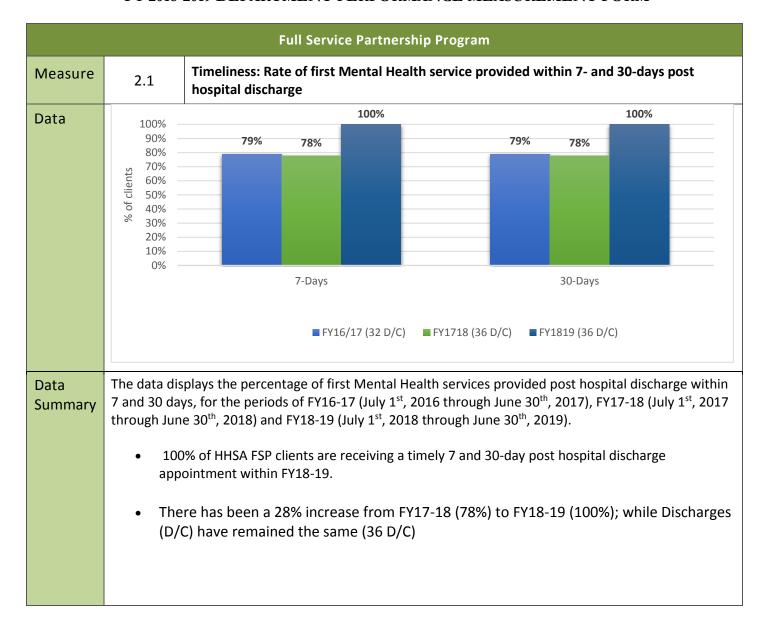


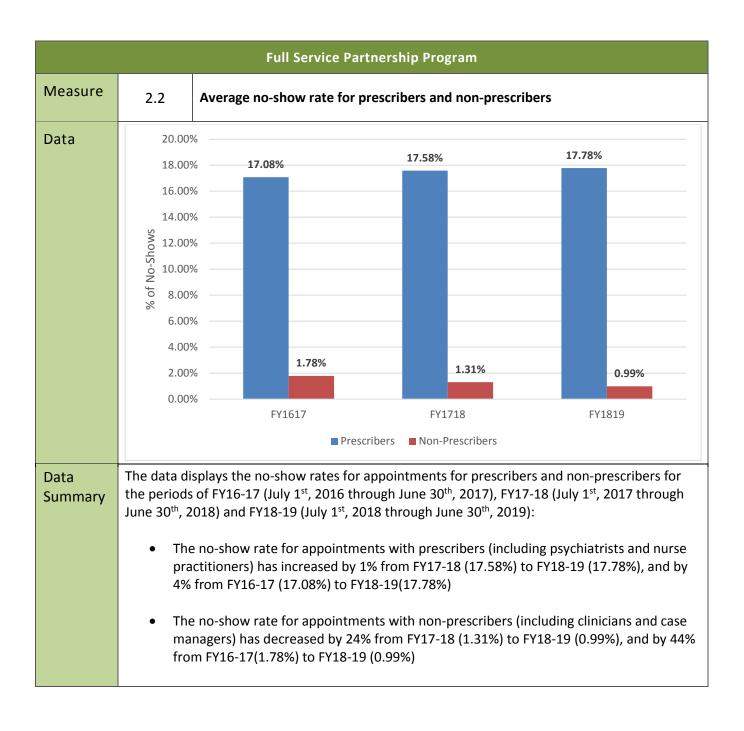


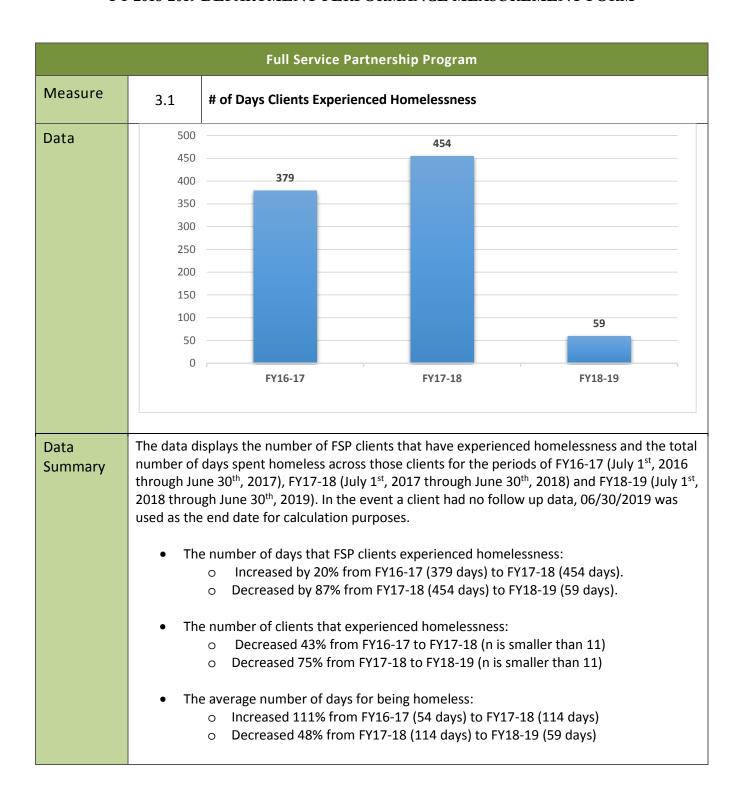


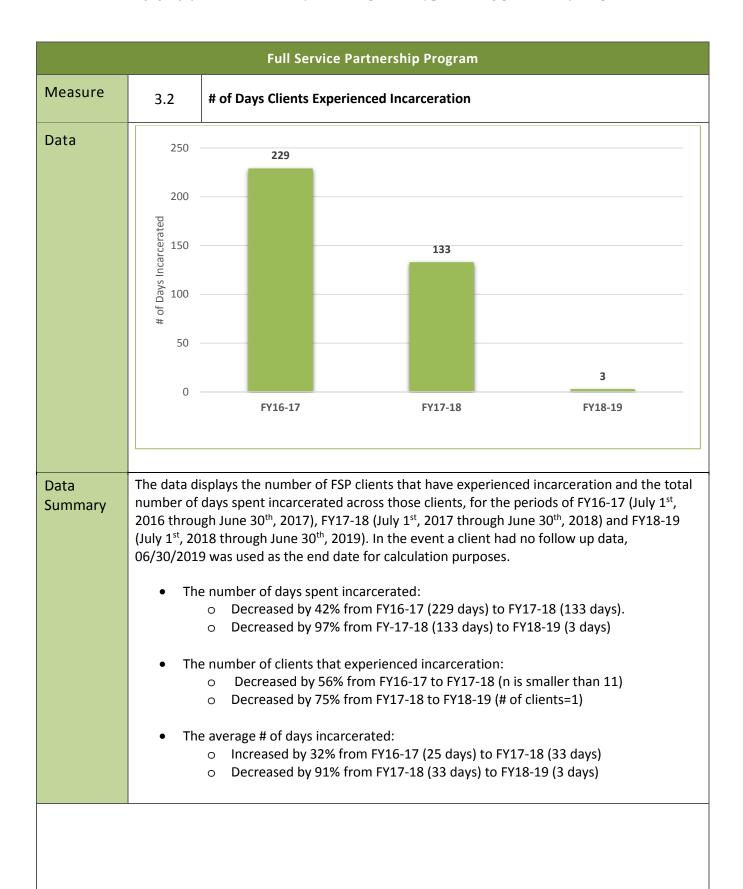


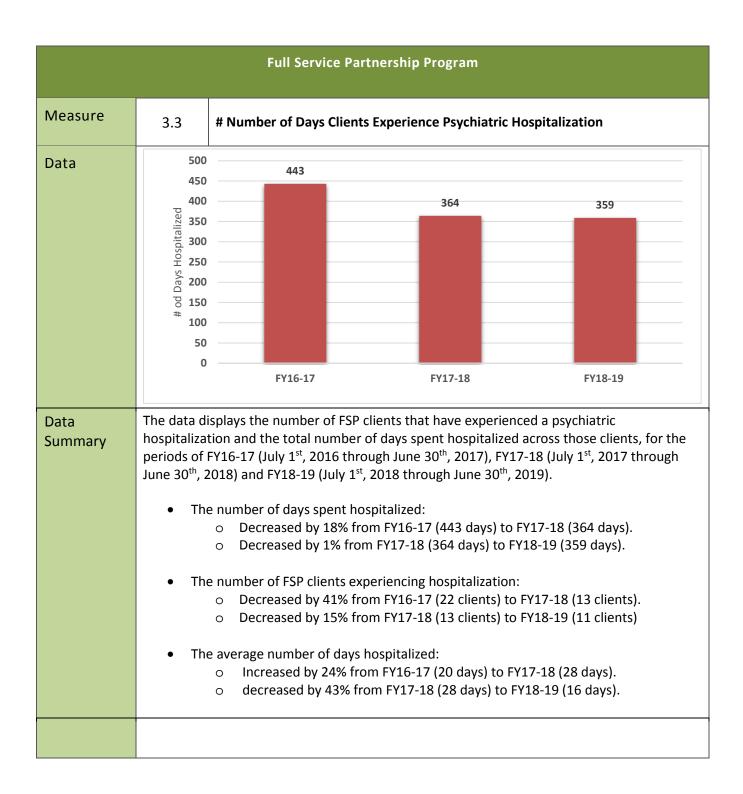
Full Service Partnership Program		Adult & Aging Branch	Juli	Julie Freitas x8517				
Program Purpose	Reduce homelessness, hospitalizations and incarcerations among individuals within the inhouse Full Service Partnership (FSP) Programs and reduce costs							
Program Information	<ul> <li>The County Mental Health Plan is mandated to provide specialty mental health services to those who are severely mentally ill (SMI) as defined by specific diagnosis and medical necessity, based on level of functioning. This includes Medi-Cal and/or Medicare/Medi-Cal beneficiaries, or indigent consumers.</li> <li>Approximately half of YCHHSA specialty mental health services are contracted out to partner provider agencies. This performance data includes only clients served by YCHHSA.</li> <li>Primary partners involved with psychiatric hospitalizations include: Woodland Memorial Hospital, Sierra Vista Hospital, Heritage Oaks Hospital, Turning Point Community Programs, Yolo Community Care Continuum, local Law Enforcement agencies, and NAMI</li> <li>Specialty mental health services are billed to Medi-Cal and/or Medi-Care for reimbursement</li> </ul>							
