MHSOAC
Mental Health Services
Oversight & Accountability Commission

May 24, 2018
PowerPoint Presentations and Handouts

Tab 3:	•	**Handout:**	**Revised Financial Report – May 2018**
Tab 5:	•	**PowerPoint:**	**Butte County Innovation Presentation: Physician Committed**
	•	**Handout:**	**Letters of Support: Physician Committed**
Tab 6:	•	**PowerPoint:**	**Sacramento County Innovation Presentation: Behavioral Health Crisis Services Collaborative**
	•	**Handout:**	**Letters of Support: Behavioral Health Crisis Services Collaborative**

Revised Financial Report

May 24, 2018

Key Findings:

A. MHSA revenue distributed to the Counties in Fiscal Year 2017/18 is 9.6 percent ahead of the FY 2016/17 pace through May.

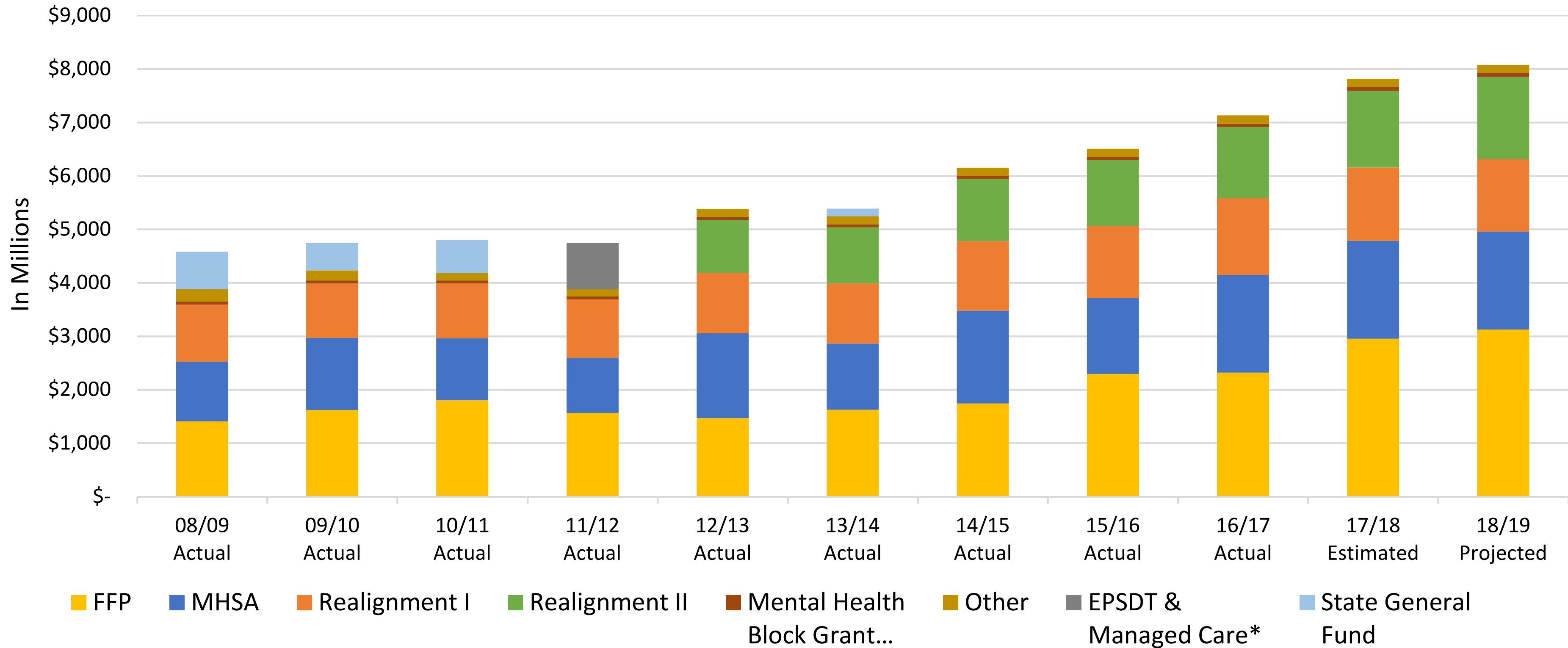
B. DHCS estimates Federal Financial Participation reimbursements to the Counties for Specialty Mental Health Services will have grown 27 percent in FY2017/18 over FY2016/17, and projects further growth of 5.8 percent in FY 2018/19.

Key Changes from the January 2018 Financial Oversight Report:

1. Mental Health Services Funds Distributed to the Counties (p. 4) has been updated to reflect actual MHSA distributions to the counties for February 2018 through May 2018.
2. Realignment I and Realignment II figures in Appendix 1 (p. 6) have been updated, correcting some reporting errors in past reports.
3. Federal Financial Participation (FFP) figures in Appendix 1 (p. 6) have been updated, reflection updated data from DHCS.

Mental Health Funding at the Local Level

The graph below displays local mental health funding levels from FY 2008/09 to 2018/19 from different funding sources. Projected funding to the counties in FY 2018/19 is 73.9 percent higher than in FY 2008/09 and 14.6 percent higher than FY 2016/17.



MHSA funding for counties shown above is from the Governor's proposed budget. Actual amount distributed will be based on actual revenues deposited into the fund less the amount reserved and spent on administration.

Realignment I 1991: Transferred control of several health and mental health programs from the state to the counties, reduced State General Funds to the counties, and provided the counties with "new" tax revenues from increased sales tax and vehicle license fees dedicated to counties for their increased financial obligations for health and mental health programs.

Realignment II 2011: shifts "existing" state revenues from sales tax, vehicle license fee for various programs including EPSDT and mental health managed care. The total funds for the 2011 Realignment includes funds for Substance Use Disorders.

* One time redirected MHSA funding for EPSDT and Mental Health Managed Care. State General Fund amounts for Mental Health were replaced by Realignment I and Realignment II.

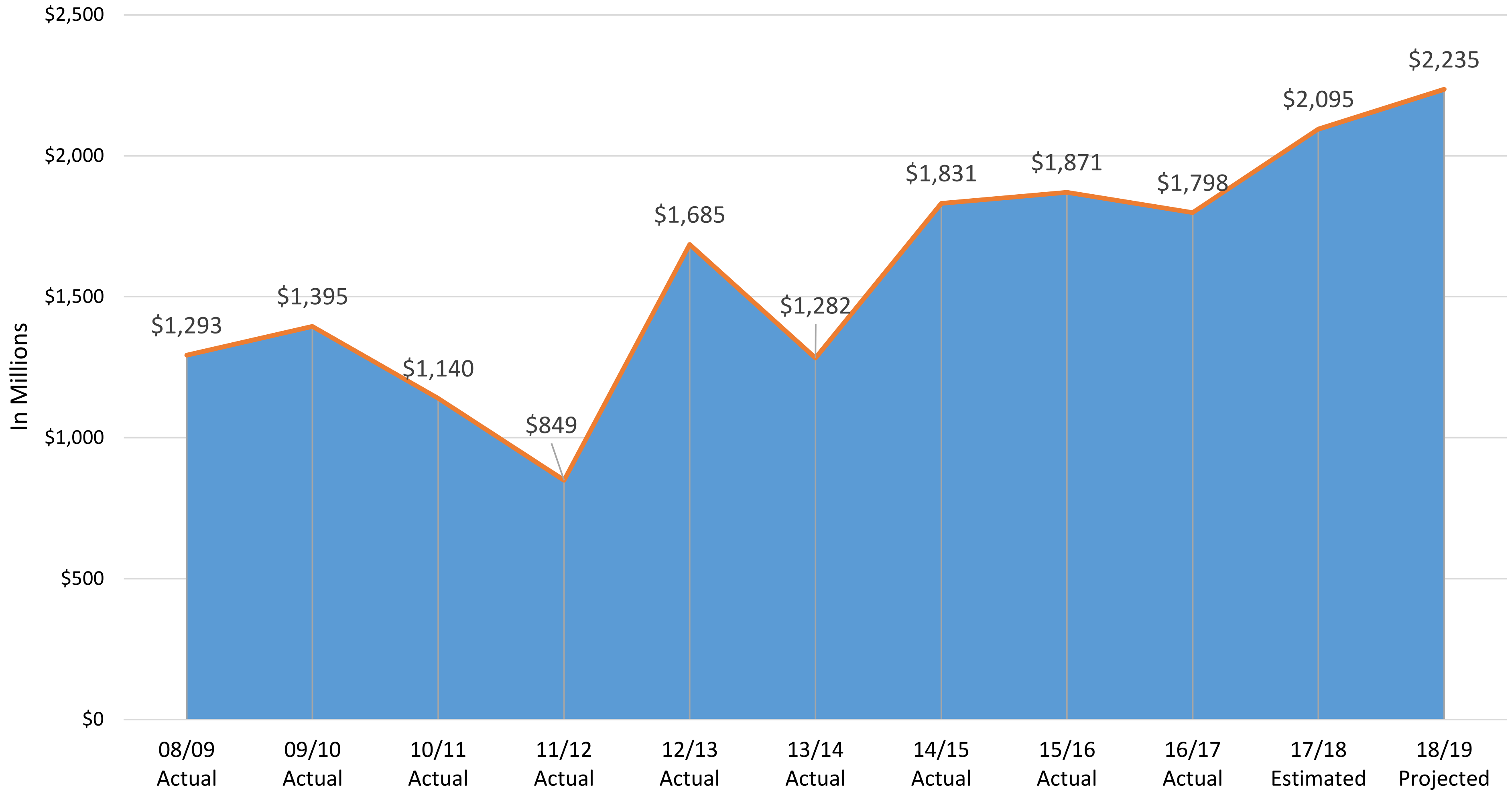
State General Fund in 2013/14 was for the California Health Facilities Financing Authority Senate Bill (SB) 82 Grants.

