



WELLNESS • RECOVERY • RESILIENCE

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## July 27, 2017 PowerPoint Presentations and Handouts

- Tab 2:**
- Handout: Very Small Counties
  - PowerPoint Proposed Amendments to the Prevention and Early Intervention and Innovation Regulations
- Tab 3:**
- PowerPoint 2017-18 MHSOAC Budget Approval
- Tab 4:**
- Handout: 2017 Legislative Report to the Commission
- Tab 5:**
- PowerPoint 7 Cups – Connected Care
- Tab 6:**
- PowerPoint Mental Health Crisis Triage Request for Applications
- Tab 8**
- PowerPoint Yolo County: MHSA Innovation Plans 2017 - 2020
  - Handout Yolo County Local Mental Health Board Letter of Support



July 27, 2017 Meeting  
Very Small Counties  
(Population of 100,000 or less\*)

POPULATION	COUNTY	PEI FUNDS FY 2014-2015
1,151	Alpine	\$299,769
3,207	Sierra	\$306,244
9,580	Modoc	\$325,898
13,628	Trinity	\$338,607
13,713	Mono	\$339,889
18,148	Mariposa	\$349,462
18,619	Inyo	\$346,800
19,819	Plumas	\$470,791
22,043	Colusa	\$485,684
27,124	Del Norte	\$511,423
28,731	Glenn	\$514,181
30,918	Lassen	\$512,226
38,382	Amador	\$539,600
44,688	Siskiyou	\$569,232
45,168	Calaveras	\$583,460
54,707	Tuolumne	\$630,186
56,854	San Benito	\$657,021
63,995	Tehama	\$659,446
64,945	Lake	\$680,316
89,134	Mendocino	\$827,672
98,828	Nevada	\$906,287

\*Source: California Department of Finance data as of January 2017



# Proposed Amendments to the Prevention and Early Intervention and Innovation Regulations

July 27, 2017


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## Context

- Proposed amendments implement the Commission's report, *Finding Solutions Helping Counties Comply with Regulations...*
- Regulatory process
  - Notice of the proposed amendments
  - 45-day public comment period
  - OAC responds to public comments & adopts amendments
  - Office of Administrative Law review

2



## Proposed Amendments to Both PEI and INN Regulations

1. Change the due dates of the reports to better align with other county reporting
2. Specify that demographic information on children/youth under 18 is to be collected and reported only to the extent permissible by federal and state privacy and education laws
3. Specify an age threshold for collecting and reporting demographic data

3

## Proposed Amendments to PEI Regulations

1. Clarify county's referral reporting responsibility
2. Provide a definition of "referral" for data collection/reporting
3. Authorize counties to provide the required Access and Linkage to Treatment stand alone program through another MHSA funding stream

4

## Proposed Amendments to PEI Regulations (cont.)

4. Authorize “very small” counties (<100K) to:
  - ❖ Opt-out of having an Access & Linkage to Treatment stand alone program
  - ❖ Report demographic data for the entire PEI component instead of by individual Program/Strategy
5. Authorize very small counties to combine and/or integrate the 5 required stand alone programs
  - ❖ Question as to whether this option should apply to counties with a population of 50,000 or less or 100,000 or less
  - ❖ 15 counties if 50,000
  - ❖ 21 counties if 100,000

5

## Proposed Motion

1. The Commission approves the Draft Proposed Amendments to the Prevention and Early Intervention Regulations
2. The Commission approves the Draft Proposed Amendments to the Innovative Project Regulations
3. The Executive Director is authorized to approve any necessary non-substantive editorial changes to the proposed amendments to both the Innovative Project and Prevention and Early Intervention regulations and to submit the approved proposed amendments with the supporting documentation required by law to the Office of Administrative Law and proceed as required by the Administrative Procedures Act.

6



# 2017-18 MHSOAC Budget Approval

Norma Pate, Deputy Director



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## Fiscal Year 2017-18 Budget

- For Fiscal Year 2017-18, the Mental Health Services Oversight and Accountability Commission's budget is \$67,179,000 and 36 positions.
- \$54 million is reserved for the SB 82 Triage grant program, including \$22 million in reimbursement authority.
- \$4.7 million is reserved for Statewide stakeholder advocacy contracts.
- The balance of \$8.5 million funds all of our other activities in pursuit of the Commission's mission.



2

## Trailer Bill for the 2017-18 Budget

- **Statewide Suicide Prevention Strategic Plan**
  - Assembly Bill 114, Chapter 38, Statutes of 2017, appropriates \$100,000 from the Mental Health Services Fund to the Commission to develop a statewide suicide prevention strategic plan.

3

## Current Year (2017-18)

FY 2017-18	Current	Reappropriations Prior Years	Total
<b>Available Budget</b>	<b>\$67,279,000</b>	<b>\$9,016,526.28</b>	<b>\$76,295,526.28</b>
Triage	\$32,000,000	\$3,745,794	<b>\$35,745,794</b>
Reimbursements	\$22,000,000		
Advocacy	\$4,690,000	\$170,000	<b>\$4,860,000</b>
Research/Evaluation	\$2,700,000	\$1,604,744.28	<b>\$4,304,744.28</b>
Suicide Prevention	\$100,000		<b>\$100,000</b>
Children's Crisis		\$3,000,000	<b>\$3,000,000</b>
Operations	\$5,789,000	\$495,988	<b>\$6,284,988</b>

4

## Committed Unencumbered Funds

	FY 2017-18	Prior Years
Triage	\$32,000,000	\$3,745,794
Advocacy	\$170,000	\$170,000
Suicide Prevention	\$100,000	
Children's Crisis		\$3,000,000

5

## Proposed Motion

- The Commission approves the Commission's 2017-18 Budget.

6



## 2017 Legislative Report to the Commission

### Sponsored Legislation

#### **Assembly Bill 462 (Thurmond)**

**Title:** Mental Health Services Oversight and Accountability Commission: Wage Information Data Access

**Summary:** Authorizes the Employment Development Department to share information with the Commission, to monitor employment outcomes.

**Status:** In the Senate pending floor vote.

#### **Assembly Bill 860 (Cooley)**

**Title:** Mental Health Services Oversight and Accountability Commission: Fact-Finding Tour

**Summary:** Authorizes the Commission to conduct a fact-finding tour of a facility or location that is not open to the public, such as a locked mental health facility, without violating open meeting laws.

**Status:** On the Governor's desk

#### **Assembly Bill 1134 (Gloria)**

**Title:** Mental Health Services Oversight and Accountability Commission: Fellowship Program

**Summary:** Authorizes the Commission to establish a fellowship program for a mental health consumer and a mental health professional.

**Status:** In Senate pending floor vote.

## Supported Legislation

### **Assembly Bill 254 (Thurmond)**

**Title:** Local Educational Agency Behavioral Health Integration Pilot Program

**Summary:** Requires the State Department of Health Care Services to establish the Local Educational Agency Behavioral Health Integration Pilot Program to improve the behavioral health outcomes for students by improving the delivery of direct behavioral health services.

**Status:** Senate Appropriations Committee

### **Assembly Bill 1315 (Mullin)**

**Title:** Early Psychosis and Mood Disorder Detection and Intervention

**Summary:** Creates funding and establishes an advisory committee to the Mental Health Services Oversight and Accountability Commission for purposes of creating an early psychosis and mood disorder detection and intervention competitive selection process to expand the provision of high-quality, evidence-based early psychosis and mood disorder detection and intervention services in California. The bill also creates a public- private partnership to provide funding.

