Mental Health Services
Oversight & Accountability Commission

January 24, 2019
PowerPoint Presentations and Handouts

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San Benito County Behavioral Health

Innovative Plan:
Behavioral Health Diversion and Re-Entry Court (BH-DRC)

Alan Yamamoto, L.C.S.W., Director, San Benito County Behavioral Health
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Rebecca L. Smith, L.C.S.W., Veteran Justice Outreach Specialist, VA Palo Alto Healthcare System
Nancy Callahan, Ph.D., IDEA Consulting

January 24, 2019

Presenting Problem

- Population is 55,269
  - **56%** of the population is Hispanic (31,186)
- SBC has a high proportion of persons in the jail who are Hispanic
  - Need to learn how to meet the needs of persons in the criminal justice system and how to create culturally-responsive services
- Develop a Diversion and Re-Entry Court (DRC) program and integrate a Veterans Court component into our overall DRC model for:
  - Adults ages 18 and older, including Veterans, with Mental Health and/or Substance Use issues
- This program will:
  - Serve a minimum of 10 persons per year
  - Provide comprehensive judicial supervision
  - Promote public safety
  - Reduce recidivism

Presenting Problem (Continued)

- SBC is a small county with limited resources
- Over **70%** of inmates are Hispanic
- US Department of Justice data shows a high recidivism to jails. **68% of released prisoners were re-arrested within 3 years** and **83% within 9 years**. (N=401,288 prisoners)
- The DRC program provides the Sheriff's office and Probation Department with the opportunity to expand and strengthen culturally-relevant services for persons with mental health and/or substance use issues who are in jail or leaving the jail

Innovation

- DRC services provide participants support from the bilingual, bicultural multi-disciplinary team to accomplish their goals, including:
  - Delivering culturally- and linguistically-sensitive services
  - Utilizing the Participant Journey Mapping process to identify historical behaviors, traumatic events, levels of acculturation, and service strategies
  - Coordinating services between agencies at release to ensure access to services including bridge medications as needed
  - Supporting positive outcomes
    - attending school and/or training;
    - gaining employment;
    - developing a positive and supportive network of family and friends;
    - finding stable housing, etc.
  - Engaging families to create a strong, culturally supportive system for the individual
  - Coordinating access to services for veterans

Veterans Court Component of DRC

The Veterans Court component of the DRC program will:

- Reduce unnecessary incarceration of Veterans who have a military service-related mental health conditions
- Provide veterans with timely access to an array of community-based and VA resources:
  - Outpatient Mental Health and Substance Use treatment
  - Intensive outpatient
  - Residential treatment
  - Referral to emergency, transitional, and subsidized permanent supportive housing
- Offer a dedicated VA representative, known as a Veterans Justice Outreach Specialist (VJO) to provide:
  - In-person support for Veterans during DRC appearances
  - Clinical assessment
  - Treatment recommendations
  - Progress reports
- Veterans Court offers a more welcoming environment to provide support and helps reduce stigma associated with accessing mental health services.

Stakeholder Input

- Stakeholders have been and will continue to be actively involved in all components of the BH-DRC Innovative Project. Our Stakeholders include:
  - Community Corrections Partnership/AB109 Committee (Judge, Probation, Law Enforcement, District Attorney, Behavioral Health); Behavioral Health Board; Quality Improvement Committee; Cultural Competence Committee; Sober Living Environment; Veterans; Individual meetings with Judge; Focus groups at Esperanza Wellness Center (Adults; Transition Age Youth; LGBTQ)

- In addition, stakeholder input was obtained at two different Farmer's Markets. There were 269 respondents across the two markets.
- The question asked was **"Who could benefit from services in the community?"**
  - ***Combined results show that 49.1% of respondents (N=132) chose "Persons who are mentally ill and have interactions with law enforcement"***
  - 31.6% of respondents (N=85) chose "Teens and Adults"
  - 19.3% of respondents (N=52) chose "People who are LGBTQ"

Evaluation

The evaluation will have several components:

- Surveying individuals periodically to obtain their input on provided services. Staff and client perceptions of access to services, timeliness, and quality of services will be measured.
- Collecting service-level data to measure the number of services, referrals and linkages to services, number of contacts and duration of services, and location of services. Dates of arrests and length of time in jail, including flash incarcerations will be collected, whenever available.
- Conducting periodic surveys of staff, clients, and partner agency staff to inform the progress of the BH-DRC on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from each organization, as well as stakeholders, of the success of the project.
- Conducting a Participant Survey and a Family Survey at least every six (6) months to identify level of involvement with family and other support persons in each aspect of service.
  - **Note:** All surveys and materials will be available in English and Spanish.

Learning Questions

1. What are the key strategies of the BH-DRC that lead to improved outcomes?
2. How are services adapted to provide culturally relevant services to achieve positive outcomes?
3. To what extent does enrollment in BH-DRC lead to improved wellness and recovery outcomes for persons in jail and/or arrested? Reduce recidivism?
4. To what extent does enrollment in BH-DRC lead to improved wellness and recovery outcomes for veterans?
5. To what extent does implementation of the BH-DRC contribute to improved collaboration 1) between SBCBH, the Sheriff, Courts, Probation and Veterans Services and 2) between consumers and their families?
6. To what extent was the program implemented as planned?
7. What services were most effective at improving outcomes for persons who are Hispanic? Veterans?

Budget

- San Benito BH-DRC Project Budget:

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Personnel/Benefits	$ 174.641	$ 232.855	$ 232.855	$ 232.855	$ 232.855	$1,106,060
2	Operating Costs	$ 63.582	$ 84.776	$ 84.776	$ 84.776	$ 84.776	$ 402,686
3	Contracts	$ 69.618	$ 92.824	$ 92.824	$ 92.824	$ 92.824	$ 440,914
4	Evaluation	$ 23.024	$ 30.698	$ 30.698	$ 30.698	$ 30.698	$ 145,816
5	Other Expenses	$ 15.000	$ 20.000	$ 20.000	$ 20.000	$ 20.000	$ 95,000
6	Administrative	$ 11.699	$ 15.598	$ 15.598	$ 15.598	$ 15.598	$ 74,091
Total INN Funds Requested		$ 357,563	$ 476,751	$ 476,751	$ 476,751	$ 476,751	$2,264,566

- Available MHSA Reversion funds ($766,396) will be used to cover the startup costs in Year 1and a portion of the expenses in Year 2 of the BH-DRC project, as follows:

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
a	Innovation Reversion	$ 357.563	$ 408.833	$ -	$ -	$ -	$ 766,396
b	Innovation	$ -	$ 67.918	$ 476.751	$ 476.751	$ 476.751	$1,498,170
					Total INN Funding		$2,264,566

Sustainability

- BH-DRC will address each person's health, mental health, and/or substance use needs. The opportunity to learn how to meet the whole health needs of the individual in a culturally relevant manner will help to identify how to sustain these services after the five-year funding cycle for this project.

- Services will continue to be available through MHSA funds, county realignment and Medi-Cal funding, so that high-risk individuals will continue to receive services to meet their needs.

- This project will also identify and highlight key components of the program that were effective at meeting the needs of individuals and family members who are Hispanic and monolingual Spanish speakers. Levels of engagement, length of stay, reason for leaving the program early, and other elements will be analyzed to improve and sustain services and continuity of care across providers.

MOTION

- **Proposed Motion:** The MHSOAC approves San Benito County's Innovation Project, as follows:
-
-
- **Name:** **Behavioral Health-Diversion and Reentry Court**
-
- **Amount:** **$2,264,566**
-
- **Project Length:** **Five (5) Years**
-

Thank you!

