SB 82 Triage Grant Program

Calaveras County Partnership

- Health and Human Services Agency, MH Division
- Sheriff’s Office
- Dignity Health
SB 82 Triage Grant Program

JOHN LAWLESS, LCSW
MENTAL HEALTH DIRECTOR, DEPUTY DIRECTOR OF HEALTH AND HUMAN SERVICE, CALAVERAS COUNTY

INTRODUCTION
Panelists

- John Lawless, LCSW, Mental Health Director, Deputy Director of Health and Human Services, Calaveras County
- Brenda Hanley, MH Case Manager III, Sheriff Liaison
- Acting Sheriff, Captain Jim Macedo
- Dean White, LCSW, Regional Director of Social Work for Dignity Health
- Susan Sells, MHSA Senior Administrative Analyst
As a result of Senate Bill (SB) 82, known as the Investment in Mental Health Wellness Act of 2013, California has an opportunity to use Mental Health Services Act (MHSA) dollars to expand crisis services statewide.
Calaveras County

- 44,624 residents
- Sierra foothills – mostly mountainous
- 1,000 square miles
- 80% living in unincorporated areas
- Accessed primarily by two-lane roads
- Geography determines service needs, access and resources
County Challenges

- Butte Fire – over 1,000 homes & structures lost
- Minimal public transportation
- Limited crisis response services for psychiatric emergencies
- No inpatient psychiatric facility or crisis stabilization beds
SB 82 Grant-funded Triage Services

Calaveras Behavioral Health Services (BHS), Sheriff's Office and Dignity Health Hospital partnered to provide triage services funded by MHSOAC SB 82 Triage

Reducing:
1) response time to crisis calls
2) time officers spend on 5150 evaluations and repeat crisis calls
3) decreasing over use of hospital’s ER
Recruiting Challenges

Recruiting an individual who is:

- Willing to move to a rural community and work non-traditional days/hours
- Has a strong background in mental health, law enforcement, crisis management, and veterans issues
- Work well independently in high profile position
- Passes extensive law enforcement background clearance
- Displays a strong commitment to go above and beyond
Recruiting Challenges

It took a year and a half to find the right person

Program implemented
June 2015
Tips for Success

- From inception, partnership with law enforcement and local hospital is crucial
- Establish and maintain confidence, buy-in and cooperation of law enforcement and hospital
- Case Manager needs strong collaboration & coordination with officers and dispatchers
• House the case manager in law enforcement

• Ensure case manager is available when calls to sheriff are highest (evening and weekend hours)

• Provide Crisis Intervention Training (CIT) and Crisis De-Escalation trainings yearly for law enforcement and first responders (82 participants received training in 2015)
Sheriff’s Office
Calaveras County

Law Enforcement Calls for Service
Flexibility with Position
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SB 82 Triage Grant Program

BRENDA HANLEY,
MH CASE MANAGER III,
SHERIFF LIAISON

SERVICE DESCRIPTION
Current Program Benefits

- Reducing need for officers to respond to multiple calls from residents not meeting 5150 criteria
- Reducing need for officers to wait at the ER
- Becoming a part of law enforcement culture, building solid rapport with officers
- Creating relationship with local veterans
- Providing short term case management for community members who don’t qualify for MH services
- Identifying ways to connect community members with local resources
- Providing follow-up support
- Providing behavioral health case management resources for the jail
Anticipated Long Term Outcomes

- Ability to address service gaps for crisis during evening and weekend hours
- Enhances the bridge between MH and law enforcement on how best to help mentally ill residents in crisis
- Reduced response time to crisis calls
- Reduced law enforcement time spent on 5150 evals at ER and repeat crisis calls
- Reduced frequency and number of ER visits for 5150 evals
Success Stories

- Three examples of how this program is working....
2016 California Behavioral Health Policy Forum

SB82 Triage Grant Program
Triage Services

Dean White, LCSW, ACM
Mark Twain Medical Center is the only hospital in the county. Critical Access with 8 Emergency Department beds
Long hold times in the ED- one 5150 hold that needs subsequent IP Psych bed can take between 4 hours to 3 days until transfer, with known outlier cases taking longer
Lack of enough IP Psych beds in California and none in Calaveras County
Lack of Psych access and supports along with minimal wrap-around services- rural areas
Shortage of BH providers & Primary Care MD’s
ED’s are a high intensity environment- increased anxiety/stress
Need diversion options to avoid the ED or at times jail
Build partnerships with community and county; jointly share resources and staff to meet mutual needs for the client.

Co-development of protocols and delineation of provider roles; engage ED, behavioral health staff and law enforcement to optimize outcomes

Recruitment of providers across services areas, from physicians, social work (MSW, LCSW), midlevel (PAs, NPs), dedicated nursing staff and support staff.

Data collection, analysis and standardization to identify behavioral health clients, the interventions provided and best practices shared across services areas

Develop crisis response services for psychiatric emergencies

Expand OP resources - Community Health & Population Health
Summary

Reduces overall cost of care, while providing crisis care in the least restrictive manner possible

Reduced ED utilization, improved throughput and reduced wait time

Improves patient satisfaction by shifting care to the more appropriate level

Improves outcomes

Reduces acute crisis events

It is hoped that many individuals seen will not require hospitalization but can be stabilized and linked to less urgent levels of care
THANK YOU
SB 82 Triage Grant Program

SUSAN SSELLS
MHSA ADMINISTRATIVE ANALYST

JUSTIFICATION FOR SMALL COUNTY BASELINE FUNDING
Justification and Recommendation

- Small counties do not have resources to provide adequate crisis services.
- Counties with population of less than 200,000 represent 52% (30 out of 58) of counties in California.
- If baseline funding of $120,000 is set aside for small counties - would represent only 10% of the 32 million SB 82 Triage funds allocated to California each year.
Recommend SB 82 funds are set aside as ongoing non-competitive baseline funding for small counties each year.

- Over half the counties in California could provide triage services without having to reapply for these funds every three years.

- Remaining funds (90%) could be distributed to larger counties through competitive grant process or through formula based on population and/or need.
Calaveras County, along with 29 small counties, can provide triage services that reduce costs associated with expensive inpatient and emergency room care and better meet the needs of individuals with mental health conditions in the lease restrictive manner possible across California.