Source: Sources identified in Appendix 1
May 2018
Updated Semi-Annually

Total MHSA Revenue

FY 08/09 - 18/19

The graph below indicates the actual and estimated total MHSA Revenues deposited to the fund from FY 2008/09 to 2018/19. MHSA funding is susceptible to economic fluctuations as noted in the graph below. Each county is required to maintain a Prudent Reserve that is designed to preserve current levels of services in years with extreme decreases in revenue. Additionally, the State maintains a reserve for economic uncertainties in each special fund. The Governor's FY 2018/19 January Proposed Budget includes a projected reserve in the Mental Health Services Fund for FY 2018/19 of $1,165 million.

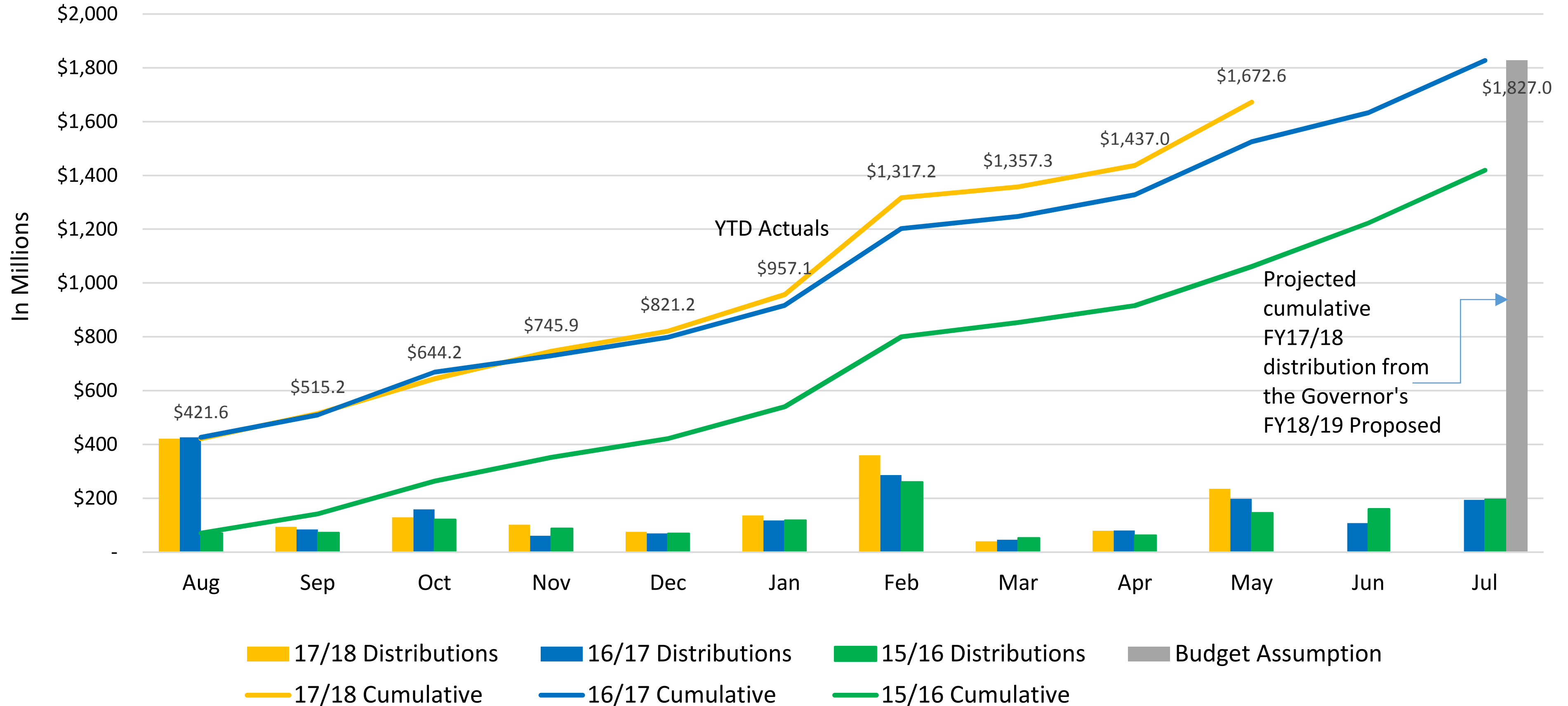


Source: Sources identified in Appendix 2
May 2018
Updated Semi-Annually

Mental Health Services Funds Distributed to Counties

FY 2017/18

This chart reflects changes to distributions to the counties of MHSA Funds from August 2017 to May 2018. Funds are distributed to the counties in monthly lump sums and attributed in county accounts to Community Services and Supports, Prevention and Early Intervention, and Innovation. The distribution in FY 2017/2018 represents actual Mental Health Services funds distributed for the first 10 months of the fiscal year. Also shown are monthly and cumulative distributions for FY2015/16 and FY2016/17 and the projected cumulative distribution for FY17/18 included in the Governor's Proposed Budget for FY18/19.



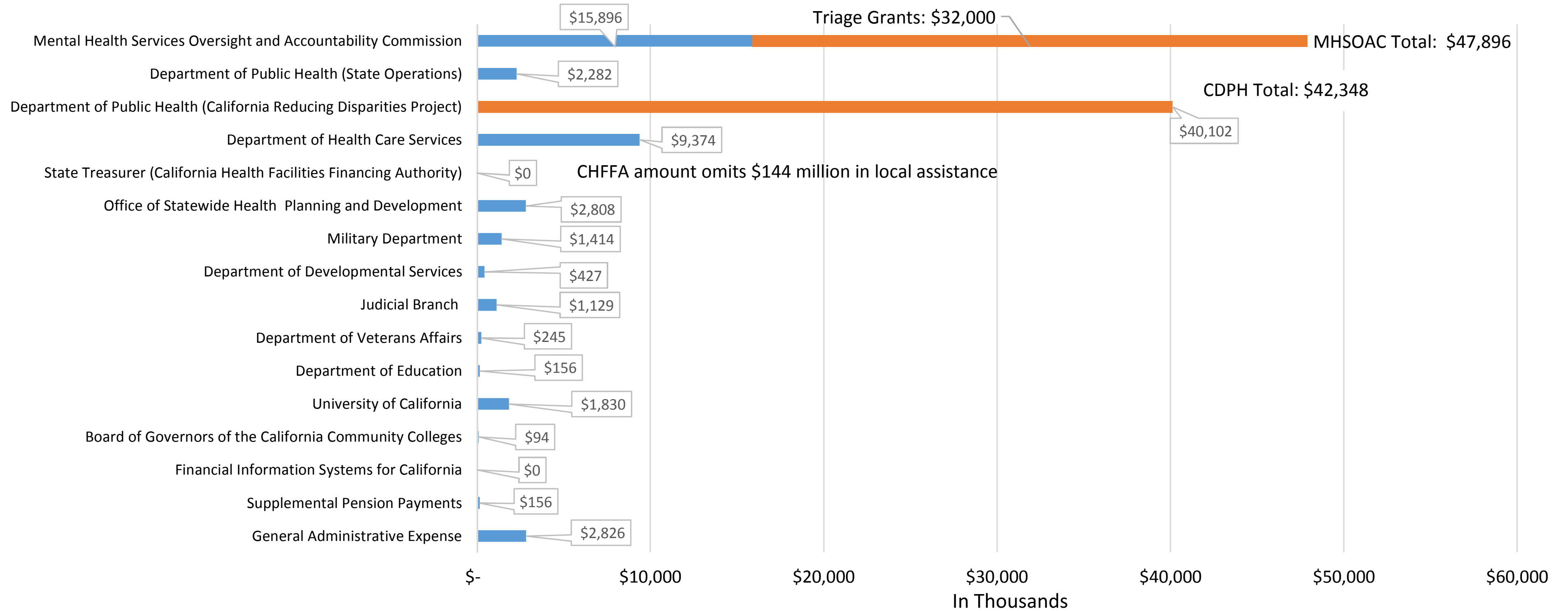
For a year to date, county by county summary of distributions, refer to the following link:
https://www.sco.ca.gov/Files-ARD-Payments/mentalhealthservices_ytd_1718.pdf

Sources: Governor's Proposed Budget, State Controller's Office and MHSOAC Staff Projections
May 2018
Updated Semi-Annually

MHSA Administration Funds by Department (In Thousands)

FY 2018/19

This figure identifies the state entities that receive MHSA Administrative Funds. These funds are utilized for administration, services, research, etc. A portion of these funds were reappropriated from prior year administrative funds and are attributed to the 5% administrative cap for a different fiscal year than which they are expended. Zero amounts are shown for CHFFA ($265,000 in 2017/18) and FISCal ($135,000 in 2017/18). General Administrative Expense is now a general line item in the budget for each fund rather than line items in individual departmental budgets.



