Local Mental Health Board

Director's Report

December 9, 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 next Ad Hoc meeting is January 15 2020. The group is currently working on various tasks and projects with the end goal a sustainable Pine Tree Gardens.

b. **Adult Residential Facility (ARF) Update-** HHSA recently released the RFP for renovation of a property by a non-government respondent, with our intention being to have the money encumbered by a provider by fiscal year end. If the RFP process does not generate an appropriate respondent, HHSA will consider returning to the community with an alternative Capital Facilities and Technology (CFTN) project, so assure encumbrance or expenditure of the MHSA funds and avoid the risk of reversion June 30, 2020. A new (non-ARF) project idea will require public posting of an amendment to the plan for 30 days, as well as Board of Supervisor approval.

c. **Davis Navigation Center Expansion-** The Yolo County District Attorney's Office, in partnership with Yolo County Health and Human Services Agency (HHSA), the Davis Police Department, and CommuniCare Health Centers, will be launching a pilot project in Davis. This project seeks to treat certain drug related offenses as a public health matter rather than a criminal justice matter. This project would be the first of its kind in California allowing for warm hand-offs from Davis Police officers to clinicians, trained in the care and treatment of substance use disorders, in lieu of making an arrest and having the person prosecuted. The Davis Navigation Center staff will accept law enforcement drop-offs and/or be dispatched to the community as needed. The Navigation Program, contracted to CommuniCare Health Centers, will increase the overall access to in-person mental health and substance use care in the City of Davis through extended hours and days of operation. The target date for implementation of the pilot project and expanded service hours is January, 2020.

d. **Data Driven Recovery Project (DDRP) Trauma Trainings-** As part of the DDRP, HHSA has been conducting Trauma Training for County Behavioral Health and Criminal Justice staff. After 5 trainings, 110 staff have been trained. The 2-hour training is taught by Dr. Lisa Lit and includes the following learning objectives:

1. At the conclusion of training, the trainee will be able to:
2. Define trauma and describe elements of a trauma informed organization.
3. Identify the 10 kinds of childhood trauma recognized by the ACE Study.

4. Discuss the ACE Study and its importance to understanding effects of childhood trauma on adult behavior.
5. Understand the physiological effects of childhood trauma and how they affect adult behavior.
6. Describe signs and symptoms of trauma.
7. Describe therapeutic options for treating trauma.
8. Understand the importance of and strategies for avoiding re-traumatization.

e. **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.

f. **Yolo County Opioid Coalition-** On Wednesday November 13th, the first Yolo County Opioid Coalition meeting was held. This coalition brings together various stakeholders in order to share best practices, address challenges together and advocate for policy and regulatory changes when necessary. The included over 40 people from a variety of different fields including law enforcement, education, primary care, homeless services/housing, substance use providers, and our Board of Supervisors. The meeting included a Statewide presentation from Dr. Gloria Miele with UCLA's Opioid Response Network program, and local presentations from Garrett Stensen with CORE Medical, Christina Andrade-Lemus and Allison Rodriguez from CommuniCare Health Centers, and Dr. Ron Chapman the Public Health Officer for Yolo County. The Coalition is co-chaired by Sara Gavin, Chief Behavioral Health Officer with CommuniCare Health Centers, and Ian Evans, Alcohol and Drug Administrator with Yolo County Health and Human Services Agency. Check out our the Coalition website at http://www.yoloopioidcoalition.org/.

g. **Sheriff's Association Presentation-** On November 21, Health and Human Services Agency Director Karen Larsen, in collaboration with the California Behavioral Health Directors Association (CBHDA) presented an overview of the Behavioral Health System to the California State Sheriff's Association. Michelle Cabrera, Executive Director of CBHDA, presented statewide information describing who Counties serve, what services are provided, and how services are financed. Karen presented Yolo County specific information regarding the collaboration between behavioral health services and criminal justice partners. The presentation included information about Yolo County's population, the Stepping Up Initiative, the sequential intercept map, priority gaps, the criminal justice grants group, transitional housing and the Data Driven Recovery Project. Both presentations are attached.

h. **National Alliance on Mental Health (NAMI) Regional Advocacy Meeting-** On Friday November 8th, our Agency Director Karen Larsen presented an overview of the Yolo County Mental System at the NAMI Regional Advocacy Meeting on the UC Davis Campus. NAMI spent Friday and Saturday engaging the community in brainstorming activities in an effort to improve mental health services and outreach. It was a great event!

i. **Statewide Implementation of Early Psychosis (EP) Care in California**- On November 19, 2019, Yolo County was well-represented by HHSA LMFT/Clinical Manager Julie Freitas and Chief Deputy Jonathan Raven at the full day "Statewide Implementation of Early Psychosis (EP) Care in California" conference which took place at the UC Davis Medical Center in Sacramento. The stated goal of the conference was to: "Determine how to make high quality EP care available to all Californians. Bring together stakeholders from state, county, and Early Psychosis program leadership, commercial insurance companies, as well as clients and families to inform how the Mental Health Services Act Oversight and Accountability Commission (MHSAOAC) will use the $20 million allocation form the Governor's office for EP care."

The morning started with presentations from Governor Newsom's Mental Health Czar Dr. Tom Insel and MHSAOAC Executive Director Dr. Toby Ewing, as well as directors from EP programs at UC Davis and New York. In the afternoon the over 100 participants from across the state and nation worked in various break-out groups to identify problems and discuss solutions.