**Status:** Senate Appropriations Committee

### **Senate Bill 191 (Beall)**

**Title:** Pupil Health: Mental Health and Substance Use Disorder Services

**Summary:** Authorizes a county, or a qualified provider, and a local educational agency to enter into a partnership to create a program for students with identified social-emotional, behavioral, and academic needs.

**Status:** Senate 2 Year Bill

### **Senate Bill 192 (Beall)**

**Title:** Mental Health Services Act Reversion Fund

**Summary:** Amends the Mental Health Services Act to create a Mental Health Reversion Fund. Requires Mental Health Services Funds, not spent within 3 years of being allocated, and any interest earned on unspent funds, to revert to the state for deposit into the newly established Mental Health Services Act Reversion Fund.

**Status:** Assembly Health Committee

## **Assembly Bill 114, Chapter 38, Statutes of 2017**

**Title:** Budget Trailer Bill for the 2017-18 Budget

**Summary:** Clarifies and defines the Mental Health Services Act reversion process for MHSA funds that have been unspent for over three years by counties. This bill:

- Reallocates all unspent Mental Health Services Funds subject to reversion as of July 1, 2017, to the county of origin for the purposes for which they were original allocated.
- Requires the Department of Health Care Services, in consultation with counties and stakeholders, to prepare and submit a report to the Legislature by July 1, 2018, identifying the amounts that were subject to reversion prior to July 1, 2017.
- Requires the Department of Health Care Services to notify counties the amounts it has determined are subject to reversion, and provide a process for counties to appeal.
- Requires counties by July 1, 2018, to prepare and submit a plan to the Department of Health Care Services showing how their unspent funds subject to reversion will be expended by July 1, 2020.
- Restarts the three-year clock on expenditure of Innovation funds when a county's Innovation Plan has received approval from the Commission.
- Authorizes small counties, with a population of less than 200,000, to expend MHSA funds for up to five years before unspent funds will be reverted to the state.
- Requires the Department of Health Care Services, by October 1, 2018, and by October 1 of each subsequent year, in consultation with counties, to publish on its Web site a report detailing funds subject to reversion by county and by originally allocated purpose; and
- Requires that, on or after July 1, 2017, funds subject to reversion be reallocated to other counties for the purposes for which the unspent funds were initially allocated to the original county.

AB 114 allocates \$100,000 from the Mental Health Services Fund to the Commission to develop a statewide suicide prevention strategic plan.

**Status:** Signed by the Governor, appropriation takes effect immediately.

# 7 Cups



## CONNECTED CARE



WE PROVIDE **PROVEN**  
EMOTIONAL SUPPORT TO PEOPLE  
AROUND THE WORLD

# WHAT IS 7 CUPS?

7 Cups is the world's largest behavioral health support system, consisting of four main components.



## **VOLUNTEER ACTIVE LISTENERS**

210,000 Listeners trained in active listening, who provide 1-on-1 emotional support.



## **GROWTH PATHS**

32 Treatment Plans consisting of educational & therapeutic exercises to teach coping skills.



## **COMMUNITY**

A vast community of users working together to provide a supportive and understanding environment.



## **THERAPISTS**

A directory of professional clinicians facilitating therapeutic outcomes locally and online.

# TODAY'S DISCUSSION

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- The Need
- A New Solution
- The Benefits
- The Offer
- The Proposal

# THE NEED



# TODAY

Behavioral Health conditions are growing in prevalence, increasing in severity, and straining traditional healthcare.

That's a big cost.



