

## ***Fostering Collaborative Mental Health and Public Safety Services***

# **Conversation Notes**

October 23, 2015 ♦ Sacramento, California



### **OBSERVATIONS OF ISSUES FROM COUNTIES**

#### ***Small group discussion notes***

- \* Forensic Board and Care Acute Inpatient Beds
- \* Financial Incentives for advance certification:
  - ⇒ Loan Assumption
  - ⇒ Hazard Pay
  - ⇒ Psych. Nurse Practitioners
- \* Shared Case Management Database
  - ⇒ Data Clearing house
  - ⇒ Governance for collaboration
  - ⇒ Data integration
- \* Multi-service centers (multiple)
  - ⇒ Wrap-around Services: EDD, SSA, MH, Housing
- \* Crisis Stabilization Unit/ Psych. Emergency Services (adults/juvenile)
- \* Mental Health Court/Services & Staff to support it!
- \* Housing / Homelessness
- \* Re-entry: Warm hand off/wrap around
- \* Diversion Programs – Where?
- \* Alternatives to jail bookings
  - ⇒ IST's – criminalization and confinement of the mentally ill
- \* Systemic mapping funding and management
- \* Need housing – post crisis stabilization options
  - ⇒ Residential treatment beds in community
- \* Continuum of Services for adults and juveniles
- \* Treatment/Stability: Housing for population
- \* Psychiatric beds for crisis services
- \* Housing!
- \* Increased funding for innovative programs
- \* MH Navigator for comprehensive re-entry assistance
- \* Improved / ideal staffing
- \* Housing
- \* Lack of treatment beds
- \* Magical Collaborative

### **PARTICIPANTS**

#### ***Facilitators***

Supervisor Dave Roberts, San Diego County  
Dr. Susan Adams, Former Supervisor, Marin County

#### ***Presenters***

Judge Larry Brown, Superior Court of Sacramento  
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#### ***Participants***

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#### ***Documentation***

Bill Chiat, CSAC Institute

**Fostering Collaborative Mental Health and Public Safety Services****CHALLENGES AND OPPORTUNITIES*****Small Group Discussion Notes***

- \* Homelessness
- \* Collaboration challenges with Sheriff and law enforcement
- \* Limited Resources – i.e., CCP funding allocations
- \* Lack of coordination of resource
- \* Ideas:
  - ⇒ Stepping Up initiative
  - ⇒ Pre-trial diversion
  - ⇒ Collaborative courts - targeted case management (claiming unit)
  - ⇒ Peer mentoring
- \* In-patient mental health services
- \* Re-entry for MH clients
- \* Law enforcement funding
- \* Prioritize responses
- \* Psych staffing shortages
- \* Juvenile treatment beds
- \* Laura's Law
  - ⇒ Implement Laura's Law (AOT)(Shasta and Contra Costa)
  - ⇒ Working well in Nevada  
Save 1.08 for every 1.00 spent / believe will save court \$ too
  - ⇒ Contra Costa – will include misdemeanants
- \* Prop 36 – Butte
  - ⇒ Program dying - courts want to continue
  - ⇒ Adult drug count still going
- \* Adult Drug Count – Nevada
  - ⇒ The more high risk/high end users --- the better results
  - ⇒ National convention –multi departments heard same
- \* Medicaid Waiver – M/C drug
  - ⇒ Nevada, Shasta, Butte --- Phase 4
  - ⇒ Only fund groups – hopeful
- \* EHR – Contra Costa / MH – Yes / Behavioral Health – No
- \* UB Tech Innovations
  - ⇒ CMS funded – DHCS contract
  - ⇒ Mandated MH screening - Nursing facilities
  - ⇒ Screen Tool – PASRR
  - ⇒ Advise most appropriate treatment
- \* Shasta: Designate Authority –Telepsych 5050 at ER
  - ⇒ Release hold to ?
- \* Statewide issue – not enough beds

**CHALLENGES AND OPPORTUNITIES*****Small Group Discussion Notes***

- \* Psychiatric Emergency Services
- \* Client Revolving Door
- \* Resources for services (staff & money)
  - ⇒ Moving Target
- \* Available MH Beds
- \* Crisis Stabilization for juveniles
- \* Overcrowded jails
- \* Community concern over mentally ill in community (adult)
- \* Under staffing, retention mental health services in jail
- \* Flexibility - mental health spending (MHSA \$)
- \* Breaking down silos
- \* Housing for stability
- \* Substance abuse, homeless
- \* Assessing truly mentally ill
- \* Access to data, accountability
- \* Crisis intervention
- \* High numbers of arrest of mentally ill/ substance abuse
- \* 1370/ IST numbers doubled/tripled
- \* Overloaded Psych Hospitals
  - ⇒ 68% of 5150 holds for kids
- \* PES overloaded with kids
- \* No reimbursement for 1370's in Psychiatric Hospitals (audit denials)
- \* 25 – 30% of 5150 are SUD
- \* Order of contempt when 1370's ordered to PHF that is full
- \* No services post crisis/PES
- \* Homeless Mentally Ill
- \* 2/3 – 3/4 of mobile crisis are SUD
- \* Housing!
- \* Conflict between voluntary and criminalization
- \* Prop 47 but no residential treatment for SUD
- \* Community demand for Laura's Law
- \* Crisis mobile/triage - help stay in housing
- \* Funding needed for innovative services
- \* Multiple agencies involved with the mentally ill – but Behavioral Health expected to pay
- \* Pockets of Excellence, but never enough money
- \* Subsidizing private insurance
- \* Creative contracting?

