

Solano County Behavioral Health

Adult System of Care Presentation

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WELLNESS • RECOVERY • RESILIENCE



Who We Serve

- ▶ Children/youth ages 0-17 years old
- ▶ Adults 18 years and older
- ▶ Individuals who reside in Solano County and have Medi-Cal or Medicare insurance
- ▶ Individuals who are uninsured
- ▶ Individuals who are unserved/underserved
- ▶ Individuals who meet criteria for specialty mental health based on diagnosis, impairment and expected response to treatment

Services the County is Responsible to Fund



Outpatient and high-end community-based services



Inpatient hospitalization stays for Solano beneficiaries including misdemeanor Incompetent to Stand Trial cases




Placements in Mental Health Rehab Centers (MHRC)



A portion of Augmented Board & Care (ABC) placements



A portion of residential placement costs for children/youth involved with Child Welfare/Probation

A hand is shown holding a coin over a stack of coins. A small green plant is growing out of the stack of coins. The background is white.

Funding Sources

- ▶ Revenue generated from the provision of Medi-Cal/Medicare reimbursable specialty mental health services
- ▶ Mental Health Services Act (MHSA) funding
- ▶ Mental Health Block Grant (MHBG) funding
- ▶ Intergovernmental Transfers (IGT) funds (when available)
- ▶ County General fund
- ▶ Other Grants: Prop 47, Justice Assistance Grant (JAG), OSHPD/Peer Support Training, etc.

MENTAL HEALTH SERVICES: County Mental Health Plan (MHP)

Solano County has the MHP Contract with the State Department of Health Care Services (DHCS) to provide services to Medi-Cal/Medicare eligibles who meet “medical necessity” which means:

- ▶ Individual has an included mental health diagnosis which is serious in nature;
- ▶ Individual demonstrates a significant impairment in spheres of functioning (self, home, work/school, peer);
- ▶ The intervention/treatment provided will be focused on the mental health condition, and treatment is expected to correct or improve the condition and the individual would not be better served by physical healthcare provider/s.
 - ❖ This includes someone with a co-occurring substance use disorder (SUD) in which both MH and SUD has to be treated simultaneously

SUBSTANCE USE SERVICES: Regional Model

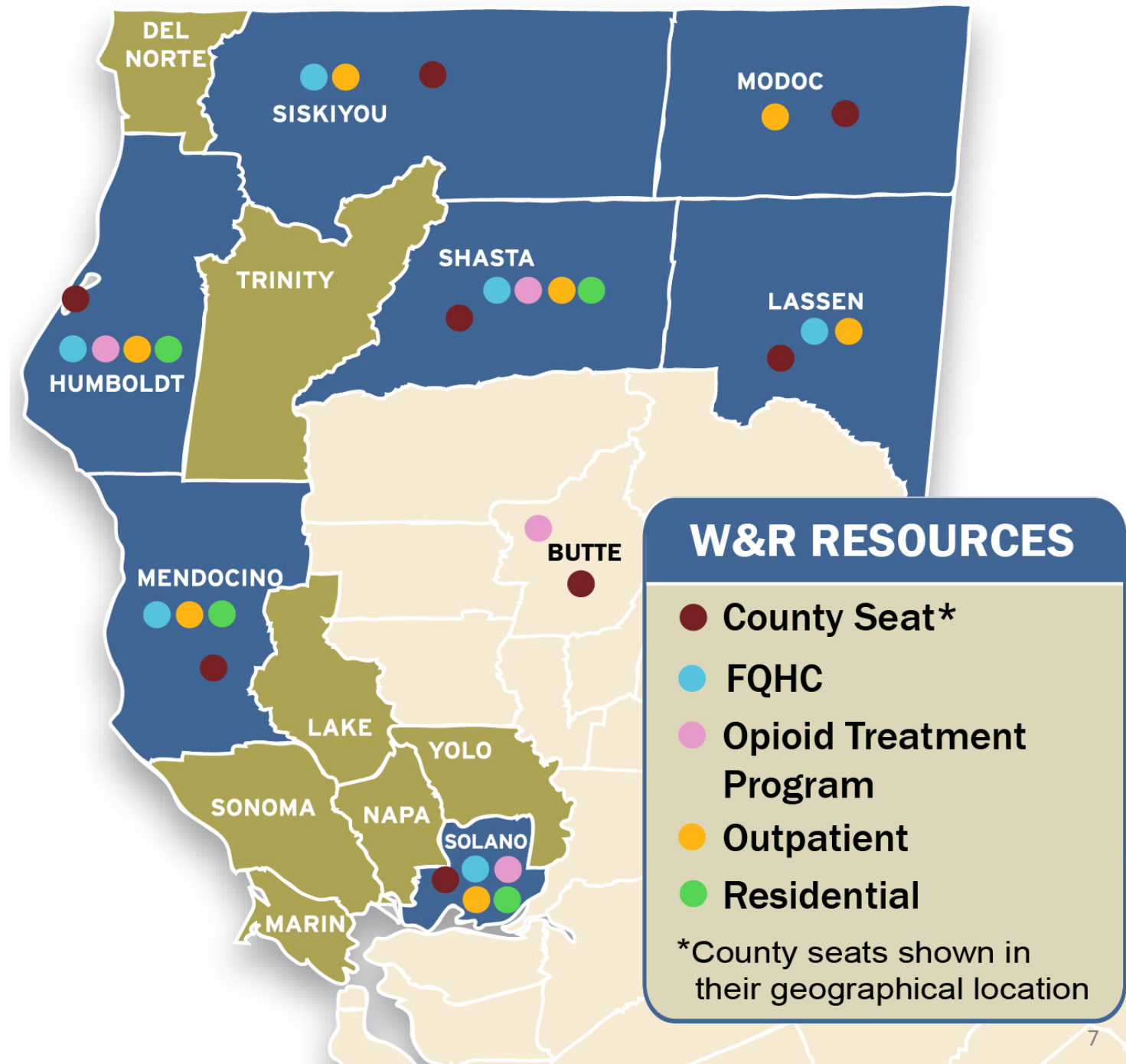
Department of Health Care Services Drug Medi-Cal Organized Delivery System (ODS) Waiver Implementation Plan for Regional Model encompasses 7 counties: Humboldt, Lassen, Mendocino, Modoc, Shasta, Siskiyou, & Solano.

Solano County will be contracting with Partnership Health Plan of California to offer the Medi-Cal ODS Waiver through the State Department of Health Care Services (DHCS) to provide services to Drug Medi-Cal/Medicare eligibles who meet “medical necessity” which means:





- ▶ Individual has an included substance use diagnosis which is serious in nature;
- ▶ Individual demonstrates a significant impairment in spheres of functioning (self, home, work/school, peer);
- ▶ The intervention/treatment provided will be focused on the substance use condition, and treatment is expected to correct or improve the condition and the individual would not be better served by physical healthcare provider/s

The Drug Medi-Cal Regional Model

- ▶ Expanded Benefits
- ▶ Full continuum of services
- ▶ Central Access Line (BEACON)
 - ▶ 855-765-9703
- ▶ Standardized Medical Necessity Criteria - ASAM
- ▶ Care coordination across systems
 - Primary Care
 - Mental Health (Low/Mod)
 - Substance Use



UNDER THE WAIVER

- Outpatient treatment, including intensive outpatient services
-  • Residential services (up to 90 days)
-  • Case management
-  • Withdrawal management (“detox”)
-  • Recovery services (community support)
- Medication assisted treatment including narcotic replacement therapy (methadone), buprenorphine, naltrexone

<http://www.partnershiphp.org/Providers/HealthServices/Pages/Drug%20Medi-Cal/Drug-Medi-Cal-Benefit.aspx>

MENTAL HEALTH SERVICES ACT:

In 2004 California voters passed Proposition 63 in 2004, the landmark Mental Health Services Act (MHSA) imposing a 1% tax on annual personal incomes in excess of \$1,000,000 to expand mental health services.