Amount Budgeted for Fiscal Year 2018/19 $ 110,739 Projected

Sources: Health and Human Services budget details,various years.
May 2018
Updated Semi-Annually

Appendix 1: Mental Health Funding Levels at the Local Level (In Millions) FY 08/09 - 18/19

	08/09 Actual	09/10 Actual	10/11 Actual	11/12 Actual	12/13 Actual	13/14 Actual	14/15 Actual	15/16 Actual	16/17 Actual	17/18 Estimated	18/19 Projected
State General Fund	$ 701.0	$ 518.0	$ 619.4	$ 0.1	$ -	$ 142.5	$ -	$ -	$ -	$ -	$ -
Realignment I	$ 1,072.4	$ 1,023.0	$ 1,023.0	$ 1,097.6	$ 1,131.3	$ 1,129.6	$ 1,303.3	$ 1,349.3	$ 1,435.4	$ 1,374.1	$ 1,361.1
Realignment II	$ -	$ -	$ -	$ -	$ 987.3	$ 1,047.4	$ 1,163.3	$ 1,230.3	$ 1,328.6	$ 1,432.9	$ 1,533.9
Mental Health Block Grant (SAMHSA)	$ 53.7	$ 54.0	$ 53.7	$ 53.1	$ 57.4	$ 57.4	$ 62.2	$ 63.1	$ 69.2	$ 74.2	$ 74.2
FFP	$ 1,404.6	$ 1,619.2	$ 1,799.9	$ 1,562.5	$ 1,465.0	$ 1,624.0	$ 1,743.0	$ 2,293.5	$ 2,319.6	$ 2,954.1	$ 3,126.1
MHSA	$ 1,117.0	$ 1,347.0	$ 1,165.1	$ 1,029.9	$ 1,589.0	$ 1,235.0	$ 1,730.1	$ 1,418.8	$ 1,827.0	$ 1,827.0	$ 1,827.0
EPSDT & Managed Care*	$ -	$ -	$ -	$ 861.2	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Other	$ 233.9	$ 187.6	$ 139.4	$ 139.4	$ 150.0	$ 150.0	$ 150.0	$ 150.0	$ 150.0	$ 150.0	$ 150.0
TOTAL	**$ 4,582.6**	**$ 4,748.8**	**$ 4,800.5**	**$ 4,743.8**	**$ 5,380.0**	**$ 5,385.9**	**$ 6,151.8**	**$ 6,504.9**	**$ 7,129.8**	**$ 7,812.4**	**$ 8,072.4**

State General Fund (SGF): Prior to the Governor's FY 2011/12 Budget Proposal, the primary obligations of the SGF provided counties with mental health dollars to fund specialty mental health benefits of entitlement programs including Medi-Cal Managed Care, Early and Periodic Screening Diagnosis Treatment (EPSDT) and Mental Health Services to Special Education Pupils (AB 3632). State General Fund for Mental Health was replaced by Realignment I and Realignment II. State General Fund in 2013/14 was for the California Health Facilities Financing Authority Senate Bill (SB) 82 Grants. These grants subsequently were funded from the MHSF.

Realignment I (1991): In the 1991/92 fiscal year, State-Local Program Realignment restructured the state-county partnership by giving counties increased responsibilities and funding for a number of health, mental health, and social services programs. This realignment provides counties with dedicated tax revenues from the state sales tax and vehicle license fee.

Realignment II (2011): Realignment is the shift of funding and responsibility from the State to the counties to provide mental health services, social services and public health. There are two sources of revenue that fund realignment: 1.0625 cents of State sales taxes and a portion of State vehicle license fees. The primary mental health obligation of realignment is to provide services to individuals who are a danger to self/others or unable to provide for immediate needs. It is also a primary funding source for community-based mental health services, substance abuse services, State hospital services for civil commitments and Institutions for Mental Disease (IMDs) which provide long-term care services. Realignment II is for behavioral health services more broadly. The numbers displayed exclude the fixed set-aside for Women and Children's Residential Treatment.

Mental Health Block Grant (SAMHSA): Mandated by Congress, SAMHSA's block grants are noncompetitive grants that provide funding for substance abuse and mental health services.

Federal Financial Participation (FFP): FFP is the federal reimbursement counties receive for providing specialty mental health treatment to Medi-Cal and Healthy Families Program beneficiaries. The amount of federal reimbursement received by counties is based on a percentage established for California and which is called the Federal Medical Assistance Percentage (FMAP) and gives counties the funding responsibility for EPSDT and Mental Health Managed Care. California's FMAP for 2017 is 50 percent.

Proposition 63 Funds (MHSA): The MHSA is funded by a 1% tax on personal income in excess of $1 million. The primary obligations of the MHSA is for counties to expand recovery based mental health services, to provide prevention and early intervention services, innovative programs, to educate, train and retain mental health professionals, etc.

Other: Other revenue comes from a variety of sources--county funds are from local property taxes, patient fees and insurance, grants, etc. The primary obligation of the county funds is the maintenance of effort (the amount of services required to be provided by counties in order to receive Realignment funds). MHSOAC Fiscal Consultant Projections; these have not been updated since 2012/13.

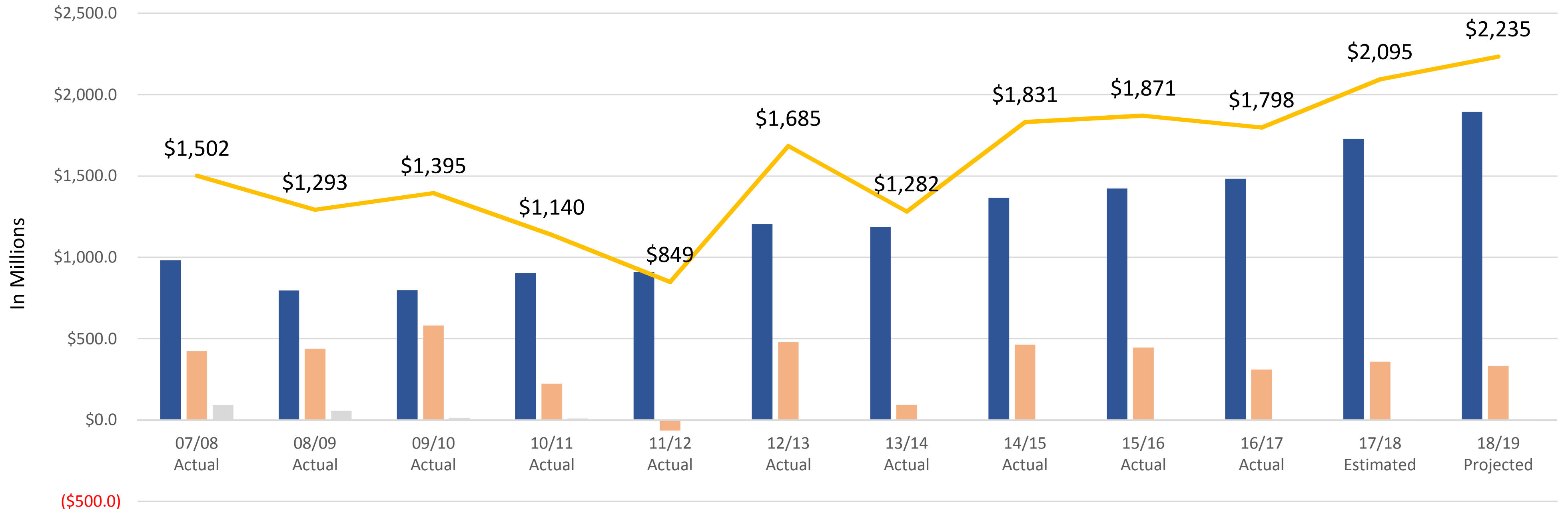
* One time redirected MHSA funding for EPSDT and Mental Health Managed Care.

