

Sutter-Yuba Behavioral Health (SYBH) Office of MHSA

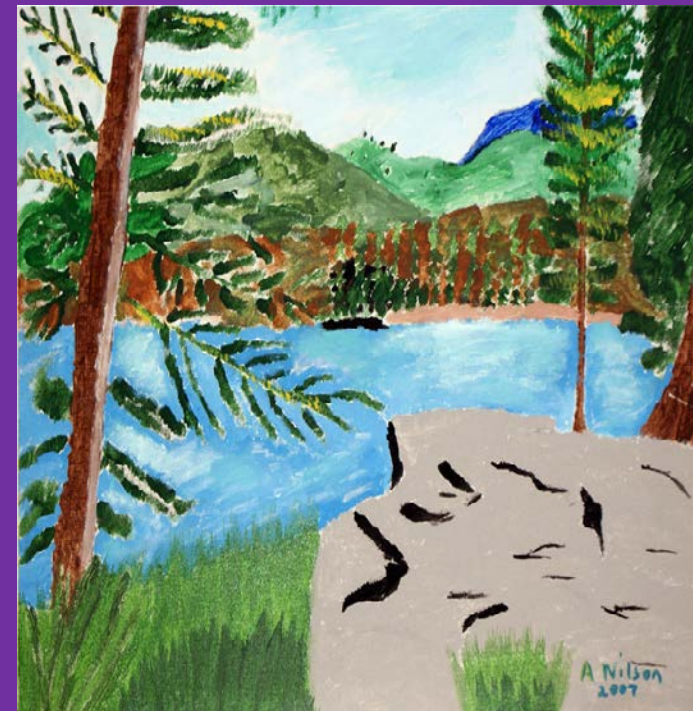
MHSA Proposed Innovation Project

Mental Health Services Act (MHSA)
Innovation Component

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Artist Credit: A. Wilson

Today's Topic:

Proposed Concept for MHSA Funded Innovation Project

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Mental Health
Services Act
Overview

2

Project
Description &
Overview

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Stakeholder
Feedback
“Time to
Discuss”

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Next Steps

- The Mental Health Services Act (MHSA), Prop 63, was passed by California voters in November 2004 and went into effect in January 2005
- The MHSA provides increased funding for mental health programs across the state
- The MHSA is funded by a 1% tax surcharge on personal income over \$1 million per year
- Fluctuations in tax payments impact fiscal projections and available funding

Per the California Department of Mental Health Vision Statement and Guiding Principles (2005)

To create a culturally competent system that promotes recovery/wellness for adults and older adults with severe mental illness and resiliency for children with serious emotional disorders and their families.

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- **Innovation (INN)**
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CFTN)
- Community Program Planning (CPP)

Address one of the following **learning purposes** as its primary purpose:

- To increase access to underserved groups
- To increase the quality of services, including measurable outcomes
- To promote interagency & community collaboration
- To increase access to services

WIC § 5830 (b)(1)(A-D)

Support innovative approaches by doing at least one (1) of the following:

- Introduce new mental health practices or approaches, including, but not limited to, prevention and early intervention
- Make a change to an existing mental health practice or approach, including, but not limited to, adaptation for a new setting or community
- Apply to the mental health system a promising community-driven practice or an approach that has been successful in non-mental health contexts or settings

WIC § 5830 (b)(2)(A-C)

- An Innovation project is defined as one that **contributes to learning rather** than a primary focus on providing a service
- County mental health programs shall expend funds for their innovation projects upon approval by the Mental Health Services Oversight and Accountability Commission (MHSOAC)

WIC § 5830(e)

Time-limited Pilot Project

- Maximum of five **(5)** years from the start date of the project
- Successful parts of the project **may** continue under a different funding source or be incorporated into existing services
- Projects may be terminated prior to planned end date



9 CCR § 3910.10

WIC § 5848 (a) states that counties shall demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on:

- Mental Health Policy
- Program Planning
- Implementation
- Monitoring
- Quality Improvement
- Evaluation
- Budget Allocations



Artist Credit: Unknown "The Student"

