

Background & Purpose

- The Data Notebook is designed to meet these goals:
 - Assist local boards to meet their legal mandates ¹ to review the local county mental health services and report on performance every year,
 - Function as an educational resource about mental health data for local boards,
 - Enable the California Mental Health Planning Council (CMHPC) to fulfill its mandate ² to review and report on the public mental health system in our state.

1. W&IC. 5604.2, regarding mandated reporting roles of MH Boards and Commissions in California.

2. W&IC. 5772 (c), requires annual reports from the California Mental Health Planning Council.

Data Resources for the Data Notebook

- California External Quality Review Organization (CAEQRO)
- Department of Health Care Services (DHCS)
 - Mental Health (MH)
 - Substance Use Disorder (SUD)
- County Mental Health Plans (MHPs)
 - Department of Behavioral Health (DBH)
- Last year, you may recall we discussed various levels of data in depth; however, the focus of this year's report is different – it is more program oriented and you will see that focus throughout the presentation.

Presented by: VK



Data Notebook Focus

- This year's Data Notebook asked County Mental Health Plans (MHPs), Department of Behavioral Health (DBH), and their Behavioral Health Commissions, to focus on two areas specifically.
 - A. Strategies to Meet the Needs of Persons Experiencing Mental Health Crises:** Treatment Options and Alternatives to Locked (Involuntary) Facilities.
 - B. Integrated Care:** Treating Individuals with both Mental Health and Substance Use Disorders.

Data Notebook Context

- However, before reviewing data in those two areas, it is important to understand a few facts about DBH.
- DBH serves **185,000** individuals per year.
- DBH does not have responsibility for all behavioral health services for residents of San Bernardino County.
- DBH provides certain types of behavioral health services called Specialty Mental Health Services (SMHS), also known as Tier III, and serves individuals with Medi-Cal, certain types of Medicare and individuals with no insurance.
- DBH is also the provider of the Drug Medi-Cal benefit, or Substance Use Disorder (SUD) Treatment Services.

Presented by: VK



Data Context – Where are we going?

- It is important to note, the landscape in which we operate has changed.
 - Affordable Care Act (ACA), Medi-Cal Expansion, and Health Care Reform.
 - Grant money is coming in to enhance current DBH System of Care.
 - Drug Medi-Cal Waiver is coming to San Bernardino County.

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Data Context – Where are we going?

- Coordination of all health care across different providers, programs, types and levels of care, plus integration with community and cross sector stakeholders and partners is more important than ever.
- Health is not just what happens inside clinic walls.
- **Health Happens in Partnership with Stakeholders:**
 - Consumers, family members, law enforcement, judicial system, corrections, housing and development, commercial health plans, Inland Empire Health Plan (IEHP), Molina Healthcare, hospitals, education, private industry, etc.



Presented by: VK

Collective Impact Continuum

Isolated

Agencies working on specific issues

Collect data on programs/services

Work to increase impact of their unique programs/activities



Collaboration

Convene around Programs/Initiatives

Prove

Addition to what you do

Advocate for Ideas



Collective

Work together to improve outcomes & Policy/Systems

Improve

Is what you do

Advocate for what works

County Health Rankings & Roadmaps

Building a Culture of Health, County by County

A Robert Wood Johnson Foundation program

Source: <http://www.strivetogether.org/blog/2012/11/the-difference-between-collaboration-and-collective-impact/>

Edmondson J. The Difference between Collaboration and Collective Impact. In. Striving for Change: Lessons from the front line; 2012.



COMMUNITY VITAL SIGNS INITIATIVE

County of San Bernardino

Presented by: VK



Behavioral Health

Slide 8

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Data Context – Where have we been?