Project Summary

County: **San Benito County**
Date submitted: 12/20/2018
Project Title: **Behavioral Health-Diversion and Reentry Court (BH-DRC)**
Total amount requested: $2,264,566
Duration of project: 5 years

General Requirement	Makes a change to an existing practice in the field of mental health, including but not limited to, application to a different population
Primary Purpose	Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes

Problem

San Benito County (SBC) is a small county, with a population of 55,269. Fifty-six percent of the documented population is Hispanic (31,186), which requires San Benito County Behavioral Health (SBCBH) to continually strive to develop culturally relevant services for the Hispanic community (2010 U.S. Census). Unfortunately, SBC has a high proportion of persons in the jail who are Hispanic. Between 2012 and 2016, the percent of Hispanics in the jail varied between 76.6% in 2012 and 77.6% in 2016. (California Sentencing Institute data, Center on Juvenile and Criminal Justice, 2016). It is estimated that at least 64% of the local jail population, 56% of state prisoners, and 45% of federal prisoners have symptoms of serious mental illnesses (U.S. Department of Justice's Bureau of Justice Statistics (BJS). This data emphasizes the need to provide culturally responsive, coordinated services to individuals leaving the jail in need of Behavioral Health services.

There is also a need to provide coordinated services at the time of release from jail. The enhancement of coordinated linkage/discharge planning would include transportation from the jail, "bridge" medications to individuals who need them, and a structural Behavioral Health-Diversion and Reentry Court to create a culturally relevant, bilingual structured program to help reduce recidivism. Similarly, the integration of a Veterans Court component into this model would help individuals who have the unique issues that are often associated with veterans with mental illness and co-occurring substance abuse disorders to have positive outcomes.

Project

The San Benito County Behavioral Health-Diversion and Reentry Court (BH-DRC) program is an innovative approach to addressing the needs of persons with a primary diagnosis of mental illness or dual diagnosis of mental illness and substance use disorders and are involved in the judicial and/or jail systems. The mission of the BH-DRC is to utilize a multi-disciplinary BH-DRC Team to deliver a collaborative and coordinated array of mental health services and when required substance use treatment services (dual diagnosed) with a comprehensive judicial supervision program to promote public safety, individual responsibility, harm reduction, and reduction of recidivism.

The target population will be persons 18 years and older who have been arrested, charged, or convicted of an offense and have mental health issues, including veterans. BH-DRC services are designed to provide participants with support from a multi-disciplinary bilingual, bicultural team to accomplish their goals, including:

- Delivering services in a culturally- and linguistically-sensitive manner to meet the needs of each individual and family, including the development of Culturally Relevant Individualized Plan for each individual receiving BH-DRC services
- Utilizing the Participant Journey Mapping process to identify historical behaviors, traumatic events, and levels of acculturation, and identify strategies to achieve goals
- Coordinating services between agencies to ensure access to bridge medications when leaving the jail, to ensure services are immediately available in the community
- Supporting positive outcomes including attending school and/or training; gaining employment; developing a positive and supportive network of family and friends; finding stable housing
- Engaging families of participants to offer support and create a strong, culturally supportive system for the individual to succeed
- Coordinating services for veterans by working closely with the Veterans Administration Justice Services representative and the court processes to improve access to benefits and meet goals.

This Innovation Plan will also utilize the resources available through a Veteran's Administration Hospital and Outpatient Services Center (VA) from the Bay Area that is interested in supporting the BH-DRC, including providing additional support to any veterans enrolled in this proposed Innovative project. The VA Justice Services Representative will come to SBC at least twice a month to provide supportive services to veterans in SBC. The VA Justice Services Representative is very supportive of the plan to expand our BH-DRC model to include veterans as a Veterans Court component and will schedule visits to SBC to coincide with scheduled court dates, to support the veteran while in court.

Evaluation

The evaluation of this project will have several components:

- Individuals will be surveyed periodically to obtain their input to improving services. Staff and client perceptions of access to services, timeliness, quality and outcomes of services will be measured.
- Service-level data will be collected to measure the number of services, referrals and linkages to services, number of contacts and duration of services, and location of services. Dates of arrests and length of time in jail, including flash incarcerations will be collected, whenever available.
- Periodic surveys of staff, clients, and partner agency staff will help to inform the progress of the BH-DRC on collaboration, communication, successes, and barriers to services. Review of these surveys will help continually inform staff from each organization, as well as stakeholders, of the success of the project.
- Conduct a Participant Survey and a Family Survey at least every six months to identify level of involvement with family and other support persons in each aspect of service.

Data and outcomes of this project will be shared with management, stakeholders, and community partners on an ongoing basis.

Learning Goals

1. What are the key strategies of the BH-DRC that lead to improved outcomes?
2. How are services adapted to provide culturally relevant services to achieve positive outcomes?
3. To what extent does enrollment in BH-DRC lead to improved wellness and recovery outcomes for persons in jail and/or arrested? Reduce recidivism?
4. To what extent does enrollment in BH-DRC lead to improved wellness and recovery outcomes for veterans?
5. To what extent does implementation of the BH-DRC contribute to improved collaboration 1) between SBCBH, the Sheriff, Courts, and Probation, and 2) between consumers and their families?
6. To what extent was the program implemented as planned?
7. What services were most effective at improving outcomes for persons who are Hispanic? Veterans?

Project Budget

Note: All listed expenses are funded through MHSA Innovation dollars.

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
1	Personnel/Benefits	$ 174,641	$ 232,855	$ 232,855	$ 232,855	$ 232,855	**$1,106,060**
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6	Administrative	$ 11,699	$ 15,598	$ 15,598	$ 15,598	$ 15,598	**$ 74,091**
Total INN Funds Requested		**$ 357,563**	**$ 476,751**	**$ 476,751**	**$ 476,751**	**$ 476,751**	**$2,264,566**

INN Reversion Funds Plan

Available MHSA Reversion funds ($766,396) will be used to cover the startup costs in Year 1 and a portion of the expenses in Year 2 of the BH-DRC project, as follows:

		FY 18/19	FY 19/20	FY 20/21	FY 21/22	FY 22/23	TOTAL
a	Innovation Reversion	$ 357,563	$ 408,833	$ -	$ -	$ -	**$ 766,396**
b	Innovation	$ -	$ 67,918	$ 476,751	$ 476,751	$ 476,751	**$1,498,170**
					Total INN Funding		**$2,264,566**

Budget Narrative

1. Personnel/Benefits – This line items includes salaries and benefits for the SBCBH members of the project team, including a Team Leader/Case Manager Supervisor (0.3 FTE); Case Managers/Peer Advocates (2.0 FTE); and a Psychiatrist (0.1 FTE: 4 hours per week). Staff are bilingual and bicultural, as available. Expenditures in this category are based on current County Personnel Salary tables.

2. Operating Costs – This category includes support staff time; project-related facility costs, such as rent; and other operating expenses including travel, communications, office supplies, utilities, IT, and janitorial services. In addition, costs are included related to dissemination of lessons learned to other counties and interested stakeholders. Expenditures are based on historical costs.

3. Contracts – This category covers the expenses associated with the Probation Officer (0.5 FTE) and the Court Clerk (0.5 FTE) assigned to the project.

4. Evaluation – This line items covers project evaluation, through a contract, which will conduct an ongoing assessment and evaluation of project effectiveness and client-level outcomes.

5. Other Project Expenses – This category includes funding to support essential expenses to support the project, including paying for medication costs when an inmate is released from jail without the needed psychiatric medications (i.e., 'bridge medications). This funding will help supply these needed medications after they leave the jail until the individual can be enrolled in Medi-Cal and/or receive other benefits.