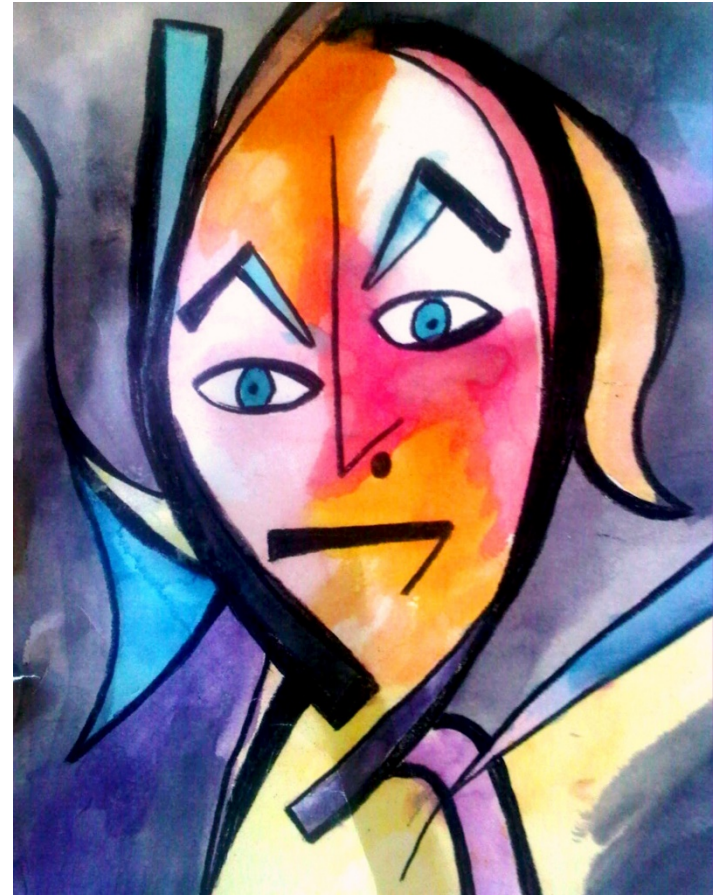
Sutter-Yuba Behavioral Health (SYBH) provides services to adults, children, and families who are experiencing significant and ongoing behavioral health conditions and/or substance use disorders in Yuba and Sutter Counties.

SYBH accepts most medical insurance, Medi-Cal, Medicare and serves those with out insurance and are low income. Services include medication support, therapy, case management, groups, residential treatment and inpatient psychiatric hospital care.

SYBH also provides prevention and early intervention services through community education and learning opportunities that increase knowledge of behavioral health conditions, early signs and symptoms, and stigma reduction efforts.

SYBH Partners in Service

- School Leadership
- Law Enforcement
- Health Care Systems
- Managed Care Plans
 - ✓ California Health & Wellness
 - ✓ Anthem Blue Cross
- Faith Based Community
- Community Based Groups
- Consumers of Care
- Family Members