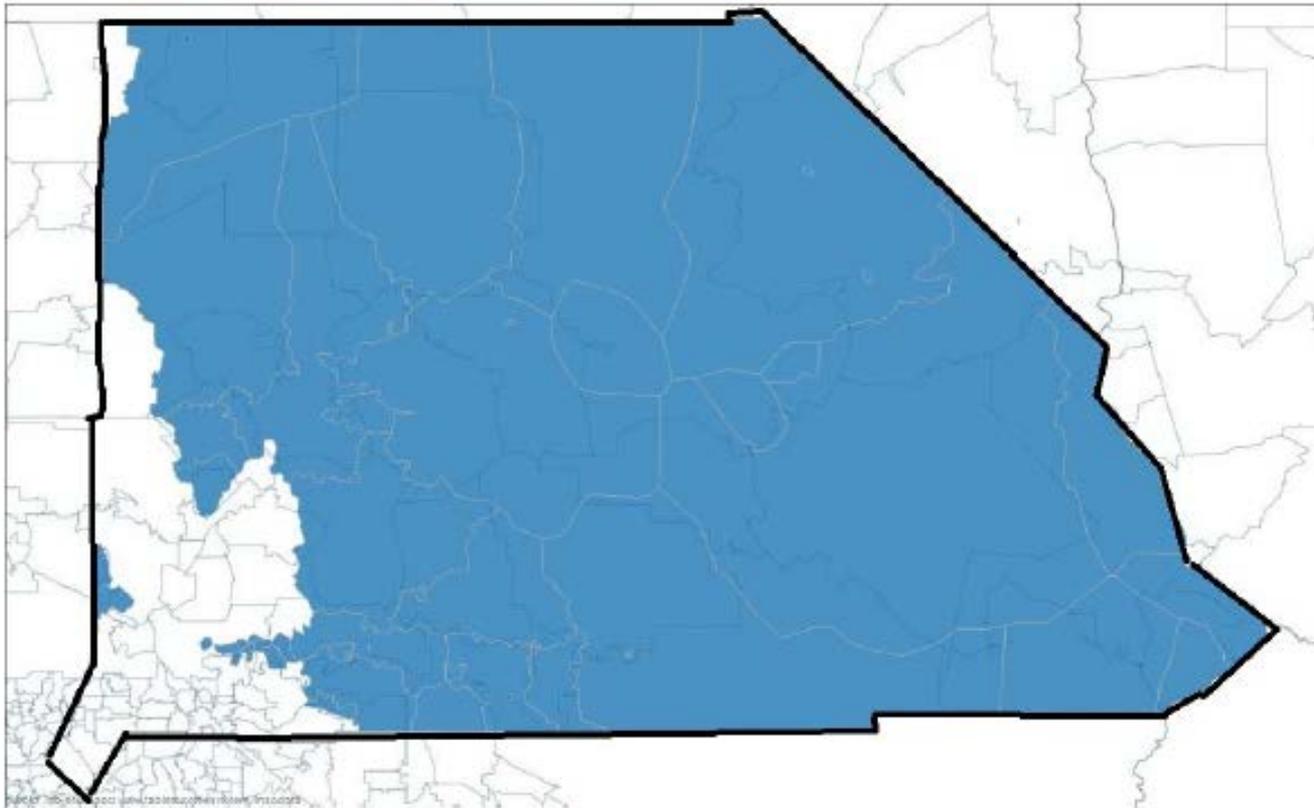
- 1) Mental health benefits for people with Medi-Cal have been historically underfunded in California. January 2014, California DHCS added Tier I, Tier II benefit.
- 2) Substance Use Disorder treatment has been historically underfunded in California. DHCS implementing Drug Medi-Cal Waiver in partnership with counties in 2015 and forward.
- 3) San Bernardino County Medi-Cal Managed Care Plans operate in a two plan model that has geographic exclusions.
- 4) As a result of geographic exclusions, physical health care provider networks are significantly underdeveloped.

Presented by: VK



Data Context – Where have we been?

Managed Care Geographically Exempt Zip Codes in San Bernardino County



Presented by: VK

Data Context – Where have we been?