6. Administrative – This category includes administration costs, including A-87, associated with the project.

Enhancing the Journey to Wellness Peer Specialist Program

Calaveras County Health and Human Services Agency/Behavioral Health Services Division

Problem/Need

Calaveras County residents hospitalized for mental health crises are not finding their way to existing mental health treatments

- In FY 2017/18 out of 104 unduplicated hospital admissions, **39% were readmitted within the year** – a significant increase from past years
- Some had been hospitalized as many as **four or five times in the same year**
- **None** of these patients had a Wellness Recovery Action Plan (WRAP), and **only 9%** had Full Service Partnership (FSP) services

Problem/Need Continued

- **819 persons** (including 205 children) were identified as **homeless** in FY 2017/2018, an increase of 35% in last 5 years
- In this same time period **67 homeless persons** received crisis support through the Calaveras BHS division (an increase of 42% in last 3 years)
- Connecting to services within **7 days is associated with lower likelihood of 30-day re-admission**
- Geographic and transportation barriers prevent access services or lead to high attrition rates following hospitalization
- The need for this project was driven by community input

Proposed Innovation Project to Address Need

- Provide Peer Specialist case management support to targeted BHS consumers who experience high rates of hospitalization for mental health crisis.
  - Increase the timely connection of these consumers to existing mental health services within 7 days of hospital discharge
  - Provide housing supports to reduce the need for repeated mental health crisis hospitalizations
  - Expand Peer Specialist support by hiring an experienced case manager with lived experience to implement this new Innovation project
  - Provide WRAP plans and ensure each client is receiving FSP services

What is Innovative About the Proposed Project?

- We believe a peer specialist intervention will help increase access to timely services by providing quick intervention, within 7 days – an innovation for our county
- A learning opportunity to test this approach and add to the body of information currently missing for other small counties

Budget

- Over 60% of the proposed budget is allocated to cover personnel cost, specifically, resourcing the Peer Specialist position in addition to supporting transportation, connection to housing, and adequate resources for evaluation and learning
- Calaveras County strongly believes that the new Peer Specialist role is a key and innovative component of our approach to removing barriers for clients and will support the Peer by:
  - Providing a cost of living salary that compensates the critical multifaceted role the Peer will play in ensuring clients' timely continuum of care
  - Allowing the Peer the time and space for actively leading coordination & collaboration between providers and for coordination of services
  - Have the transportation resources needed to meet a key client need

Sustainability Plan

- After five years, as we have done with previous innovation projects, if the evaluation demonstrates success, the program will continue under the BHS Community Support and Services (CSS) component

Motion

- **Proposed Motion:** The MHSOAC approves Calaveras County's Innovation Project, as follows:
-
-
- **Name:** **Enhancing the Journey to Wellness:**
- **Peer Specialist Program**
-
- **Amount:** **$706,366**
-
- **Project Length:** **Five (5) Years**

San Francisco Health Network
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Mental Health Services Act of San Francisco

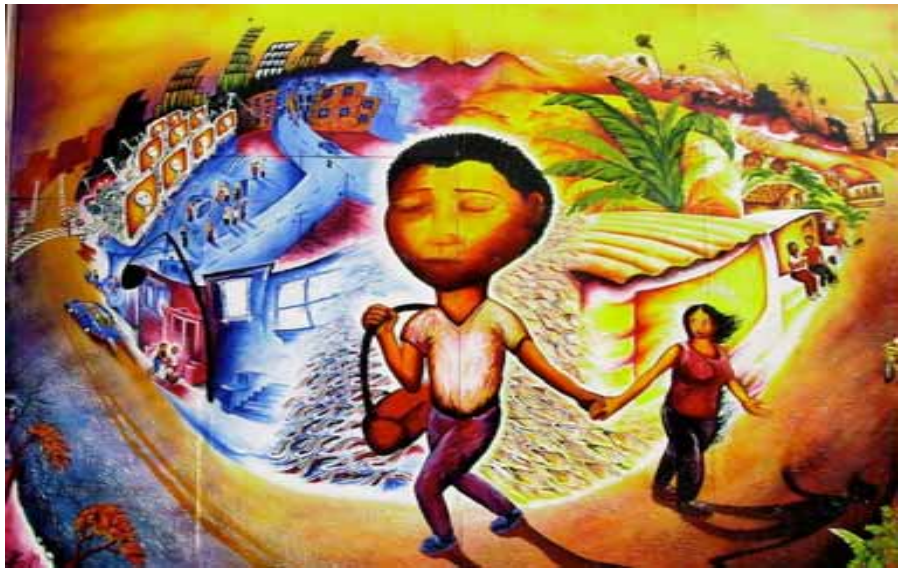
SFUSD

UCSF University of California San Francisco

ZUCKERBERG SAN FRANCISCO GENERAL Hospital and Trauma Center

Fuerte School-Based Prevention Groups

Innovations Learning Project



El Inmigrante. Street Mural at Shotwell St. and 23rd St., La Mision, San Francisco, CA.
Copyright Joel Bergner (2005)

Mental Health Services Oversight and Accountability Commission

1-24-19

Farahnaz Farahmand, Ph.D., William Martinez, Ph.D., & Angelina Romano, MSW/PPS

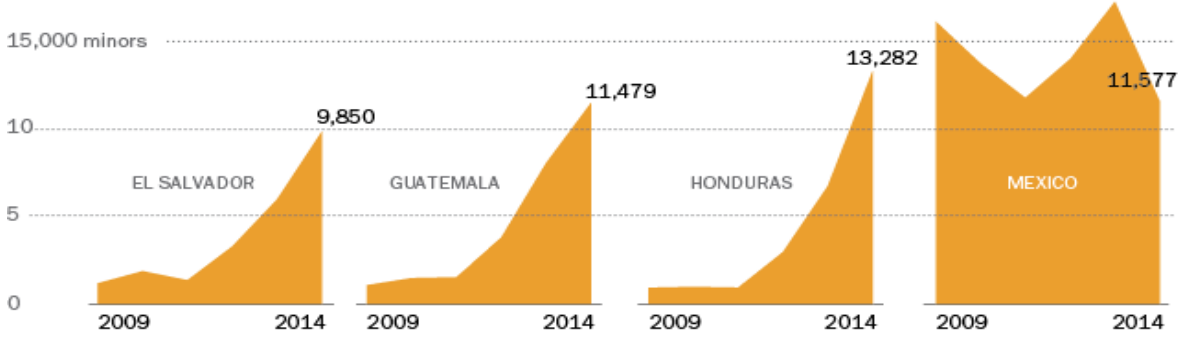
San Francisco Health Network

SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Presenting Problem/Need

- The “Surge”
- Impact of Trauma
- Health Disparities
- Access & Engagement: Mental Health

Number of apprehensions of unaccompanied minors at the Southwest border, by country of origin



CHANGE 2009–2014*	+ 707%	+ 930%	+ 1,272%	- 28%

Trauma: Before & during journey, on arrival, and here

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Fuerte Program Description

- Collaborative Shared Initiative
- Innovative Service Delivery Model
- Led by Trained Mental Health Providers & School Staff
- Target Youth Ages 12-18
- Curriculum: 7 Modules
- Evidence- & Trauma-Informed

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Proposed Innovation

EVALUATION

- **Reach more Latinx youth**
- **Conduct efficacy & feasibility study**

ADAPTATION

- **Develop "playbooks"**
- **Tool to tailor to diverse newcomer immigrants**

DISSEMINATION

- **Spread free playbooks throughout CA**
- **Serve more immigrant youth**

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Evaluation Questions

San Francisco Mental Health Services Act

- Does Fuerte increase the mental health literacy of newcomer Latinx immigrant youth?
- Does Fuerte increase behavioral health access among Latinx newcomer youth?
- Does Fuerte increase youth's social connectedness?
- In order to adapt the curriculum to other populations, how do clinicians make decisions regarding tailoring the Fuerte curriculum?
- What are the requirements needed for interagency and partner collaborations in order to make implementation of Fuerte possible in other counties?