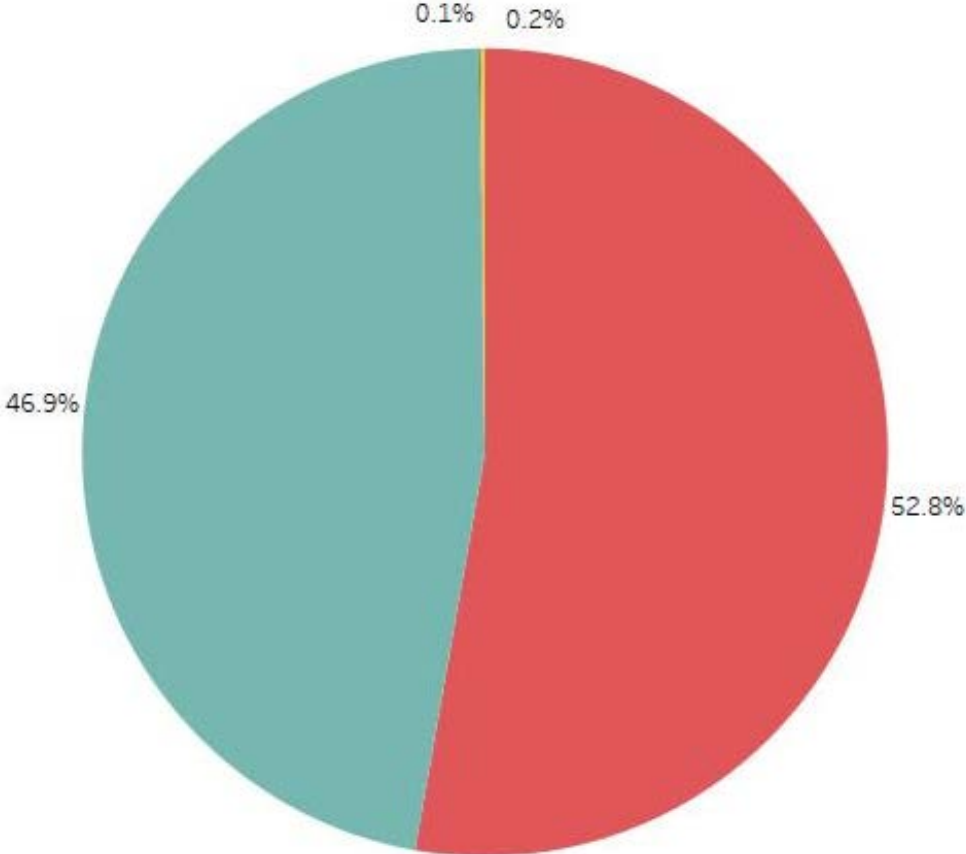
Artist Credit: Ann Reitan

Residents of Sutter County and Yuba County
Total Population 167,888

Residents Served (FY) 17/18
5,408

Gender

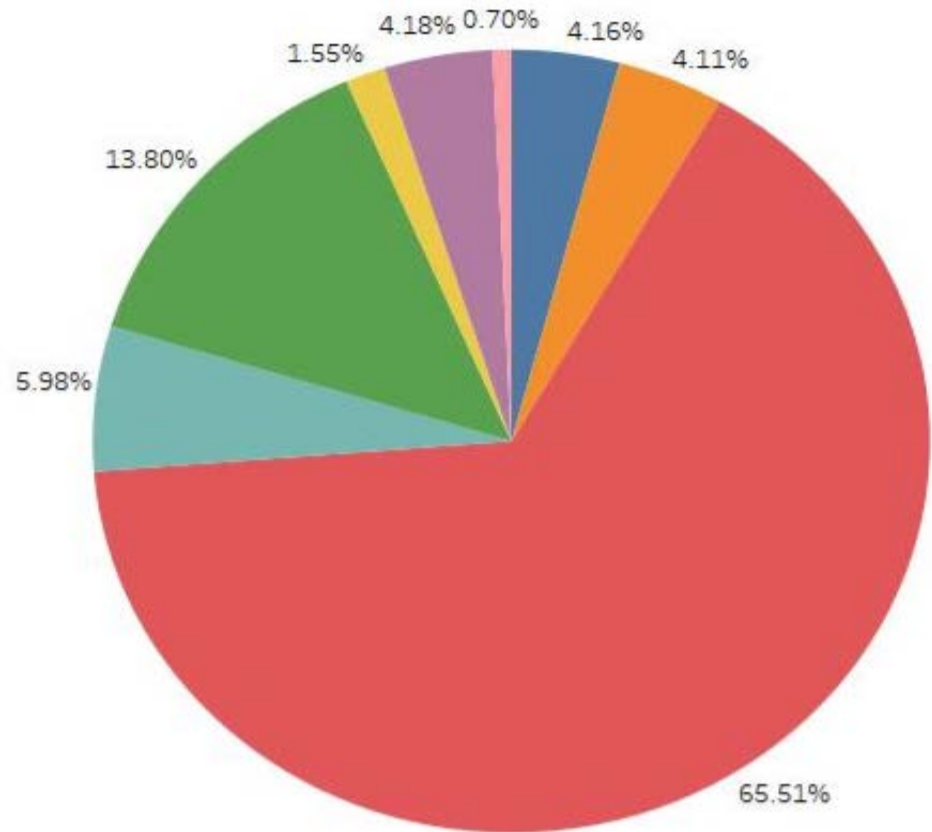
- Female
- Male
- Other
- Not Reported



Residents Served
(FY) 17/18
5,408

Ethnicity/race (group)

- African American
- Asian Pacific Islander
- Caucasian
- Identify as Two or More Ethnicities
- Latino
- Native American
- Not Reported
- Other



