

## INVESTMENT IN MENTAL HEALTH ACT OF 2013

- CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY
- MENTAL HEALTH SERVICES OVERSIGHT and ACCOUNTABILITY COMMISSION

SB 82

CHFFA

MHSOAC

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## OBJECTIVES OF SB 82

- Expand access to early intervention and treatment services
- Expand the continuum of services to address crisis intervention, crisis stabilization, and crisis residential treatment
- Build capacity and improve access
- Provide intensive case management and linkage
- At various points of access

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## OBJECTIVES OF SB 82

- **Reduce unnecessary hospitalizations (including recidivism) and inpatient days**
- **Reduce unnecessary expenditures of:**
  - **Local law enforcement**
  - **Hospital Emergency Departments**
  - **Recidivism of crisis services**
- **Provide local communities with increased financial resources to leverage additional public and private funding sources to achieve improved networks of care for individuals with mental health disorders**

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## MENTAL HEALTH SERVICES OVERSIGHT AND ACCOUNTABILITY COMMISSION (MHSOAC)

- **Available Funding:**
  - **\$32,000,000 For 600 triage personnel**
  - **\$10,848,00 for 203 triage personnel**
- **Seeking appropriate federal Medicaid reimbursement for services when applicable**
- **No matching funds are required from counties**
- **Breaks the state up into five regions**

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# MHSOAC

## Allowable Costs

- Triage personnel
- Administrative cost
- Evaluation costs

## Grant funds

- May be used to expand existing programs
- May not be used to supplant existing funds for triage case management services

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# MHSOAC

## Information Required in Grant Proposal

- Current crisis response system and needs
- Collaboration
- Program operations
- Budget
- Reporting and evaluation
  - Process information
  - Encounter based information
  - Evaluation of program effectiveness

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# MHSOAC

## ■ Proposed Response

- Family Resource Centers
- Expansion
  - San Bernardino County Sheriff Office (SBSO) collaboration- located in two SBSO stations per region (total of 6)
  - Jail-post release
- Distance challenged location
  - Barstow, Big Bear, and Morongo Basin
  - Provide triage services to local law enforcement and local hospital emergency departments
- Add to LPS hospitals
  - By region
  - Provide services for walk-in determined to not need admission
  - Provide linkage for consumers being discharged

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## CALIFORNIA HEALTH FACILITIES FINANCING AUTHORITY (CHFFA)

- Available Funding: \$142,500,000
  - For crisis stabilization, residential treatment and mobile crisis support capacity
  - \$6,800,000 for mobile crisis support teams
- Funding Formula - Southern Region: \$45,000,000
  - The one-time general fund allocation
  - Divided among five regions of the state
- Maximum Grant for Population of 1,100,001 to 2,500,000
  - \$7,000,000

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# CHFFA

## ■ Eligible Costs:

1. Purchase real estate
2. Construct, expand, remodel or renovate real property
3. Purchase furnishings or equipment
4. Purchase supplies for cleaning
5. Fund information technology
6. Fund up to three months of program startup costs
7. Fund salaries and benefits for mobile crisis support teams

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# CHFFA

## ■ Criteria

- Expands access to services and capacity
  - Community based mental health crisis services
  - Alternatives to hospitalization and incarceration
  - Crisis Stabilization Units (CSU) and Crisis Residential
- Demonstrates a clear plan for a continuum of care
- Establishes sustainability of the proposed project
- Demonstrates a detailed and credible plan for completing the project

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# CHFFA

## ■ Evaluation/Outcomes

- Reduced visits to local hospital(s) emergency department(s)
- Reduced unnecessary hospitalizations and re-hospitalizations
- Reduced hospital psychiatric inpatient days
- Reduced law enforcement's time spent on mental health crisis calls
- Linkage with both primary care and mental health outpatient providers
- Consumer and/or family member satisfaction

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# CHFFA

## ■ Proposed Combined Crisis Stabilization Unit and Crisis Residential

- Expand Rialto CWIC to 24/7
- Create a 20 slot CSU facility
  - 24/7 hour psychiatrist coverage
  - Medical screenings
  - Diversion from psychiatric involuntary hospitalization
  - Coordinate crisis services and utilization of inpatient care
  - Linkage and referral
- Crisis Residential
  - Create 16 bed in East or Central Valley
  - Diversion from psychiatric involuntary hospitalization
  - Step down from inpatient care to reduce length of stay
  - Transitional care for consumers moving from high level placement
  - Target 2 week stays, but can be up to 30 days

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