Requires each county to create a MHSA Plan every 3 years in order to provide a state-of-the-art, culturally competent continuum of care that promotes wellness and recovery.

https://www.solanocounty.com/depts/mhs/mhsa/ann_plan/default.asp

MHSA Mission & Values

Community engagement and collaboration

Promotes cultural competence

Decreases stigma

Increases access to unserved and underserved groups

Creates individual and family-driven programs

Philosophy of a wellness, recovery and resilience

Promotes an integrated service experience

Outcome-based programs



MHSA Components

Prevention & Early Intervention (PEI)

- 19% of the total funds received annually
- Countywide Stigma Reduction & Suicide Prevention
- Support to prevent individuals from developing mental health conditions and/or to serve those with mild-to-moderate mental health conditions
- **51% of the funds have to be spent on individuals 25 years and younger**

Innovation (INN)

- 5% of the funds received annually
- Funds **“new” innovative** service strategies or models with an emphasis on increasing access to unserved/underserved
- Typically 3 year projects and with special approval up to 5 year projects
- Counties have to do a separate community planning process and separate INN Plan that has to be approved by a state commission
- Emphasis on sharing lessons learned with other counties and finding a way to make a program/project sustainable after INN project timeline ends

MHSA Components

Community Services & Supports (CSS)

- Largest funding stream, 76% of total amount received annually
- Intended to provide support and services for individuals of all ages who have more serious or severe mental health conditions
- **51% of the funds have to be spent on funding FSP programs**

Workforce Education & Training (WET)

- Used to help counties train staff in evidence-based models/practices, provide intern stipends to increase diverse workforce, and cultural responsiveness training.
*Only a 10 year funding stream **no new money since 2014.**

Capital Facilities & Technological Needs (CF/TN)

- Used to help counties develop electronic health records and enhance their facilities used as sites to provide direct services for SMI consumers. *Only a 10 year funding stream **no new money since 2014.**

*Counties can transfer CSS funds to support ongoing WET & CF/TN initiatives



Help Me Grow (HMG) Resource Line

HMG Solano connects families of children 0-5yro to requested services, as well as provides developmental screenings, further investigates family needs, provides family navigation for families with complex needs, and follows up with each family to ensure they were connected to services.

HMG Line

844-501-5437 (KIDS)



NAMI Solano

Provide advocacy and support for peer consumers and families touched by mental illness. Peer and family classes provided, presentations and stigma reduction activities.

NAMI Resource Line

707-422-7792



LGBTQ Outreach & Access Program

CBO-operated provides support and social groups for the and brief counseling for the LGBTQ community.

Provides outreach and trainings for community to reduce stigma.



African American Faith Based Initiative-Mental Health Friendly Communities (MHFC)

Consultants provide training and consultation for faith center leaders to reduce stigma and increase access for the AA community. Provide trainings for providers on best practices working with AA community.



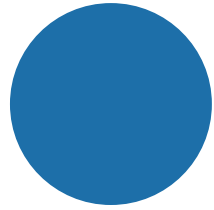
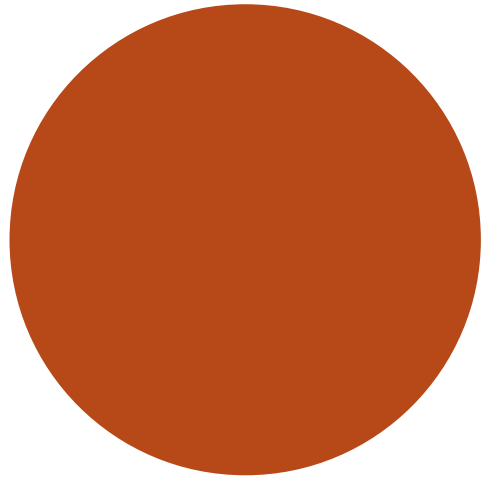
General Stigma Reduction & Suicide Prevention Support

- Countywide *Suicide Prevention Strategic Plan*

<http://www.solanocounty.com/civicax/filebank/blobdload.aspx?blobid=27271>

- Suicide Prevention Committee
- Technical assistance for school districts Suicide Prevention Plan & Suicide Protocol, annually provide Suicide Prevention Tool Kits for every middle and high school
- Provide community trainings: ASIST, safeTALK, Mental Health First Aid (MHFA)
- Tabling in community to raise awareness and combat stigma

Additional MHSA Services & Supports



Quality Improvement & Assurance

Do we provide good services?

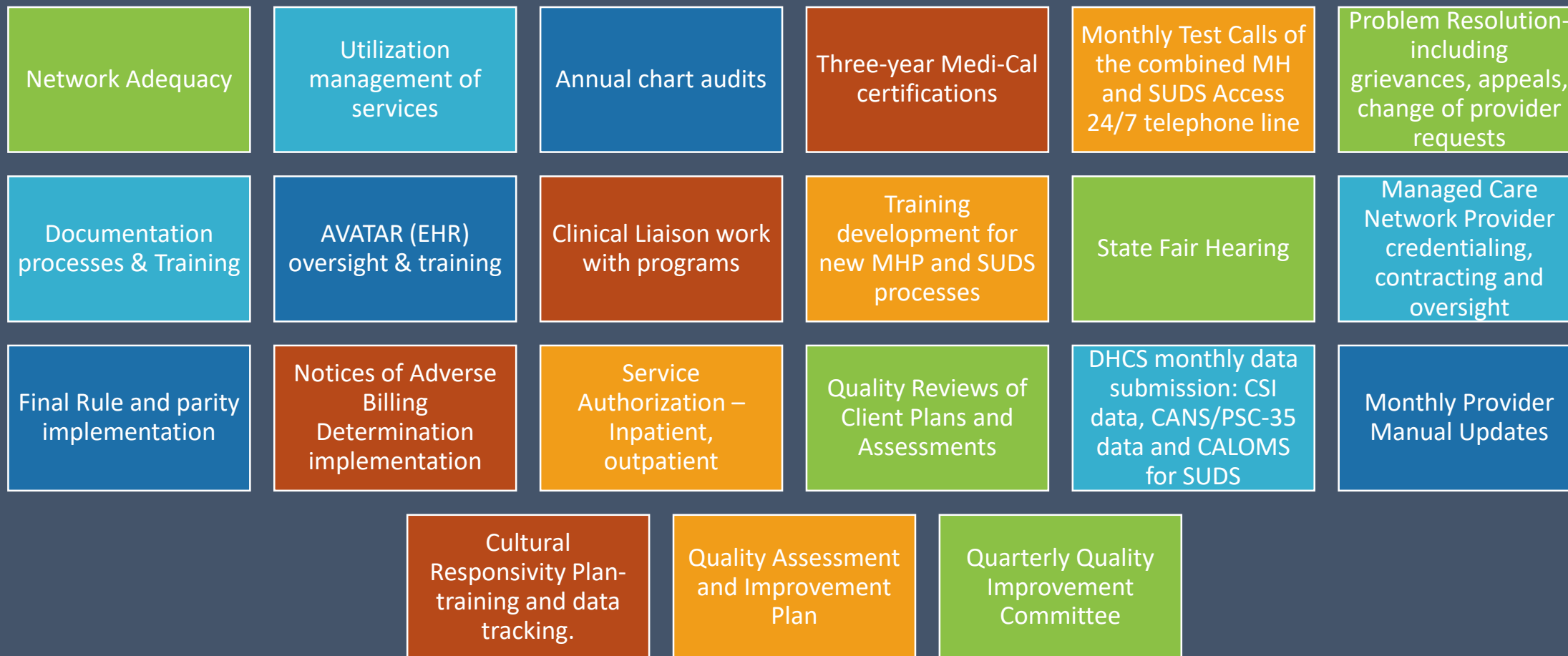
How can we provide better services?