## MENTAL HEALTH

DEPRESSION

STRESS

SEPARATIONS

TRAUMA

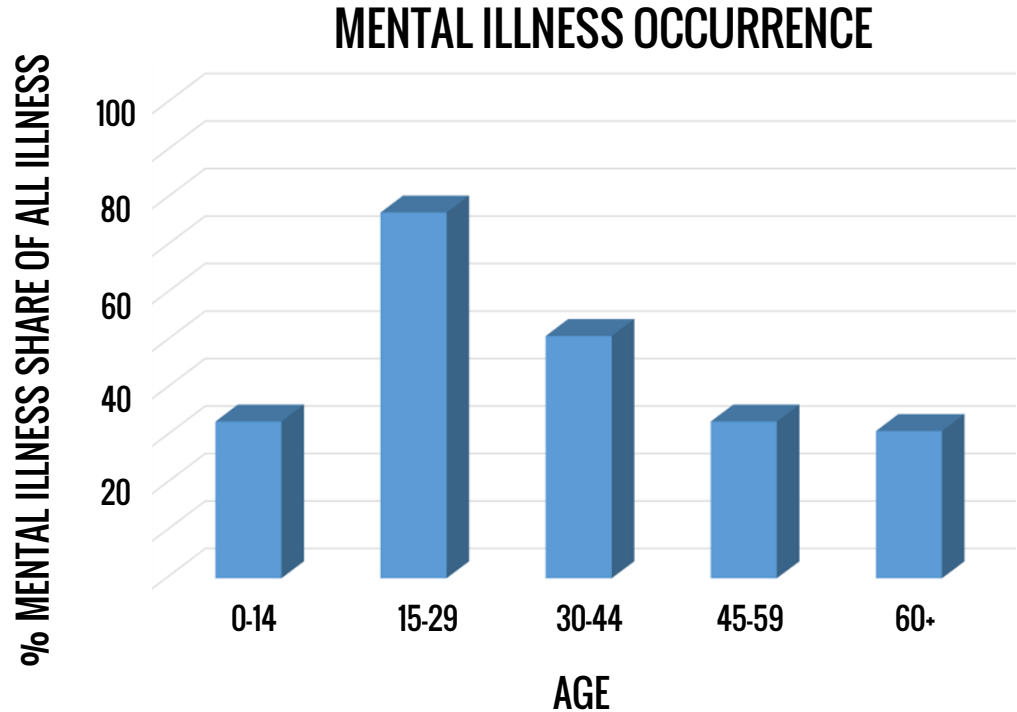
ALCOHOL & SUBSTANCE ABUSE

ANXIETY

# BEHAVIORAL HEALTH: A CRITICAL NEED



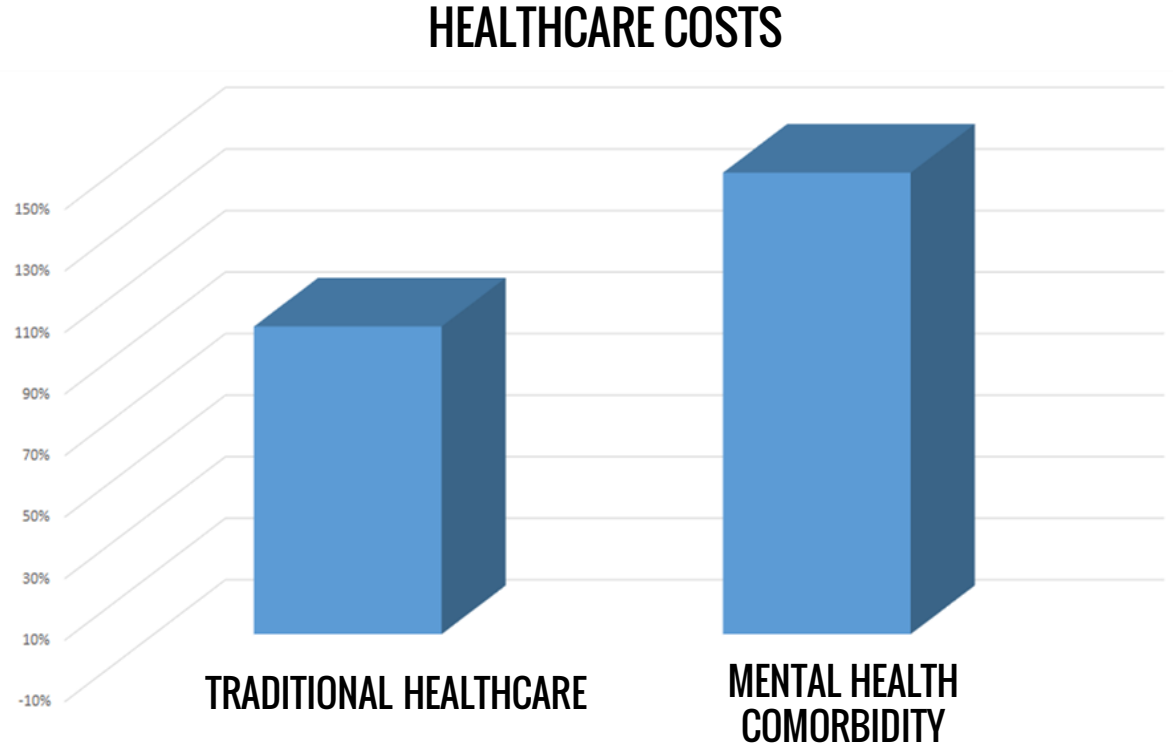
Behavioral health conditions are the most frequent health conditions among working age people.



# HEALTHCARE IMPACT



Healthcare costs rise by **50%** when mental illness occurs with other illnesses

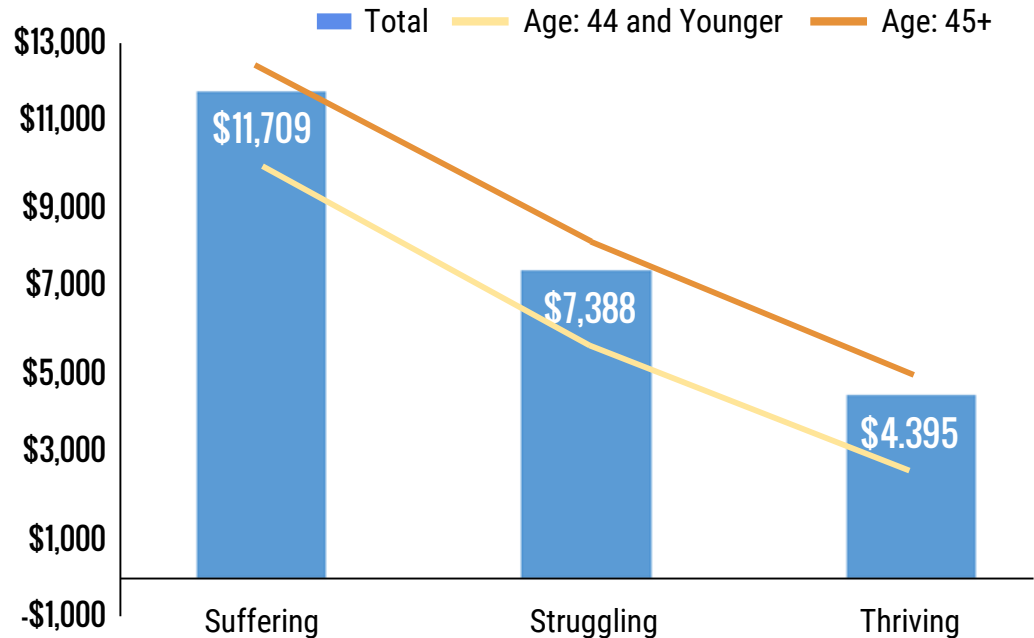


# WELLBEING AND HEALTH COSTS



A person with low wellbeing costs **62%** more than one who is thriving.

## ANNUAL HEALTH-RELATED COST (DISEASE BURDEN & UNHEALTHY DAYS)

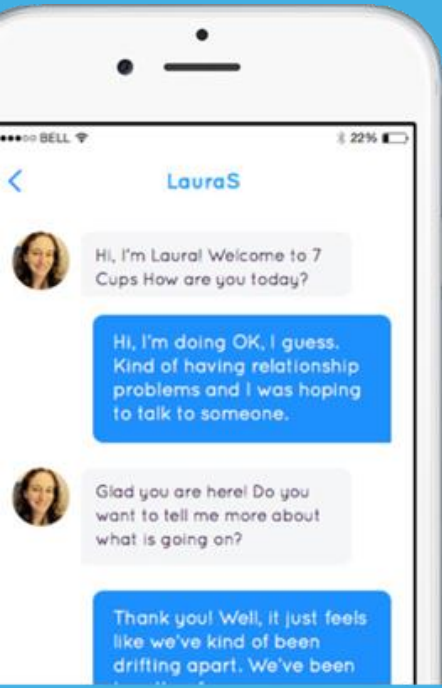


# A NEW SOLUTION

Introducing An Innovative Solution to Bring

# BEHAVIORAL HEALTH SUPPORT TO ALL

We put people back in control of their behavioral and physical health through peer support, social connectivity, and therapeutic exercises.



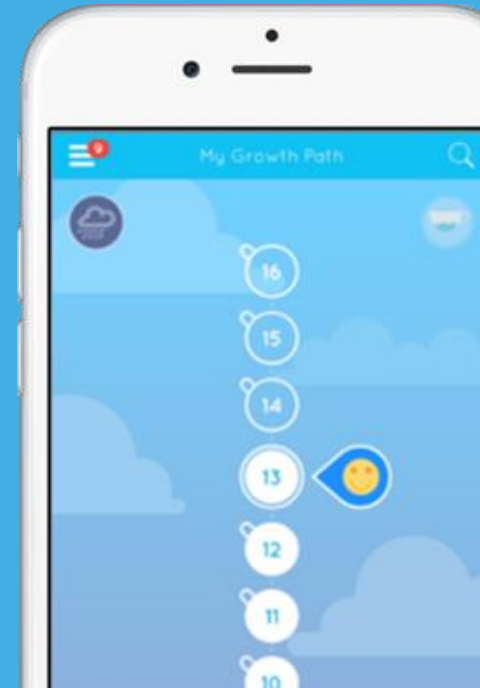
## 7 Cups Saved My Life

“If it’s mental illness or just a chat about your day, come to this app and talk to the most supportive, compassionate listeners.”

-7 Cups User



Proprietary and Confidential

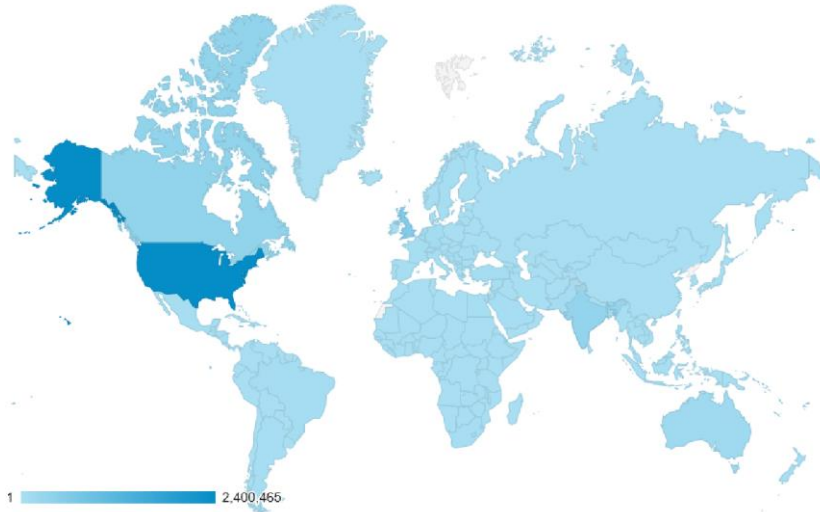


# 7 CUPS IS GLOBAL



210,000 listeners from 189 countries **providing support in 140 languages** so that members that are not fluent in English no longer have to face cultural and language barriers to access support.