92242 (Earp)	92315 (Big Bear Lake)	92363 (Needles)
92252 (Joshua Tree)	92317 (Blue Jay)	92364 (Nipton)
92256 (Morongo Valley)	92321 (Cedar Glen)	92365 (Newberry Springs)
92267 (Parker Dam)	92322 (Cedarpines Park)	92366 (Mountain Pass)
92268 (Pioneertown)	92323 (Cima)	92368 (Oro Grande)
92277 (Twentynine Palms)	92325 (Crestline)	92372 (Pinon Hills)
92278 (Twentynine Palms)	92326 (Crestpark)	92378 (Rim Forest)
92280 (Vidal)	92327 (Daggett)	92382 (Running Springs)
92284 (Yucca Valley)	92332 (Essex)	92385 (Skyforest)
92285 (Landers)	92333 (Fawnskin)	92386 (Sugarloaf)
92286 (Yucca Valley)	92338 (Ludlow)	92391 (Twin Peaks)
92304 (Amboy)	92339 (Forrest Falls)	92397 (Wrightwood)
92305 (Angeles Oaks)	92341 (Green Valley Lake)	92398 (Yermo)
92309 (Baker)	92342 (Helendale)	93558 (Red Mountain)
92310 (Fort Irwin)	92347 (Hinkley)	93562 (Trona)
92311 (Barstow)	92351 (Kelso)	93592 (Trona)
92312 (Barstow)	92352 (Lake Arrowhead)	
92314 (Big Bear City)	92356 (Lucerne Valley)	

SOURCES

¹ Health Resources and Services Administration. Primary Medical Care HPSA Designation Overview.

<http://bhpr.hrsa.gov/shortage/hpsas/designationcriteria/primarycarehpsaoverview.html>

² Office of Statewide Health Planning & Development (2013). *Primary Care Health Professional Shortage Areas*. http://www.oshpd.ca.gov/General_Info/MSSA/Maps/HPSA_PC.pdf

³ V. Rodriguez, Supv. Office Spec., Human Services, County of San Bernardino

DBH-R&E/K. Haigh

Created 28 May 2014

Presented by: VK



Data Context – Where have we been?

- Health Care utilization and the data that comes with it to help us learn about health care access, is tied to benefit structures of health plans and Medi-Cal in California.
- Widespread lack of understanding of what mental health issues look like by providers, family members and the general public.
- Lack of understanding of what services are offered under Specialty Mental Health Services, also known as Tier III benefits, by those who coordinate with County Mental Health.

Data Context – Where have we been?

- Serious stigma and discrimination still exists for those living with behavioral health issues and seeking or not seeking care.
- According to Substance Abuse and Mental Health Services Administration (SAMHSA) Statistics:
 - **23%** of the general population will need access to behavioral health services, and less than half will be able to access them.
 - It is estimated that up to **10%** of the population will need Specialty Mental Health Services (SMHS), or Tier III services.

Data Context – Setting the Stage for Our Journey

- Change efforts take years.
- Effectiveness of systems will grow over time.
- Local understanding of needs will increase as a better understanding of DBH's role as a partner in local, regional, and State planning.
- We want to assure you that San Bernardino County DBH is very active in the strategies and planning for local behavioral health services.

Check in point – Any questions?

Data Context - Reminder

- We have two areas of focus we are discussing in this report:
 - A. Strategies to Meet the Needs of Persons Experiencing Mental Health Crises:** Treatment Options and Alternatives to Locked (Involuntary) Facilities
 - B. Integrated Care:** Treating Individuals with both Mental Health and Substance Use Disorders

Data Context – Top Priorities in San Bernardino County

- 8. If you could ask for any specific resource, program, or facility to meet serious, urgent MH needs in your community, what would be your top three priorities? (Page # 26 of 42)**

San Bernardino County Response:

- *While San Bernardino County has identified many top priorities, the following three are submitted for the purposes of this report.*
 1. *Support the elimination of the IMD and managed care geographic exclusions.*
 2. *Comprehensive, recovery-oriented approach to justice involved individuals suffering with behavioral health issues.*
 3. *Increased capacity for enhanced services such as:*
 - a. *Crisis stabilization and crisis residential beds/facilities.*
 - b. *Integrated Health strategies to address physical health, mental health, Substance Use Disorder, and complex care coordination without limits to number of day visits.*
 - c. *Family education and support programs.*

Data Notebook Strategy A: Crisis Services

- The next series of slides will cover the strategies and efforts currently in place to:
 - A. Meet the Needs of Persons Experiencing Mental Health Crises:**
Treatment Options and Alternatives to Locked (Involuntary) Facilities
- Inpatient Options, IMDs, State Hospitals, Acute Psychiatric Hospital Beds.
- This presentation is aimed at voluntary, non-locked facilities and/or programs.