Sources: FY 2018/19 Governor's Budget, and various.
May 2018
Updated Semi-Annually

Appendix 2: Total MHSA Revenue

FY 08/09 - 18/19

This graph and chart displays in more detail the information found on the graph on page two, Total MHSA Revenue. The dollars identified below tie to Fund Condition Statement figures published by DOF.



	07/08 Actual	08/09 Actual	09/10 Actual	10/11 Actual	11/12 Actual	12/13 Actual	13/14 Actual	14/15 Actual	15/16 Actual	16/17 Actual	17/18 Estimated	18/19 Projected
Cash Transfers	$983.9	$797.0	$799.0	$905.0	$910.0	$1,204.4	$1,187.4	$1,366.5	$1,423.5	$1,484.1	$1,729.65	$1,894.33
Annual Adjustment	$423.7	$438.0	$581.0	$225.0	($64.0)	$479.8	$94.3	$464.1	$446.0	$311.7	$359.2	$335.1
Interest Income	$94.4	$57.6	$14.9	$9.7	$2.7	$0.7	$0.5	$0.8	$1.2	$2.6	$5.9	$5.9
TOTAL	$1,502.0	$1,292.6	$1,394.9	$1,139.7	$848.7	$1,684.9	$1,282.2	$1,831.5	$1,870.8	$1,798.3	$2,094.7	$2,235.3

Sources: Health and Human Services budget details, FY2018-19 and staff projections
May 2018
Updated Semi-Annually

Physicians Committed to the Health and Wellbeing of Youth

Dorian Kittrell, Director, Behavioral Health
Danelle Campbell, Program Manager, Behavioral Health
Dr. Sésha Zinn, PsyD, Behavioral Health
Holli Drobny, MHSA Coordinator, Behavioral Health
Phil Filbrandt, MD, Butte Glenn Medical Society

May 24, 2018

Butte County

Population of 229,294

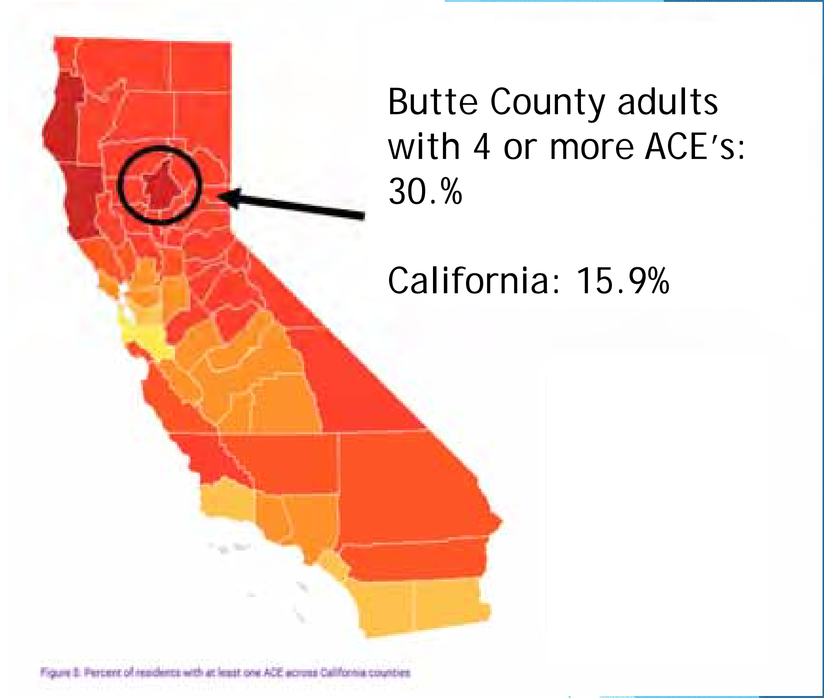
1,640 rural, square miles

Poverty Rate- 21.8%

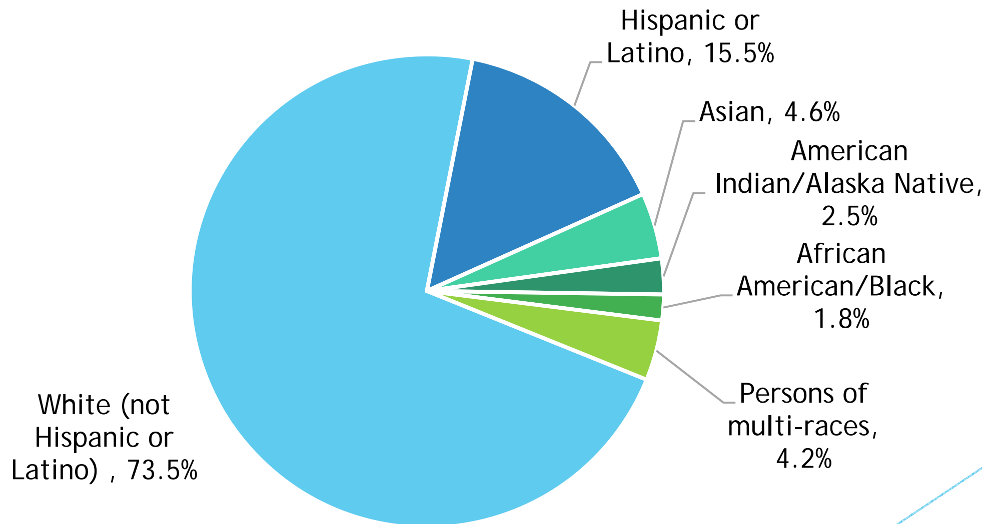
- California Rate- 15.3%
- United States Rate- 14.7%

Medi-Cal Beneficiaries: 36.5%

- California- 33.4%



Butte County Population by Race/Ethnicity, United States Census Bureau, 2014



<u>Chico Unified Demographic Data</u>

White (not Hispanic or Latino), 60%
Hispanic or Latino, 25%
Persons of multi-races, 20%
Asian, 7%
American Indian, 3%

The Need

Butte County needs…

Identification and intervention of behavioral health issues among it's youth.

Collaboration among our partners in behavioral health, physical health, and education to strengthen and expand our safety net for our youth.

Our primary care system to embrace and feel empowered to integrate behavioral health screenings as part of the overall youth's care.

National Data

13% of youth aged 8-15
21% of youth aged 13-18
Live with mental illness

50% of all lifetime mental health cases begin by age 14

1 in 3 youth begin drinking alcohol by the end of the 8th grade.

Butte County Data

29% of 7th graders
32% of 9th graders
33% of 11th graders
Report feeling so sad and hopeless almost every day that they stopped doing some usual activities.

22% of 9th graders
17% of 11th graders
37% of non-traditional high school students
Have seriously considered attempting suicide within the past 12 months.

21% of 11th graders
11% of 9th graders
Report binge drinking (5 or more drinks in a row) during the past 30 days.

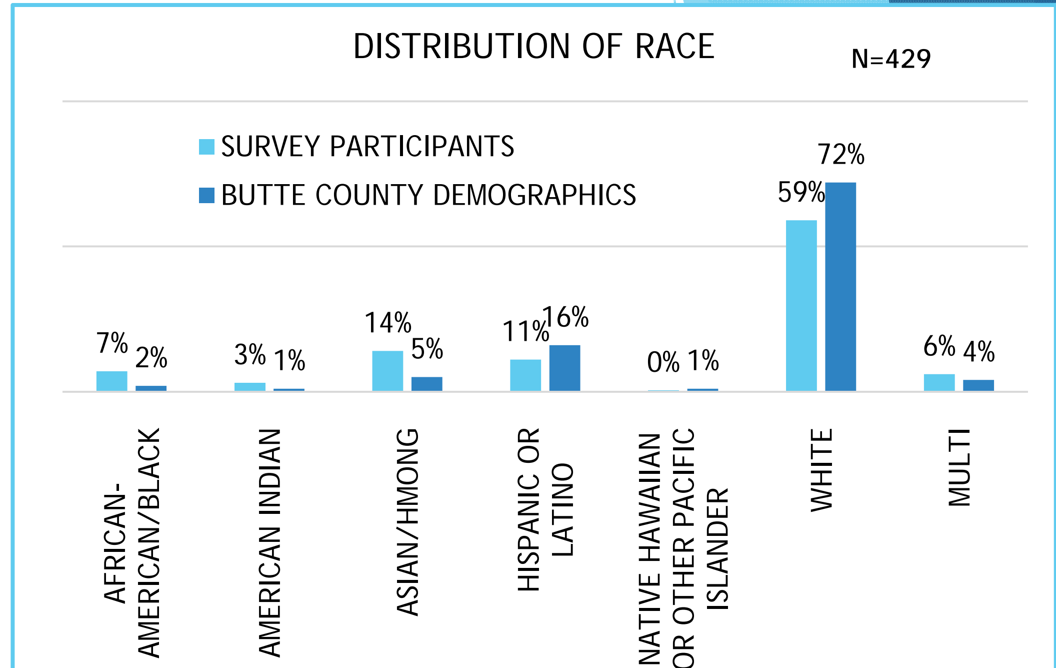
Sources for these data include National Institute on Alcohol Abuse & Alcoholism (NIAAA), National Institute of Health (NIH), American Academy of Pediatrics and the California Healthy Kids Survey Results for Butte County.