- 46% United States
- 14% United Kingdom
- 7% India
- 6% Canada
- 3% Australia
- 1% Germany
- 1% Netherlands
- 1% Turkey
- ...

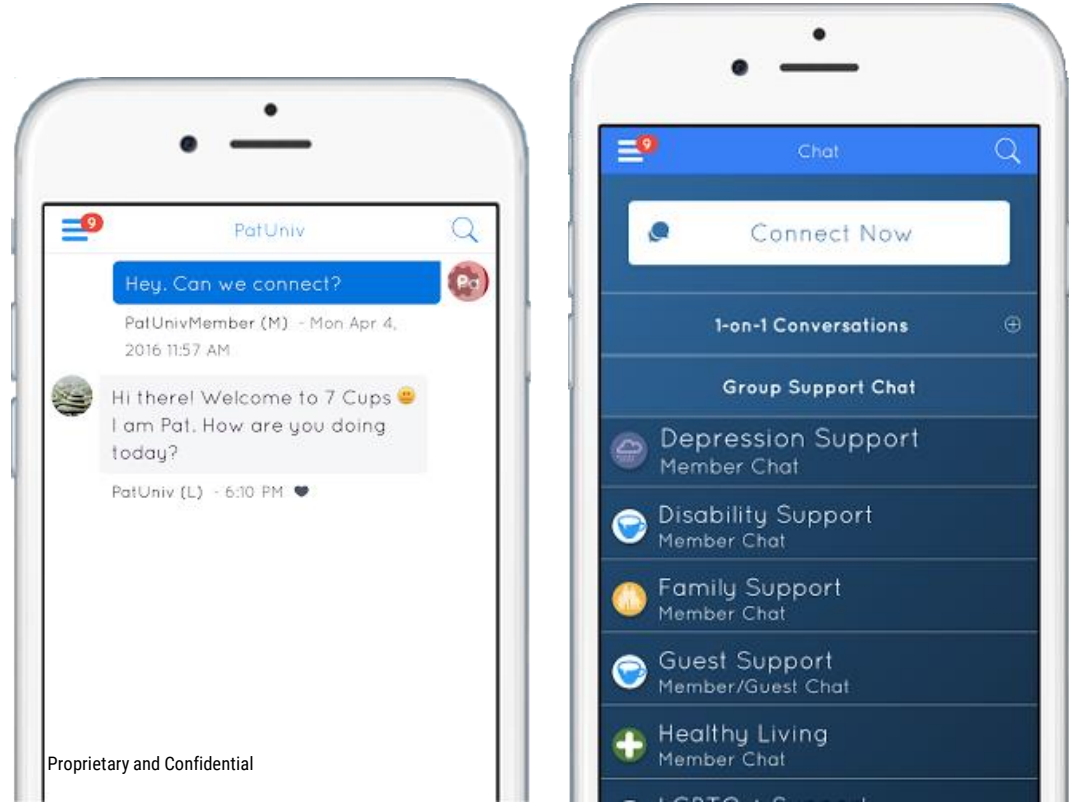


# MULTIPLE WAYS TO CONNECT



With 1-on-1 peer messaging support and 20 dedicated live group support chat rooms on various topics, it's easy to find relevant support.

**OVER 100 DEDICATED GROUP DISCUSSIONS LED BY PEER SUPPORT AND MENTAL HEALTH PROFESSIONALS EACH WEEK**





# GROWTH PATHS



32 growth paths based on empirically supported treatment protocols with therapeutic exercises, games, guided meditations, and videos.



- Overcoming Depression
- Coping with Anxiety
- Financial Freedom
- Getting Through Breakups

- Alcohol & Substance Abuse
- Grieving & Growing
- Stress-free Family
- Work Stress


- Sleeping Well
- Overcoming Panic
- Exercise Motivation
- Loneliness: Connect


# PROFESSIONAL SUPPORT OPTIONS




Access to local and online licensed therapists that provide unlimited messaging therapy 5 days a week.



**Laura Baldwin**  
Social Worker, LMSW  
Atlanta, GA   
[Read more...](#)

**Rikki McCoy**  
Social Worker, LCSW  
Atlanta, GA   
In a society where we as people are constantly criticized for our differences, it is my goal to create a space where you can freely embrace who you are.  
[Read more...](#)

**Brittany Kelley**  
Clinical Social Work/Therapist, MSW, LCSW  
Avondale Estates, GA   
I am a psychodynamically trained clinical social worker. I find assisting  
... and families through difficult

# HOW IT WORKS



## STEP 1

### INITIAL ASSESSMENT

The member takes a wellness test and chooses a topic they are struggling with.

We build a personal growth path or treatment plan based on topic and distress level.

## STEP 2

### SIMPLE STEPS

The member is then matched with and connected to a trained active listener from 7 Cups or from their organization.

They also take simple, proven, steps to overcome their specific challenge.

## STEP 3

### OPTIMIZED OUTCOMES

Ongoing assessment and support provides members with personalized feedback in order to decrease distress and optimize outcomes.

**Symptom levels are continuously measured as members continue on their growth path and engage listeners.**

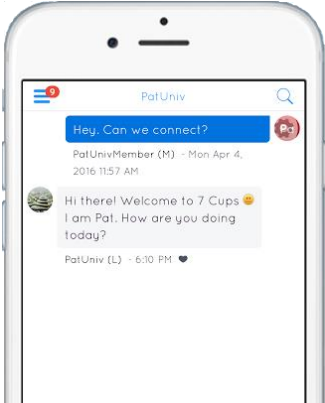
# PHASES OF MEMBER PROGRESSION



MEMBER: WEEKS 1 - 8  
**PROGRESSION**



**PHASE 1 & 2**  
TALK TO LISTENERS



**PHASE 1 & 2**  
GROWTH PATH STEPS



**PHASE 3**  
SYMPTOM REDUCTION



**PHASE 4**  
REINFORCE BEHAVIORS



# THE BENEFITS

# THE 7 CUPS ADVANTAGE



7 CUPS COMMUNITY SYSTEM	TRADITIONAL BEHAVIORAL HEALTH
<b>Access</b> - on demand	<b>Access</b> - weeks to months to be seen
<b>Cost</b> - free/low cost	<b>Cost</b> - \$100 - \$500 per 60 minute hour
<b>Stigma</b> – anonymous, no fear of judgment	<b>Stigma</b> – fear of being labeled and judged
<b>Social Support</b> – unlimited 24/7 online user defined	<b>Social Support</b> – limited, typically provider facilitated
<b>Convenience</b> – app or web; peer/therapist in your pocket	<b>Convenience</b> – place based provider/home, limited phone
<b>Language</b> - support in 140 languages	<b>Language</b> - limited outside threshold languages
<b>Stepped Care</b> - user defined online options; coordinated to partner requirements	<b>Stepped Care</b> - payer defined level of care options; coordinated to payer requirements
<b>Accountability</b> - ongoing reports and research provided by 7 Cups and designed to partner needs	<b>Accountability</b> - defined by payer regulatory system; limited costly research capabilities