Data Notebook Strategy A: Crisis Services

A. Strategies to Meet the Needs of Persons Experiencing Mental Health Crises: Treatment Options and Alternatives to Locked (Involuntary) Facilities

- When reviewing this presentation it is important to remember Crisis and Diversion programs are in various stages of implementation.

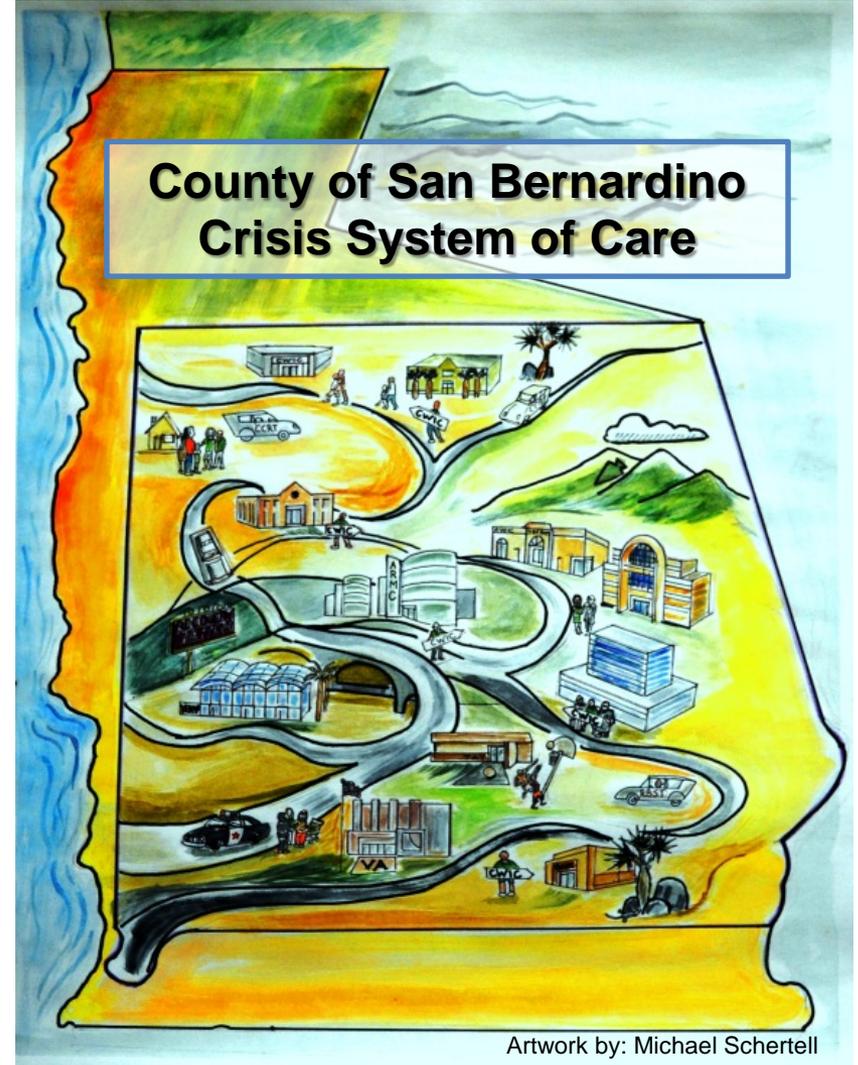


Presented by: VK

Data Notebook Strategy A: Crisis Services

Get your maps out!

We would like to thank Deputy Director, Michael Schertell for this beautiful art.



Data Notebook Strategy A: Crisis Services

3. **What alternatives to a locked facility do you have for those experiencing an immediate MH crisis?** (Page 11 of 42)
 - ***Recovery Based Engagement Support Teams (RBEST):***
 - From October 2014 through May 2015, **300** individuals were served in RBEST, with an expectation that approximately **300** individuals will be served per year.