PM1: How much did	we do?							
Staff	Classification	FY16-17 FTE	FY17-18 FTE	FY18-19 FTE	,			
	Clinicians Staff Nurses Psychiatrists	9 2 .6 1.1 12.7	1.2 .6 1 9.8	8 2 .6 1 11.6				
	o There has been a 23% decrease in FTE staffing from FY16-17 to FY17-18 o There has been a 18% increase in FTE staffing from FY17-18 to FY18-19							
Customers	Quarter F	Periods Average FS	Average FSP Enrolled Client					
	FY16-17 FY17-18		90 86	-				
	FY18-19		94					
	<ul> <li>There has been a 9% increase of average enrolled FSP clients from FY17 1st, 2017 through June 30th, 2018) and FY18-19 (July 1st, 2018 through June 2019).</li> <li>There has been a 4% increase of average enrolled FSP client from FY16-1st, 2016 through June 30th, 2017) to FY18-19 (July 1st, 2018 through June 2019).</li> </ul>							
PM2: How well did w	e do it?							
2.1	Timeliness: Rate of first Specialty Mental Health Service provided within 7- and 30-days following discharge from an acute psychiatric inpatient episode  Average no-show rate for Specialty Mental Health Services with prescribers (including							
2.2	psychiatrists and nurse practit and nurses)	•	•	•	igers,			