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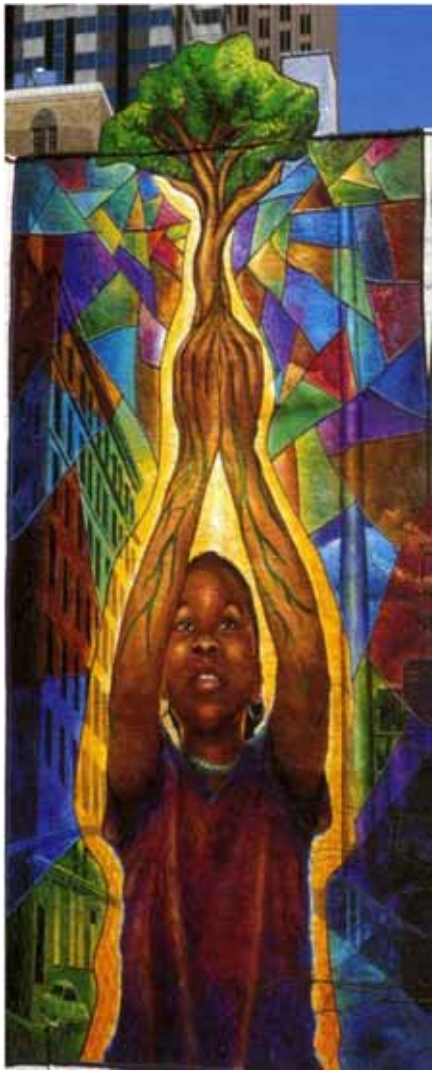
Intended Outcomes

Increase access to mental health services for underserved youth
(Innovations Regulations 3910.c.1.)

Increase the quality of mental health services, including measurable outcomes
(Innovations Regulations 3910.c.2.)

Promote interagency and community collaboration related to mental health services or supports or outcomes
(Innovations Regulations 3910.c.3.)



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Innovations Budget

Total: $1,500,000 for 5 years

$300,000: FY19/20-FY23/24

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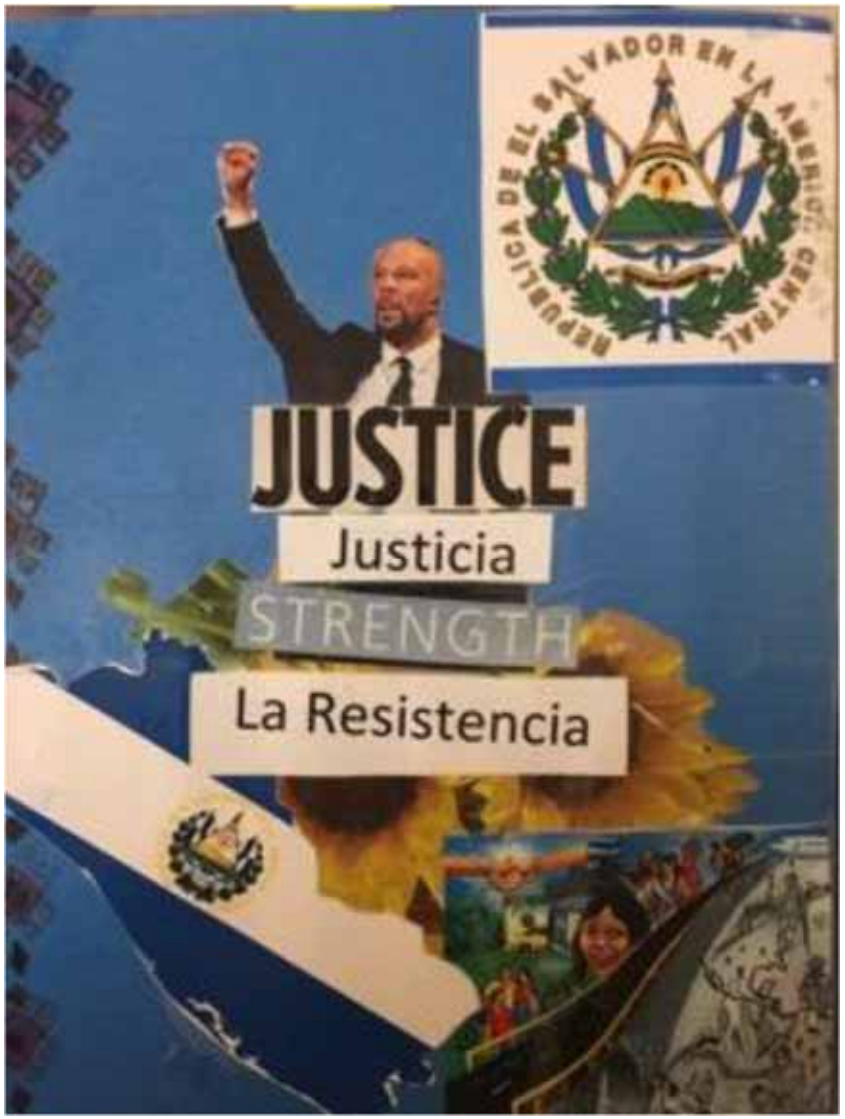
Mental Health Services Act of San Francisco

SFUSD

UCSF
University of California San Francisco

ZUCKERBERG SAN FRANCISCO GENERAL
Hospital and Trauma Center

Thank You!
Questions?



SF HEALTH NETWORK
SAN FRANCISCO DEPARTMENT OF PUBLIC HEALTH

Proposed Motion: The MHSOAC approves San Francisco County's Innovation plan as follows:

Name: *Fuerte* School-Based Prevention Groups

Amount: $1,500,000

Project Length: Five (5) Years

SENATOR JIM BEALL

SB 10 Peer Provider Certification

Principal Co-author: Assemblymember Marie Waldron
Coauthor: Senator Jim Nielsen

BACKGROUND

A peer provider is a person who draws on lived experience with mental illness and/or substance use disorder and recovery, bolstered by specialized training, to deliver valuable support services in a mental health and/or substance use setting. Across the nation, peer support programs have emerged as an evidence-based practice with proven benefits to both peers and the clients they assist. Peers can include people who have lived experience as clients, family members, or caretakers of individuals living with mental illness.

As noted by the California Mental Health Planning Council, California lags behind the nation in implementing a peer support specialist certification program. The U.S. Department of Veterans Affairs and 48 states have a certification process in place or in development for mental health peer support specialists. Thirteen states have a certification process for SUD peer recovery coaches. The federal Centers for Medicare and Medicaid released guidance in 2007 for establishing a certification program for peers to enable the use of federal Medicaid (Medi-Cal in California) financial participation with a 50% match. Yet California has not acted.

The Working Well Together Statewide Technical Assistance Center, a collaborative of peer and client-oriented organizations, has done substantive work on this issue in California, culminating in a final report and recommendations.

Studies demonstrate that use of peer support specialists in a comprehensive mental health or substance disorder treatment program helps reduce client hospitalizations, improve client functioning, increase client satisfaction, alleviate depression and other symptoms, and diversify the mental health workforce.

Research is also clear that the use of a formal certification program to train peer supporters offers enormous benefits, including:

- Allowing providers to make use of the federal Medi-Cal match.
- Allowing for standardization of the peer support practice, to ensure the highest quality care.
- Establishing core competencies that allow certified peers to transfer skills across county lines.

Although the Department of Health Care Services anticipates there will be substantial growth in the demand for peer support specialists, there is no statewide scope of practice, training standards, supervision standards, or certification.

THIS BILL

SB 10, the Peer Provider Certification Act of 2019 has two primary goals:

First, it requires the Department of Health Care Services (DHCS) to establish a certification program for peer providers with four distinct certification categories: peer, parent, transition-age, and family support specialist. Among other things, the program defines the range of responsibilities and practice guidelines for peer support specialists, specifies required training and continuing education requirements, determines clinical supervision requirements, and establishes a code of ethics and processes for revocation of certification.