Presented by: PR

Data Notebook Strategy A: Crisis Services

3. What alternatives to a locked facility do you have for those experiencing an immediate MH crisis? (Page 12 of 42)

■ *Comprehensive Children and Family Services (CCFSS)*

Wraparound Services:

- In Fiscal Year (FY) 2013/14, **1,205** individuals were served by the CCFSS program.



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Data Notebook Strategy A: Crisis Services

4. Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system? (Page # 13 of 42)

- *Mental Health Court*
- *Drug Court*
- *Jail Diversion Program*
- *Re-Entry Programs*

Data Notebook Strategy A: Crisis Services

4. **Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system?** (Page # 14 of 42)
 - ***Triage Engagement and Support Teams (TEST):***
 - From March 2015 through July 2015, **119** Individuals received services from the TEST program, with an expectation that **2,000** individuals will be served annually.



Presented by: NO

Data Notebook Strategy A: Crisis Services

4. Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system? (Page # 14 of 42)

■ *Homeless Outreach Support Teams (HOST):*

- Currently, HOST assists approximately **200** individuals to maintain permanent supportive housing, and works with multiple cross sector partners to support consumers in these efforts. In FY 2013/14, **175** individuals were served by the HOST program.



Presented by: MS/TA/EO'B

Data Notebook Strategy A: Crisis Services

4. **Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system? (Page # 15 of 42)**
 - ***Integrated New Family Opportunities (INFO):***
 - In FY 2013/14, **46** juveniles received services from the INFO program.



Presented by: AG

Data Notebook Strategy A: Crisis Services

4. Does your county have a MH court, jail diversion program, or similar mechanism to help individuals whose MH crisis or illness contributed to their involvement with the criminal justice system? (Page # 15 of 42)

■ *Choosing Healthy Options to Instill Change and Empowerment (CHOICE):*

- In FY 2013/14, **1,786** probationers were referred to the CHOICE program at the DRC's, with **1,265** voluntarily engaging in the screening and referral process to acquire treatment services and community resources to behavioral health services.



Check in point – Any questions?

Data Notebook Strategy A: Crisis Services

5. Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above? (Page # 16 of 42)

■ ***California Health Facilities Financing Authority (CHFFA) Grants:***

- ***Crisis Stabilization*** - It is estimated that **4,600** individuals will be served in behavioral health urgent cares provided annually per Crisis Stabilization Units (CSU's).
- ***Crisis Residential*** - It is estimated that **275** new, individual admissions of crisis residential treatment annually per Crisis Residential Program (CRP).



Presented by: AG

Data Notebook Strategy A: Crisis Services

5. Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above? (Page # 17 of 42)

■ *Psychiatric Triage Diversion:*

- FY 2013/14, **4,014** individuals received services from the Psychiatric Triage Diversion program, with a diversion rate of **70%** of total consumers served.



Presented by: PR

Data Notebook Strategy A: Crisis Services

- 5. Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above? (Page # 18 of 42)**
- ***Transitional Age Youth Behavioral Health Hostel (STAY):***
 - In FY 2013/14, **88** TAY received services from the STAY project.



Presented by: AG

Data Notebook Strategy A: Crisis Services

5. Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above? (Page # 18 of 42)

■ *Community Crisis Response Teams (CCRT):*

- In FY 2013/14, **4,518** individuals received services from the CCRT program.

■ DBH and the Sheriff's Department have been collaborating since 2008, providing *Crisis Intervention Training (CIT)* to Sheriff's Deputies to support their skill sets in effectively navigating psychiatric crises.

- In FY 2013/14, **130** individuals received Crisis Intervention Training, with **948** individuals receiving training since 2009.



Presented by: NO

Data Notebook Strategy A: Crisis Services

- 5. Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above? (Page # 19 of 42)**
- ***Crisis Walk-In Center (CWIC):***
 - In FY 2013/14, **8,149** individuals received services from the CWIC program.



Presented by: AG

5. Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above? (Page # 19 of 42)

■ *Managed Care*

- Inpatient and emergency services are a critical part of a person's overall health.
- Over the next several years, DBH will be working on several strategies with our Medi-Cal Managed Care partners, IEHP and Molina Healthcare, on coordination around inpatient to outpatient follow-up and transitions.