One of these breakout sessions was co-facilitated by Julie Freitas and Dr. Tara Niendam, PhD of UC Davis Health/EDAPT Clinic, on the topic of "Developing New EP Services Across the State for Rural and Remote Counties." The process involved eliciting stakeholder response as a means of better understanding the challenges that rural and remote counties face when establishing new EP services. Stakeholders identified several challenges and obstacles and then came up with possible solutions to the top 3 identified challenges. The top 3 challenges were staffing, funding and accessibility. This was a dynamic process where rural and remote counties not only learned from each other, but also witnessed the particular experiences of counties, such as Butte, who recently due to the fire lost all of their housing and are in the unique position of being unable to recruit staff or university students. This energetic group, eager to serve consumers and families, came up with a list of solutions that will serve to inform the State on EP services for rural and remote counties moving forward.

At the closing, Dr. Ewing told the audience information gathered from the conference would inform the MHSAOAC on how to distribute the millions of dollars in Mental Health Services Act funding across the state.

For Yolo County, too many transition aged youth (TAY) end up in our criminal justice system as a result of their psychosis. Although our justice partners and the Collaborative Court Team are trying to decriminalize those who commit crime as a result of mental illness, the goal should be early detection and treatment of psychosis so that these young people never enter the criminal justice system. Our Health and Human Services Agency is working with the UC Davis Early Psychosis Program (EDAPT) (https://earlypsychosis.ucdavis.edu/) to provide education and training to HHSA staff so that Yolo County can apply the successful EDAPT model for early intervention and treatment for our TAY population.

OVERVIEW OF CALIFORNIA'S PUBLIC BEHAVIORAL HEALTH SYSTEM

County Behavioral Health Directors Association of California (CBHDA)

mcabrera@cbhda.org

www.cbhda.org

cbhda
COUNTY BEHAVIORAL HEALTH DIRECTORS ASSOCIATION
CALIFORNIA

June 26, 2019

OVERVIEW

- Overview of County Behavioral Health
  - Who do we serve?
  - What services do we provide?
  - How are we financed?

POPULATIONS SERVED

All Ages

Medi-Cal

- Specialty Mental Health
- Substance Use Disorder

Also:

Uninsured

Commercially Insured

POPULATIONS SERVED (CONT.)

- Medi-Cal: children and adults ***who meet eligibility criteria***
- Foster youth
- Individuals experiencing homelessness
- Children in schools
- Individuals experiencing a behavioral health crisis
- Justice-involved populations

ROLES OF COUNTY BEHAVIORAL HEALTH

- Prevention
- Early Identification/Intervention
- Assessment
- Treatment
- Rehabilitation
- Case management
- Whatever It Takes/Full Service Partnership

Medical

Medications

Relevant physical health conditions

Psychosocial

Living situation

Daily activities

Social supports (family, friends, community)

Cultural and linguistic factors

School/Employment

MODELS OF CARE

ROLES OF COUNTY BEHAVIORAL HEALTH

COUNTY BEHAVIORAL HEALTH SERVICES PROVIDED VIA…

Medi-Cal Specialty Mental Health Services

EPSDT (Medi-Cal for kids)