# VALUE: OVER 30 POINTS OF ENGAGEMENT



**CONTINUAL & MEANINGFUL  
ENGAGEMENT**



**PROVEN SYMPTOM  
REDUCTION OUTCOMES**



**OUTSTANDING MEMBER  
APPRECIATION**

**14.3**

**SYSTEM  
LOGINS**

**3.6**

**WELLNESS  
ASSESSMENTS**

**21.5**

**GROWTH PATH  
STEPS  
COMPLETED**

**12.8**

**THERAPEUTIC  
CONVERSATIONS**

**6.4**

**MINDFULNESS  
EXERCISES**

**73%**

**REFERRAL TO  
COMMUNITY MH**

# VALUE: MEMBERS EXPERIENCE SYMPTOM REDUCTION DURING & AFTER USE



CONTINUAL & MEANINGFUL  
ENGAGEMENT

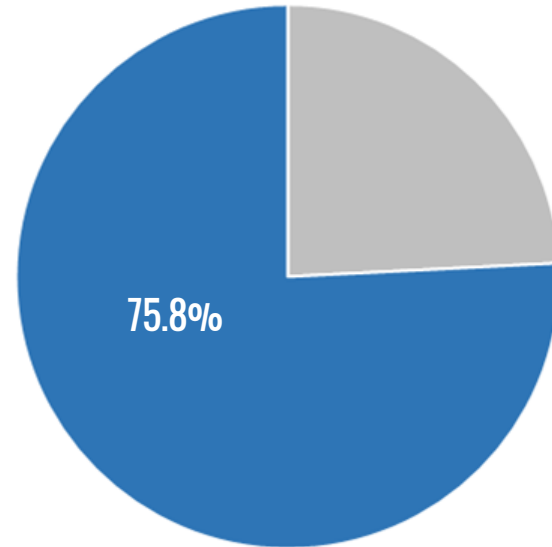


PROVEN SYMPTOM  
REDUCTION OUTCOMES



OUTSTANDING MEMBER  
APPRECIATION

MEMBERS WITH HIGH SYMPTOM LEVEL  
REDUCTIONS AFTER ONE SESSION





# VALUE: APPRECIATION AND SATISFACTION BY 79% OF MEMBERS



CONTINUAL & MEANINGFUL  
ENGAGEMENT



PROVEN SYMPTOM  
REDUCTION OUTCOMES



OUTSTANDING MEMBER  
APPRECIATION

## MEMBERS INDICATE:

THE LISTENER CAN  
HELP WITH MENTAL  
HEALTH PROBLEMS

72.4%

THEY WANT  
TO TALK WITH  
THE LISTENER AGAIN

79.1%

THE LISTENER IS A  
GOOD SUPPORTER

84.6%

(Baumel, 2015)

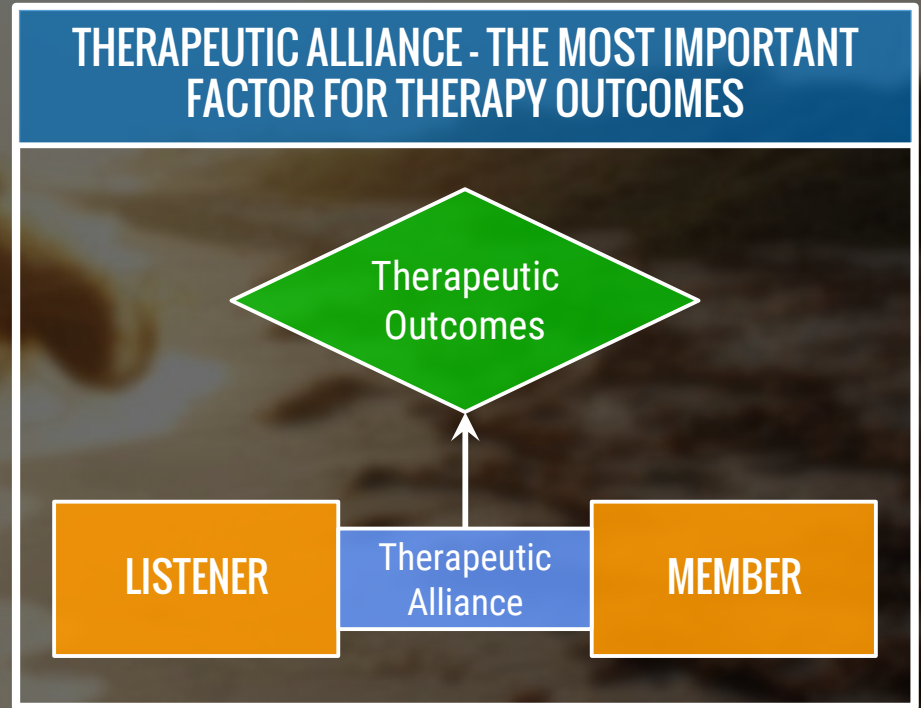
Proprietary and Confidential

# PROVEN SUPPORT



The therapeutic alliance - how supported members feel - is the number one curative factor in psychotherapy.

Members reach significant therapeutic alliance levels in 19 minute message based conversations.



# BUILT FOR RESEARCH



## USER SATISFACTION

7 Cups is viewed to be as helpful as traditional psychotherapy.



## PERINATAL DEPRESSION & ANXIETY

Accessible support for women and ability to create new healthcare services.



## ADJUNCT TREATMENT FOR SCHIZOPHRENIA

Cost effective way to introduce new methods of intervention.



# RECOGNIZED LEADER IN HEALTH CARE INNOVATION



7 Cups received the 2016 Stanford Medicine X award  
for excellence in **Health Care Systems Design**.



# CURRENT AND FUTURE INNOVATION



- Artificial Intelligence & Machine Learning
- Sensor Data
- Personalized Treatment
- Collaboration Across Systems

# CURRENT AND FUTURE INNOVATION



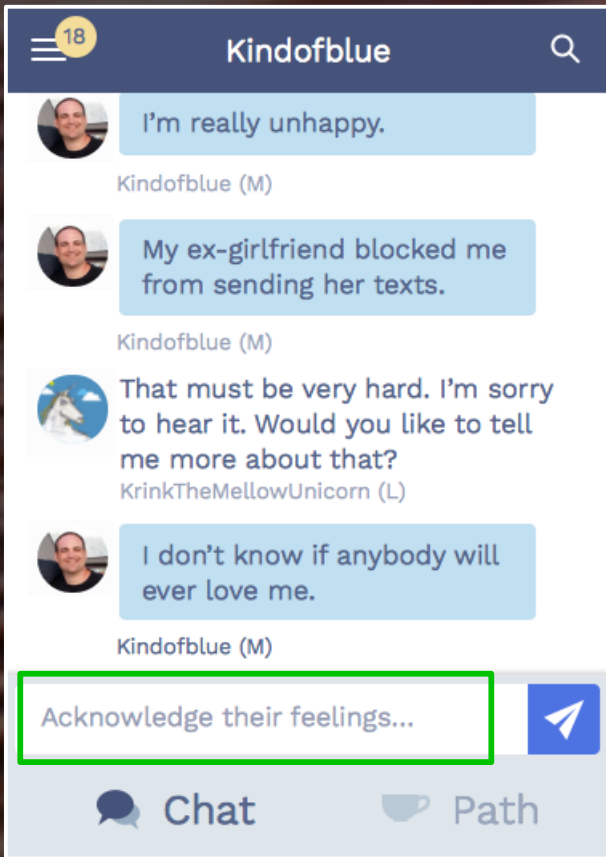
## ARTIFICIAL INTELLIGENCE & MACHINE LEARNING

7 Cups is merging the power of the listener community and state-of-the-art AI to provide listener training and chatbot support to people that are too anxious to chat with a listener.