Data Notebook Strategy A: Crisis Services

5. **Creative Solutions. Does your county have an innovative program or another way to address needs for inpatient care or emergency MH services, other than what has been listed above? (Page # 20 of 42)**

■ *Arrowhead Regional Medical Center (ARMC) Collaboration*

- The Department of Behavioral Health (DBH) has a longstanding collaborative relationship with the county hospital, Arrowhead Regional Medical Center (ARMC), which provides the majority of inpatient psychiatric care in this county for consumers with Medi-Cal, Medicare and no insurance, with **5,215** admissions in FY 2013/14.
- It is important to note that ARMC Triage (admission to the hospital) and the DBH Diversion Program, (diversion from the hospital) are two different programs that are located at ARMC.
- If we add up all the numbers in the programs we've just discussed, it's **19,904 persons served**. That doesn't include those additional folks who will be served in the new programs as discussed, which is **6,875**. We are expanding Diversion/Crisis Services, and those services will continue to serve folks so they don't have to be hospitalized.

Data Notebook Strategy A: Crisis Services

6. Prevention. Does your county have any programs implemented specifically as alternatives to locked facilities that haven't been addressed above? (Page # 23 of 42)

■ *Access Coordination and Enhancement (ACE):*

- For the first two quarters of FY 2014/15 the number of assessments to outpatient care that have been completed per month are below:
 - 1st Quarter FY 2014/15 average of **409** intake assessments per month.
 - 2nd Quarter FY 2014/15 average of **520** intake assessments per month.



Data Notebook Strategy A: Crisis Services

- 6. Prevention. Does your county have any programs implemented specifically as alternatives to locked facilities that haven't been addressed above? (Page # 23 of 42)**
- ***Long Term Adult Residential Treatment Programs:***
 - Access to these services is coordinated by the Department of Behavioral Health and will serve up to **30** adults per year, and allow them to stay up to 18 months.



Check in point – Any questions?

Data Notebook Strategy B: Integrated Care

B. Integrated Care: Treating Individuals with both Mental Health and Substance Use Disorders.

Presented by: VK



9. What substances are the most commonly abused in your county? Please select the top three drug categories below (and indicate estimated percentage if known).
(Page 33 of 42)

■ **San Bernardino County Response:**

- **48%** Amphetamines, methamphetamine, prescription stimulants (ADHD drugs).
- **19%** Alcohol.
- **13%** Opioids (heroin, opium, prescription opioid pain relievers).

Data Notebook Strategy B: Integrated Care

10. With respect to SUD treatment in your county, what are the main barriers to access and engagement with treatment? (Page 33 of 42)

■ San Bernardino County Response:

- ✓ Client not ready to commit fully to stopping use of drugs and/or alcohol.
- ✓ Lack of treatment programs or options locally.
- ✓ Stigma and prejudice regarding diagnosis or participation in treatment.
- ✓ Other, please describe: There is a lack of providers who are Drug Medi-Cal (DMC) certified, and low reimbursement rate for DMC services.
 - Addiction is a chronic disease, just like Diabetes, Cancer and Cardiovascular Disease that has both environmental and genetic influences as well as interactions between the two. As with other complex diseases, environmental risks and protective factors interact with genetics to determine the course and outcome of the disease.
 - Addiction is not a moral failing and should be treated as the chronic disease that it is, without a focus on “commitment to stopping use of alcohol and drugs.” This type of non-recovery focused language further impacts an already stigmatized community. No one chooses to be an addict just like no one chooses to develop heart disease. And while personal responsibility and behavioral changes are important components of treatment services, one cannot forget that addiction is a real and complex chronic disease.

Presented by: VK



11. What could be done to increase successful outcomes for SUD recovery in your county? Choose the top three priorities. (Page 34 of 42)

■ San Bernardino County Response:

- ✓ Ongoing case management.
- ✓ Medication services.
- ✓ Other, please describe: Increased knowledge of the Substance Use Disorder (SUD) system by Medi-Cal Managed Care Plans (MCP) for complex care management/coordination of care for medically fragile and psychiatrically complex individuals.