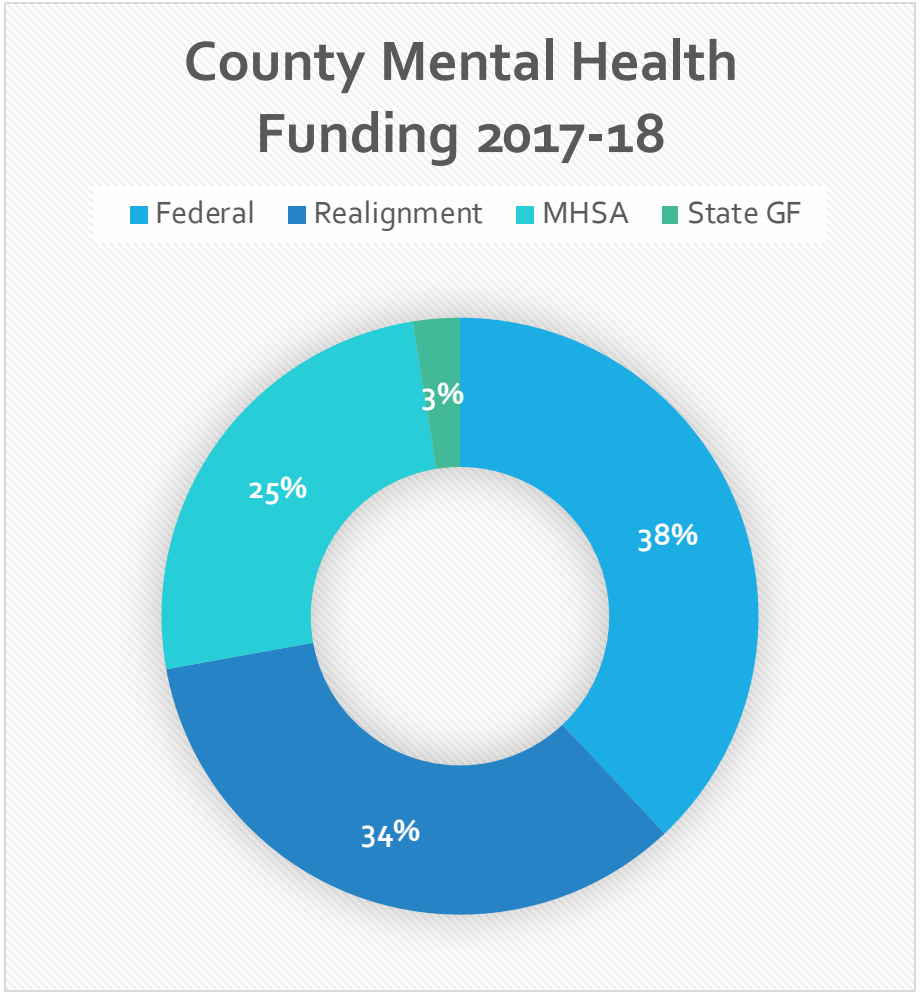
Drug Medi-Cal Organized Delivery System

Drug Medi-Cal

Fed Substance Abuse Prevention & Treatment Block Grant

Mental Health Services Act (Prop. 63)

AB 109



- >$8 billion *total*
- $3 billion Federal Match
- $2.7 billion Realignment
- $2 billion MHSA
- $ 20 million State GF

- *Overall Medi-Cal spend:*
- ~$100 billion

COUNTY MENTAL HEALTH

SPECIALTY MENTAL HEALTH FEATURES

Not clinic based: can be mobile and offered in community settings, including home or school

A wide variety of eligible providers (>15 types)

Individualized, driven by a client's treatment plan

Culturally and linguistically appropriate

Least restrictive environment

WHAT ARE "SPECIALTY" MENTAL HEALTH SERVICES?

- Mental health services
  - Assessment
  - Client plan development
  - Rehabilitation
  - Collateral
  - Individual and group therapy
- Crisis intervention
- Crisis stabilization
- Residential services
- Day treatment
- Case management
- Medication support
- Inpatient services
  - For all Medi-Cal beneficiaries

Source: Rehabilitative MH Services State Plan Amendment, 12-025
Targeted Case Management State Plan Amendment, 10-021A

WHO QUALIFIES? (EST. 1997 – CA REGULATIONS)

1. Must have a **covered diagnosis**
2. Must have **at least one** of the following **impairments**
   - A significant impairment in an important area of life functioning
   - A reasonable probability of significant deterioration in an important area of life functioning
   - The beneficiary has a condition that would not be responsive to physical health care based treatment
3. The focus of the proposed **intervention** is to address the identified impairment(s) above.

MEDI-CAL CHILDREN'S COVERAGE

County Medi-Cal responsibility

Medi-Cal children who meet specialty mental health medical necessity criteria

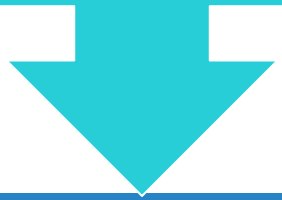
Broader definition of "medical necessity" than for adults

Must have:

- A covered diagnosis,
- A condition that would not be responsive to physical health care based treatment; and,
- Services necessary to correct or ameliorate a metal illness and condition discovered by screening

EARLY AND PERIODIC SCREENING, DIAGNOSIS & TREATMENT (EPSDT)

Medi-Cal enrollees who meet medical necessity criteria must access EPSDT ***specialty mental health*** services through their local county mental health plan



Collaboration with schools and families

Schools may refer children to the county	Mobile mental health, rehabilitative, and case management services may be provided at home and/or on school sites by counties and subcontract providers

SERIOUS EMOTIONAL DISTURBANCE

Under age 18 if child has an identified mental disorder that results in behavior inappropriate to the child's age, and either:

- Has substantial impairment in at least 2 areas (self-care, school functioning, family relationships, ability to function in the community) and either:
- Is at risk of removal from the home or has already been removed, or
- The mental disorder and impairments have been present for more than 6 months or are likely to continue for more than 1 year without treatment

Displays psychotic features, risk of suicide or risk of violence due to the mental disorder

(See Bronzan McCorquodale Act, 5600.3)

ADVERSE CHILDHOOD EXPERIENCES

- Acknowledges demonstrated link between behavioral health and physical health
- Need to broaden definition of medical necessity
  - ***In Los Angeles, County Mental Health covers trauma-related services not meeting medical necessity via MHSA funds***
- Bring interventions upstream to focus on prevention/early intervention
  - Schools
  - Child welfare system
  - Multi-generational approach

OTHER SERVICES FOR CHILDREN

EARLY INTERVENTION SERVICES (0-5)

