



RESIDENTIAL SERVICES

Behavioral Health & Recovery Services
 Michael Wilson, Division Director
 Erin Gray, Residential Services Unit Supervisor

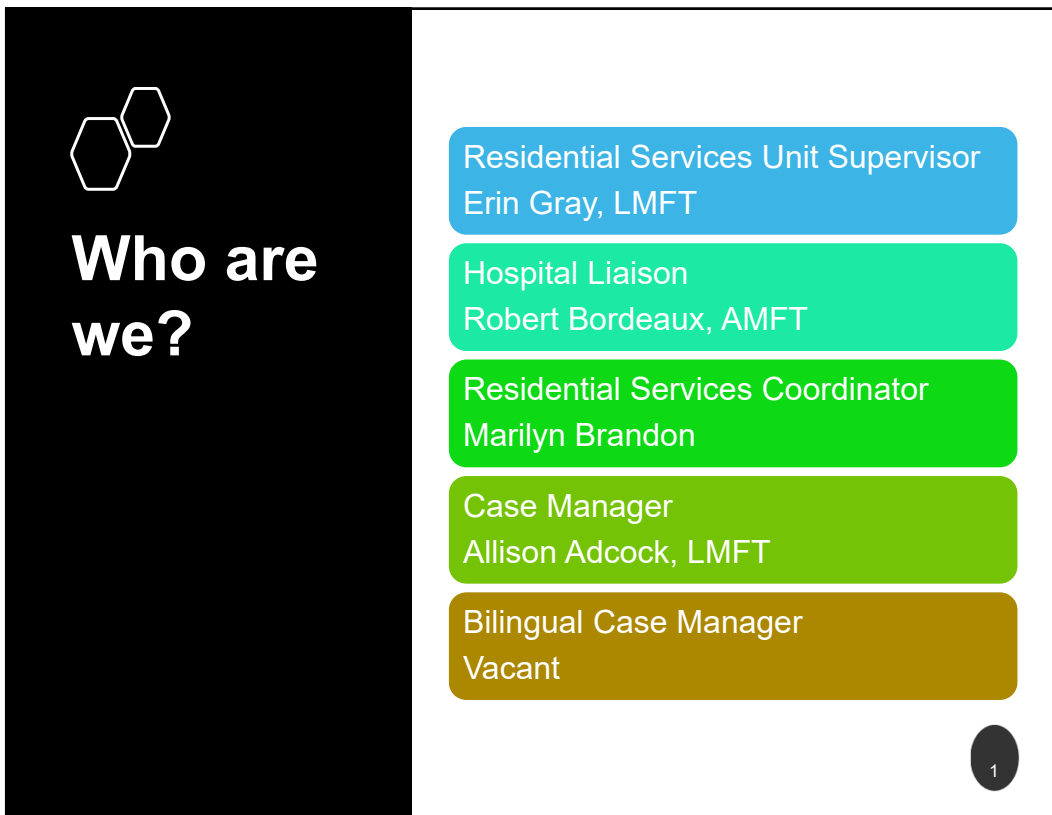
MARIN HEALTH & HUMAN SERVICES
 Health, Well-being & Safety

COUNTY OF MARIN

Behavioral Health and Recovery Services www.marinbhhs.org

Support, Unity, Trust, Excellence

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Who are we?

- Residential Services Unit Supervisor
Erin Gray, LMFT
- Hospital Liaison
Robert Bordeaux, AMFT
- Residential Services Coordinator
Marilyn Brandon
- Case Manager
Allison Adcock, LMFT
- Bilingual Case Manager
Vacant

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How do client's get to residential services?

- Starts with an application for conservatorship which almost always involves an inpatient stay, often multiple stays.
- Once a conservatorship is applied for (resulting in a temporary conservatorship [T-Con]), Residential Services provides a list of approved facilities for referral to the inpatient unit.
- Once admitted to treatment facility, Residential Services case management begin working with client.
- Have built a very good working relationship with Unit A team (the main inpatient unit) and make collaborative decisions about discharge planning and the potential need for a T-Con.

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Residential Services: Guiding Principles

We believe that every person we see, no matter their history, deserves to be treated with respect and kindness.