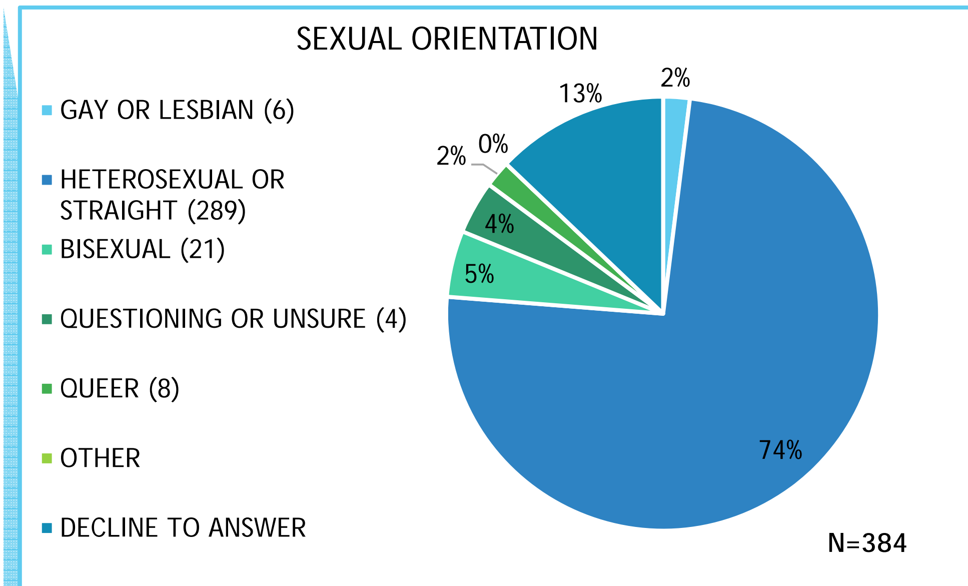
Community Collaborations

Community Input Process

Innovation Community Input: 2016
MHSA Three Year Plan Community Input: 2017
Innovation Community Input: 2017
MHSA Annual Update: 2018

AGE		
0-15	0%	0
16-25	8%	32
26-59	65%	250
60+	23%	89
DECLINE TO ANSWER	4%	15
	100%	**386**



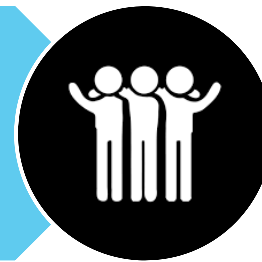


- Promotores- Latino Outreach
- Zoosiab- Hmong Cultural Center
- African American Family & Cultural Center
- NAMI
- Stonewall Alliance
- Passages
- Youth Homeless Drop-in Center
- Recovery & Wellness Centers
- Oroville & Gridley Live Spot Youth Services

Proposed Innovation: Physician Committed

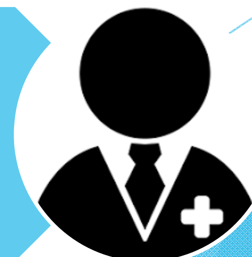
Goals

Through comprehensive training, increased skill and capacity, physicians will effectively incorporate behavioral health screening into non-traditional health care settings, such as annual athletic physicals and comprehensive health screenings.



Using the success of the pilot phase of Physician Committed as a project model, this project will be successful on a County-wide scale.

Through comprehensive training and the implementation of a standardized tool and process, physicians will experience increased skill and comfort level in addressing behavioral health issues in adolescents.



Proposed Innovation: Physician Committed

Recognizing that adolescent mental health and substance issues often go undetected, are common, are risky and often a marker for other health issues, **this project poses a unique opportunity to engage the medical community in the solution – Behavioral Health Screenings integrated into physical health settings.**

If a young person is screened in for additional support, the intervention specialist meets with the youth within two days.

The follow up intervention consists of three sessions intended to:

1. Provide an experience for a young person to talk about their issues
2. Give accurate history and information
3. Identify related issues
4. Empower the young person to set goals and make informed choices
5. Assist the young person in accessing other services when appropriate

Proposed Innovation: Physician Committed

Journey from pilot project to Innovation

Pilot Project

- 67 physicians, nurses and medical staff trained
- High school physicals provided perfect testing sites (low cost/no cost)
- Approx. 500 youth screened in 2016
  - 12 MH and 6 SUD referrals for further screening/assessment
- Approx. 500 youth screened in 2017
  - 18 MH and 12 SUD referrals for further screening/assessment
  - One youth was referred to crisis services

Expansion

- Intervention Team
  - 2.0 FTE Intervention Specialists
  - .5 FTE youth peer provider
- Expansion of the model to
  - surrounding counties (Glenn)
  - additional school districts throughout the county
  - primary health care providers, pediatricians, acute care clinics and other health care settings (orthodontists, orthopedists, etc.)
- Training, consultation and technical assistance provided to the medical providers/staff

What's Innovative?

School Athletic Physical

- Non-traditional setting
- Access to diverse population
- Low cost/no cost screening

Reduce Stigma

- Physicians
- Adolescents

Intervention

- Trauma Informed
- Physician hotline

Expansion

- School Districts
- Primary care settings
- Opportunity for regionalization

Collaboration

- Butte Glenn Medical Society
- Chico Unified School District
- Butte County Public Health
- Chico State Nursing

Evaluation Design

Outcome Data & Deliverables

Demographic and cultural distribution

Count and type of clinical services

Total number of

- Screenings by primary care
- Physicians trained
- Adolescents identified at-risk
- Referrals to behavioral health
- Participating agencies
- Connected referrals

Outcome Question	Measurement
Will physicians experience increased comfort level screening adolescents for behavioral health issues?	• Pre/post-training surveys, 30-day follow up surveys
Can behavioral health screenings be effectively and efficiently integrated into the comprehensive adolescent health physical?	• Pre/post-training surveys, 30-day follow up surveys
Will adolescents feel more capable of managing early symptoms as a result of the intervention received (motivational interviewing and cognitive behavioral therapy techniques)?	• Post-intervention survey
Will adolescents coping skills increase as a result of the intervention received?	• Post-intervention survey
Will adolescents' mental health symptoms, such as depression, anxiety, and stress be reduced?	• Initial screening and post-intervention survey • CANS outcome data
Was the interagency collaboration between BCBH, BGMS, pediatric offices, and local school districts a success?	• Survey feedback from the staff • Number of physicians trained • Number of physicians actively using the screening tool • Number of youth screened

Budget

- Salaries for 2 FTE Behavioral Health Education Specialists
- Salary for .5 FTE peer provider
- Training for medical providers
- Production of screening toolkits
- Evaluation of project, .25 FTE Administrative Analyst dedicated
- Administrative costs

$767,900

Three Years

- Sustainability Plan

Community Voices

Tess Juarez, Butte County Youth

"Real depression isn't being sad when everything is going wrong… real depression is being sad when everything is going right."
Kevin Breel
High school all-star athlete

NAMI What Families Want From Primary Care
"Primary care physicians who can help identify potential mental illness can save a child and parent years of pain"
Parent, Chapin, S.C.

"This screening is far more important that any of the physical health screening questions currently asked during the physical."
Local pilot program physician

Proposed Motion:

The MHSOAC approves Butte County's Innovation plan as follows:

Name: Physician Committed

Amount: $767,900

Project Length: Three (3) Years

COUNTY OF GLENN
HEALTH & HUMAN SERVICES AGENCY

Christine Zoppi
Director

Erin Valdez Deputy Director Administration | **Amy Lindsey** Deputy Director Behavioral Health | **Bill Wathen** Deputy Director Social Services | **Grinnell Norton** Deputy Director Public Health Director of Nursing | **Vacant** Deputy Director Community Action

242 N. Villa Ave., Willows, CA 95988 – phone: (530) 934-6582 – fax: (530) 934-6592

May 14, 2017

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
RE: Physician's Committed Innovation Project

Dear Commissioners,

I am writing to express my support for the Physician's Committed Project that is being presented at the MHSOAC meeting on May 24, 2018. As the Director of Glenn County Behavioral Health, I look forward to seeing this Innovative project create positive change in the medical community.

We are interested in possibly seeing this project become a regional model that we can also adopt in Glenn County.

Sincerely,

Amy Lindsey

BIDWELL JUNIOR HIGH SCHOOL

2376 North Avenue
Chico, CA 95926
(530) 891-3080

"Celebrating 60 Years of Excellence"

May 15, 2018

Mental Health Services Oversight and Accountability Commission
1325 J Street, Suite 1700
Sacramento, CA 95814
RE: Physician's Committed MHSA Innovation Project

Dear Commissioners,

I would like to express my overwhelming support for the Physician Committed Program that is being presented to you on May 24, 2018. In my role at Chico Unified School District (CUSD), I have been involved with this innovative concept since the beginning. I have greatly appreciated the opportunity to identify substance use and mental health issues in high school students in a unique and innovative manner. Given the significant number of CUSD high school students who participate in athletics, we are reaching mass numbers and identifying issues that would go unaddressed.

