

## **Overview and Background of Senate Bill 82 Investment in Mental Health Wellness Act of 2013**

### **Introduction**

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 that are expected to lead to improved life outcomes for the persons served and improved system outcomes for mental health and its community partners. Among the objectives cited in the Mental Health Wellness Act of 2013 is “expand access to early intervention and treatment services to improve the client experience, achieve recovery and wellness and reduce costs.” This objective is consistent with the vision and focus for services identified in the MHSA. Improving the client experience, with a focus on recovery and resiliency, in a way that will reduce costs, is the very essence of the MHSA.

Currently not all counties have an array of crisis services specifically intended to divert persons from unnecessary hospitalizations to less restrictive, recovery focused, levels of care. This leaves individuals with little choice but to access an emergency room for assistance which may result in an unnecessary hospitalization. Additionally, this often results in law enforcement personnel needing to stay with persons in an emergency room waiting area until a less intensive and less restrictive level of care can be found. One finding identified in SB 82 is that 70 percent of people taken to emergency rooms for psychiatric evaluation can be stabilized and transferred to a less intensive level of care.

### **Background**

With MHSA funding, the Mental Health Wellness Act of 2013 is intended to increase California’s capacity for client assistance and services in crisis intervention including the availability of crisis triage personnel, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams. Under the terms of the Mental Health Wellness Act of 2013 there will be two competitive grant opportunities. One grant process will be administered by the California Health Facilities Financing Authority (CHFFA), to fund mobile crisis support teams and crisis stabilization and crisis residential programs. The other grant process, administered by the Mental Health Services Oversight and Accountability Commission (MHSOAC or Commission),

provides funding for counties, counties acting jointly and city mental health departments, to hire at least 600 triage personnel statewide to provide intensive case management, which may include Medi-Cal reimbursable targeted case management, and linkage to services for individuals with mental illness or emotional disorders who require crisis interventions. Increasing access to effective outpatient and crisis services provides an opportunity to reduce costs associated with expensive inpatient and emergency room care and to better meet the needs of individuals experiencing a mental health crisis in the least restrictive manner possible.

### **SB 82 Triage Personnel**

Because the term “triage” is generally associated with providing emergency medical care, it seems necessary to explain “triage” as it relates to mental health crisis services and the triage personnel funded through SB 82.

Triage personnel may be the first mental health contact experienced by someone requiring a mental health crisis intervention. At other times, mental health workers that are part of mobile crisis teams will be the first mental health contact for someone in crisis and triage personnel will be the second contact. Triage workers should be focused on providing services and supports that result in individuals being referred to the least restrictive, wellness, resiliency and recovery oriented treatment setting that is appropriate to their needs. It is understood that there will be a wide range of needs among the persons seen by triage workers and those workers would provide a wide range of linkages and services, which may include Medi-Cal reimbursable targeted case management. While some individuals may need hospitalization, others may need a brief, therapeutic intervention where triage staff are available to listen and provide support. It is hoped that the majority of individuals seen will not require hospitalization but can be stabilized and linked to less urgent levels of care.

Triage personnel may provide services anywhere in the community and ideally will be located at various points of access best suited to providing immediate crisis interventions. While some triage personnel may be located at a crisis stabilization or crisis residential program, the intent is not that the triage personnel “staff” these programs. Instead, the triage personnel may be available at these programs to provide immediate support, and triage services that include assessment and evaluation, and referral to an appropriate level of care. Other triage staff may be located in other crisis locations, for example hospital emergency rooms, homeless shelters and/or jails. Increasing the flexibility of how counties may utilize this resource, triage personnel may provide services face-to-face, by telephone, or by telehealth.

Among the specific objectives cited in this legislation are:

**1. Improving the client experience, achieving recovery and wellness, and reducing costs**

The level of engagement between a person experiencing a mental health crisis and persons providing crisis intervention triage services are considered critical to the life outcomes for the individual being served and system outcomes for mental health and its community partners.

Triage personnel funded through these grants should be skilled at engaging persons in crisis in a stabilizing, therapeutic, recovery focused manner. Per SB 82, the Commission shall take into account the use of peer support. Having lived experience with mental illness either as an individual or family member, may be seen as an added qualification for delivering effective service.

**2. Adding triage personnel at various points of access, such as at designated community-based service points, homeless shelters, and clinics**

The availability of triage personnel at various points of access designated throughout the community throughout the day is essential to both improving the client experience and improving timely access to services. Frequently persons experiencing a psychiatric emergency are brought to hospital emergency rooms or homeless shelters because they are the only service settings available after normal business hours. Typically mental health staff are not available in these settings resulting in significant delays before an individual can be seen, assessed and referred for mental health treatment services. How triage staff will be deployed within a county should address gaps in these points of access.

**3. Reducing unnecessary hospitalizations and inpatient days**

Reductions in unnecessary hospitalizations are dependent on the availability of programs that serve as alternatives to hospitalization, such as crisis stabilization and crisis residential programs. As mentioned, one resource to expand these services will be available through the grants administered by CHFFA. Because the triage personnel available through the MHSOAC grants are intended to provide immediate, recovery-focused crisis interventions that divert persons from unnecessary hospitalizations to less restrictive treatment settings, they are an essential component for mental health and community crisis response systems.

#### **4. Reducing recidivism and mitigating unnecessary expenditures of law enforcement**

Reducing recidivism results in:

- preventing the need for additional crisis interventions
- reducing the number of hospitalizations experienced by individuals
- preventing the need for ongoing engagement with law enforcement

Mitigating unnecessary expenditures of law enforcement results in:

- reducing the time law enforcement spends in hospital emergency rooms with someone needing a mental health crisis intervention
- reducing the number of encounters between law enforcement and persons in mental health crisis that result in arrests and jail time

To meet both of these objectives requires collaboration with and participation from partner counties, law enforcement, hospitals, local social networks, mental health and substance use non-profits, foundations and providers of service to various racial, ethnic and cultural groups and low-to-moderate income persons, in developing and delivering services in a community-based, mental health crisis response system.

#### **Information Requested In Grant Proposals**

To meet the objectives of SB 82 requires that counties design crisis intervention services and supports specifically to meet those objectives. Some counties may already have fairly sophisticated crisis response services and yet are challenged by the demand for services. Other counties may be challenged by distance and geography. What works in one county may not work in others. To understand what does work over time, the Commission is seeking in this Request for Application (RFA) specific types of information that will allow for meaningful analysis.

In deciding what information counties should provide in their grant proposals, the RFA seeks basic information necessary to understand how the county intends to implement, operationalize and determine the effectiveness of mental health triage personnel and/or their crisis response system. The RFA also seeks to understand a county's ability to administer an effective service program and the degree to which local agencies and

service providers will support and collaborate with the triage personnel effort. The information requested of counties is integral to understanding the multiple factors that produce or impact effective services in various counties.

## **Conclusion**

As described, creating an effective, mental health crisis response system requires:

- collaboration, planning, and participation from multiple community partners
- having the right resources at the right time (personnel and programs) to address the various issues that present when someone experiences a mental health crisis
- having the ability to be creative in the development of a crisis response system that is effective for the local community

The MHSA offers a promise for a transformed mental health system grounded in the belief that recovery and resiliency focused services benefit everyone. The MHSA acknowledges that transformation of a system requires investments in various components of the mental health and community supports system. Appropriate recovery and resiliency focused crisis services, as envisioned in SB 82, will provide one more transformational element that furthers the goals of the MHSA and the entire public mental health system.