MARIN BEHAVIORAL HEALTH AND RECOVERY SERVICES – Department Update

PRESENTED BY: SUZANNE TAVANO, PHD
BEHAVIORAL HEALTH AND RECOVERY SERVICES DIRECTOR
MARIN COUNTY HEALTH AND HUMAN SERVICES

June 20, 2016
Who We Serve

• All Marin Residents
  o Psychiatric Emergency Services: 1,253
  o Community Crisis Response Teams: 754
  o Prevention Services: 10,063
• Safety Net Population (17%)
  o Mental Health: 3,036
  o Substance Use Services: 1,751
• Key Partners
  o Marin General Hospital, Cities/Towns, Partnership Health Plan, Justice System/Law Enforcement
  o Contractors (Buckelew Programs, Seneca Family of Agencies, Sunny Hills Services, Community Action Marin, Mental Health Association San Francisco, Housing Authority, Homeward Bound)
  o Federally Qualified Health Centers (Marin Community Clinics, Ritter Center, Marin City Health and Wellness, Coastal Health Alliance)
Expanding Capacity to Better Serve the Community

Focus on:
• Full Service Partnership Expansion
• Residential Treatment Bed Increase
• Psychiatric Emergency Services Improvements
• Community Crisis Response Teams Implementation
• Potential AB 1421 Eligible Population Update
• Substance Use Treatment Integration and Expansion
Doing “Whatever It Takes”

FULL SERVICE PARTNERSHIPS

• 282 consumers served FY2015/16
  o Five Full Service Partnerships now fully staffed
    ▪ Two additional BOS-approved positions in recruitment
    ▪ New positions will increase Full Service Partnership capacity by 30 treatment slots
    ▪ New clinic site opening in Novato to house Full Service Partnership teams
  o Thirty Seven (37) new consumers entered Full Service Partnership services since February 2016

Consumers served FY2015-16

New Consumers entered Full Service Partnership services since Feb. 2016
Support and Treatment After Release (STAR) Outcomes - Residential Status

**FULL SERVICE PARTNERSHIPS**

- **N=54**
- Increased housing
  - 1,973 days homeless
- Increased community living
  - 2,072 days incarcerated
- Increased outpatient treatment
  - 294 days hospitalization

---

**Graph:**

- **Homelessness:**
  - Pre Treatment: 2,125
  - 1st Treatment Year: 152

- **Incarceration:**
  - Pre Treatment: 728
  - 1st Treatment Year: 418

- **Hospitalization:**
  - Pre Treatment: 124
  - 1st Treatment Year: 124

---

Health and Human Services
Marin Behavioral Health and Recovery Services
June 20, 2016
marinhhs.org
Support and Treatment After Release (STAR) Outcomes – Emergency Events

**FULL SERVICE PARTNERSHIPS**

- N=54
- Fewer arrests
  - 87% decrease
- Fewer mental health (MH) emergencies
  - 73% decrease

![Bar Chart]

- Pre Treatment
- 1st Treatment Year

- Arrest: Pre Treatment = 75, 1st Treatment Year = 10
- MH Emergency: Pre Treatment = 75, 1st Treatment Year = 33
Residential Services Summary

- Marin Behavioral Health and Recovery Services provides Residential Services to an average of 570 clients per day
  - Mental Health residential services (n = 473):
    - Range from temporary shelter to board and care placements to permanent independent housing
  - Substance Use residential services (n = 97):
    - Range from sober living environments to intensive treatment settings
Residential Treatment Expansion

• Goal: Add 75 residential placements to impact homelessness among consumers
  • Contracting with Progress Foundation for a 10-12 bed Adult Transitional Housing Program
    • Progress Foundation seeking Marin property to purchase
  • We are negotiating to secure 10-12 additional beds in residential facilities across Northern California
• Chronic Alcohol with Justice Involvement:
  • Three-year pilot jail diversion project
    • One-year independent transitional housing with supportive services
    • Individuals with 6+ alcohol-related criminal justice contacts within 12 months
    • Ten clients admitted since program initiation
“No Place Like Home” AB 1618

- Goal: Statewide, 10,000-14,000 new units of permanent supportive housing for homeless people with mental illness
- Mechanism: $2 billion revenue bond, to be repaid over 20 years from Mental Health Services Act revenue
- Funding awarded to counties through a competitive process
  - Potential benefits: Statewide, more housing for people with mental illness
  - Potential risks to Marin
    - Unlikely we will be competitive to receive funding due to our relatively low homeless rate and lack of housing developments
    - Loss of MHSA-funded services: potential loss of up to $600,000/annually
    - Losses may be greater if Mental Health Services Act dollars decline with an economic downturn
  - Department leadership engaged with political leaders and coalitions to address concerns about bill
Psychiatric Emergency Services

FY2015-16

• Stabilized and strengthened staffing to improve care
• Awarded $946,000 State grant to redesign PES, improving safety, capacity and therapeutic environment
• Provided more comprehensive observation and stabilization period to all admitted individuals
• Ongoing critical shortfall of inpatient psychiatric beds
  o Estimate five more inpatient beds/day needed to meet needs of Medi-Cal clients
  o Expanded use of psychiatric hospitals to include the Greater Bay Area, Sacramento and Central Valley facilities as needed
Payer Source FY2015-16

PSYCHIATRIC EMERGENCY SERVICES N = 1,253

- 54% Medi-Cal
- 32% Other Insurance
- 10% None
- 4% Kaiser
Adult Admissions FY2015-16