12. Have any SUD treatment strategies been shown to be especially successful in your county? (Page 35 of 42)

■ **San Bernardino County Response:**

- ✓ Yes;
 - Screening Assessment and Referral Center (SARC).
 - Co-Occurring SUD Services.

Check in point – Any questions?

Data Notebook Strategy B: Integrated Care

13. How does your county support individuals in recovery to increase the rates of success? (Page 36 of 42)

■ San Bernardino County Response:

- ✓ Transportation to outpatient treatment and therapy appointments.
- ✓ Motivational interviewing.
- ✓ Case management/aftercare/follow-up services and referrals.
- ✓ Family treatment and/or family education.
- ✓ Teaching about activities of daily living.
- ✓ Parenting classes.
- ✓ Smoking cessation classes or treatment.
- ✓ On-site health testing and treatment.
- ✓ Linkage to primary care clinic for health tests and treatment.
- ✓ Job readiness training, vocational services, GED/college classes.
- ✓ Facilitate a change in the person's culture, to build new relationships, routines, patterns not linked to alcohol or drug use..
- ✓ Peer support, mentors or sponsors in the community.
- ✓ Classes about nutrition, cooking, exercise, and care of one's own health.
- ✓ Other, please describe: Transportation for Perinatal clients, Recovery Centers (7 including 1 mobile unit for the Mountain region - Sky Forest).

13. How does your county support individuals in recovery to increase the rates of success? (Page 36 of 42)

- **In your opinion, which of the above are the four factors most essential to client success in SUD recovery?**

■ **San Bernardino County Response:**

- ✓ Linkage to primary care clinic for health tests and treatment.
- ✓ On-site health testing and treatment.
- ✓ Case management/aftercare/follow-up services and referrals.
- ✓ Recovery Supports.

14. Does your county implement coordinated programs to address prevention of both SUD and mental illness in children, transition-aged youth and young adults? (Page 37 of 42)

■ **San Bernardino County Response:**

- ✓ Yes; MHSA funded programs such as Prevention and Early Intervention (PEI) and Community Services and Supports (CCS) via the Transitional Age Youth (TAY) centers, which include education, and access to 12 step recovery support and groups. However, DBH has implemented separate efforts to allow for more focus on Substance Use Disorder (SUD) prevention, which has very different social dynamics than mental health.

Resources for Local Advisory Boards to carry out their Mandated Roles - Addendum

15. These questions address the operations of county mental health boards, behavioral health boards, or mental health commissions, regardless of current title. These items have been included in partnership with the California Association of Local Mental Health Boards and Commissions. (Page 38 of 42)

a. What process was used to complete this Data Notebook?

■ **San Bernardino County Response:**

- ✓ Other; please describe: The Behavioral Health Commission and the San Bernardino County Department of Behavioral Health work in collaboration with County staff to complete research, discuss, provide data, and facilitate a comprehensive response to the questions posed in the Data Notebook.

Resources for Local Advisory Boards to carry out their Mandated Roles - Addendum

- 15. These questions address the operations of county mental health boards, behavioral health boards, or mental health commissions, regardless of current title. These items have been included in partnership with the California Association of Local Mental Health Boards and Commissions. (Page 38 of 42)**
- d. Does your Board have designated staff to support your activities?**
- **San Bernardino County Response:**
 - ✓ Yes; The Behavioral Health Commission would like it noted that under the direction and leadership of the Behavioral Health Director, CaSonya Thomas, DBH staff are extremely responsive to the commission's requests, such as educational presentations, attendance at conferences/trainings, and support at community events. Interaction with the Director and DBH staff includes information sharing, open dialogue and transparency.
 - ✓ In addition to the above, staff have worked hard to partner with Behavioral Health Commissioners to identify and quantify behavioral health outcomes on an ongoing basis so that meaningful analysis and conversations can take place throughout the year.

Recommendations for Planning Council Going Forward for Future Data Notebooks

- Provide positive comments regarding focused subject matter areas.
- Provide suggestions regarding report structure that ensures subject matter can be adequately and equally discussed.

Presented by: SMS



THANK YOU!



Presented by: SMS



Behavioral Health

Slide 48

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Outtakes!

