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
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
Tips for Success – Cont.

- House the case manager in law enforcement
- Ensure case manager is available when calls to sheriff are highest (evening and weekend hours)
- Provide ongoing Crisis Intervention Training (CIT) and Crisis De-Escalation/Combat to Community trainings for law enforcement and first responders
  - 120 trained in CIT since 2010
  - 82 trained in Crisis De-Escalation in 2015
Sheriff’s Office
Law Enforcement Calls for Service Response Times

Calls for Service in Calendar Year

2015—5150 W&I =130 Calls
2015—Attempt Suicides= 154 Calls
2015—Confirmed Suicides=18

Repeat Calls for Service

Deputies Not Assigned or Trained to Become Behavioral Health Detectives

Problem Oriented Policing
Flexibility with Position
## Versatility

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Smart Policing

- Reduced Calls for Service into the Sheriff’s 911 Call Center
- Reduced Deputy Responses due to Alternative Triage Response.
- Reduced inmates into the County Jail specifically for those who would be better served via comprehensive and ongoing Mental Health Services.
- Significant Benefit to Law Enforcement
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 (Calaveras is home to 5,400 veterans - 12% of the total population, and more than double the number of veterans living in CA)
Current Program Benefits - Cont.

- 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 repeat crisis calls
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

Limited 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
ED Solutions to System Gaps

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

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 throughout and reduced wait time

Improves patient satisfaction by shifting care to the more appropriate level

Improves outcomes

Reduces acute crisis events
SB 82 Triage Grant Program

SUSAN SELLS
MHSA ADMINISTRATIVE ANALYST

JUSTIFICATION FOR SMALL COUNTY BASELINE FUNDING
Calaveras BHS applied to MHSOAC and received Triage grant in January 2014 for 3 year period for crisis intervention services.

Competed with very large counties in our central region statewide.

As a rural county, our request for 1 triage staff was small compared to requests for up to 25 staff in larger counties.
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.
Recommendation - Cont.

- 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.