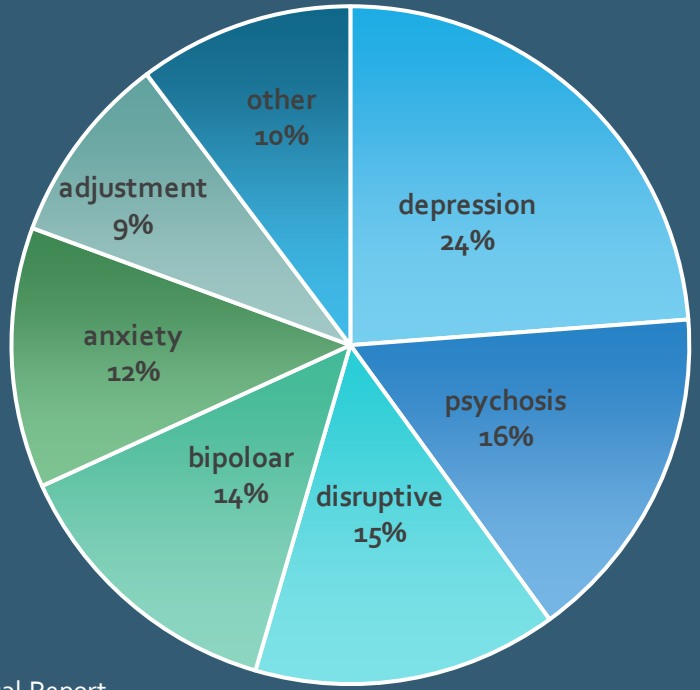
SCHOOL BASED MENTAL HEALTH SERVICES

CHILD WELFARE/FOSTER CARE

JUVENILE JUSTICE POPULATION (BOTH PREVENTION AND INTERVENTION)

TRANSITION AGE YOUTH

MEDI-CAL POPULATION SERVED, BY DIAGNOSIS



Source: CA EQRO 15/16 Annual Report

SUBSTANCE USE DISORDER SERVICES

SUD HISTORICAL CONTEXT

- **Provided via specialty services programs:**
  - Social-model recovery (Twelve Step)
  - Medication-assisted treatment

Traditional sources of funding for public SUD services:

- Federal Substance Abuse Prevention & Treatment Block Grant
- FFP for Drug Medi-Cal
- Realignment Funding for:
  - Drug Medi-Cal Match
  - Perinatal Services
  - Drug Court Treatment Programs
  - Funding from Criminal Justice System (i.e. PSN, AB 109)
  - Discretionary (very limited)

DRUG MEDI-CAL (DMC)

Fee-for-service Medi-Cal specialty carve-out entitlement program

Services must be medically necessary and provided by or under the direction of a physician

DMC-ODS WAIVER/ NON-WAIVER

DMC Services	Non-Waiver	Waiver/ODS
Outpatient/Intensive Outpatient	X	X
NTP	X	X
Residential	Perinatal, non-IMD	X (one level)
Withdrawal Management		X (one level)
Recovery Services		X
Case Management		X
Physician Consultation		X
Additional MAT		X (optional)

ADDITIONAL DMC-ODS SERVICES

- Recovery Services
  - ✓ Outpatient counseling (individual or group)
  - ✓ Recovery monitoring & coaching
  - ✓ Peer-to-peer services & relapse prevention
  - ✓ Education & job skills
  - ✓ Family support
  - ✓ Support groups
  - ✓ Ancillary services, with linkages to **supportive housing assistance**, transportation, & case management.

COUNTY BEHAVIORAL HEALTH SERVICES FOR ADULTS

- Consumer and Family Engagement
- Consumer Wellness Centers
- Peer engagement opportunities
- Supported Employment

INVOLUNTARY TREATMENT

- Lanterman-Petris-Short Act (e.g. 5150 holds) - Only when a person, due to a mental disorder, poses harm to their self or others, or is gravely disabled
- Hospitalizations (State Hospitals, IMD placements, Conservatorship, Forensic)
- Assisted Outpatient Treatment (Laura's Law)
- Jail treatment
- Incompetent to Stand Trial
- Specialty Courts

HOUSING/HOMELESSNESS

- Mobile/Community Based Homeless Outreach
- Supportive Housing/Housing Placements
- Whole Person Care Pilots
- Payment "patches" to board and care facilities
- Street treatment
- Full Service Partnerships

COMMITMENT TO COMMUNITY

- **Accountable to consumers and families**
  - Mental Health Boards
  - MHSA Community Stakeholder Process
  - Patients Rights Advocates