I am very interested in the opportunity to expand this project and support other school districts in their implementation. This is a valuable project that improves community health and supports the emotional wellbeing of our high school adolescents.

Sincerely,

David S. McKay
Principal
Dmckay@chicousd.org

Division of Behavioral Health Services

Behavioral Health Crisis Services Collaborative Innovation Project

Mental Health Services Oversight and Accountability Commission Presentation
May 24, 2018

Patrick Kennedy, Supervisor, Sacramento County Board of Supervisors, District Two

Uma K. Zykofsky, LCSW, Sacramento County Mental Health Director, Alcohol & Drug Services Administrator

Leslie Napper, Peer/Self-Advocacy Supervising Coordinator

Rosemary Younts, Sr. Director of Behavioral Health, Dignity Health

Tara Niendam, Ph.D., Associate Professor in Psychiatry, Executive Director, UC Davis Early Psychosis Programs

Amy R. Ellis, MFT, Placer County Mental Health Administrator, Drug and Alcohol Administrator, Public Administrator, and Public Guardian

Presenting Problem/Need

- Address the lack of integrated crisis services that results in confusion of roles and responsibilities for the provision of quality behavioral health services
- Identify a new approach to place the individual at the center of shared responsibility
- Reduce unnecessary emergency department boarding and the associated stigma and risk for consumers waiting for transfer out of the hospital setting for psychiatric stabilization
- Improve behavioral health outcomes, including improved client experience, for individuals seeking behavioral health crisis services in two adjoining counties
- Eliminate the bifurcation of health and mental health in emergency department settings for individuals irrespective of insurance status

SACRAMENTO COUNTY

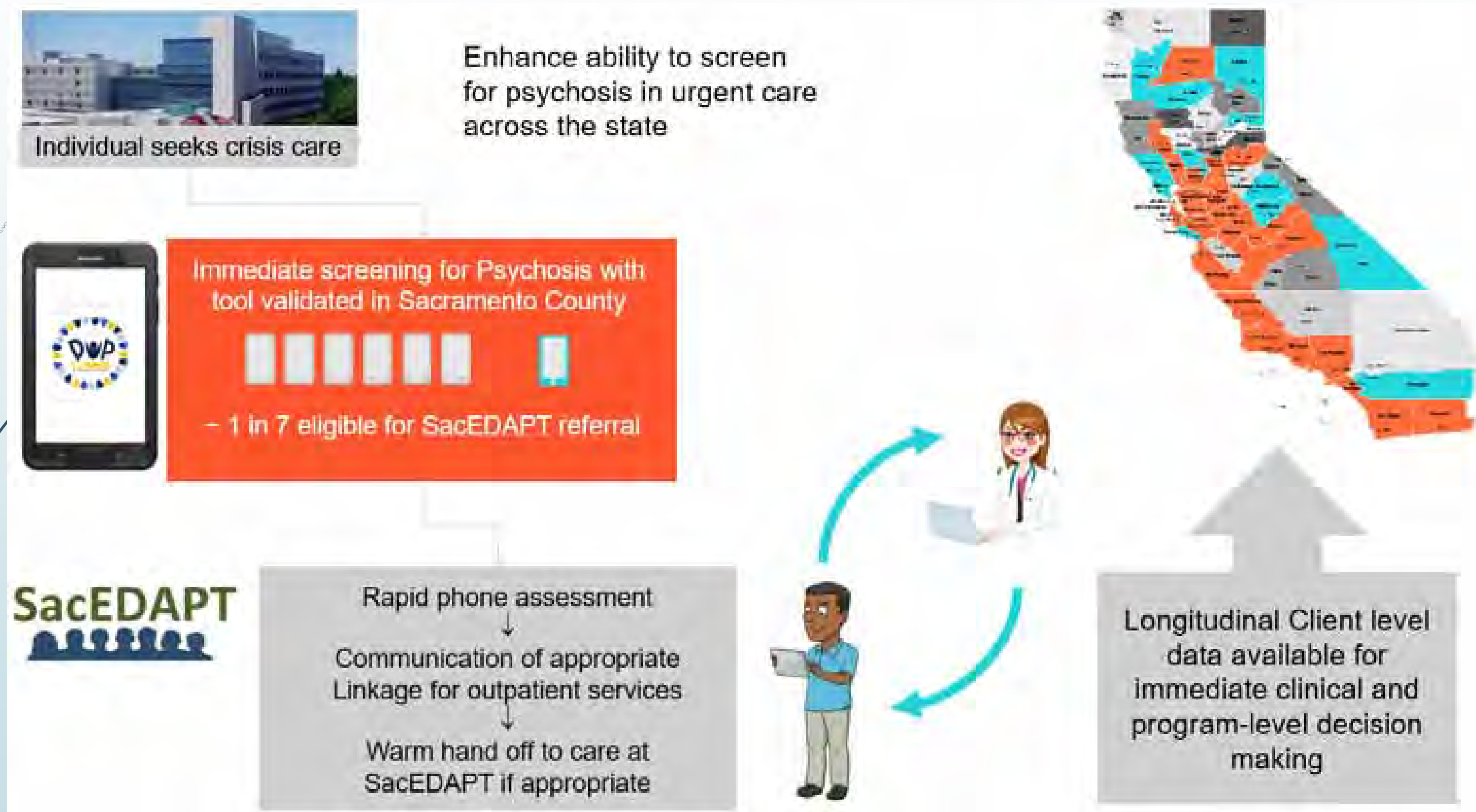
Proposed Innovation Project to address need

- The proposed Project seeks to establish an innovative approach to adopting an adult crisis services collaborative model which includes the following:
  - Crisis stabilization, including individualized recovery-oriented interventions ● Substance use disorders assessments ● Robust Resource Center with peer supports and services ● Triage navigators ● Health plan navigators ● Transportation assistance ● Whole Person Care teams for Sacramento and Placer County residents with a focus on intersecting the hospital emergency room use for individuals who are homeless or at-risk of homelessness
- Shared governance, regulatory clarification and treatment protocols:
  - Develop assessment, stabilization and best practices between a hospital emergency department and onsite crisis services focused on timely intervention and restoration of civil rights
  - Transforms a crisis moment into a lasting seamless healthcare connection for the consumer through multiple on-site and off-site resources and services
  - Reduces emergency department patient boarding
- Creates a tangible roadmap for replicability

How is this Innovative?

- This emergency care integration initiative advances the standard for existing crisis services in several distinct ways:
  - Unique two-County intentional public/private collaboration with a hospital emergency department campus
  - Large hospital system committing to provide quality and integrated medical and behavioral health services under the license of the hospital system license
  - Shared commitment, financial investment and governance
  - Integrated psychiatric evaluation and stabilization in a general hospital setting
  - Integrated robust Resource Center to address aftercare in health and mental health and linkage to community services
  - Integrated first episodic psychosis screening tool for early identification and intervention to reduce the duration of untreated psychosis

First Break Psychosis Assessment



Sacramento County

How will the proposed solution be evaluated (questions and outcomes)?

Learning Objective 1:

- Is integrated and coordinated emergency medical and mental health crisis services provided through a public and private collaboration an effective strategy in removing existing barriers in accessing mental health crisis stabilization services?

- Do the services provided through a public/ private partnership improve the quality and scope of crisis stabilization services, improve consumers' experience, and improve mental health outcomes for consumers?

Objective	Indicator(s)	Measures
Remove Barriers to Accessing Mental Health Crisis Stabilization Services	Utilization of Crisis Services	• Number of individuals served • Pre-Post Utilization of crisis services within the service area
	Timely access	• Time from ED arrival to medical clearance • ED to crisis services • Left without being seen
Increase the quality and scope of Mental Health Crisis Services	Least Restrictive Intervention	• Community dispositions • Conversion to voluntary status • Restraint use (hours/rate)
	Utilization of Resource	• Number of individuals utilizing Resource Center • Linkage to mental health services • Referrals made
	Utilization of Peer Services	• Number of peer services provided • Satisfaction with peer services (as part of consumer survey)
	Early psychosis identification	• Number of individuals identified • Linkages to mental health services
	Consumer Satisfaction	TBD - satisfaction with timely access, functional status as a result of services, service provided, etc.
Improved Mental Health Outcomes	Effectiveness of Services	• Return to ED visits • Community disposition • Psychiatric hospitalizations • Linkages to mental health services
	Consumer Satisfaction	TBD - satisfaction with timely access, functional status as a result of services, service provided, experience of care, etc

SACRAMENTO COUNTY

How will the proposed solution be evaluated (continued)?