Listeners are provided with immediate feedback and corrections on how to support the members they are talking to




# ARTIFICIAL INTELLIGENCE POWERED LISTENING




18 Kindofblue

 I'm really unhappy.


Kindofblue (M)

 My ex-girlfriend blocked me from sending her texts.

Kindofblue (M)

 That must be very hard. I'm sorry to hear it. Would you like to tell me more about that?

KrinkTheMellowUnicorn (L)

 I don't know if anybody will ever love me.

Kindofblue (M)

Acknowledge their feelings...

Chat Path



 to hear it. Would you like to tell me more about that?

KrinkTheMellowUnicorn (L)

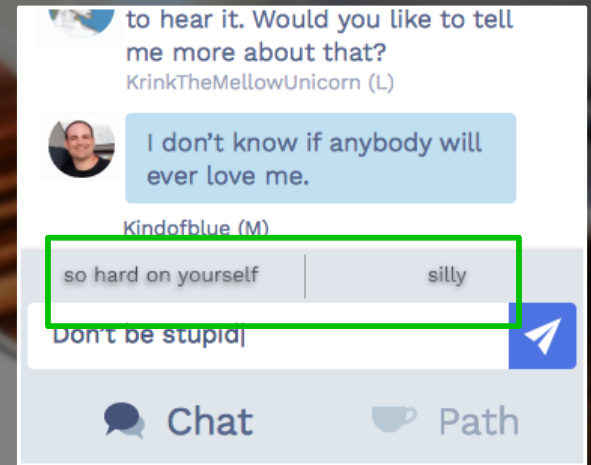
 I don't know if anybody will ever love me.


Kindofblue (M)

Try rephrasing this without the word "stupid"


Don't be stupid! You're better than t|

Chat Path



 to hear it. Would you like to tell me more about that?

KrinkTheMellowUnicorn (L)

 I don't know if anybody will ever love me.

Kindofblue (M)

so hard on yourself | silly

Don't be stupid|

Chat Path

Listeners get real time feedback based on the responses of our best listeners.

# CURRENT AND FUTURE INNOVATION



## SENSOR DATA

Movement, sleep, and communication data are all tracked by the phone and are strong predictors of mental health. Integrating sensor data into 7 Cups will help us better intervene.



# CURRENT AND FUTURE INNOVATION



## PERSONALIZED TREATMENT

Treatment now is largely one size fits all. All of our data can help us provide tailored treatment to reach better collective outcomes.



## COLLABORATION ACROSS SYSTEMS

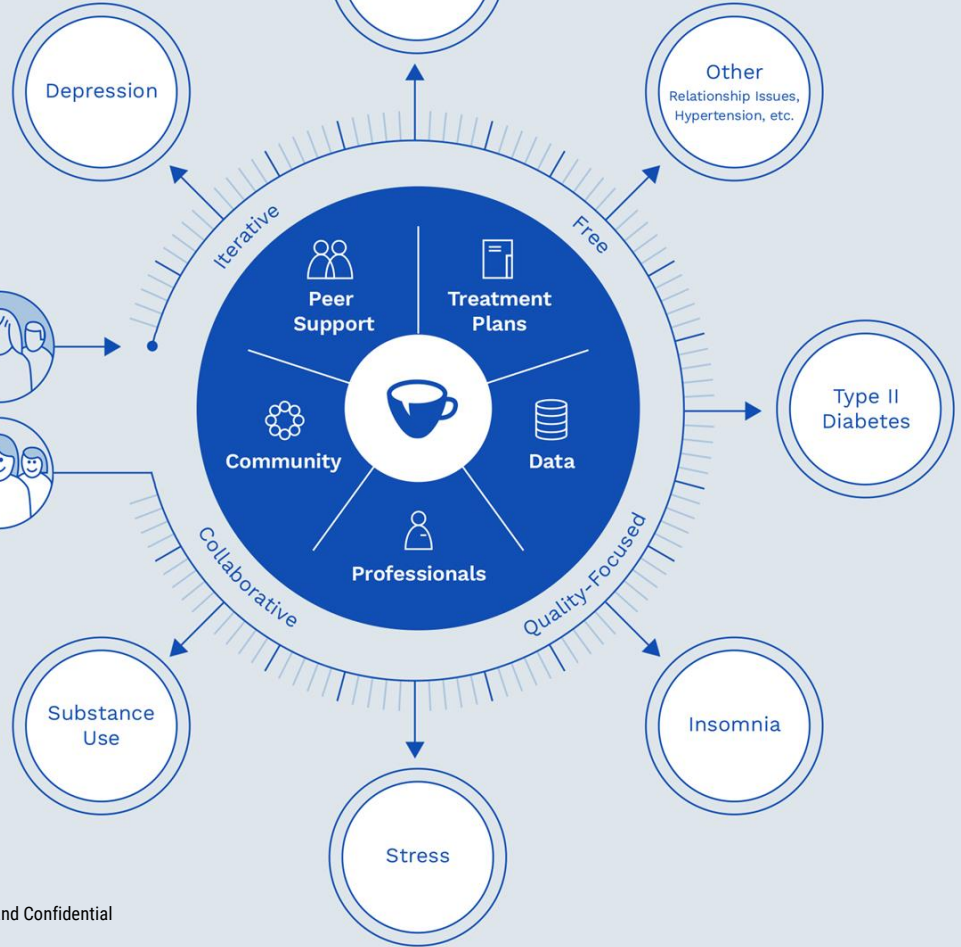
7 Cups is the digital backbone or safety net that connects the offline healthcare world to the online healthcare world.

# THE OFFER

# ORGANIZATION SUPPORT SYSTEMS



**OUTCOMES FOR:**

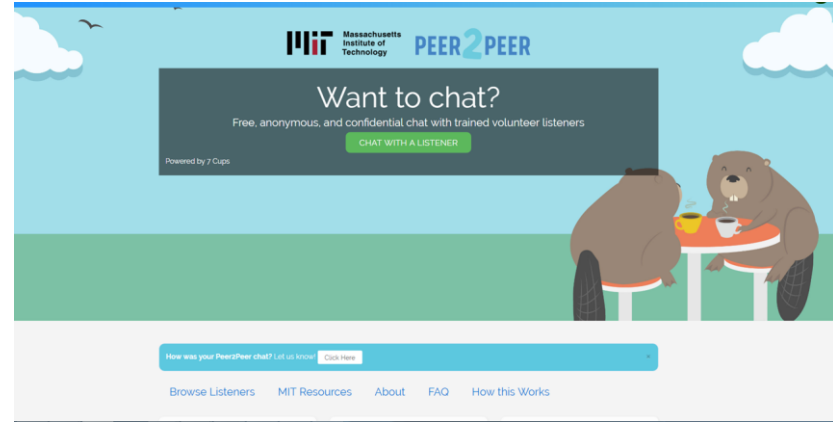


# PARTNERING WITH 7 CUPS



State and local health and human service systems are now working with 7 Cups.