We believe that recovery is possible and that it looks different for everyone and we strive to create individualized plans to harness their strengths and address barriers to step down to a lower level of care.

We believe in giving chances at a Lower Level of Care (LLOC). Many of the people we work with surprise us!

We believe in finding the least restrictive environment for each person to best meet their needs.

We strive to get as many people back to Marin as we can.

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Definitions

- IMD – Institute for Mental Disease is a locked psychiatric facility and includes Psychiatric Health Facilities (PHF), Mental Health Rehabilitation Centers (MHRC) and Skilled Nursing Facilities / Special Treatment Program (SNF/STP).
- EB&C – Enhanced Board and Care is an unlocked treatment facility which provides support and monitoring with in the community. EB&C's administer meds but not if the client refuses.
- T-Con – Temporary Conservatorship which is applied for by a treating psychiatrist and is used prior to being put on an LPS conservatorship
- LPS - Lanterman-Petris-Short Act. The section of the law which regulates involuntary treatment: "5150" 72 hour holds, 14 day certifications, temporary conservatorships, conservatorships, and more.
- PGO – Public Guardian's Office – The office responsible for managing and protection the person and/or assets of an individual who has been found gravely disabled or is unable to manage his or her own affairs.

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Who is the Public Guardians Office and what is their role?

Public Guardian's Office (PGO)

- The PGO is the entity that assumes responsibility for person when placed on conservatorship. They are the decision maker, can place conservatees into treatment facilities, and approve of med changes. In most cases they manage the person's finances.
- Residential Services and PGO work closely together and are in contact daily.
- A standing monthly meeting is held to discuss upcoming renewals, new applications, and discuss plans for people on conservatorship.



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Residential Services: Who do we serve and what do we do?

We serve adults ages 18+ who have Marin County Medi-Cal, low income, uninsured.

Clients who have been deemed gravely disabled by a psychiatrist and placed on a LPS conservatorship (t-con or permanent).

Clients are placed in either an IMD or B&C setting depending on their level of need.

We work with client and facility to identify barriers to stepping down and address those barriers to get client to the least restrictive environment to meet their needs.

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Where do clients go for treatment and support?



State Hospitals
(Atascadero, Coalinga, Metropolitan, Napa, Patton, Sacramento)



Skilled Nursing Facilities
(Creekside, Morton Baker,...)



Mental Health Rehabilitation Center
(California Psychiatric Transitions, Crestwoods, Creekside, Canyon Manor...)



Enhanced Board & Cares
(American River, Davis Guest Home, EverWell, Idylwood, Psynergy...)



Residential Care Facilities
(St. Michael's, Golden Home, All Saints...)



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Where are facilities located?

Most facilities are located out of county.

1 IMD in Novato – Canyon Manor;
Creekside in Santa Rosa is next closest.

No Enhanced Board & Cares in Marin
County.

Majority of clients on conservatorship will
spend at least some time out of county.

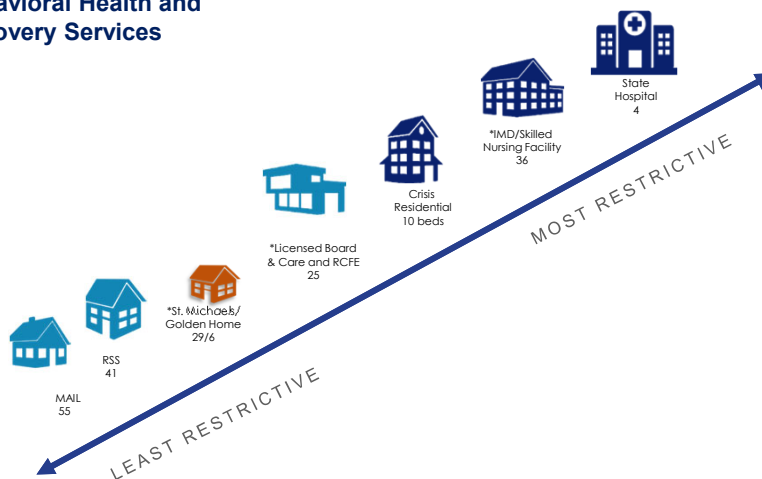
No more “mom and pop” Board and Cares
due to costs.

