HHSA Behavioral Health BOS Presentation

Role of MHC

The Mental Health Commission is mandated by California Welfare and Institution Code (WIC) 5602. The composition of the Commission is set forth in WIC 5604 a-1. The Mental Health Commission's duty is to advise the Board of Supervisors on issues affecting County Mental Health.

WIC 5604.2 sets forth the duties of the Commission.

1. Review and evaluate the community's mental health needs, services, facilities, and special problems.

3. Advise the governing body and local Mental Health Director as to any aspect of the Mental Health program.

   (The governing body is the Board of Supervisors.)

8. Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties on authority to a Mental Health Board.

8.b It is the intent of the Legislature that (a) the Board (Commission) shall assess the impact of the realignment of services from state to the county, on services delivered to clients and the local community.

WIC 5600.1 "The mission of California's Mental Health System shall be to enable person's experiencing severe and disabling mental illnesses and children with serious emotional disturbances to access services and programs to assist them"… "to develop skills and supports leading to their living the most constructive lives possible…"

WIC 5600.2 a-1 Planning for treatment and rehabilitation based on individual needs. Planning should include family and friends as a source of information and support

a) Outreach services should be accessible to all consumers on a 24 hour basis in times of crises.

Mental Health Commission is the interface between the Behavioral Health Department (BHD) and the Board of Supervisors, and it is a part of County governance.

The Mental Health Commission's evaluation of impacts and issues of the Behavioral Health Department now and in the future:

Two major programs of Health & Human Services Agency/Behavioral Health Department

1. Mental Health Services

2. Alcohol drug programs

The acknowledgement of Dual Diagnosis in the treatment of severely mentally ill is paramount in a successful program. Even with this acknowledgement, our Behavioral Health Treatment program still exhibits contradictory measures to deal with this reality: that mentally ill people self-medicate with alcohol and drugs. There has been a narrowing of criteria of

qualifications for mental health services for the past several years. The alcohol drug portion of the evaluation to qualify for services at the (PHF) Psychiatric Health Care Facility and often outpatient and ICM (Intensive Case Management), and (FSP) Full Service Partnership services, is one reason used for denial for these programs.

Since the privatization of services at the Psychiatric Health Facility (PHF) the admittance data shows a reduction in the daily number of people served is 50% less than when the facility was county staffed and operated. The average occupancy for an eleven month period 2016 was approximately 7.86—no data provided in the December 2016 Behavioral Health Department monthly report. This is a 16-bed facility. When the County operated it was full, more times than not. Narrowing of criteria related to Dual Diagnosis restrictions by Telecare, the service provider, as well as lack of proper insurance are two reasons that have been given for denial of services and lower occupancy levels.

The change of services at the PHF was a cost-savings driven decision. Telecare could do it cheaper. It is easier to manage an average of 8 people in the facility than the 16-bed capacity the facility has. The low occupancy rate has been discussed by the Mental Health Commission and Behavioral Health Department and the concern of denials for service is an issue that Behavioral Health and Telecare need to resolve.

Telecare is contracted to run a 16-bed psychiatric facility. Other counties struggle to find placement for their clients, and it seems there is room at our facility. Having the PHF available for full service is a necessity to the community members and community partners. The narrowing of criteria resulting in a 50% vacancy rate has impact on the jail, probation, hospital

ER holds, and public safety.

The insurance issues related to admittance to services and narrowing of criteria for outpatient services is an issue that needs to be addressed: Behavioral Health is currently a Medi-Cal billed provider of service. Private insurance and Medicare medical consumers have to search elsewhere for help. With the aging population of senior citizens in our county, the Medicare billing needs to be developed and integrated into the Behavioral Health Department to expand services to this group of citizens in our community. Medicare/MediCal consumers are currently denied services. Integration of Medicare payment for Mental Health would allow greater access to those in need of County mental services.

Collaboration between agencies is a necessity because many of the clients are served by several agencies. While the collaboration amongst agencies is necessary, funding and payment of services need to be determined.

Proposition 63, the Mental Health Services Act (MHSA) was implemented to provide better coordinated and more comprehensive care to those with serious severe mental illness. MHSA funds should not be considered to supplant state mandated programs required of other county agencies. Collaboration by the Behavioral Health Department (BHD) with other agencies such as the County Jail, Probation, Hospitals, and Schools should not result in MHSA funds being used to support other agency programs required of them by state mandate.

AB 109 Public Safety Realignment and Restitution of Competency (ROCS) are two examples of MHSA funds being used to support other agency requirements.

Proposition 47 has resulted largely in drug and mental health treatment. Even though both fall under programs that Behavioral Health Department (BHD) Behavioral Health Department and Alcohol & Drug Programs (ADP) provide, funds and staff for Behavioral Health are limited and collaboration amongst agencies should not result in reallocation of MHSA, Behavioral Health Department funds that result in reducing existing mental health services.

The collaboration between the Behavioral Health Department and the Jail/California Forensics Medical Group (CFMG) should include improved communication so that known consumers of County Mental Health Services receive continuity in medication treatment they were receiving prior to their incarceration. In addition, release planning collaboration needs to assure there is no gap in medication treatments or outpatient services for any inmate receiving mental health treatment upon release.

Housing for the mentally ill is inadequate at the present time. There is a lack of adequate funding to support additions to this serious situation. Many of the homeless in our community are mentally ill. WIC 5600. 3,4 addresses a target population not limited to homeless persons that are mentally ill. Transitional housing for mentally ill consumers in our county is one way that the Behavioral Health Department is providing this service. More is needed.

The current plans to close one T-House is unacceptable. The coordination and integrations of services needs to include a housing element. There needs to be a Mental Health Recovery Center, transitional housing, and supported housing.

WIC 5600.2-4 states that clients “should receive treatment and rehabilitation in the most

appropriate and least restrictive environment, preferable their own community."

The development of a Mental Health Rehabilitation Center (MHRC) in our county will help achieve this statement in the WIC. Millions are being spent in other counties to house our clients, and they should be spent here at home on our own MHRC.

The collaboration between the Sheriff's Department Crisis Intervention Team (CIT) and Multi-Disciplinary Task Force (MDT) has been quite successful and should continue to be enhanced.

The implementation of Assisted Outpatient Treatment (AOT) by the Behavioral Health Department (BHD) is in its early stages, but is a program that will require great collaboration between our BHD and Probation, Judiciary Public Defender, District Attorney and Law Enforcement. AOT will be of great benefit in reducing impacts to the collaborative agencies involved. It will help the mentally ill clients that are currently in denial of their need for services.

The Behavioral Health Department has made great improvements to its programs, specifically its Full Service Partnership/Intensive Case Management team, and Children's Services. The Wellness Center plays an important role in the treatment program. This program needs to continue to provide support to clients. There is still much that needs to be done.

Behavioral Health Court (BHC) is an unfunded alcohol and drug program that is a collaboration between the Behavioral Health Department, Alcohol & Drug Program, Public Defender, District Attorney, Probation Department, Judiciary, and Sheriff's Department.

It is a diversion program to deal with mentally ill defendants in lieu of incarceration. It is designed to help decrease recidivism. Funding should be provided by AB 109 funds, Prop. 47 funds, and General Funds.

MHSA, the Mental Health Service Act, was never intended to be the main funding source for mental health services in counties. Yet the MHSA is increasingly becoming the main source for many mental health programs that this county has to offer.

Lack of funding has been and still is a great area for concern and improvement. With diminishing Traditional and Realignment funds, the county needs to increase allocation of General Fund Money to the Behavioral Health Department to support existing and needed Mental Health Services.