- Free Support for your community. Goodwill for your organization.
- Lead Generation
- Analytics and Demographics to Secure Increased Funding



# TARGETED TO SPECIFIC NEEDS



YOUNG PEOPLE OF COLOR SUPPORT

## Want to chat?

Free, anonymous, and confidential chat with trained volunteer listeners

Over 3 million conversations

[Chat With A Listener](#)

Burke Center Upgraded Your Account

### My Progress

#### Seeking Light 1<sup>®</sup>



61 Growth Points to Next Level

Your Cup is Half Full

1 You're on a 1 day streak

★ 3,395 Growth Points

♥ 48 Compassion Hearts

● 16 Badges Earned

### Chat

Join a Group Discussion!

[1-on-1](#)

[Group Chat](#)

## Burke Center

Burke's mission is to provide the highest-quality and most compassionate and comprehensive mental health and developmental disability services to every client in East Texas that needs them.



We believe all East Texans that need them deserve high-quality, personal, professional and compassionate mental health and developmental disability services. Wherever they live and whatever their income, our clients deserve to be treated with dignity and respect, and that is what every Burke employee strives to deliver.

### Unlocked Paths



Mindfulness



Opioid Addiction



Level II: Acceptance



Level III: Managing Emotions



Relationships



Mind Over Mood



Calm & Strong



Life Skills





# A PARTNERSHIP FOR EVERYONE



Californians treated by traditional mental health services

Californians supported by 7 Cups

Both

**LEVEL I:  
DATA SHARING**

Treated by traditional mental health services

Supported by 7 Cups

Both  
De-identified

**LEVEL II:  
ALIGNMENT**

**CALIFORNIA  
& 7 CUPS**

A partnership comprised of stepped care, community & social engagement, therapeutic outcomes, data, and scaled compassion.

**LEVEL III:  
POSSIBLE FUTURE FULL  
SYSTEMS INTEGRATION**

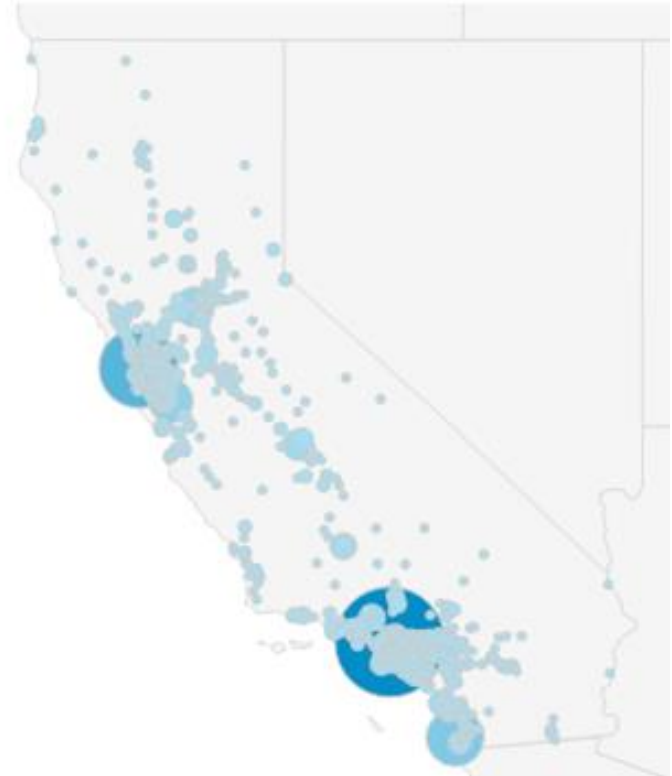
# REACHING CALIFORNIANS



Since January 2016, 7 Cups has reached  
**887,329** people  
in California.

## TOP TEN CITIES

Los Angeles	Irvine
San Francisco	Santa Ana
San Diego	Riverside
San Jose	Fresno
Sacramento	Anaheim





# FEATURES & OPTIONS



**BRANDING FOR  
ORGANIZATIONS**



**CUSTOMIZED DESIGN,  
LOOK, & FEEL**



**OUTCOME & USAGE  
METRICS**



**SELECT LISTENERS BASED  
ON CRITERIA**

**The system is designed for easy and accessible implementation, management, and reporting. Organizations can feature listeners based on desired criteria.**

# THE PROPOSAL

# 7 CUPS IS LEAN



7 Cups is designed to thrive in areas of the world with very little financial resources.

We have and we will continue to accomplish a lot with very little.



# WORKING TOGETHER



The people on the ground are doing excellent work. 7 Cups seeks to build upon this work by bridging the offline and online worlds to enhance and expand local support to members of your organization.



# BE AN INDUSTRY LEADER

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And offer every member and their family:  
Support that is always available,  
always user selected, always provided, and  
continually informed by them.

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# THREE LEVELS OF 7 CUPS SUPPORT



**Current** - free access to volunteer active listeners. Members use 7 Cups independent of a partnership.

**Level I** - Members unlock access to the premium 32 premium treatment plans. Includes tech support, and, customized branding and design.

**Level II** - Members receive all of Level I, plus referral support and coordinated care across nonprofits and behavioral health organizations; dedicated staff focused on solving key problems; dashboard of objectives, key results, metrics, and data; research and continuous optimization to provide better support and care; hospital and ER diversion. This is all further enhanced by the application of advanced machine learning and artificial intelligence.

# TAILORED PRICING



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Custom quotes are available, based upon personalized and organizational needs, and number of members.

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7 Cups

7Cups.com







Mental Health Services  
Oversight & Accountability Commission

## Mental Health Crisis Triage Request for Applications (RFA)

July 27, 2017  
Tom Orrock, Triage Manager  
Kristal Antonicelli, Project Lead

WELLNESS • RECOVERY • RESILIENCE

## Investment in Mental Health Wellness Act of 2013

- Total \$32 million per year
- MHSOAC
  - Personnel
- CHFFA
  - Facilities

2

## Objectives of the Act

- Reduce hospitalizations
- Reduce expenditures of law enforcement
- Reduce costs
- Expand services



3

## The Role of Triage Personnel

- Initiate or discontinue 5150 holds
- Provide linkage to services
- Follow-up care



4

## SB 82 Informational Meetings

- Site visits
- Quarterly meetings with Triage Coordinators
- Triage Meeting with Law Enforcement: January 4, 2017
- Forum on Triage: February 13, 2017
- SB 82 Information Gathering Meeting: June 29, 2017
- CFLC and CLCC: July 12, 2017



5

## LESSONS LEARNED



6

## Lessons Learned

- Evaluation
- Services for children and youth
- Apportionment



7

## SB 82 Principles: Evaluation

- No unified evaluation approach
- Unable to aggregate data collected
  - Varied measures, data collection methods, and frequency of outcomes, etc.,
- No statewide cost-benefit analysis
- Unable to recommend best practices for intended outcomes



8

## Staff Recommendation: Evaluation Strategy

*The Commission should conduct a statewide evaluation, cost-benefit analysis, and program-to-program comparison of the SB 82 Triage Grants*



9

## SB 82 Principles: Services for Children and Youth

- Youth-centric programs received 15% of Triage funds
  - Six applications received
  - Three applications funded



10

## Staff Recommendation: Set-Aside for Children and Youth

*The Commission should set aside funds for triage services for children and youth.*



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## SB 82 Principles: Apportionment

- CMHDA regional designation
- Counties competed within their own regions
  - Bay Area, Central, Southern, Superior, and Los Angeles



12

## Staff Recommendation: Population Based Apportionment

*The Commission should use a population-based apportionment formula to distribute triage grant funds*