Second, the bill expresses the intent of the Legislature that the program will provide increased family support, a fuller continuum of wraparound services, and an individualized focus on clients to promote recovery and self-sufficiency.

SUPPORT

Steinberg Institute (Sponsor)
Association of California Healthcare Districts
Bay Area Community Services
California Association of Local Behavioral Health Boards & Commissions
California Association of Social Rehabilitation Agencies
California Behavioral Health Planning Council (CBHPC)

California State Association of Counties
City College of San Francisco
Community Mental Health Certificate Program at City College of San Francisco
County of Ventura
Disability Rights California
Mental Health America of California
Pacific Clinics
Project Return Peer Support Network

FOR MORE INFORMATION

Gregory Cramer
Office of Senator Jim Beall
(916) 651-4015
Gregory.Cramer@sen.ca.gov

SENATOR JIM BEALL
SB 11 Mental Health Parity

Issue

The Mental Health Parity and Addiction Equity Act of 2008 (MHPAEA or Parity Law) promised equity in the insurance coverage of mental health and substance use disorder care, but years later mental health parity is still not a reality and too many Americans continue to be denied care when they need it the most. To fulfill the promise of the Parity law, we must hold health insurance plans accountable to comply with the letter and spirit of the law.

BACKGROUND

Under existing federal law, the MHPAEA, group health plans and health insurance issuers that approve both medical and surgical benefits and mental health or substance use disorder benefits to ensure that financial requirements and treatment limitations applicable to mental health or substance use disorder benefits are no more restrictive than the predominant requirements or limitations applied to substantially all medical and surgical benefits.

Existing state law subjects most individual and small group health care service plan contracts and health insurance policies that provide coverage for essential health benefits to those provisions of the MHPAEA.

California law requires the Department of Managed Health Care (DMHC) to conduct a routine medical survey of each licensed full service and specialty health plan at least once every three years. The DMHC may also perform an investigative medical survey as often as deemed necessary by the DMHC's Director. The medical survey is a comprehensive evaluation of the plan's compliance with the law in the following health plan program areas:

- Quality Assurance
- Grievances and Appeals (enrollee complaints)
- Access and Availability
- Utilization Management (referrals and authorizations)
- Overall plan performance in meeting enrollees' health care needs

When the survey is complete, the DMHC issues a Final Report that is publicly available. The DMHC may perform a Follow-Up Survey within 18 months of the Final Report for any uncorrected deficiencies.

During Phase 1 of the Department's compliance surveys, 25 health plans submitted information about their parity compliance policies. Phase 1 of the project was completed in April 2016. During Phase 2 of the compliance surveys, the Department conducted on-site reviews of the 25 commercial plans. The on-site reviews concluded in fall of 2017. Three preliminary reports have been issued for Health Net, Cigna and Molina.

While the remainder of compliance surveys are being awaited, especially in regard to the health plans' handling of non-routine mental health treatment requests. DMHC will likely issue a summary of aggregate findings of all the survey results sometime in 2019.

THIS BILL

This bill prohibits a mental health plan or insurer that provides prescription drug benefits for the treatment of substance use disorders from imposing any prior authorization requirements or any step therapy requirements before authorizing coverage for FDA-approved prescriptions.

This bill also requires health plans and insurers to submit an annual report to the Department of Managed Health Care or the Department of Insurance to certify compliance with state and federal parity laws.

SPONSORS

The Kennedy Forum
Steinberg Institute

SUPPORT

California Psychiatric Association
Community Mental Health Certificate Program at City College of San Francisco

Mental Health America of California

FOR MORE INFORMATION

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SENATORS JIM BEALL & ANTHONY PORTANTINO

SB 12 Youth Mental Health Drop-In Centers

ISSUE

Mental health problems are among the most common health conditions faced by California children. One in 13 children has an emotional disturbance that limits participation in daily activities. Yet, many youth go without treatment. Two-thirds of adolescents with major depressive episodes did not get treatment, and low-income families are even less likely to obtain treatment.

A fractured mental health delivery system, provider shortages, lack of covered mental health benefits, and stigma around mental illness are barriers to care.

With more than 75 percent of mental health issues developing before a person turns 25, early detection and treatment greatly improves the health of adolescents as they transition to adulthood.

BACKGROUND

The Stanford Psychiatry Center for Youth Mental Health and Wellbeing is spearheading a new national vision for adolescent and young adult wellness through implementation of a groundbreaking international integrated youth mental health care model. The *headspace* model, developed in Australia, creates stand-alone, "one-stop-shop" health centers for young people ages 12-25 to access support for mild to moderate mental health concerns, physical health, employment and school support, and alcohol and drug counseling.

The goal of this model is to develop sites reflective of the unique adolescent/young adult culture of each geographic community being served. These sites become the local youths' own independent place for mental and physical health care. *headspace* approaches youth wellness in a comprehensive and youth-friendly way, led by members of an active local youth advisory group to design the services and environment they most want to see in their community. This year, a 24-member Youth Advisory Group (YAG) was convened to ensure that the youth voice is at the forefront of the headspace center experience. YAG members are between the ages of 16-25, and are diverse across race, ethnicity, gender, sexual orientation, lived experience, ability, and socio-economic status.

The California Mental Health Services Oversight and Accountability Commission (MHSOAC) approved $15M of Santa Clara County Behavioral Health Services' Innovation Funds to pilot this model in two locations over 4 years, in partnership with Stanford University. Due to the strong interest in this model, Stanford is assembling a backbone team to support implementation of the model in at least 7-8 other interested CA counties and 3-4 other states.

Perhaps most importantly, these centers will serve all youth who enter, no matter if they are insured, underinsured, or uninsured and regardless of immigration status.

THIS BILL

This bill directs the Legislature to establish a series of at least 100 youth drop-in centers across the state to address the mental health needs of California youth. This bill also encourages the Legislature to allocate funding to establish these centers.

SUPPORT

California Behavioral Health Planning Council
California Civil Liberties Advocacy
Community Mental Health Certificate Program at City College of San Francisco
Disability Rights California
Mental Health America of California
National Center for Youth Law

FOR MORE INFORMATION

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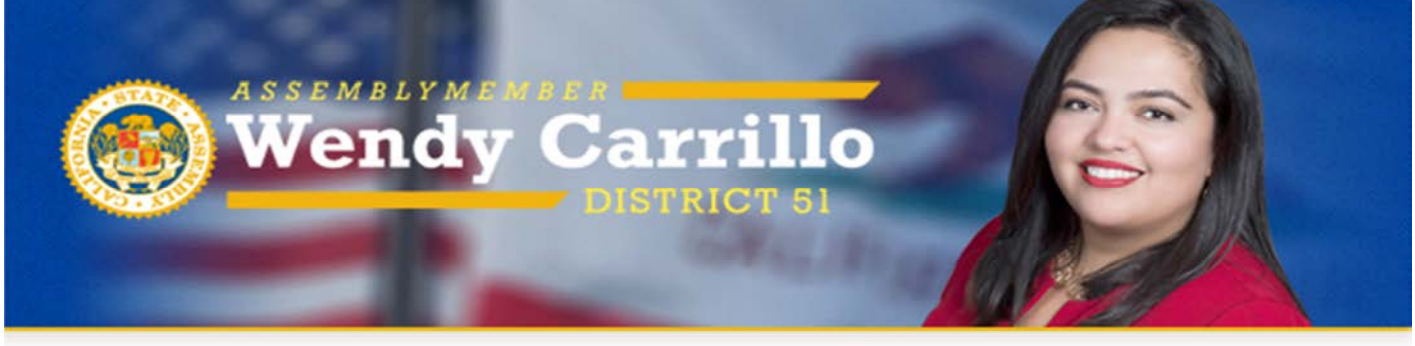

Assembly Bill 46: Destigmatizing Mental Health Challenges

SUMMARY

AB 46 removes dehumanizing language from California law that perpetuates stigma and discrimination against people with mental health issues. Specifically, this bill updates sections of California law to reflect people-first terminology used to promote the dignity of all Californians experiencing mental health challenges. By updating sections of California law with language that speaks to the person first and their mental health challenges second, AB 46 will promote greater understanding and acceptance of the possibility of successful treatment and recovery.