Mandates

- DHCS-Solano Mental Health Plan (MHP) contract as an extension of DHCS in ensuring that the MHP and Drug Medi-Cal delivery system meet all State and Federal requirements.
- State and Federal requirements with regards to Triennial DHCS system reviews/chart audits, Final Rule and Parity laws (e.g. Network Adequacy, Continuity of Care, Credentialing, etc.),
- California's annual External Quality Review Organization (EQRO) audit
- QA/QI will provide oversight of the Partnership Health Plan of California's ODS drug Medi-cal waiver contract.

QA/QI Responsibilities



Performance Improvement Team



Crisis Intervention Team Training- 40 hour course for law enforcement and first responders



Co-Occurring Integration- trainings and coordination with PHC



Reaching Recovery- Level of Care and outcomes tool



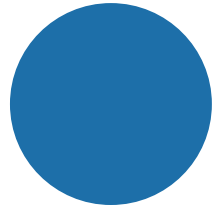
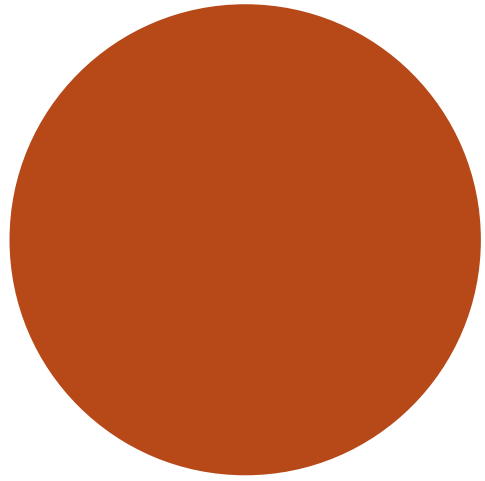
PIPs- Performance Improvement Projects



Peer to Peer (P2P) team- help for the helpers



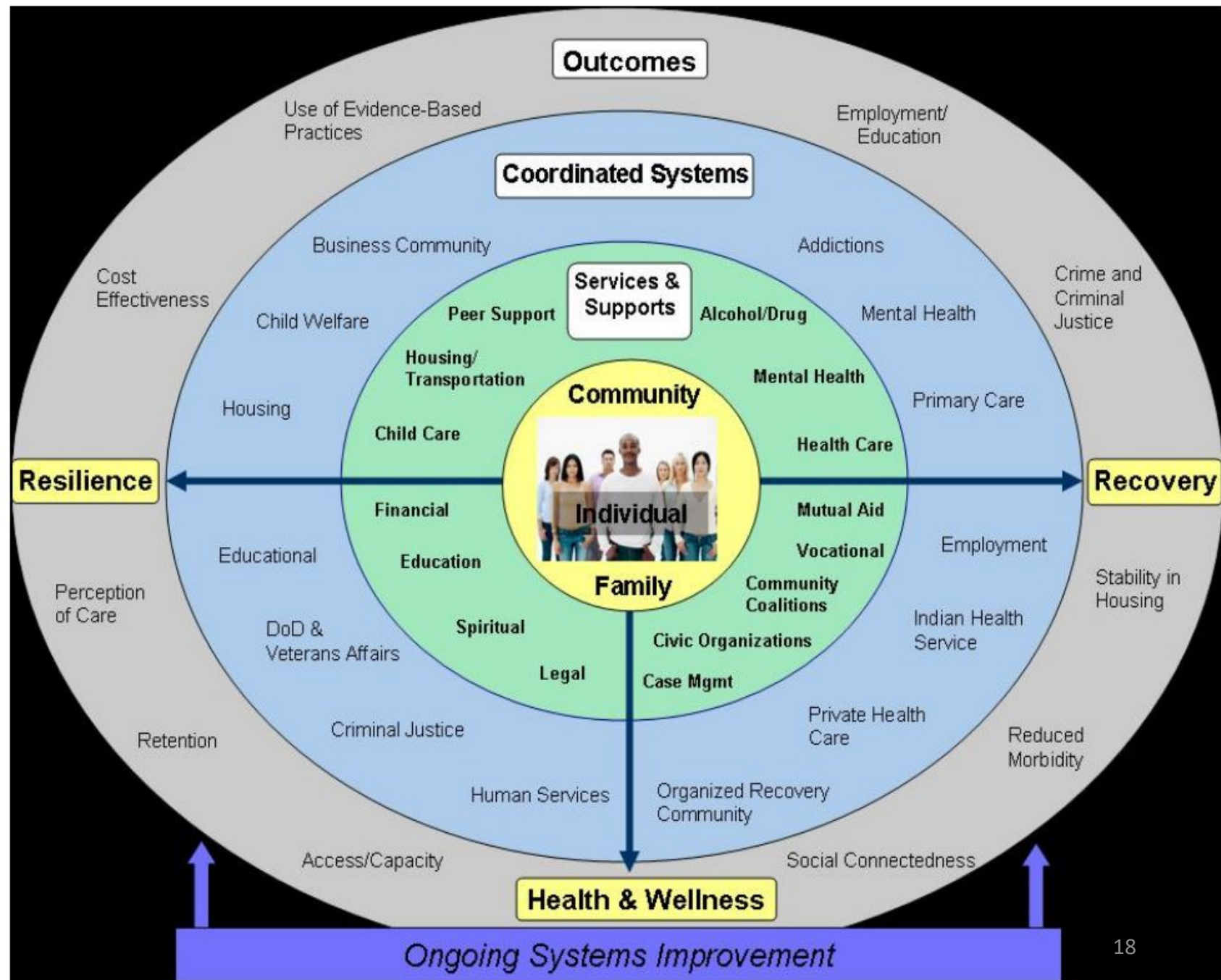
New projects pending:
Onboarding,
Internship,
Community Engagement



Recovery & Resilience Approach

Instilling Hope and
Promoting Self
Determination

Figure 1: Conceptual Framework of a Recovery-Oriented System of Care



Recovery-Oriented System of Care

https://www.samhsa.gov/sites/default/files/partnersforrecovery/docs/Guiding_Principles_Whitepaper.pdf

WHAT DOES RECOVERY MEAN?