Michelle Doty Cabrera

Executive Director

California Behavioral Health Directors Association

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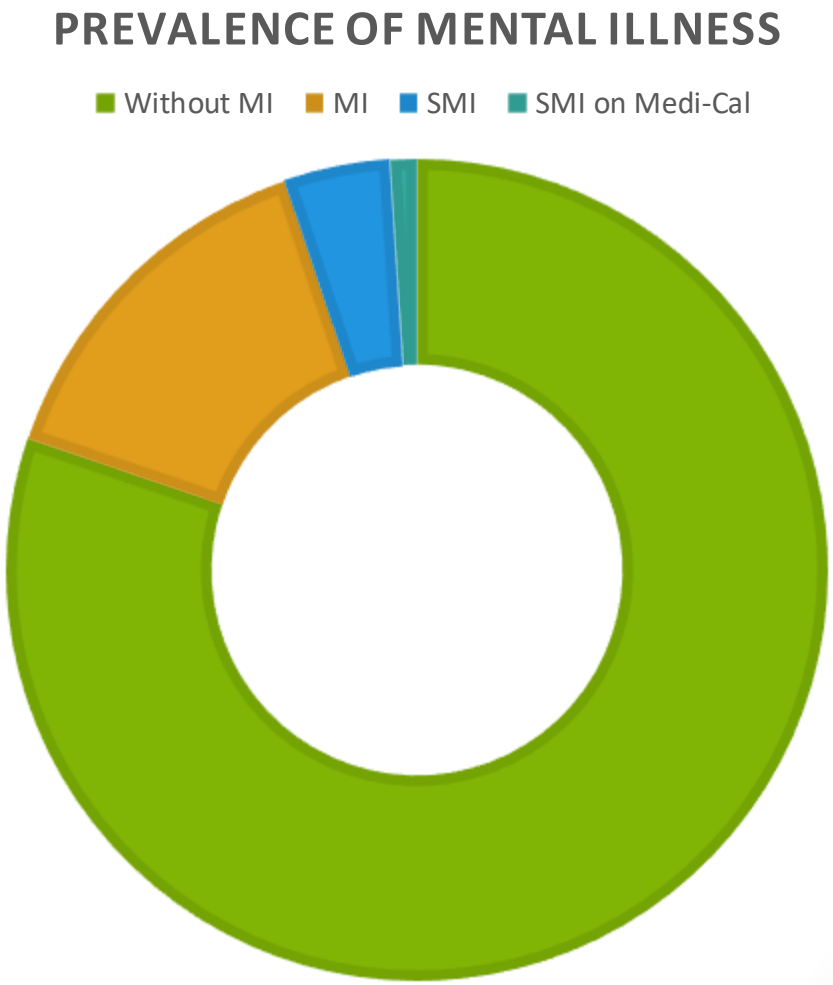
MONROE CENTER
MAIN JAIL
BOOKING/RELEASES


Dunnigan
Zamora
Brooks
Madison
Woodland
West Sacramento
Winters
Davis
El Macero

YOLO COUNTY

WHO WE SERVE:

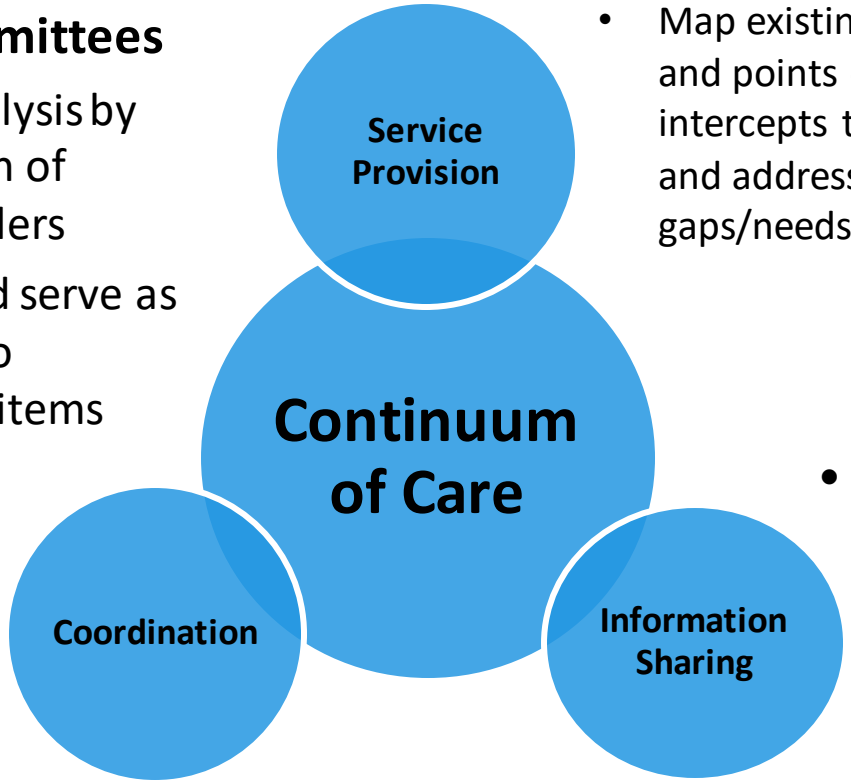
- Yolo County Population: approximately 219,116 (2017) (approximately 25% of our population is on Medi-Cal)
  - 18% of the general population suffers from Mental Illness (MI) (inclusive of SMI):
  - 4% of the general population are severely Mentally Ill (SMI)



CRIMINAL JUSTICE PARTNERS:

CONTINUUM OF CARE WORKGOUP:

- **Milestones**
- **Creation of Subcommittees**
  - More detailed analysis by larger cross section of involved stakeholders
  - Pool resources and serve as the driving force to implement action items



- Map existing services and points of intercepts to identify and address gaps/needs

- Develop system to share data, track individuals, and evaluate program outcomes
- Criminal Justice Dashboard

- Establish Subcommittees

STEPING UP INITIAVE:

THE STEPPING UP INITIATIVE

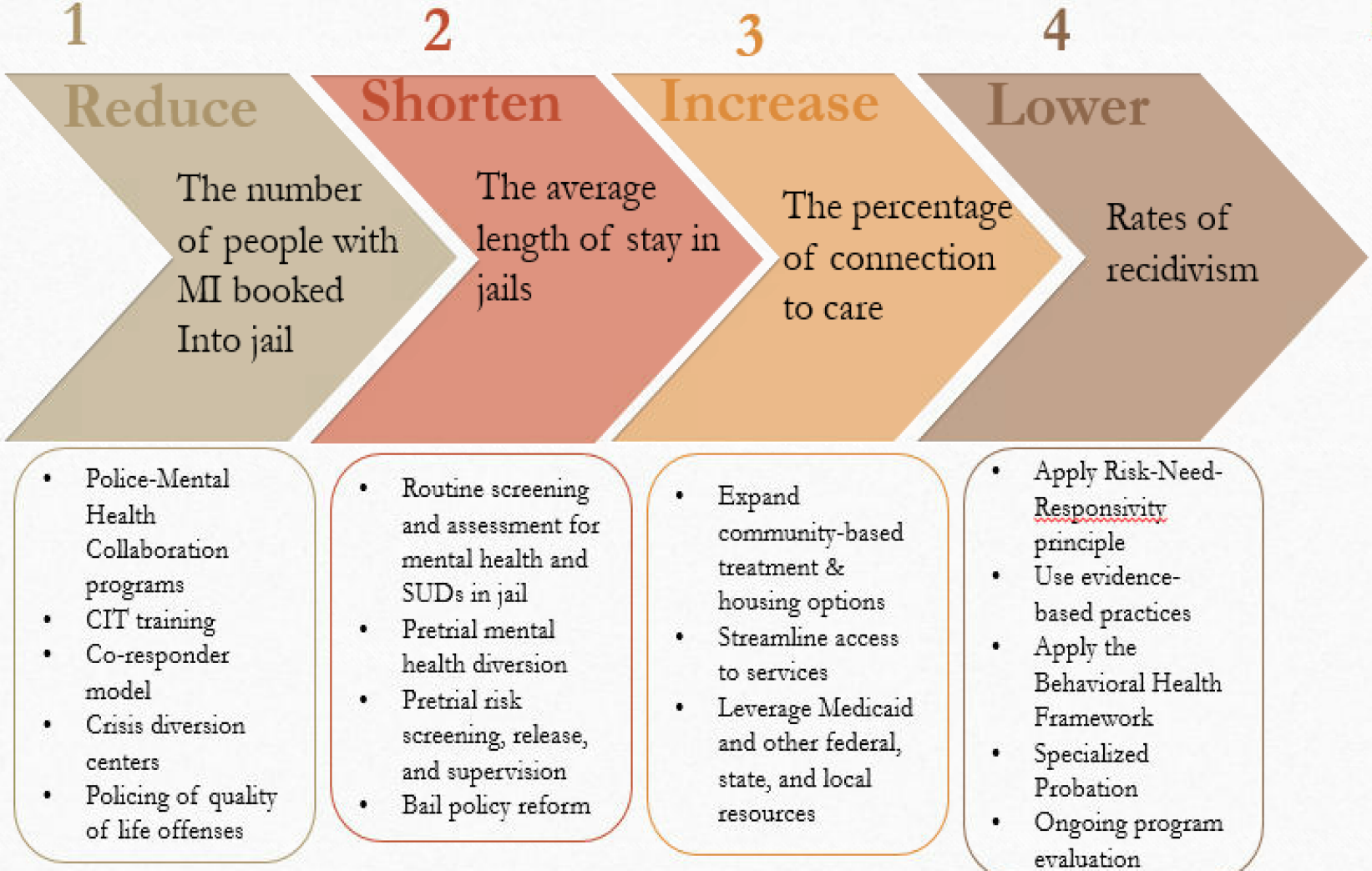
GOAL: There will be fewer people with mental illnesses in our jails tomorrow than there are today