Learning Objective 2:

- Does an interagency collaboration with shared governance and regulatory responsibilities improve the efficacy and integration of emergency medical and mental health crisis stabilization services?

Objective	Indicator(s)	Measures
To establish an effective private/public collaboration that works together to accomplish a shared vision and mission using joint resources*	Service Access: • Point of Entry • Co-Location/ Coordination of Services	Extent to which: • Intake forms and procedures are integrated • Office space/location is shared
	Communication • Key Staff • Guiding Committee	Extent to which: • Management and line staff communicate • Committee exists and meets
	Program Enhancement • Sharing of Resources • Cross Training • Information Sharing	Extent to which: • Resources are shared • Staff from each partner receive cross training • Consumer information is shared across partners
	Accountability • Roles/Responsibilities • Decision Making • Mission/Values • Consumer Input • Project Planning/Coordination	Extent to which: • Partners establishes roles/responsibilities • Partners engage in decision making • Partners share a common mission/values • Partners solicit and utilize consumer feedback • Partners participate in joint project planning/coordination
	Outcomes • Consumer Outcomes • Goals & Objectives	Extent to which: • Establish, monitor and utilize results consumer outcomes

SACRAMENTO COUNTY

How will the proposed solution be evaluated (continued)?

Learning Objective 2 (continued):

Objective	Indicator(s)	Measures
	• Monitoring of Collaboration	• Partners establish goals & objectives • Partners participate in the monitoring of collaboration
Improvement in the efficacy and integration of medical and mental health crisis stabilization services	Partnership Accessibility	• Time from referral to acceptance/transfer • Denied referrals for reasons other than capacity (% of referrals denied admission to the crisis program for any reason other than overcapacity) • Hours on Divert (% of hours crisis center was unable to accept transfers from ED due to overcapacity)
	Continuity of Care	• Transfer of ED evaluation information (% of transfers that are accompanied by ED evaluation information)
	Consumer Satisfaction	TBD - consumer satisfaction with transfer, coordination or care
	Interoperability	• The ability to electronically share clinical data and billing information

Innovation Project Budget

- $18,781,381 Total Project Budget (spanning four years)
  - $13,885,361 in Sacramento County Innovation funds
  - $ 2,088,020 in estimated Medi-Cal reimbursement
  - $ 2,808,000 contributed by Dignity Health
- Placer County responsibility for Placer Specialty Mental Health Plan clients
- In-kind support from multiple health plans and community partners and providers

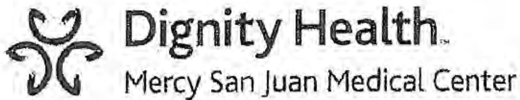
If successful, how will Innovation Project be sustained?

- If successful, Sacramento and Placer Counties, in collaboration with Dignity Health will evaluate available resources to sustain the project services at that time
  - It is anticipated that MHSA Community Services and Supports (CSS) component funding, leveraged with Medi-Cal (as appropriate), will be considered to sustain the project services for Sacramento County clients

Proposed Motion

- MHSOAC approves Sacramento County's Innovation Project as follows:

- Name: Behavioral Health Crisis Services Collaborative
- Amount: $18,781,381
- Project Length: Four (4) Years



6501 Coyle Avenue
Carmichael CA 95608
Direct 916.537.5001
Fax 916.537.5111

April 9, 2018

Sacramento County Board of Supervisors
700 H Street
Sacramento, CA 95814

Subject: Mental Health Services Act Innovation Project III – Behavioral Health Crisis Services Collaborative,

Dear Members of the Sacramento County Board of Supervisors:

Months of joint planning by the County Behavioral Health Services Division, Dignity Health, other project partners and stakeholders have gone into the Behavioral Health Crisis Services Collaborative Innovation Project to shape a unique model of integrated care. Dignity Health is pleased and excited to work in partnership with the County on this integrated initiative that aims to establish a new benchmark for crisis stabilization services, improve outcomes and positively impact the mental health delivery system for our region.

Our commitment to this project starts with recognizing that mental health is too large of an issue to be addressed by any one entity. It is a shared community issue and responsibility that requires collaboration and leveraging of resources, expertise and efficiencies in order to advance needed improvements in access, delivery, quality, and continuity and coordination of care. We are investing our resources along with dedicating space and ongoing in-kind commitments to support the success of this innovative project.

Importantly, the model of care this project represents places patient-centered care at the forefront. By locating the project on our Mercy San Juan Medical Center campus, we benefit both Sacramento and Placer County residents. This is a geographic area of unmet need, and together, we can bring services to the consumer, providing integrated medical emergency and mental health crisis stabilization and treatment. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access to specialty services at the point of entry. An onsite resource center housing peer and family navigators, case managers and health plan care coordinators will ensure direct linkages to aftercare and the social support services that are essential for recovery, ongoing management of conditions and wellbeing of individuals who will be served. Emphasis will be given to prevention by incorporating the evidence-based University of California Davis Medical Centers Early Diagnosis and Preventative Treatment Program. The project is also a natural fit with collaborative efforts between Sacramento County and Sacramento City's Whole Person Care initiative with the capability to serve as a direct access point for eligibility assessments and referrals. These are all components that set this project apart from other like services across the state.

The Behavioral Health Crisis Services Collaborative is an important extension of enhanced services for our community. It can serve as a model for the future, here and elsewhere. We are proud to be a part of this effort, fully invested in ensuring its success, and stand ready to move forward quickly with project development. Working together with Sacramento County and other project partners and stakeholders who share the same values and common purpose, our goal is to demonstrate the highest quality of care and services promised. You have our commitment on this.

Sincerely,

Michael Korpiel
President
Mercy San Juan Medical Center

C: Uma K. Zykofsky, Deputy Director, Sacramento County Behavioral Health Services

February 27, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

Anthem Blue Cross is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will help fill a major gap for much needed mental health services in our region.

This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated physical and mental health crisis services on a hospital campus situated in an area where the need is great. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the point of care. This will ensure consumers do not leave without first being linked directly to resources they need, including drug and alcohol treatment, for ongoing management of conditions, recovery and wellness. The UC Davis SacEDAPT first break screening is also being built into the program for early identification and intervention for psychotic disorders.

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. Delays in treatment, emergency department boarding and barriers to care will be addressed through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. Continuity and coordination of care will be assured through real time collaboration among emergency, mental health, plan, peer and family, and community-based providers. Co-location of crisis services on an acute care hospital campus will also enhance safety, ensure medical stabilization and medical backup and eliminate criteria that often bar consumers from accessing care in a community-based setting.

The project moves our community past the existing stalemate of trying to establish responsibilities between hospitals and the County for mental health and instead places the focus on integrated patient-centered care. It can also serve as a new standard for future crisis stabilization services across our State. We urge you to support this important effort.

Sincerely,

Nicholas Osterman
Director Behavioral Health Services
Cell 213.407.196

www.anthem.com/ca/medi-cal

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Blue Cross of California Partnership Plan, Inc. are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. Blue Cross of California is contracted with L.A. Care Health Plan to provide Medi-Cal Managed Care services in Los Angeles County.

City of
SACRAMENTO
Office of the City Manager

Howard Chan
City Manager

City Hall
915 I Street, Fifth Floor
Sacramento, CA 95814-2604
916-808-5704

January 22, 2018

Uma Zykofsky
Deputy Director
Sacramento County Behavioral Health Services
Mental Health Director
Alcohol & Drug Administrator
7001 A East Parkway, Suite 400
Sacramento, CA 95823

Dear Ms. Zykofsky:

The City of Sacramento writes in support of the behavioral health crisis services collaborative proposal: a regional approach to provision of services for emergency department patients dealing with mental health issues. We believe that the proposed joint approach by the counties of Placer and Sacramento will provide an important and needed resource to the community.

Through this proposed collaborative, the County of Sacramento, working with Placer, will reduce the pressure on the emergency department (ED) at Mercy San Juan Medical Center by increasing the quality and scope of services available to patients experiencing mental health crises. Additionally, this collaborative uses an integrated health and mental health emergency and crisis stabilization service approach. These integrated services will seek to identify and intervene early for patients reporting to the ED with psychotic disorders. Such early identification and intervention will also provide adult patients dealing with mental health issues multi-disciplinary evaluation and treatment for up to 23 hours at a dedicated facility. The program intends to continue beyond the initial 23 hours by ensuring that patients receive ongoing services, including after care planning and support.

The City of Sacramento believes that the collaboration will supplement and enhance the work of the Pathways to Health and Home Program, the City's Whole Person Care pilot, for individuals experiencing homelessness. Pathways and the proposed collaborative share many of the same goals (better care coordination, connecting patients with needed resources, and reducing pressure on emergency services and emergency departments) while focusing on distinct, but similar, patient population. The City looks forward to collaborating with the County of Sacramento on the Pathways program to allow for greater integration of approaches to patients experiencing homelessness and living with mental health issue to improve care and reduce long-term costs.