Every person recovering from mental illness or substance use issue needs to define recovery in their own way

- For some people, recovery could mean being a parent again
- For others, it could mean managing symptoms enough to feel in control
- For many people who are pursuing recovery, housing and work is a central theme and a pathway to recovery

Recovery can mean different things to different people but the **core message is entrenched in a sense of self control and self improvement.**



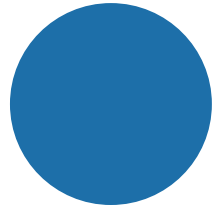
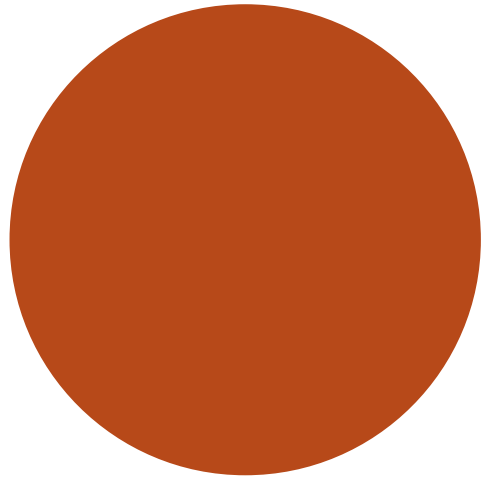
People First Language

- “Person-first language” is a concept that emerged from the disability-rights movement, and it **affirms** that individuals are first and foremost *people*, not diagnoses.
- It frames the way we experience the people we are serving, because our use of language strongly influences our thoughts
- The way we describe people affects how we treat them
- If we really are committed to service transformation, the way we TALK and WORK needs to be questioned and probably shifted

| Worn-out language | Language that promotes acceptance, respect, and uniqueness |
|---|--|
| you're just | you are more than |
| decompensating | not him/herself today; he/she is experiencing symptoms |
| manipulative | resourceful; really trying to get help |
| crazy | unique |
| compliant | might not be confident about personal choices or decisions; afraid |
| noncompliant | beginning to think for him/herself; taking personal responsibility |
| entitled | aware of rights |
| resistant | not open to; chooses not to; has own ideas |
| frequent flyer | gives us many opportunities to intervene and support |
| baseline | what a person looks like when doing well |
| unmotivated | has other interests; bored; doesn't know how to begin |
| helpless | unaware of capabilities |
| hopeless | unaware of opportunities |
| grandiose | has high hope and expectations of self |
| user of the system | resourceful; good self-advocate |
| druggie; crackhead; junkie | person using substances |
| high-functioning, low-functioning, dangerous, danger to others/self | person is showing these issues and characteristics |

Shifts We Need to Make

- Dignity of Risk
 - Hope
 - Compassion
 - Curiosity
 - Letting go of paternalism, power
 - Allowing people to make mistakes and gain tools for next time
 - importance of viewing service users as demonstrating *personhood* and having *societal value*
 - Examining the personal and cultural meaning of symptoms/experiences
-
- Voice and Choice: power statements, self-determination
 - Rehabilitation: Preparation and skill building
 - Shared decision making: Working on things together versus taking the lead
 - (REAL) Informed consent
 - What's my role
 - What's your role
 - matching expectations with what services can feasibly provide



Culture Matters

Cultural and Linguistic
Responsiveness and
Services

SCBH Culturally Responsive Efforts

Ethnic Services Coordinator (ESC) Role

- Eugene Durrah, MHSAs Supervisor can be reached at 707-784-4931 or EADurrah@SolanoCounty.com

Cultural Competency Committee

- Committee meets monthly (representation from, County, CBOs, consumers, etc.)
- Subcommittees scheduled as needed

SCBH Cultural Responsivity Plan

- Updated annually
- Ongoing implementation of the national Culturally and Linguistically Appropriate Service (CLAS) standards <https://minorityhealth.hhs.gov/omh/browse.aspx?lvl=2&lvlid=53>

MHSA Innovation Plan

- ***Interdisciplinary Collaboration and Cultural Transformation Model*** – 5-Year Project delivered in partnership with UC Davis Center for Reducing Health Disparities (CRHD) focused on improving access to and utilization of behavioral health services for persons served across three historically underserved populations in Solano County: Filipino American, Latino, and LGBTQ communities.
- Ten (10) Quality Improvement (QI) action plans have been developed and are focused on improving community outreach, workforce development, and trainings on equity and cultural responsivity.

SCBH Culturally Responsive Strategies

Trainings Provided During Last 3 Years

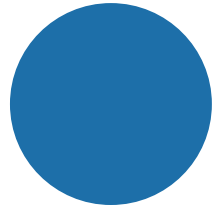
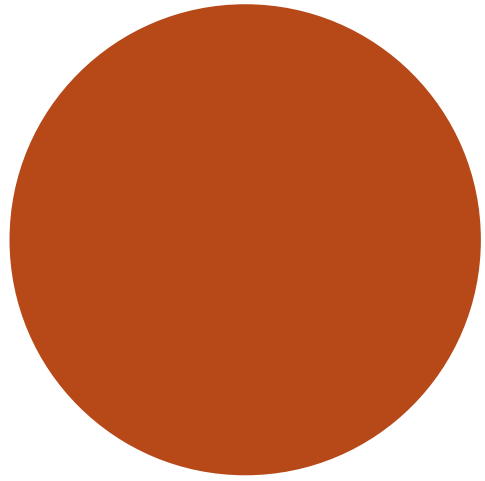
- Cultural Competency 101 and 102
- LGBTQ Cultural Competence & Clinical Considerations (also for reception staff)
- Advancing Racial Equity (ARE)
- Gender Diversity – The Transgender Experience
- 3 CLAS Training Cohorts – MHSA Innovation Plan
- Behavioral Health Interpreter Training
- Diversity and Social Justice Trainings- <https://vimeo.com/374531348>

Targeted Outreach

- KAAGAPAY Filipino Outreach **TBD position vacant**
- Hispanic Outreach and Latino Access (HOLA) **Mayra Montano 707-784-8123**
- African American Faith-Based Initiative - Mental Health Friendly Communities
- LGBTQ Outreach and Access – Solano Pride Center
- Native American Support Group

Partnerships

- H&SS Community In Action for Racial Equity (CARE) Team
- Equity Collaborative



Accessing Services

Solano BH Access Unit &
Levels of Care

Behavioral Health Access Line

▶ Who should contact the Access Unit?

- Someone who is not in an acute crisis, but likely needs/wants to be connected mental health and/or substance use services

▶ How do you contact the Access Unit?

- Call the Access phone number: **1-800-547-0495**

▶ What happens when a call comes into the Access Unit?

- A clinician conducts a brief screening covering mental health and substance use needs
- Clinician determines if there is an imminent crisis and to determine an individual's behavioral health needs in order to route them to the most appropriate program.
- For persons with mental health needs, a screening is offered and
 - If meets the County specialty mental health services level of care/eligibility, a follow up appointment will be made with the appropriate county program
 - If identified as having mild to moderate mental health needs or also wanting co-occurring SUD services, they are referred to **Beacon**.
- For persons with substance use support needs, a screening is offered and
 - Starting July 1, 2020 individuals will be referred to **Beacon** for services under the Drug-Medi Cal waiver; Beacon will conduct a full assessment and referral.
 - Co-occurring clients may still work with Solano MH teams as appropriate.
- Referred back to private insurance plan if privately insured.