NATIONAL ASSOCIATION of COUNTIES NACo

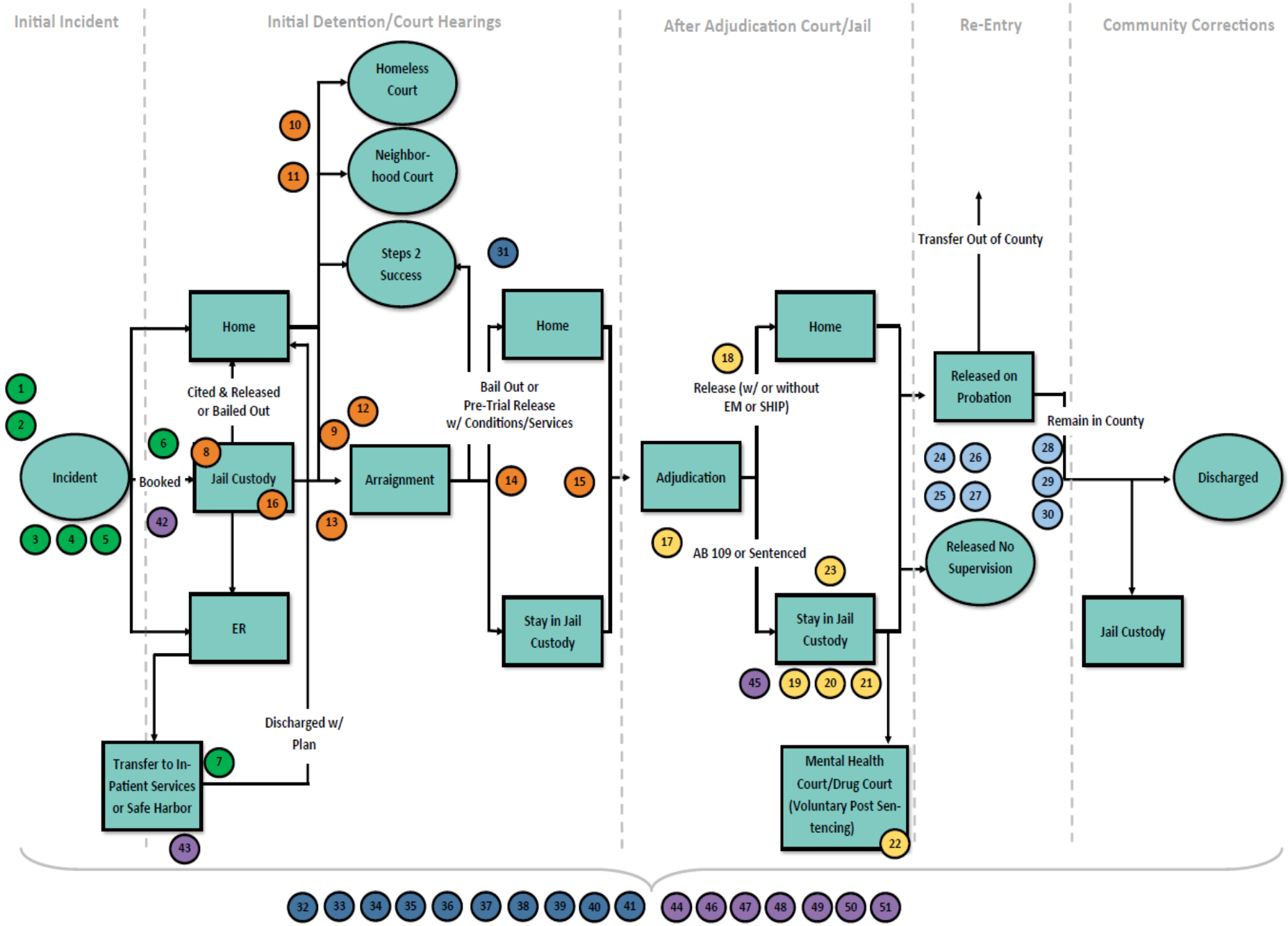
AMERICAN PSYCHIATRIC ASSOCIATION FOUNDATION

CSG Justice Center
THE COUNCIL OF STATE GOVERNMENTS

INFORMING RECOMMENDATIONS AND IMPLEMENTATION PLANS:



Adult Criminal Justice System Process Map



Community Corrections Partnership
2019-2022 Strategic Plan

Goal 1:
Ensure a safe environment for all residents and visitors by reducing and preventing local crime and reducing recidivism

Goal 2:
Restore victims and the community and hold offenders accountable

Goal 3:
Build offender competency and support community reintegration

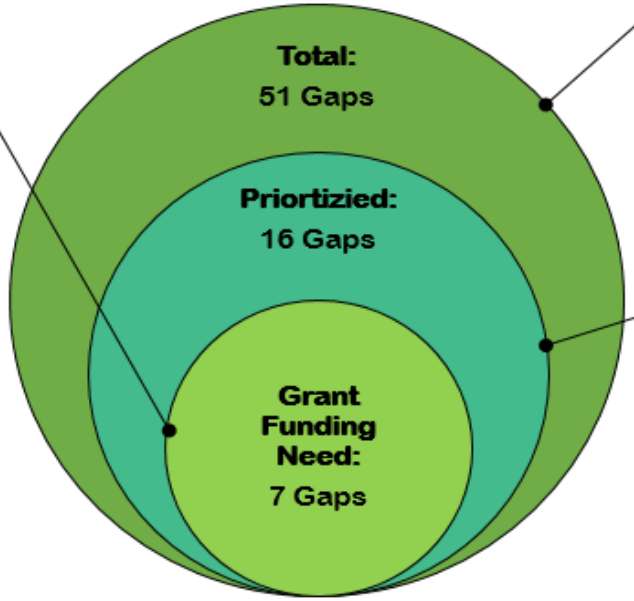
Criminal Justice Continuum of Care
Stepping Up
Intercept mapping of gaps in mental health and substance use in the continuum

Grants

- Justice and Mental Health Collaboration (2018)
  Not Awarded
- Second Chance Act (2018)
  Not Awarded
- Prop 47 Cohort 2
  Not Awarded
- Adult Reentry
  Not Awarded
- Justice and Mental Health Collaboration (2019)
  Pending $750,000
- Second Chance Act (2019)
  Pending $1,000,000

CCP Funded

- Mental Health Court & Addiction Intervention Court Expansion
  Funded $260,000



Grants

- Transitional Housing
  Awarded $1,500,000
- Community Services Infrastructure
  Awarded $1,000,000
- Justice Assistance Grant
  Pending $2,114,475