13

## Proposed Motion

**Proposed Motion:** The Commission adopts the principals to address the following:

- Evaluation Strategy
- Set Aside for Children's Triage Funding
- Population Based Apportionment



14



## YOLO COUNTY: MHSA INNOVATION PLANS 2017– 2020

Karen Larsen, HHS  
Sandra Sigrist, HHS  
Roberta Chambers, RDA

RDA

Presentation to the MHSOAC – July 27, 2017

## INN Plan Development

2

- Yolo County HHS conducted a **comprehensive and inclusive CPP process** in 2016 - 2017 to develop Yolo County's Three Year Program and Expenditure Plan.
- The two proposed INN projects were **identified, developed, and endorsed** as a part of the CPP process.
- **More than 200 MHSA stakeholders**, including the Board of Supervisors, LMHB, consumers, families, providers, law enforcement, health care providers, veterans, and other community members **participated in and developed the MHSA and INN plans.**

RDA



3

## First Responders' Initiative



## INN Plan Purpose

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- Improve **collaboration and information sharing** between all first responders, mental health providers, and consumers to **avoid unnecessary hospitalization and incarceration** of people experiencing mental health crisis
  - **Develop recovery-oriented and coordinated approaches** for individuals who experience crises and are likely to come into contact with first responders
  - Develop **an alternative drop-off location** for people who require additional crisis intervention but do not meet 5150 criteria
  - Enable **real-time, mobile access** to relevant mental health information to support decision-making



## INN Plan Overview

5

- First Responders Multi-Disciplinary Team
  - As a **modification to the Forensic Multidisciplinary Team** model used throughout CA counties for mental health and law enforcement agencies, Yolo County plans to enhance this **case conference approach** to include ED, EMS, and Fire representatives.
- Mental Health Urgent Care (MHUC)
  - The MHUC will provide an **alternative drop off location** for people experiencing crisis who do not require a 5150 hold but need more support than remaining where they are.
- Health Information Exchange
  - As a part of a larger initiative with health care providers and the Managed Medi-Cal plan, FRI agencies will have **mobile access** to a **shared EHR platform** to support decision-making in the field.




## Learning Goals and Evaluation

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1. Does the FRI result in decreased hospital admissions and arrests related to first response situations?
2. Does the FRI lead to increased access and utilization of ongoing, planned mental health services following a first response situation?
3. How does FRI implementation increase the wellness and recovery of participating consumers?
4. How does FRI implementation contribute to improved collaboration?



7 Board and Care Study




### Statement of the Problem

8

There aren't enough Board and Care facilities in Yolo County.

Board and Care facilities are less likely to accept clients with more intensive needs.

Mental health consumers with the highest needs are placed out of county.



## INN Plan Purpose and Learning Goals

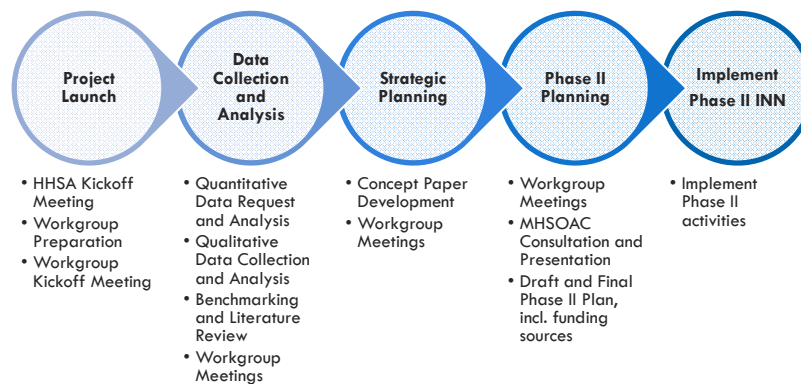
9

- Increase understanding of the dynamics underlying the Board and Care bed shortage
- Identify strategies and incentives to increase the Board and Care capacity
- Identify capacity building approaches to incentivize the placement of consumers with the most intense service needs in available board and care beds; and
- Develop an implementation plan to increase access to board and care placement for those with the most intense service needs.




## INN Plan Overview

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11 Thank you!

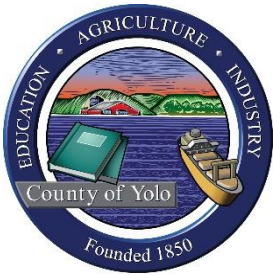


## Proposed Motion

- **The MHSOAC approves Yolo County’s INN Projects as follows:**
  - Name: Board and Care Study Project
  - Amount: \$89,125
  - Project Length: One Year
  - Name: First Responders Initiative
  - Amount: \$1,725,139
  - Project Length: Three Years



12



# COUNTY OF YOLO

## Health and Human Services Agency

*Karen Larsen, LMFT*  
Director

MAILING ADDRESS  
137 N. Cottonwood Street • Woodland, CA 95695  
(530) 666-8940 • [www.yolocounty.org](http://www.yolocounty.org)

### Local Mental Health Board

7/24/17

James Glica-Hernandez  
**Chair**

Nicki King  
**Vice-Chair**

Reed Walker  
**Secretary**

**District 1**

Bret Bandle  
Martha Guerrero  
Sally Mandujan

**District 2**

Nicki King  
Tom Waltz  
Juliet Crites

**District 3**

Richard Bellows  
Laurie Ferns  
James Glica-Hernandez

**District 4**

Ajay Singh  
Robert Schelen  
Vacant

**District 5**

Brad Anderson  
Reed Walker  
Vacant

**Board of Supervisors  
Liaison**

Don Saylor

*Alternate*  
Jim Provenza

Mental Health Services Oversight and Accountability Commission (MHOAC)  
1325 J Street, Suite 1700  
Sacramento, CA 95814

Dear MHOAC Members,

Thank you for this opportunity to introduce you two Innovation Program requests from the Yolo County Health and Human Services Agency (HHS) of which the Yolo County Local Mental Health Board (YC-LMHB) are extremely proud, and believe will be highly successful, each in its own area. Both plans, the Board and Care Study Project, and First Responders Initiative, were developed thoughtfully and expertly in concert between HHS and Resource Development Associates (RDA) with input from stakeholders. YC-LMHB recognizes these areas of concern are particularly challenging in a county the size of Yolo.

The Board and Care Study will answer important questions regarding why Yolo County has so few local Board and Care facilities, particularly those which serve individuals with severe mental illnesses. It will also offer options regarding what we can do to ameliorate that absence of resources. With this project, we will have tangible evidence with which we can move forward to providing adequate services for those with advancing mental illness, rather than be required to move them out of county, away from their families and friends, to receive treatment.

The First Responder Initiative builds a new, creative direction for collaborative efforts to care for those with mental health crises, although they may not rise to the level of a 5150. This initiative brings together a more diverse group of partners to assess those in need; creates a new mental health urgent care environment to which an individual in crisis may be transported, assessed, and acutely treated, rather than being dropped off at an Emergency Department (ED); and lastly, it will develop guidelines for the various agencies, including HHS, law enforcement agencies (LEA), and EDs, can share electronic health records (EHR), which will streamline the history collection for the patient.

YC-LMHB offers our strongest support for both proposals, and hopes that the OAC supports these innovations at the fullest level possible. If you have any questions, please feel free to contact me at (916) 201-1168, or by e-mail at [jcglicahernandez@gmail.com](mailto:jcglicahernandez@gmail.com).

Sincerely,

James C. Glica-Hernandez  
Chair, Yolo County Local Mental Health Board