BACKGROUND AND PROBLEM

Mental health refers to our emotional, psychological and social wellbeing and it affects how we think, feel and act. Maintaining mental health is critical in ensuring one can effectively function and perform daily activities such as: working, attending school, caregiving, participating in healthy relationships, adapting to change and coping with adversity.

The California Health Care Foundation reports nearly 1 in 6 adults have a mental health need and approximately 1 in 20 Californians suffer from a serious mental illness. While mental health challenges continue to impact millions of individuals every day, many misconceptions exist about people living with mental illnesses.

Widely held belief incorrectly suggests that people living with mental health challenges cannot thrive or lead productive lives. Similarly, common belief wrongfully promotes the notion that people with mental health needs cannot achieve recovery or remission. Such misconceptions distort the nature of mental health issues and often deter Californians from seeking the necessary resources to manage their mental health challenges and have fulfilling lives.

As statutes often reflect the time in which they were created, language in California law includes outdated terminology to address people experiencing mental illness and disabilities. These outdated terms perpetuate stigma and fuel widespread misconceptions about people living with mental health challenges.

This existing and damaging language in state law continues to cause shame, convey negative judgment, and reinforce negative stereotypes about people with mental health difficulties.

SOLUTION

By replacing terms such as, “crazy, lunatic, insane, feeble-minded, mentally defective, and abnormal,” with language that speaks to the person first and their condition second, AB 46 will encourage acceptance of the normalcy and reality of widespread mental health challenges.

All Californians have been or will be touched by mental health difficulties in their lifetime. It is critical that state law reflects the possibility of worthwhile treatment and recovery by removing dehumanizing language from California law. AB 46 will reinforce the fact that all people with mental health challenges have the ability to live full, productive and meaningful lives.

SUPPORT

The Steinberg Institute

OPPOSITION

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REPORT

INNOVATION INCUBATOR IMPLEMENTATION

MHSOAC
Mental Health Services
Oversight & Accountability Commission

CAFWD.ORG
CAFWD:

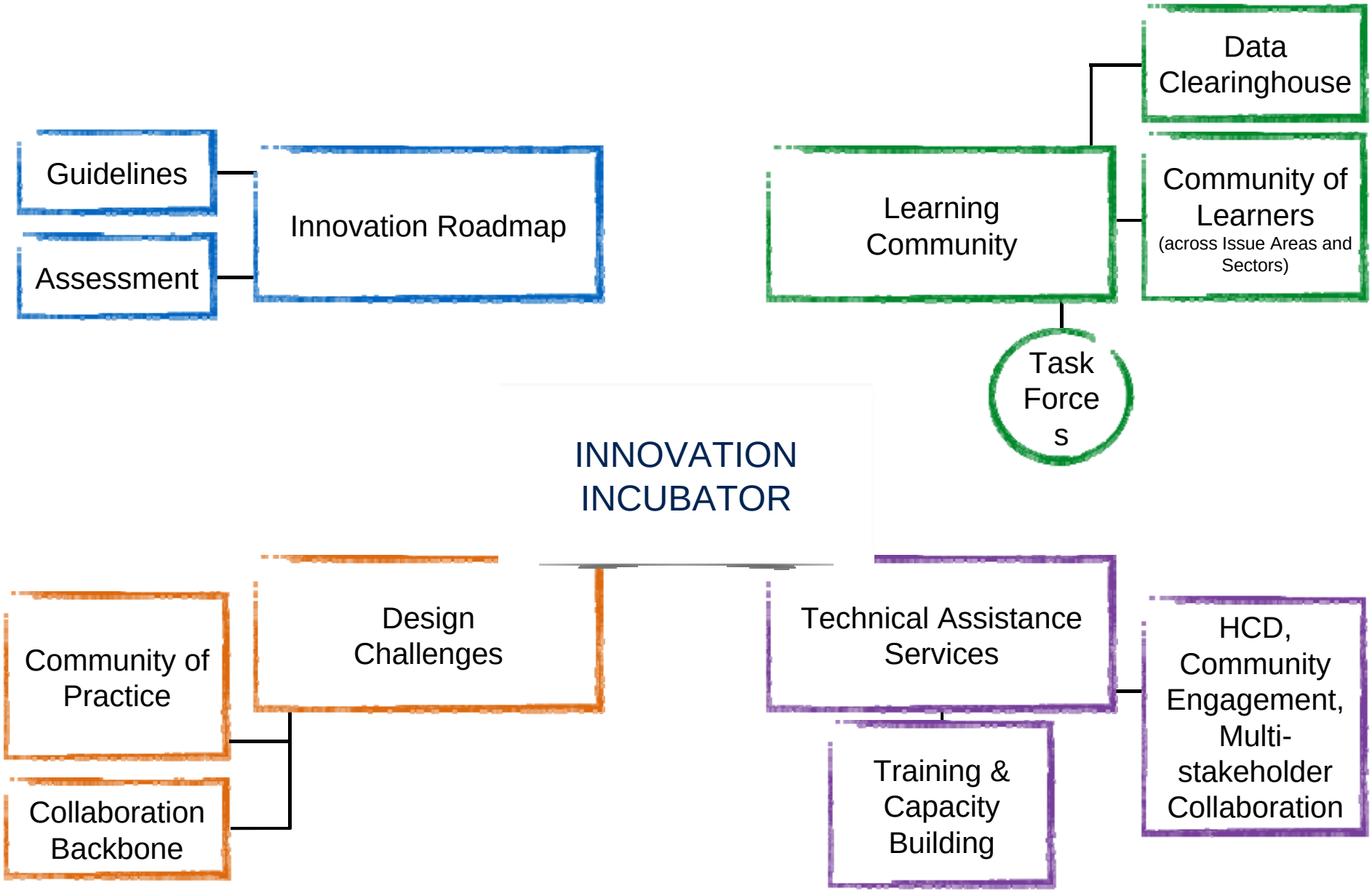
XSL
X SECTOR LABS

Innovation Incubator Goal

The Innovation Incubator is designed to help the Commission collaborate with counties to improve outcomes by supporting the behavioral health system to become more consumer-centric and data-driven, while focusing on community engagement, quality improvement, and capacity building.