Residents Served
(FY) 17/18
5,408



Artist Credit:
Gabrial

Folks accessing emergency and hospital care as their main source of care for psychiatric needs but are unable or unwilling to connect with available outpatient care including both mental health and substance use disorder treatment:

- Calling Law Enforcement
- Going to the Emergency Room
- Going to the Hospital
- Not connecting with outpatient care

- SYBH Served 5,408 individuals in FY 17/18 or 3.22% of the total population of 167,888 (includes both counties)
- Per the National Institute of Mental Health (NIMH) prevalence rates for individuals estimated to live with Severe and Persistent Behavioral Health Conditions is 4% or for our region, or 6,715 individuals
- Of those 5,408 individuals served, approximately 500 received hospital care in an acute psychiatric hospital

- Of the 500 served who had both behavioral health and substance use disorders, less than 2 percent followed up with outpatient care within 30 days
- Of the 25 highest utilizers of hospital care (some with over 200 days of hospital care), only 8% were enrolled in outpatient Full Service Partnership Services
- In Calendar Year 2018 SYBH provided crisis/emergency psychiatric services to 2,702 individuals (SYBH is embedded in Rideout's Emergency room 24/7)

- Of those seen, 1,995 were seen via involuntary hold (5150)
- In 2018, law enforcement wrote 997 (49%), of the total 1,995 holds placed in both counties for children and adults
- The remaining 998 holds were written by SYBH crisis staff, with 404 of 998 being written at the hospital for individuals transported to the hospital via law enforcement

- Adding holds placed at the hospital with holds written by law enforcement, law enforcement contact with individuals for whom a hold was placed is 70% (1,401) of the total 1,995 holds, a significant percentage of total crisis contacts

What Law Enforcement said:

“Up to 40% of local law enforcement calls are related to behavioral health needs”

What Consumers & Family Members said:

“I feel stigmatized”

“I am worried about being seen at Behavioral Health buildings”

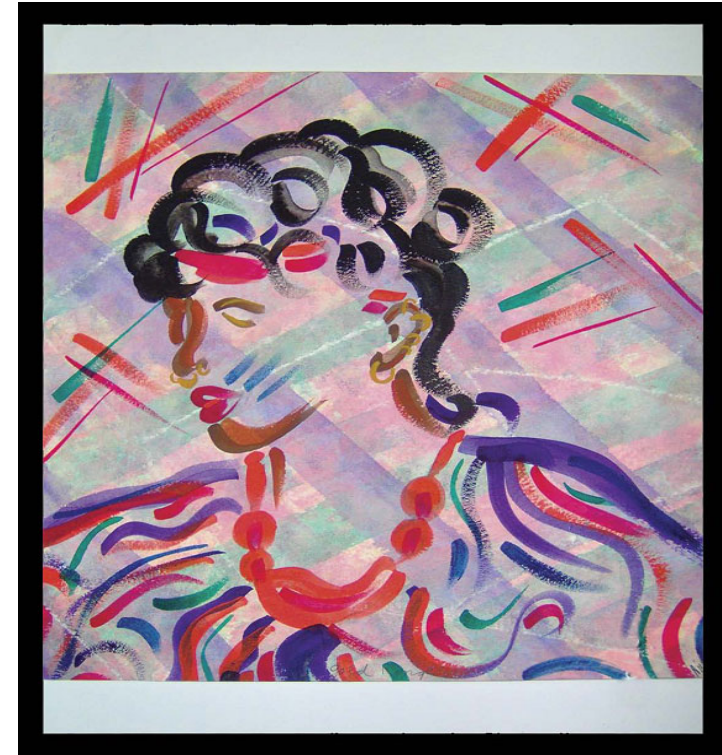
“Services are hard for me to access”

“I don’t know how to help my loved one with their needs”

What our Partners said:

“The ER is designed to best treat emergencies”

“We worry patients who come here the most for behavioral health needs aren’t connecting with out patient care”



Artist Credit Angela Trent

What we did when we got this feedback and looked at our data:

- Asked other counties if they had similar issues
- Researched County innovation projects and read 20 reports on the practice of engagement for other health care and behavioral health programs across the US and internationally

Several themes were identified among the programs/articles:

- Case management is different than engagement
- Trust is key to engagement
- Consumers must see their own goals and vision for themselves in the care being offered
- Influence occurs through flexibly working with individuals
- Positive relationships with peers enhances engagement