Access Line Hours

Regular Business Hours:
8:30am-5:00pm

After Hours, Weekends
& Holidays: 5:00pm-
8:30am (Crisis Unit
answers calls after
hours)



Access Timeliness

Emergent Calls:
Immediate Crisis
Intervention or
Evaluation

Urgent Calls: Offered an
intake assessment
appointment within 3
calendar days

Routine Calls: Offered
an intake assessment
appointment within 10
business days



Centralized Assessment Team (CAT) <18

County clinicians
conduct intake
assessments for
children/youth referred
through the Access Line



Adult Open Access *(on pause due to COVID)*

Fairfield Clinic 8am-
3:15pm Mon-Friday

Vallejo Clinic 8am-
3:15pm Mon-Friday

Vacaville Clinic 8am-
3pm Mondays &
Thursdays

**All clinics close for
lunch 12-1PM**

Telehealth is available!



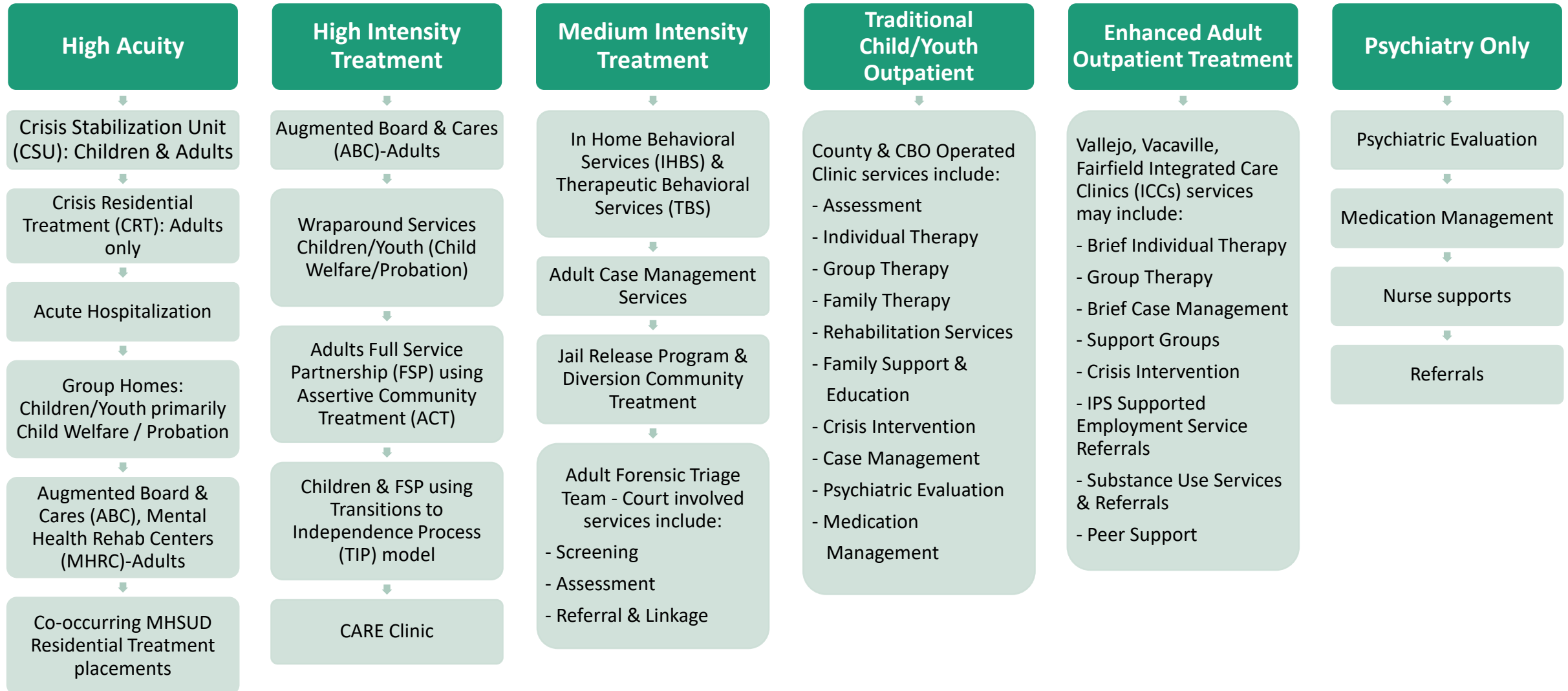
Forensic Triage

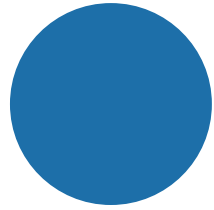
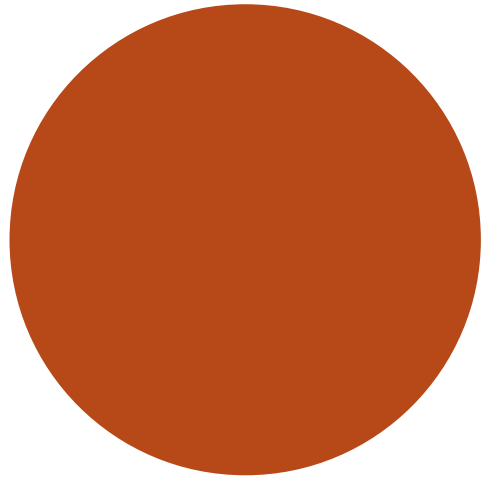
Central access point for
forensic court and high
level of care referrals:

- AOT/Laura's Law
- Diversion
- Drug/MH Court
- Prop 47
- Probation

Behavioral Health Access

Levels of Care & Services Offered

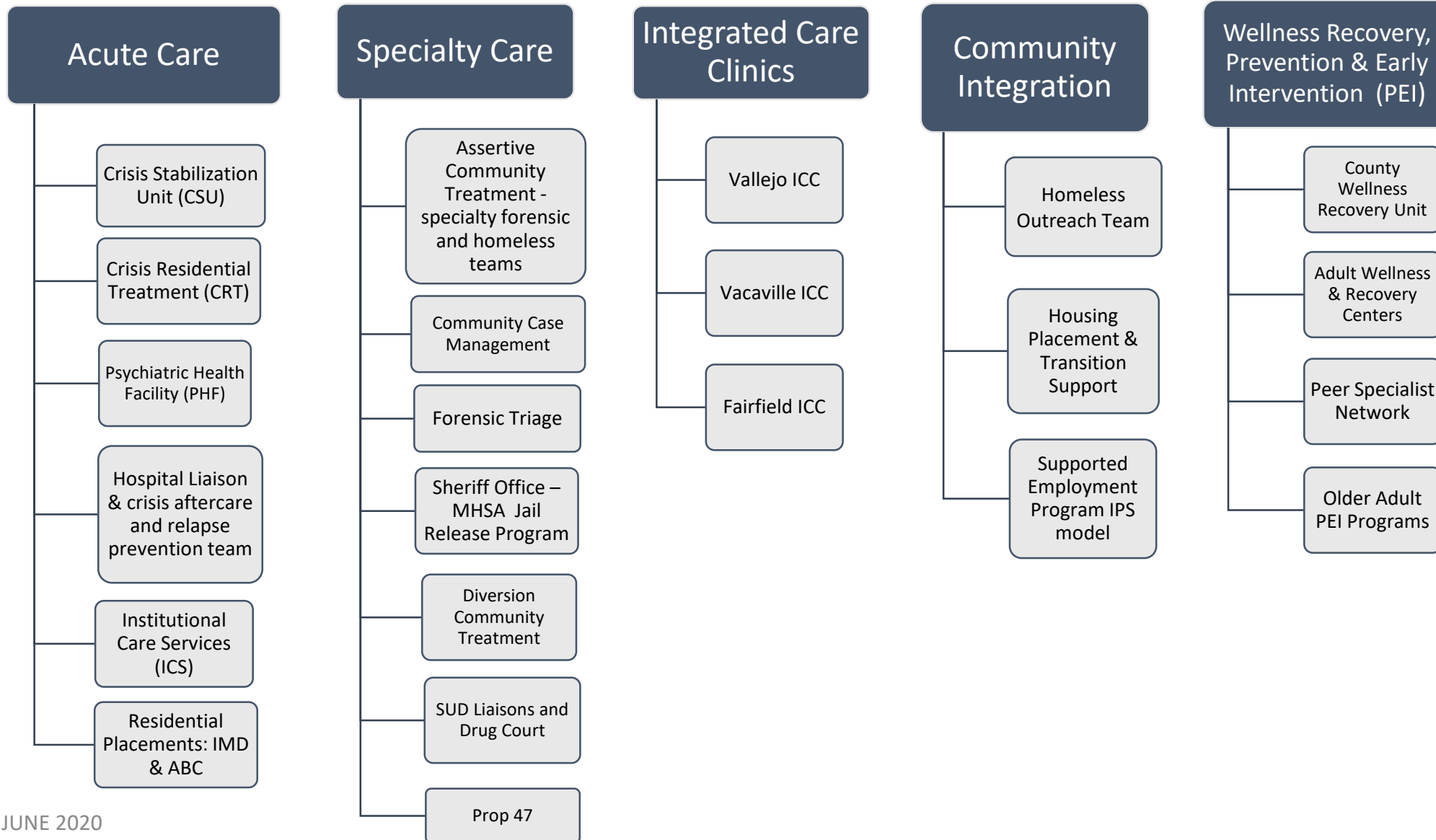




Adult System of Care

Teams & Program
Descriptions

Solano BH Teams/Service Programs - Adults



Assertive Community Treatment Team

Case Management

Psychiatric and Medical
(Psychiatrists)
(Nurses)

Wellness Management and Recovery
(Peer Specialist)

Psychiatric Rehabilitation

Supportive Housing
(Housing Specialists)

Family Psycho-education

Psychotherapy
(Clinicians)

Crisis Services

Vocational Services
(Employment Specialists)

Integrated Substance Use Treatment
(Substance Use Specialist)

Assertive Community Treatment- ACT

Full Service Partnership (FSP)- Assertive Community Treatment

- Whatever it takes approach
- “Hospital without walls”
- Multi-disciplinary team
- 3 or more services per week
- 24/7 warmline
- Housing, educational, peer, and employment support

County Funded FSP Programs Include:

- 3 Adult FSPs –with Specialty Forensic Team, Specialty Homeless Team

Adult FSPs are guided by the “Assertive Community Treatment (ACT)” evidence based practice

Forensic Triage Team

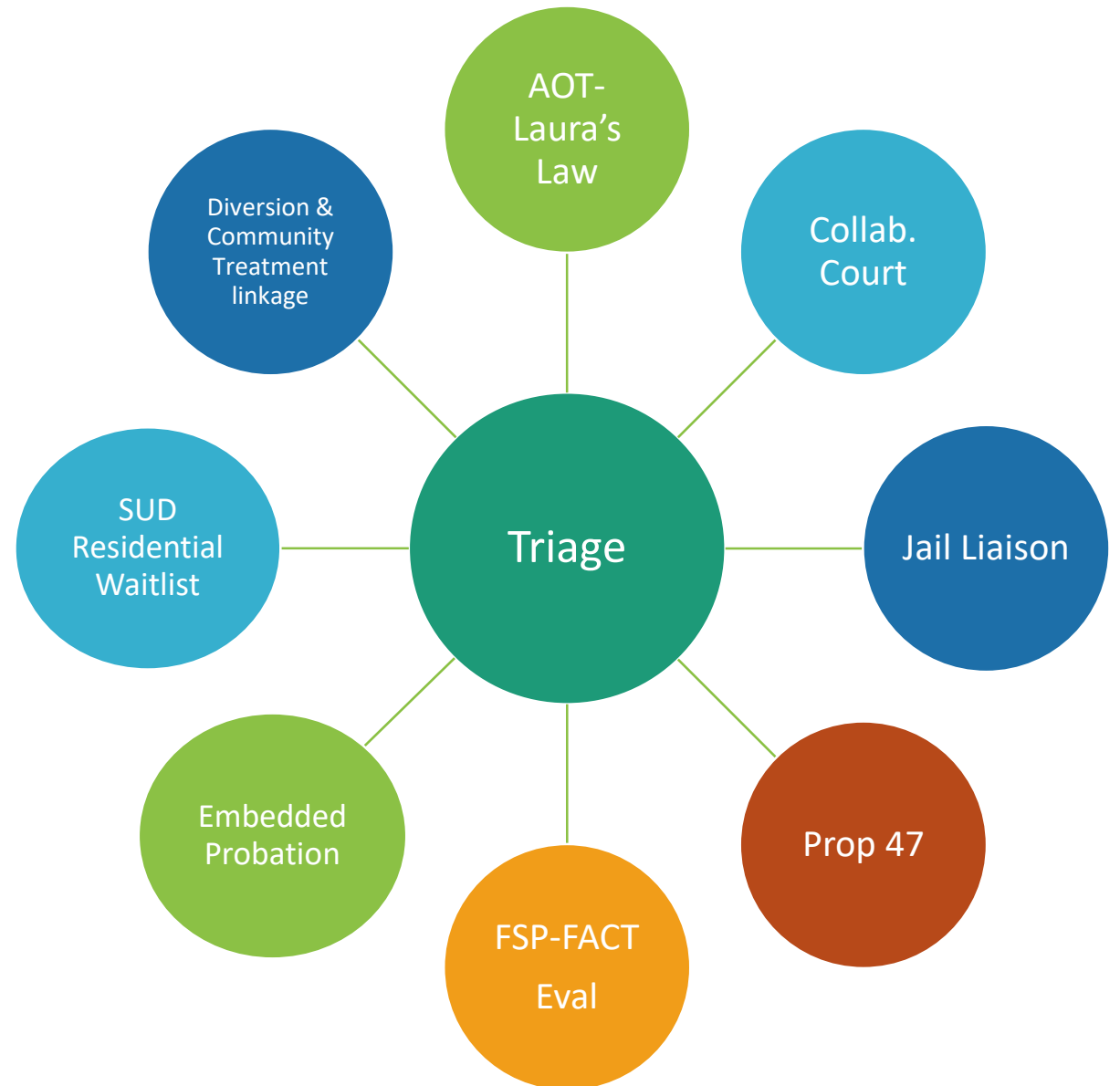
Helping determine who needs what for high intensity need and justice involved adult clients:

New:

- Diversion- Justice Assistance Grant
- MH Court support
- AOT/Laura's Law

Ongoing:

- Embedded Probation
- Drug Court
- SUD Residential Waitlist
- Prop 47
- Assertive Community Treatment- Full Service Partnership/Forensic (FSP/FACT) Assessments

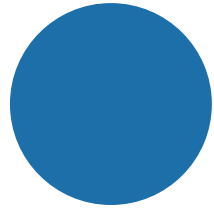
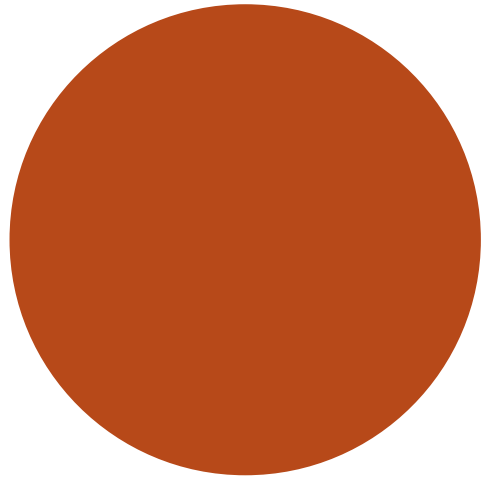


Outpatient and Support Programs

Adult ICC Clinics & Community Case Management

- Integrated Care Clinics (ICC) Vallejo, Fairfield, and Vacaville provide psychiatric services and enhanced outpatient services and linkage to community supports or crisis evaluation. Operated by Solano County
- Comprehensive Case Management (CCM) includes 2-4 services per month including nursing support. Operated by contractor
- Access Unit will provide linkage





Acute Care

Crisis Stabilization &
Inpatient Coordination



Crisis Stabilization Unit (CSU)

The CSU is a locked 12 bed facility opened 24/7 used to stabilize children and adults who are in crisis and/or to transfer them to an inpatient hospital if necessary.

Who should utilize the CSU or when should I refer someone to the CSU?

- A person who presents in acute psychiatric crisis; suicidal, homicidal or presenting as gravely disabled
- No apparent medical complications. If there are clear medical needs, the person needs to be taken to local Emergency Department instead of the CSU

What happens at the CSU?

- Evaluation for maintaining or dropping 5150 hold
- Crisis intervention including initiation of medication
- Referrals for local resources if not detained on 5150; crisis residential services, crisis aftercare services, respite housing, shelter, family, outpatient services, case management services
- Referral to inpatient psychiatric hospital if warranted

2101 Courage Drive, Fairfield—Phone: 707-428-1131



Hospital Liaison

SCBH staff work closely with inpatient facilities to conduct discharge planning and ensure **children, youth and adults** are linked to ongoing treatment services following discharge from the hospital.

SCBH staff provide crisis aftercare case management and rehab services for **adults** discharged from the CSU or psychiatric inpatient facilities for up to 60 days following discharge.



Institutional Care Services

SCBH staff provide support and case management for **adult consumers** placed in long term acute facilities to ensure adequate care and work towards stepping consumers back down to community-based programs.

Support clients during transitions from hospitals to residential placements to community.



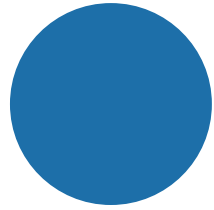
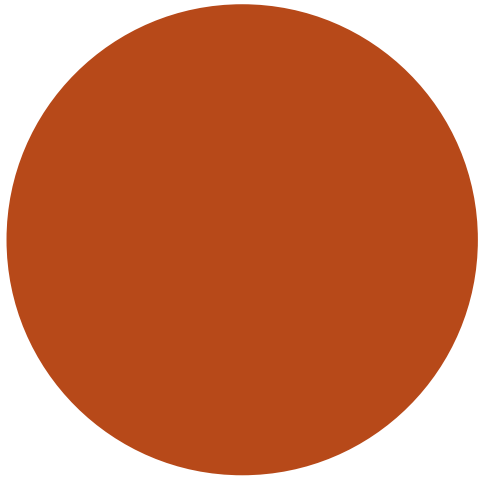
Collaboration with Law Enforcement

MHSA funds an 8 hour intro Crisis Intervention Team (CIT) training for all law enforcement departments in Solano County.

A 40hr CIT training is being developed in partnership with Fairfield PD, NAMI, and the Sheriff's Office.

SCBH has a certified CIT Coordinator and designated Law Enforcement Liaison.

Acute Care & Crisis Support



Community Integration

Housing, Benefits, and
Wellness & Recovery

Housing & Homeless Outreach



New unit focused on coordinating the Housing/Homeless initiatives across mental health and substance use programs, Health and Social Services (H&SS) Divisions and supporting community organizations

Team Goals:

- Provide homeless outreach and screenings alongside law enforcement homeless teams
- Coordination of H&SS homeless/housing initiatives with partners (i.e., Project Roomkey, Shelters, City Housing Authorities, Resource Connect Solano Coordinated Entry)
- Responsibility for all housing & homeless related contracts and grants
- Oversight of the new H&SS housing tracking database
- Expand access to SSI/SSDI Outreach, Access, and Recovery (SOAR) (SSA benefits) for mental health population
- Recruit new placements across levels of care, support/train landlords, client transition planning

Contact us for info: housing@solanocounty.com

Call Resource Connect for Homeless linkage

707.652.7311 or email RCS@caminar.org


<https://www.resourceconnectsolano.org/>

BH Funded Housing Supports



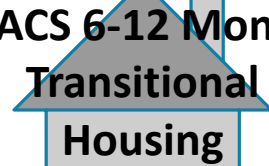
Caminar Bridge Housing 30-90 Days

MHSA Funded: 10 bed TH facility, on-site peer support



Caminar Gateway 30-90 Day Transitional Housing

MHSA Funded: One 2-bedroom unit with 4 beds



BACS 6-12 Month Transitional Housing

MHSA Funded: Seven 2-bedroom units for a total of 16 beds. 4 beds for HOME FSP consumers who are homeless or risk of homeless, and 4 beds for Whole Person Care consumers



Shelter Solano 9-12 Month

MHSA Funded: 14-16 beds

Prop 47 Funded: 8 beds



Room & Boards

MHSA and Core Funded: SCBH will pay rent temporarily to prevent homelessness for SMI consumers



Board & Cares

MHSA and Core Funded: SCBH will pay for patches to augment housing costs for SMI consumers



Caminar Permanent Housing

CRITERIA FOR PERMANENT HOUSING

- Serious Mental Illness (SMI)
- History of inpatient hospitalization
- Individual is fairly stable and ready to live independently
- -Does not require 24/7 care
- No Sex Offenders
- No Parolees (funding prohibits)