Grants

- Incompetent to Stand Trial
  Awarded $1,100,000

Additional Grants

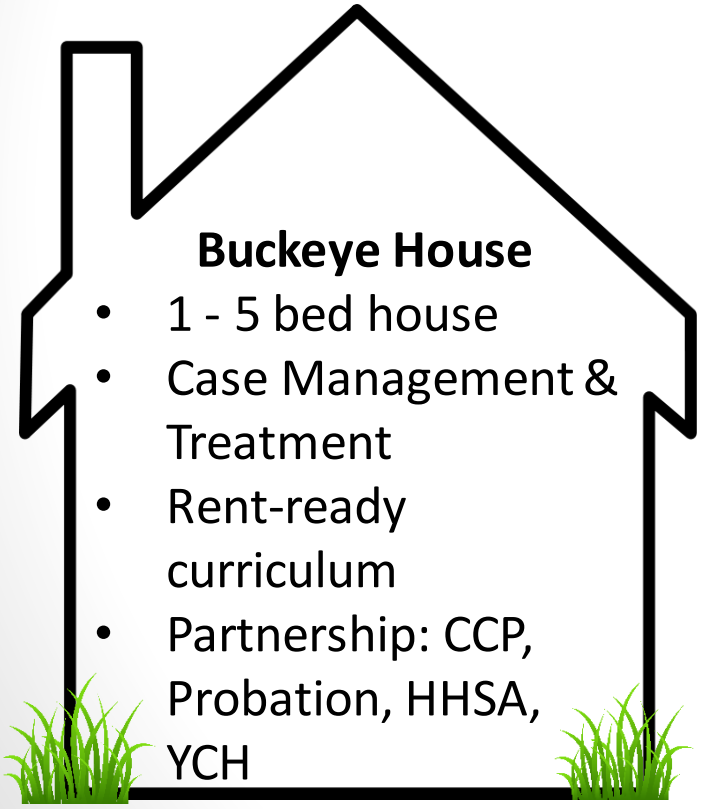
- Swift, Certain, and Fair Supervision
  Awarded $600,000
- Youth Reinvestment Grant
  Awarded $630,000

PRIORITY GAPS:

- **Re-Entry Services**
  Navigators, Transportation, Case Management
- **Crisis Response Needs**
  Jail, Community, Hospitals
- **Data Sharing**
  Data Driven Recovery Project (DDRP)
- **Diversion Programs**
  Mental Health Court (MHC), Addiction Intervention Court (AIC), Forensic-Assertive Community Treatment (F-ACT), Dept. of State Hospital Grant, Steps 2 Success (Prop 47)

TRANSITIONAL HOUSING:

Operational:



Buckeye House

- 1 - 5 bed house
- Case Management & Treatment
- Rent-ready curriculum
- Partnership: CCP, Probation, HHSA, YCH

Upcoming:

Community Corrections Diversionary Housing: CSI Grant

- 2 houses with up to 5 beds each, serving up to 20 participants annually
- BH clients in diversion programs: Neighborhood Court (NHC), Mental Health Court (MHC) (diversion when Deferred Entry of Judgments utilized), and Proposition 47 Steps to Success (S2S).
- Case Management & Treatment
- Partnership: CCP, Probation, HHSA, YCH

CRISIS RESPONSE:

- Mental Health First Responder Urgent Care
- Community Crisis Response Team
- HHSA Coordination post-release

Behavioral Health/Criminal Justice Overview

	Intercept 2							Intercept 3		Intercept 5
	S2S* Steps to Success Prop 47	Involuntary Medication	NHC Neighborhood Court	M-IST Misdemeanor – Incompetent to Stand Trial	1810 Mental Health Diversion	JBCT Jail-Based Competency	DSH Department of State Hospital Grant	MHC Mental Health Court	AIC Addiction Intervention Court	F-ACT Forensic Assertive Community Treatment
Slots Available	75	Unknown	None	24-36**	Unknown	5	7	15	15	50
Felony or Misdemeanor	Misdemeanor or low level felony	Felony	Misdemeanor or felony	Misdemeanor	Felony	Felony	Felony	Felony	Misdemeanor or felony	Misdemeanor or felony
Mental Health	None*, Mild, Moderate, or SMI	SMI	Mild, Moderate, or SMI	Moderate to SMI	Mild, Moderate, or SMI	Mild, Moderate, or SMI	SMI***	SMI	Mild to Moderate, but secondary	SMI
Substance Use	None* or Yes	No	Yes	Yes, but secondary	Yes	Yes, but secondary	Yes, but secondary	Yes, but secondary	Yes, primary	Yes, but secondary
Mental State at time of offense	No	No	No	No	Yes	No	No	Yes	No	No
ORAS Score	Low, Moderate, or High	N/A	Low, Moderate, or High	Low, Moderate, or High	Low, Moderate, or High	N/A	Moderate to High	High	High	Moderate to High

Red box indicates an upcoming approved program/project or one that is currently in discussion with multiple departments

*For S2S clients either a Mental Health issue or a Substance Use issue must be present in order to enroll in the program

** 24-36 will be the total anticipated annual M-IST referrals once the Court/HHSA MOU is in place. 4-12 have been the annual competency referrals to HHSA over the past 3 years.

*** Clients in this program must have a diagnosis of Bipolar Disorder, Schizophrenia, or Schizoaffective disorder

DATA DRIVEN RECOVERY PROJECT (DDRP)

The DDRP offers five Counties an opportunity to test ways to reduce the incidence, duration, & recurrence of arrests & incarcerations of people with behavioral health conditions by improved use & 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.

- Yolo: Lead Entity
- Tentative Partners: Sacramento, Nevada, Plumas, San Bernardino
- MHSOAC: $1M over 2 years (FY19/20- FY20/21)
- O'Connell Research and Dr. Lisa Lit
- Two Components: 1) Data Availability 2) Trauma Informed Care (Yolo Only)