- Critical time interventions immediately after hospitalization increase engagement
- Traditional mental health settings for some individuals have been linked to alienation and treatment drop out
- Stigma can have an impact on help-seeking behavior, treatment adherence, and recovery
- Disengagement may be related to individuals feeling that treatment is not working, feeling coerced into treatment, or experiencing hardship in accessing services due to services being hard to get to or being hard to schedule

- In one 2018 case-study of engagement for individuals with chronic, long-term behavioral health needs, it was found that an average of 17 non-clinical engagements was necessary before an individual became clinically engaged in outpatient treatment after using emergency/hospital care as routine

- A mobile, field based engagement team that will come to individuals needing behavioral health care where they are, instead of asking them to come to us
- The mobile team would respond to folks, including their family members, who have been recently hospitalized, or had an emergency psychiatric service, but are having a hard time connecting into outpatient care at a clinic
- Also respond to frequent callers of 911 or to Law Enforcement, Fire, Code Enforcement or the Emergency Room
- The mobile team would consist of Peers (consumers with lived experience), Nurses, Alcohol and Drug Counselors and Therapists

- SYBH, Rideout staff, law enforcement, code enforcement, fire will have the option to be trained in two new innovative non-clinical engagement techniques, LEAP and COACH
- The mobile team would be called the iCARE Team (Innovative & Consistent Application of Resources & Engagement) and is estimated to serve about 50 folks at any given time and potentially up to 150 over a year's time
- The goal of the mobile engagement team would be to work with the individual to decrease their number of unnecessary visits to the emergency room, hospital admissions and calls to law enforcement, fire or code enforcement
- Increase overall engagement in behavioral health care, including increased outpatient services

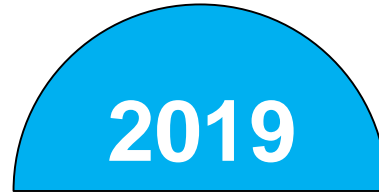
- iCARE would be referral based for folks who are calling 911 repeatedly, interacting with fire, law enforcement, code enforcement or homeless outreach teams frequently, have behavioral health needs, but are not effectively engaged in services and/or are overutilizing the emergency room for non-emergency issues, or hospital care
- Quick example of what we think the engagement will look like, including family member support

- The proposed project also includes a large training component widely available to community members
- Trainings would be funded with Prevention and Early Intervention funding under MHSA and be offered at no cost to the community
- Trainings would focus on recognizing and responding effectively to early signs mental illnesses, suicide prevention and how to access services
- Trainings would include Mental Health First Aid, Safetalk, Assist, and others

- Trainings would be open to individuals and families in Sutter and Yuba Counties, local employers, behavioral and health care providers, law enforcement, faith-based organizations, college students and school personnel
- Anyone who is interested in attending a training could do so

- \$4.8 million is available over a five year period through June of 2024
- Some of that \$4.8 million is at risk for reversion
- Reversion is a process whereby the State can take back unspent MHSA county funding
- Innovation Projects must be approved by the Board of Supervisors and a State commission, the Mental Health Services Oversight and Accountability Commission (MHSOAC) before counties can start spending Innovation funding





May

Post Proposal for 30-days on county website for review

June

Proposal to Board of Supervisors (BOS)

July

Proposal to Mental Health Services Oversight and Accountability Commission (MHSOAC)

August

If approved, Innovation Proposal implementation begins

September to March 2020

Identify evaluation vendor
Contracts process to include staffing, space and collaborative stakeholder evaluation plan

Important Items For You:

- Innovation Proposal will be posted on May 6, 2019 at www.suttercounty.org
- Please review the plan and provide any additional feedback you have
- Watch for more information from us

For additional help in accessing Behavioral Health Services please call:

(530) 822-7200

Toll Free 1 (888) 923-3800

or TTY-CRS 1 (800) 735-2929

To report any concerns related to MHSA
Community Program Planning, please

Contact

Peter Sullivan, MHSA Coordinator

Psullivan@co.sutter.ca.us

530-822-7237

However, you can tell us at any time how you
think we can improve!

Thank you for your thoughtful participation!

Your feedback is important to us

Please ensure that you have completed your comment forms for our conversation with you today

For questions or comments, please contact:

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(530) 822-7327