PM3: Is anyone bette	r off?							
3.1	# of days clients experience ho							
3.2	# of days clients experience in							
3.3	# of days clients experience ps	sychiatric hospitalization		# of days clients experience psychiatric hospitalization				











Full Service Pa	artnership Program	Turning Point			
Program Purpose		spitalizations and incarceration ship (FSP) Programs and reduce	_	ne in-	
Program Information	Human Services to pro	/AOT program is a contracted povide Full Service Partnership se tally ill, as defined by specific di	rvices to 55 Yolo County resid	dents	
PM1: How much did	we do?				
Staff	Classification	on I	FY17-18 FTE FY18-19		
J. Carr	Case Manag	gers 3 FTE	5 FTE		
	Clinicians	3 FTE	1 FTE		
	Staff Nurse				
	Psychiatrist	s .2 FTI	E .2 FTE		
	Total FTE	7.2	7.2		
Customers	Quar	ter Periods Average FSP	Enrolled Clients		
	FY17-18		50		
	FY18-19		59		
		been an 8% increase of enrolled ugh June 30 <sup>th</sup> , 2018) and FY18-1		•	
PM2: How well did w	e do it?				
2.1	-	pecialty Mental Health Service   an acute psychiatric inpatient e		ıys	
PM3: Is anyone bette	er off?				
3.1	# of days clients experience homelessness				
3.1	# of days clients experience incarceration				
3.2	# of days clients experience	ce incarceration			