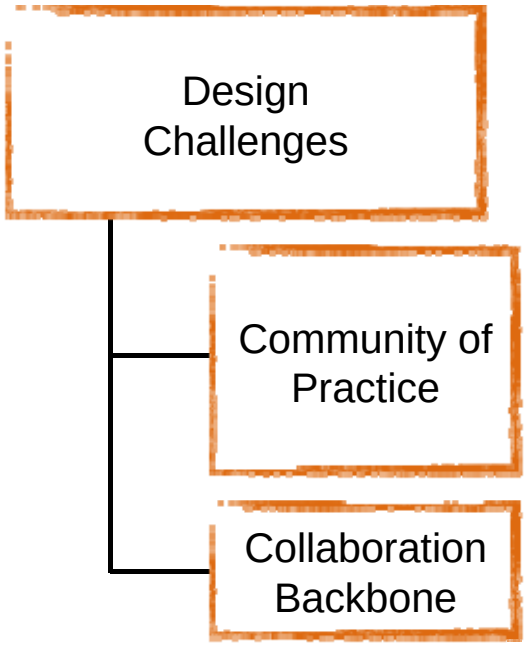
Innovation Ecosystem

POTENTIAL PRODUCTS & SERVICES



Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



GOAL

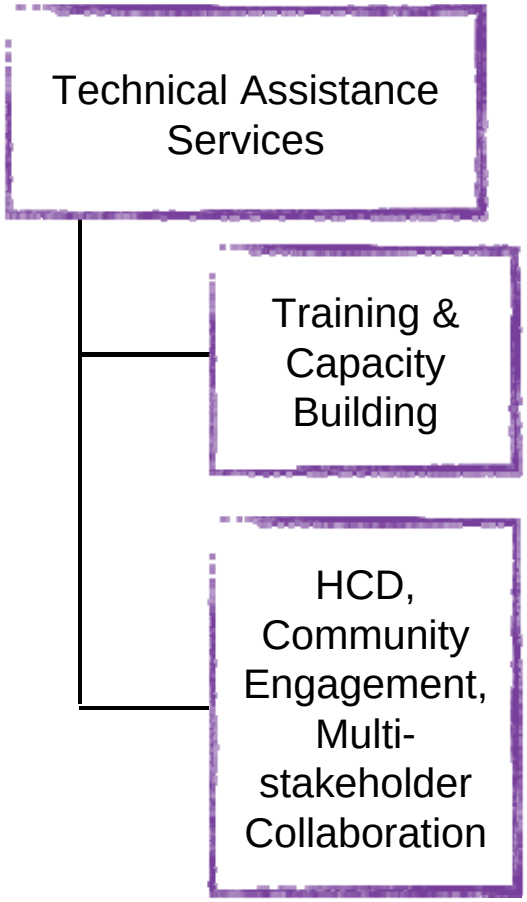
- The Innovation Incubator publishes a specific “challenge” based on statewide behavioral health needs. If county-level collaborations are aiming to address similar challenges, they can participate in a design competition by expressing interest in joining a cohort of counties interested in prototyping solutions.

PROPOSED SOLUTION:

- Community of Practice
- Capacity building: Training, Coaching, Facilitation
- Collaboration Backbone Support

Innovation Incubator

POTENTIAL PRODUCTS & SERVICES



GOAL

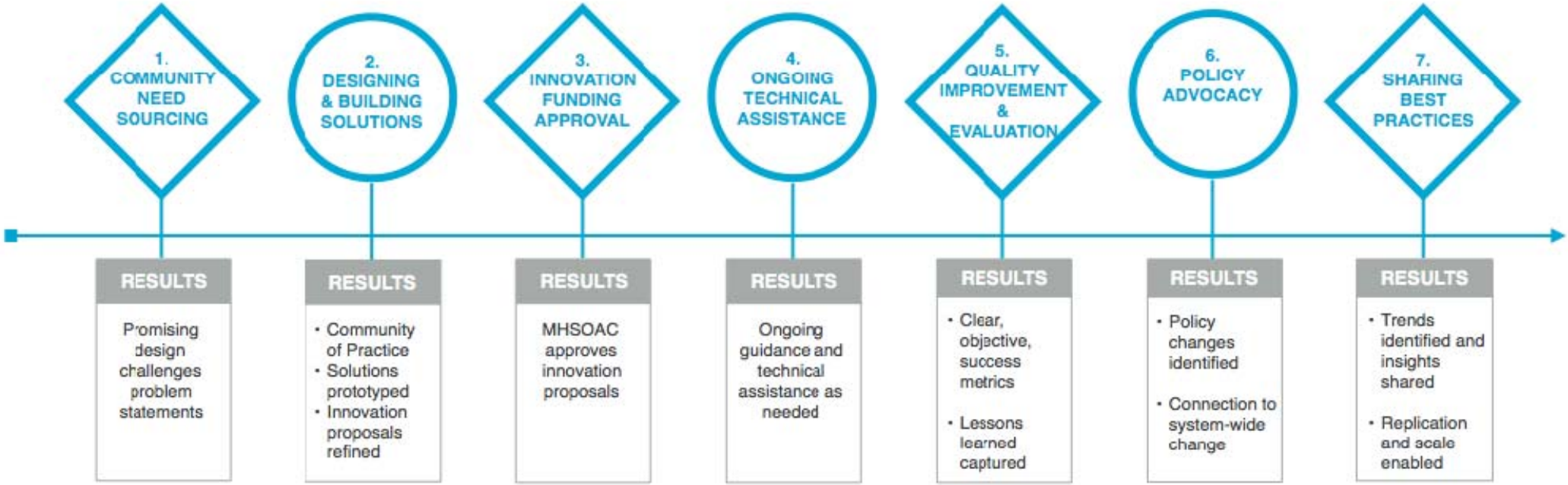
- External innovation experts provide support, training, and consulting services to counties engaged in these challenges to improve the effectiveness and efficiency of their innovation processes with a goal of building internal capacity to lead these efforts in the future.

PROPOSED SOLUTION:

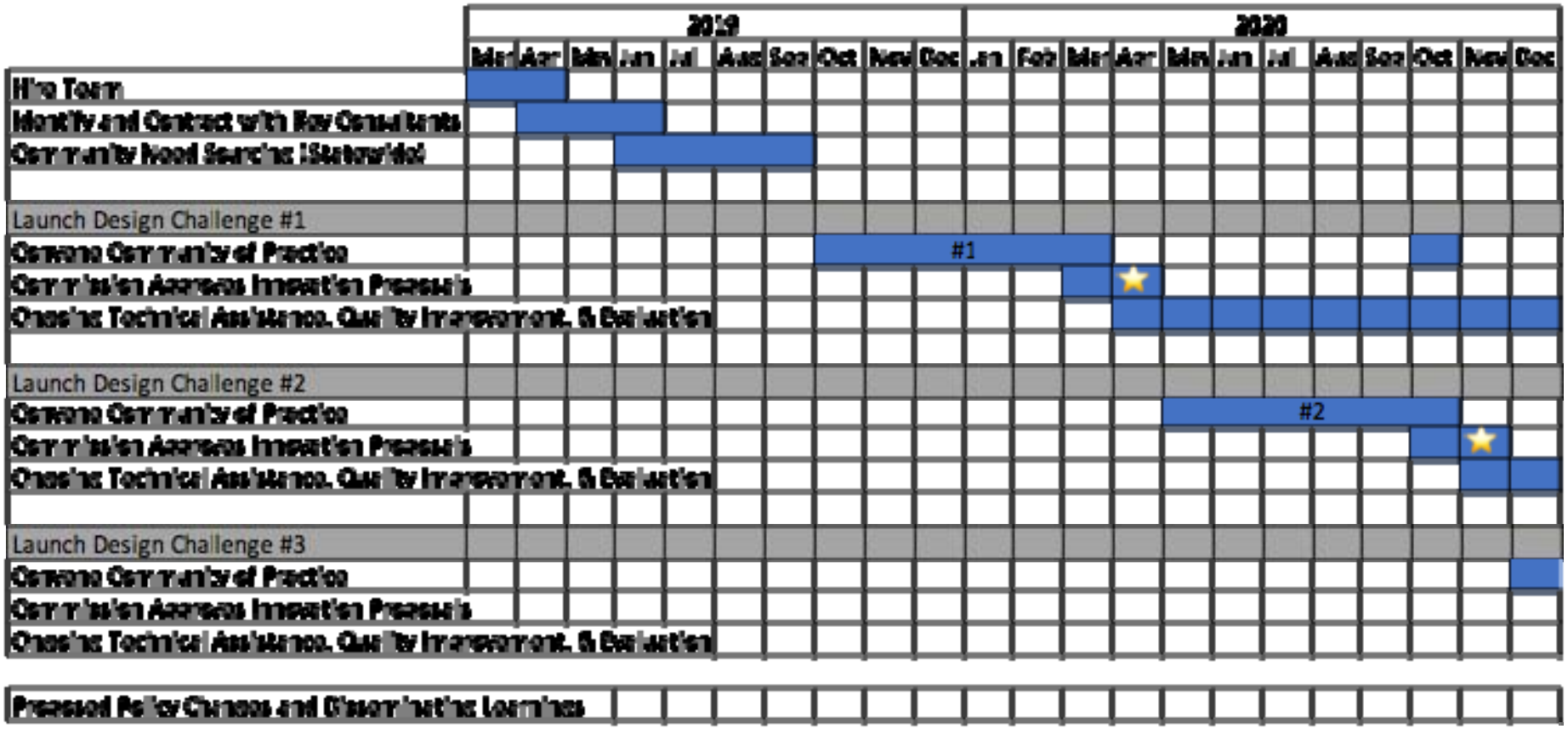
- Training and Capacity Building Services
    - Human-centered Design
    - Community Engagement
    - Multi-stakeholder Collaboration