**Fostering Collaborative Mental Health and Public Safety Services****CHALLENGES AND OPPORTUNITIES*****Small Group Discussion Notes***

- \* Finding qualified personnel
- \* High turnover, lack of consistency
- \* Keeping mentally ill out of jail plus lack of treatment facilities
- \* Lack of Housing
- \* Lack of community awareness & understanding
- \* Insufficient services
- \* Funding
- \* Stigma
- \* Approaches in use/planned
  - ⇒ Stigma reduction, community education MHFA, ASIST
  - ⇒ Collaboration
  - ⇒ Need misdemeanor BH court
  - ⇒ New approaches by SO & PO
  - ⇒ Pre-trial services & diversion
  - ⇒ Focus on engagement
- \* Wraparound services

**MOST PRESSING ISSUES TO ADDRESS*****Small Group Discussion Notes***

1. Multi-county participation in a facility
2. Address barrier of 16 bed IMD exclusion
3. Need associations to work together on legislative issues
4. Make facility attractive to private sector to build
5. CBHDA/CSAC put out request for information for inpatient facility

**MOST PRESSING ISSUES TO ADDRESS*****Small Group Discussion Notes***

1. Statewide guidance of AB109 funding for justice involved consumers
2. State funding for Case Management and treatment beds for post release MH/BH services
  - ⇒ Counties can opt in to inside/outside collaboration
3. Data warehouse or business intelligence software for linkage and service delivery
4. Medi-Cal pay for D/C and meds from jail
  - ⇒ Overdose med kit for opioids upon release.
  - ⇒ Reinstate Medi-Cal upon release
  - ⇒ Sheriff's office census with Medi-Cal office
5. Re-entry Center for one stop
  - ⇒ Crisis, housing, health care, linkage, 24 hours
6. Re-entry council and funding for collaboration
7. Performance based funding and transparency in justice collaboratives (Board of Supervisors)
8. Expansion or easing of funding restrictions (MHSA) (mixed consensus)
9. Residential/Day Reporting for custody release
1. Increase Providers and Practitioners
  - ⇒ Stipend for students, higher for commitment to rural county with eventual loan forgiveness
  - ⇒ Incentive pay
  - ⇒ Recruitment help
  - ⇒ Regional approaches
  - ⇒ Support for extra certifications
  - ⇒ Partnerships with higher education
  - ⇒ Selling public practice
2. Legislative
  - ⇒ Support and funding and/or incentives for technological solutions
10. Fix private insurance subsidy issue

***Fostering Collaborative Mental Health and Public Safety Services*****OBSERVATIONS AND TRENDS  
FROM COUNTIES*****Notes from Large Group Conversations***

- ◆ Homelessness and lack of available transitional housing for population is a key obstacle
- ◆ Need for more treatment beds for juveniles statewide
- ◆ Difficulty (and expense) in attracting and retaining psychiatric staff and attending
- ◆ Stigma on part of society: plays out in public policy decisions
  - Blame the individual
  - Criminalization of symptoms of mental health problems
  - Patient dumping: ends up out in streets
- ◆ Divert jail-bound to where?
  - Limited options for residential treatment, crises beds or housing
- ◆ Cooperation varies among criminal justice and mental health community – dependent on the people who occupy the positions
- ◆ Jail should be avoided at all costs for this population
  - Jail first approach does more harm
  - Need more training for law enforcement on alternatives to booking – what resources and options are available
- ◆ Need to be cognizant of the emotions and mental health of first responders
  - Expand crises intervention training
  - Bring behavioral health and law enforcement together for training

**GROUP RECOMMENDATIONS ON OPTIONS  
FOR COUNTIES TO CONSIDER*****Notes from Large Group Conversations***

- \* Data-base of developers willing to do housing
- \* Reach out to the tech companies to partner on housing
  - ⇒ What would motivate companies, and communities to host this housing?
- \* Remove tax credit barriers for housing
- \* Create teams and co-training with law enforcement
- \* Need more urgent care centers for mental health
- \* Expand SB82 crises residential beds
- \* Expand use of special courts
  - ⇒ Establish Mental Health Courts where they are not available
  - ⇒ Use of co-courts: mental health and substance issues
  - ⇒ Establish incompetent to stand trial Courts

**WEBSITE RESOURCES**

Council on State Governments Justice Center  
<https://csgjusticecenter.org/>