Tried to contract with local Board and Cares
but county insurance requirements were
prohibited.

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County of Marin Behavioral Health and Recovery Services



1/3/2022

*Residential Services Budget only pays daily patch for St. Michaels/Golden Home, Board and Care/RCFE, and IMD/SNF.

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Budget since 2016

FY 2016/2017 - \$3,810,211

FY 2017/2018 - \$6,020,046

FY 2018/2019 - \$6,174,597

FY 2019/2020 - \$7,050,585 (\$6,289,585)

FY 2020/2021 - \$7,491,473 (\$6,616,289)

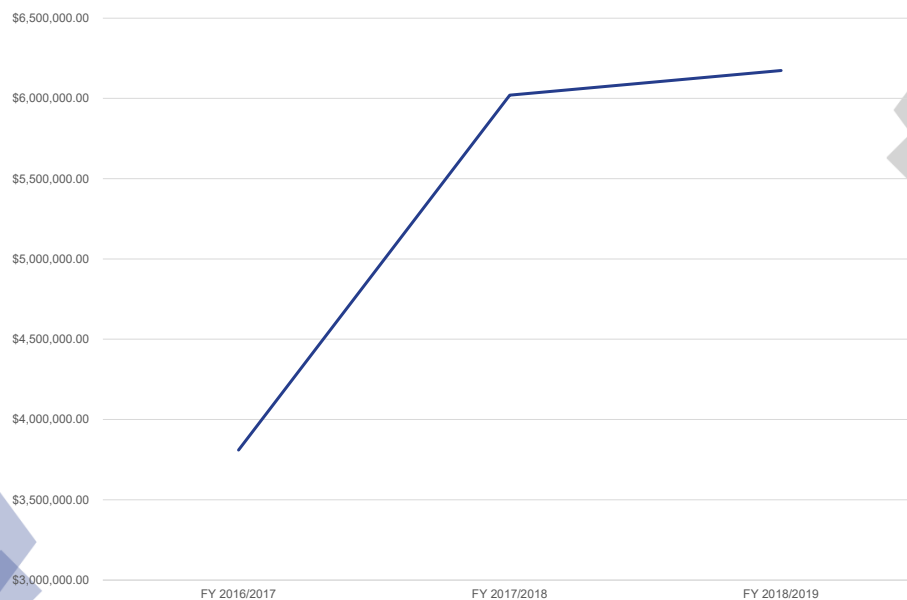
FY 2021/2022 *so far* - \$3,368,700 (\$2,788,019)

**Overall County Cost (Behavioral Health Cost)*



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BUDGET 2016 - 2019




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Why increase in budget?







Higher demand for beds than supply.



Rate increases each year. If we do not agree to rate, they will ask us to move our clients out of facilities.



Facilities are private entities and have discretion over who they accept and who they do not.



Some of our step-down facilities have a higher daily rate than a MHRC and the EB&C level of care is often the least restrictive level of care to meet many of the needs of those we serve.

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What has changed since Covid?

- Staff are not going to facilities to visit clients. Staff are not going to Unit A or Casa Rene for weekly meetings.
- Utilizing teleconference/telehealth calls for Interdisciplinary Team meetings, assessing client's progress and to provide support to clients and facility staff.
- Using telehealth to conduct Placement Meetings.
- Facilities are not allowing any visitors (including case managers) into facilities aside from essential workers.
- Our team is totally telecommuting aside from Motel Shifts and CSU shifts.
- Increased rate of COVID cases amongst staff and clients at some of our contracted facilities.
- Some facilities not able to accept new admits to keep isolation beds, COVID in their facility. More stringent requirements accepting clients related to COVID.

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Step Downs since August 2018

94 total step downs
32 stepped down from IMD to EB&C
14 Stepped down to an RCFE
10 Required Skilled Nursing Facility
29 Stepped down to the RSS
6 Stepped down to other community-based services
10 went home to family
Out of the 94, 23 did not make it at LLOC and needed to be stepped back up.

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Questions?



Thank you!

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