Wellness & Recovery Unit

- ❖ Promoting people with lived experience sharing recovery stories and striving for personal wellness, responsibility, empowerment, and hope
- ❖ Expansion of peer support and family partner support, including training Peer Support Specialists staff and volunteers- **Solano Peer Network**
- ❖ Support for adult Wellness Centers and continued collaboration with NAMI and other advocacy groups
- ❖ Facilitation of educational forums and events across the community
- ❖ Offer free supportive services to our community through education, events, awareness activities
- ❖ Various Support groups for individuals and their family members- now Online due to COVID



JUNE 2020

Contact us: WRU@solanocounty.com
(707) 553-5493

JOIN A VIRTUAL SUPPORT GROUP

Family Support Groups

| | | |
|--|---|--|
| TUESDAY 5:30PM Phone: 323-457-3408 Access: 325 377 160# | WEDNESDAY 6PM Phone: 323-457-3408 Access: 874 106 436# | THURSDAY 3PM Phone: 323-457-3408 Access: 775 919 238# |
|--|---|--|

for a web link, email lyperswain@solanocounty.com

BROUGHT TO YOU BY WELLNESS & RECOVERY

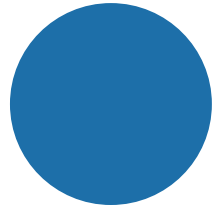
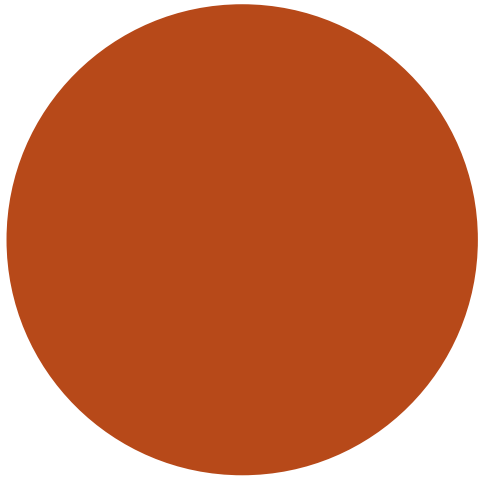
JOIN A VIRTUAL SUPPORT GROUP

Peer Support Groups

| | | |
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| TUESDAY 3PM Phone: 323-457-3408 Access: 159 980 528# | WEDNESDAY 6PM Phone: 323-457-3408 Access: 920 696 777# | THURSDAY 4PM Phone: 323-457-3408 Access: 511 472 57# |
|---|---|---|

for a web link, email dmccoy@solanocounty.com

BROUGHT TO YOU BY WELLNESS & RECOVERY

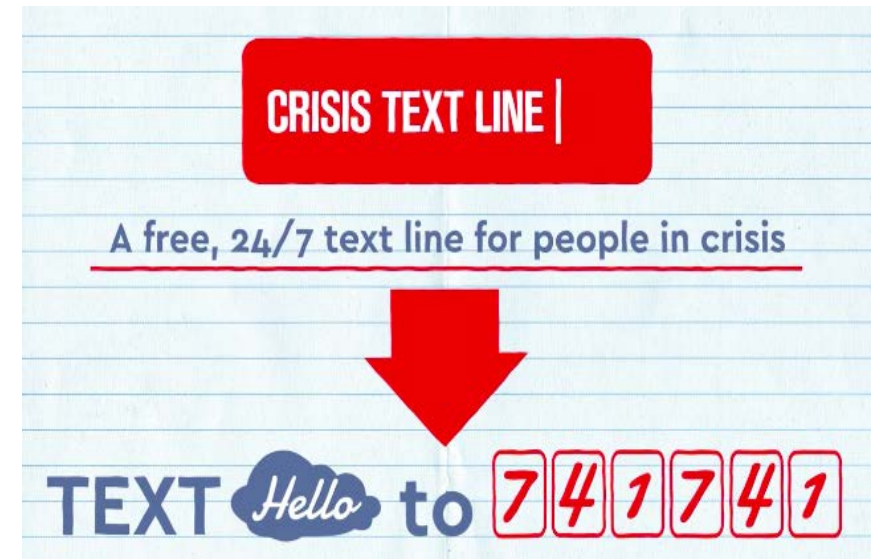


Help & Crisis

Hotlines & Text Lines

Crisis Hotlines & Suicide Prevention

- **National Suicide Prevention Lifeline:** (800) 273-TALK (8255)
 - 24/7 suicide prevention hotline staffed by crisis specialists
 - (888) 628-9454 Spanish line
 - Callers who are veterans will be routed to a special veteran's line by pressing "1" after calling #
- **Lifeline for Deaf & Hard of Hearing;** (800)-799-4889
- **Friendship Line (seniors 60+):** (800) 971-0016
- **Crisis Text Line:** Text "HOME" to 741741
 - 24/7 suicide prevention texting crisis service staffed by crisis specialists



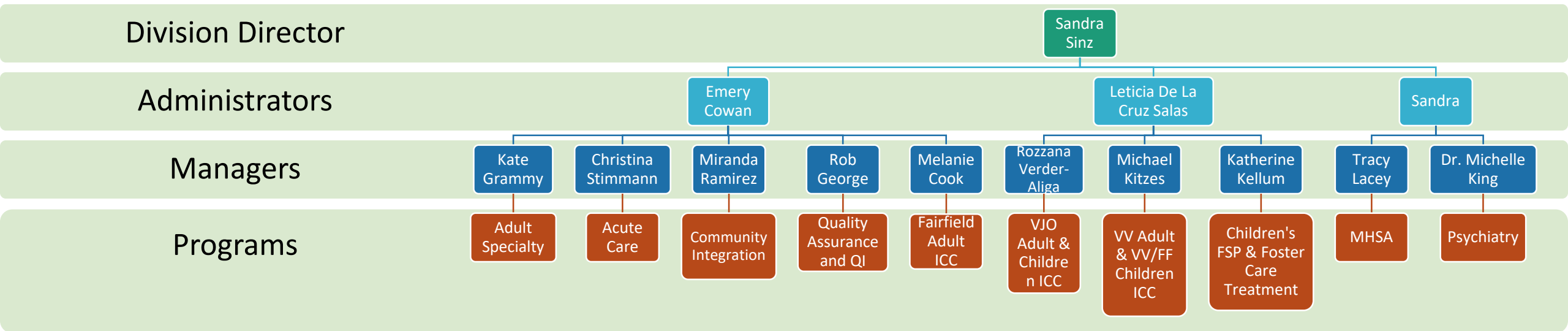
LGBTQ Crisis Hotlines & Suicide Prevention

- **Trans Lifeline:** (877) 565-8860
 - Peer support crisis and suicide prevention hotline for the Trans community available 7am-1am
- **The Trevor Project:** (866) 488-7386
<http://www.thetrevorproject.org>
 - Crisis intervention and suicide prevention for Lesbian, Gay, Bisexual, Transgender, and Questioning (LGBTQ) youth ages 25 and under
 - Trevor Text Line: Text “**START**” to 678678 Mon-Friday 12p-7pm



THE **TREVOR** PROJECT
Saving Young LGBTQ Lives

Who Does What



Contact & Connect with Us



Administration: (707) 784-8320

• **Social Media: @SolanoCountyBH**

Access line: (800) 547-0495



Email: bhinfo@solanocounty.com

• **Website:**
<http://solanocounty.com/depts/bh>