Innovation Incubator

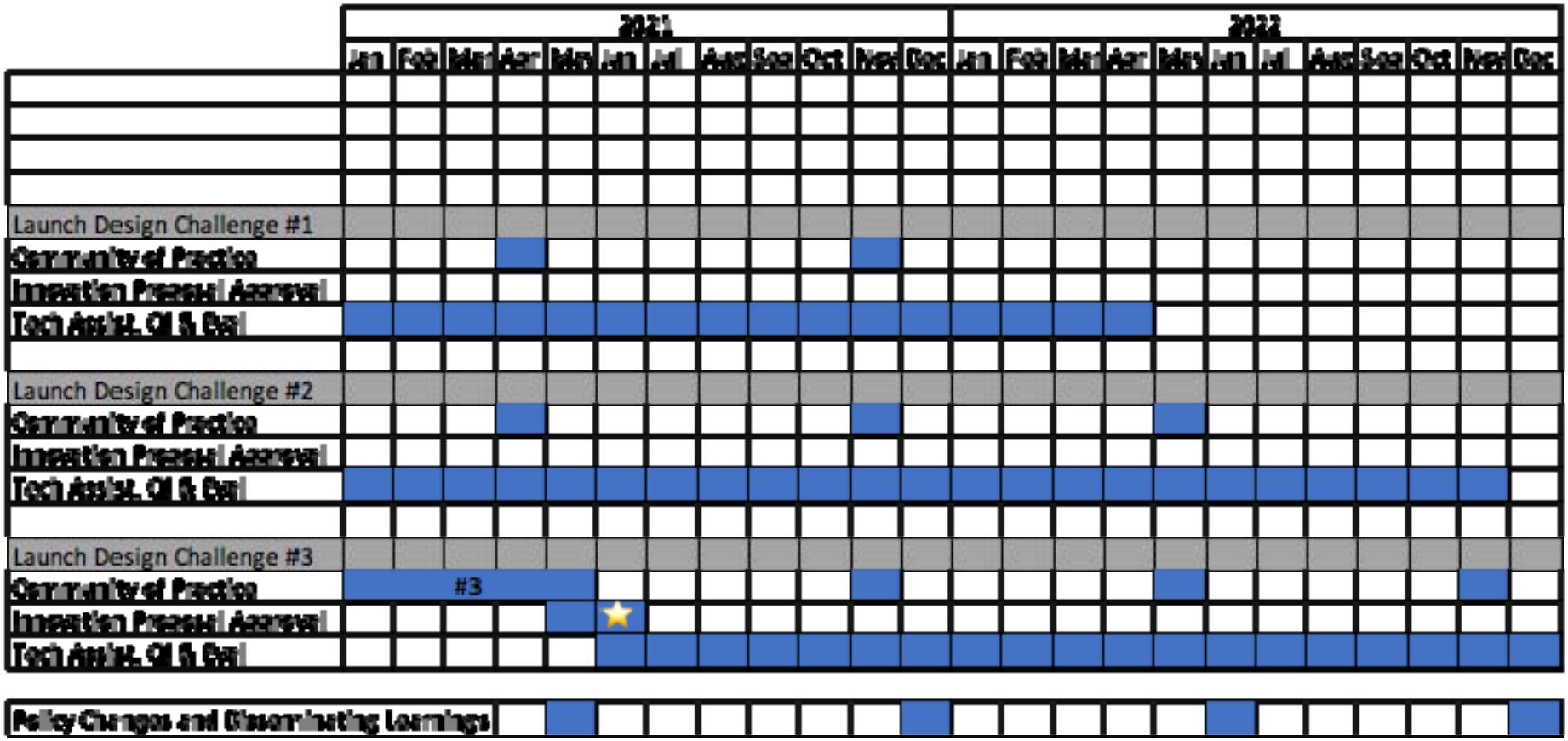
Key Functions



MHSOAC Innovation Incubator
Proposed Timeline



MHSOAC Innovation Incubator
Proposed Timeline



Management Approach

OPTION A: Build and manage the Incubator internally at the Commission

OPTION B: Contract with an external organization to build and manage the Incubator

OPTION C: Manage internally at the Commission with significant contractor support

Evaluation Criteria

- **Efficacy**
- **Control**
- **Risk**
- **Procurement**
- **Sustainability**

Q&A and Conversation

Mental Health Services
Oversight & Accountability Commission

Proposed Outline of Request for Proposal (RFP) for Immigrant and Refugee Stakeholder Contract

Norma Pate, Deputy Director, MHSOAC
Tom Orrock, Chief, Commission Grants and Operations
Angela Brand, Lead, Stakeholder Engagement

January 24, 2019

WELLNESS • RECOVERY • RESILIENCE

Background

- The Commission's Budget includes $4.7 million annually to support stakeholder advocacy for seven different populations.

- The Budget Act of 2018/2019 adds an additional $670,000 annually to support advocacy on behalf of Immigrant and Refugee populations.

Community Engagement

Staff gathered information and feedback from the community.

- Information Survey
  - Received responses from 50 organizations across the state.
- Community Listening Sessions
  - San Diego, Los Angeles, Sacramento, Alameda
  - 200+ participants
- Key Lessons

Contract Structure

- 4 Local Program Contractors
  - Awarded to local grassroots organizations.
- 1 State-Level Advocacy Contractor
  - Awarded to a state-level organization

Proposed Scope of Work: Local Program Contractors

Increase access to culturally and linguistically appropriate supports and services through:

- Local level advocacy
- Training and education
- Outreach and engagement

Proposed Scope of Work: State Level Contractor

Engagement with local program contractors to represent needs of populations through state-level advocacy and policy engagement:

- State level, state wide advocacy
- Technical assistance and capacity building for the local program contractors
- Collaboration with the local program contractors

Contract Funding

4 Local Program Contractors

- Y1: $150,000 per year
- Y2: $130,000 per year
- Y3: $122,500 per year

1 State-Level Contractor

- Y2: $200,000 per year
- Y3: $200,000 per year

Proposed Minimum Qualifications for Local Programs

- Have been in existence for at least two years in providing direct outreach and engagement to the identified population;
- Have experience and capacity to engage the identified immigrant and refugee population;
- Be a non-profit organization, registered to do business in California; and
- Have staff that have been employed by the organization for at least one year.

Proposed Minimum Qualifications for State-Level Contractor

- Be an established state-level organization with experience with programs and services related to the unique mental health needs of California's diverse immigrant and refugee populations;
- Have experience and capacity to provide technical assistance and support to local community based organizations;
- Be a non-profit organization, registered to do business in California; and
- Have experience and capacity to engage communities reflective of California's immigrant and refugee populations.

Next Steps

- Upon Commission approval:
  - February 15, 2019: RFP released to the public
  - April 5, 2019: Deadline to submit proposals
  - April 25, 2019: Commission issues Notice of Intent to Award
- Process to develop RFQ for State-Level Contractor to begin August 2019

Proposed Motion

- The Commission approves the proposed outline of the scope of work for the immigrant and refugee RFP.
- The Commission authorizes the Executive Director to initiate a competitive bid process.