The proposed collaboration, between the counties of Placer and Sacramento, has the potential to reduce health care costs, and improve patient outcomes. Should this proposal be approved, we look forward to working closely with the County during the planning process for the proposed collaborative to improve the quality of life for vulnerable individuals in our region.

Sincerely,

Howard Chan
City Manager

Health Net of California, Inc.
11971 Foundation Place
Rancho Cordova, CA 95670
www.healthnet.com

March 1, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

On behalf of Health Net Community Solutions, I am writing to express our support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region. In support of this model, Health Net will be committing a staff member to provide support on-site at the Crisis Center.

Health Net currently service more than 2 million Medi-Cal beneficiaries through direct and subcontracted relationship across California. In Sacramento, we are proud to provide health care coverage for more than 110,000 individuals through our robust provider and hospital partnerships. We have a long-standing commitment to the local community and low income populations.

This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services. By incorporating a resource center on site at the Dignity facility, consumers will be quickly linked to needed resources need such as drug and alcohol treatment, care management, recovery and wellness services. The use of peer and family navigators, health plan staff and community-based partners will provide care coordination, peer support, navigation, and social support services to consumers at the point of care.

The Behavioral Health Crisis Services Collaborative embraces the concept of integrated care delivery and will significantly advance crisis stabilization services in Sacramento. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. We are excited to partner on this innovative project and urge your support of this important effort.

Sincerely,

Abbie A. Totten
Vice President, Government Programs Policy & Strategic Initiatives

Hospital Council
of Northern & Central California
Excellence Through Leadership & Collaboration

March 5, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

Hospital Council of Northern and Central California is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region.

The Hospital Council of Northern and Central California is a nonprofit hospital and health system trade association established in 1961, representing 185 hospitals and health systems in 50 of California's 58 counties—from Kern County to the Oregon border. The Hospital Council's membership includes hospitals and health systems ranging from small, rural hospitals to large, urban medical centers, representing more than 37,000 licensed beds. We've been deeply involved with Sacramento County and other healthcare stakeholders in recent years seeking solutions to the mental health crisis. We strongly feel that this proposal is an important part of that solution.

This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services on a hospital campus situated in an area where the need is great. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the point of care. This will ensure consumers do not leave without first being linked directly to resources they need, including drug and alcohol treatment, for ongoing management of conditions, recovery and wellness. The UC Davis SacEDAPT first break screening is also being built into the program for early identification and intervention for psychotic disorders.

1215 K Street, Suite 730 Sacramento, CA 95814 916-552-7562 www.hospitalcouncil.org

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. Continuity and coordination of care will be assured through real time collaboration among emergency, mental health, plan, peer and family, and community-based providers. Co-location of crisis services on an acute care hospital will also enhance safety, ensure medical stabilization and medical backup and eliminate criteria that often bar consumers from accessing care in a community-based setting.

The project moves our community past the existing stalemate of trying to establish responsibilities between hospitals and the County for mental health and instead places the focus on integrated patient-centered care. It can also serve as a new standard for future crisis stabilization services across our State. We urge you to support this important effort.

Sincerely,

Brian Jensen
Regional Vice President

BJ:ks

Sacramento Metropolitan Fire District

10545 Armstrong Ave., Suite 200 • Mather, CA 95655 • Phone (916) 859-4300 • Fax (916) 859-3702

TODD HARMS
Fire Chief

February 27, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

Sacramento Metropolitan Fire District is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a new best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region.

Sacramento Metropolitan Fire District serves 359 square miles of Sacramento County and the cities of Citrus Heights and Rancho Cordova. We are the third largest transporting Fire Agency in the State of California. We consistently transport over 50,000 patients annually. This project will assist our agency in providing timely intake and evaluation to the patients encountered that are experiencing a behavioral crisis.

This project represents a rare opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services on a hospital campus situated in an area where the need is great. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the point of care. This will ensure consumers do not leave without first being linked directly to resources they need, including drug and alcohol treatment, for ongoing management of conditions, recovery and wellness. The UC Davis SacEDAPT first break screening is also being built into the program for early identification and intervention for psychotic disorders.

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. Delays in treatment, emergency department boarding and barriers to care will be eliminated through timely access for consumers at the point of entry. Quality of care and clinical outcomes will be improved through appropriate intervention in a therapeutic and calming setting. Continuity and coordination of care will be assured through real time collaboration among emergency, mental health, plan, peer and family, and community-based providers. Co-location of crisis services on an acute care hospital

will also enhance safety, ensure medical stabilization and medical backup and eliminate criteria that often bar consumers from accessing care in a community-based setting.

The project moves our community past the existing stalemate of trying to establish responsibilities between hospitals and the County for mental health and instead places the focus on integrated patient-centered care. It can also serve as a new standard for future crisis stabilization services across our State. We urge you to support this important effort.

Sincerely,

Randall Hein
Director of EMS
Sacramento Metropolitan Fire District

Received
MAR 05 2018
By BHS Admin

March 2, 2018

Uma Zykofsky, Director
Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001-A East Parkway, Suite 400
Sacramento, California 95823

Dear Uma,

The Sierra Sacramento Valley Medical Society (SSVMS) is writing to express support of Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. We applaud Sacramento County for collaborating with Dignity Health to bring this important project to fruition.

The Sierra Sacramento Valley Medical Society is dedicated to bringing together physicians from all modes of practice to promote the art and science of quality medical care and to enhance the physical and mental health of our entire community.

In July 2015, SSVMS published a white paper, "*Crisis in the Emergency Department: Removing Barriers to Timely and Appropriate Mental Health Treatment,*" to address the increase in the number of patients in mental health crisis in the region's emergency departments. The white paper proposed three overarching recommendations to improve the quality of care for patients experiencing mental crises, aimed at providing better access to the right care at the right time.

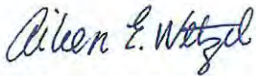
The three recommendations are: 1) Implementation of an electronic Health Information Exchange (HIE) in the Sacramento region to help coordinate care of patients seeking emergency psychiatric services; 2) Standardize the medical clearance process across all EDs and inpatient psychiatric treatment programs to facilitate the timely transfer of patients to appropriate treatment centers; and 3) Establish dedicated psychiatric emergency services (PES) to ensure that patients experiencing a mental health crisis receive the right care at the right time.

The Behavioral Health Crisis Services Collaborative is directly in line with the Medical Society's third recommendation. Significantly, the Collaborative goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators and community-based partners to provide care coordination, peer support and navigation, and social support services to consumers at the right time and the right place. This project will ensure that individuals in mental health crisis will be linked directly to resources, including drug and alcohol treatment, recovery and wellness programs. The project is far more comprehensive than other services existing today.

5380 Elvas Avenue / Sacramento, California / 95819-2396 / 916.452-2671 / 916.452.2690 / www.ssvms.org / info@ssvms.org
Serving the counties of El Dorado, Sacramento and Yolo

SSVMS believes the Behavioral Health Crisis Services Collaborative offers a best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region. We urge your support of this important effort.

Sincerely,



Aileen E. Wetzel
Executive Director

AEW:cs

STEINBERG INSTITUTE

1130 K Street, Suite LL50
Sacramento CA 95814
T 916.553.4167
steinberginstitute.org

ADVANCING BRAIN HEALTH POLICY & INSPIRING LEADERSHIP

March 2, 2018

Uma Zykofsky
Director, Sacramento County Division of Behavioral Health Services
Grantland L. Johnson Center for Health & Human Services
7001---A East Parkway, Suite 400
Sacramento, California 95823

Dear Director Zykofsky,

The Steinberg Institute supports Sacramento County's proposed Mental Health Services Act (MHSA) Innovation Project, the Behavioral Health Crisis Services Collaborative. This unique public/private partnership between Sacramento County, Placer County and Dignity Health offers a best practice model of care for emergency and crisis stabilization services that will fill a major gap for much needed mental health services in our region.

This project represents an opportunity to leverage a commitment by a large health system and two Counties willing to invest in, and work together on, the development of integrated medical and mental health crisis services on a hospital campus. The project is far more comprehensive than other services existing today. It goes beyond emergency and crisis stabilization by incorporating a resource center to house peer and family navigators, health plan staff and community---based partners to provide care coordination, peer support and navigation to clients. This will ensure consumers are linked to the community resources they need for ongoing management of conditions, recovery and wellness. We are particularly impressed that the UC Davis SacEDAPT first break screening is being built into the program for early identification and intervention for psychotic disorders.

The Behavioral Health Crisis Services Collaborative embraces the concept of whole person care, strengthens the continuum of care in our region, and will advance the current state of crisis stabilization services in California by offering significant improvements. It can also serve as a new standard for future crisis stabilization services across our State. Thank you for your leadership.

Sincerely,

M. Merritt

Maggie Merritt
Executive Director