PSYCHIATRIC EMERGENCY SERVICES N = 1,143

- Involuntary Hold: 60%
- Voluntary: 37%
- Conservatorship: 3%

Health and Human Services
Marin Behavioral Health and Recovery Services
June 20, 2016
marinhhs.org
Adult Dispositions FY2015-16

Psychiatric Emergency Services N = 1,143

- Psychiatric Hospital: 34%
- Returned to Community with Referrals: 6%
- Crisis Residential Program: 11%
- Substance Use Treatment/12 Step: 10%
- Other: 10%
- Other: 10%
- Other: 10%
Reaching Out: Three New Teams

RESPONDING TO THE COMMUNITY

Transition Team
Short-term (60 day) case management to stabilize and connect individuals with ongoing services

Mobile Crisis Response Team
Responds to mental health/substance use crises in the community seven days/week

Outreach & Engagement Team
Supportive outreach to individuals not engaged in services and to their families/friends
Impact of the Three New Teams

COMMUNITY CRISIS RESPONSE TEAMS

- Majority of contacts initiated by Family/Friends and Law Enforcement
- Reduced use of acute and crisis services (hospital, PES, detoxification) and increased use of planned services (medication support, case management and FSP)

754
Individuals treated by the three teams

2,659
Services provided in FY2015-16 by the three teams
Providing Assistance Throughout Marin

MOBILE CRISIS RESPONSE TEAM N = 373, SERVICES = 741

- San Rafael: 38%
- Novato: 25%
- Mill Valley: 12%
- Greenbrae: 7%
- Other/Unknown: 18%

COUNTY OF MARIN
Health and Human Services
Marin Behavioral Health and Recovery Services
June 20, 2016
marinhhs.org
Responding to the Community

MOBILE CRISIS RESPONSE TEAM N = 373, SERVICES = 741

- Family & Friends: 30%
- Law Enforcement: 18%
- MHBRS: 16%
- Other: 16%
- Self: 16%
- Primary Care Clinics: 6%
Engaging the Unengaged

OUTREACH AND ENGAGEMENT N = 142, SERVICES = 437

- MBHRS: 48%
- Community Clinic: 19%
- Family/Friends: 13%
- Other: 12%
- Housing Authority: 8%
Reducing Crises

TRANSITION TEAM N = 239, SERVICES = 1481

One Month Before and After Contact

- Psychiatric Emergency Services: 72
- Casa Rene: 24
- Hospital: 36
- Substance Use Detox: 7
- Other: 17
- Other: 2

Health and Human Services
Marin Behavioral Health and Recovery Services
June 20, 2016
marinhhs.org
Increasing Stability

**TRANSITION TEAM N = 239, SERVICES = 1481**

- Enrollment in Case Management and Full Service Partnerships tripled within 90 days of service initiation.

![Pie chart showing the distribution of referrals](image)

- Mental Health Services: 51%
- Housing Services: 36%
- Other Services: 13%

Referrals (n = 685)
Homeless Outreach Team (HOT)

A NEW COLLABORATIVE EFFORT

Example of F.D.:

- HOT Team engaged a homeless adult (F.D.) who had been averaging one contact/week with law enforcement for nine months
- After an arrest in February, 2016, HOT helped negotiate F.D.’s entry into STAR Court
- HOT advocated with Marin Housing to waive usual protocols and assign F.D. a Shelter Plus Care voucher
- HOT secured a placement for F.D. in a sober living environment and is supplementing the STAR Court case management to support F.D.’s continued stability
- SRPD reports no further engagements with F.D.
Recommendation to BOS 2/16 re AB 1421

• Do not adopt AB 1421 at this time
  o Insufficient evidence of added value
  o Few people would be eligible
• Expand system capacity and evidence-based programs that will help more people and improve the system of care
• Re-assess AB 1421 adoption in response to:
  o Any emerging scientific data regarding efficacy
  o Data from other counties implementing AB 1421
  o Other emerging relevant factors
AB 1421 Update

• **Mobile Community Crisis Response Teams are identifying and engaging persons with complex needs.**

• **Our evidence-based Full Service Partnership Teams are effectively providing treatment to these individuals.**
  - We follow up on all referrals from family members regarding individuals they believe would meet the criteria for AB 1421
  - After contacting these individuals and reviewing their history, we find they are engaged in services and would not meet eligibility requirements

• Using crisis and hospitalization data, we identified a total of four people who appeared not to be service connected and to possibly qualify for AB 1421. On further analysis, they would not be eligible:
  - One lives out of county
  - One receives psychiatry services from a community provider
  - Two receive county services after contact from the Mobile Teams
If you or a loved one is in need... Help is Available 24/7

OUR 3 CRISIS TEAMS HAVE RESPONDED TO CALLS FROM 250+ FAMILY AND FRIENDS

Marin Behavioral Health and Recovery Services Access Line
(888) 818-1115

Psychiatric Emergency Services
(415) 473-6666

Mobile Crisis Response Team
(1 pm - 9 pm/7 days a week)
(415) 473-6392

www.marinhhs.org/mhsus
Expanding Treatment Services

**SUBSTANCE USE SERVICES**

- Marin is participating in a Drug Medi-Cal Organized Delivery System pilot for counties to demonstrate
  - Improved care
  - Better outcomes
  - Decreased costs
- Expands access to and Medi-Cal reimbursement for: Residential, Detoxification, Medication Assisted Treatment, Case Management, Physician Consultation and Recovery Services
- Marin Implementation Plan approval expected this Summer

- New programs in implementation:
  - Specialized outpatient treatments (Spanish language, gender specific, adolescent)
  - Outpatient and Medication Assisted Treatment for Opiate Dependence
  - Recovery Coach/Care Manager services
  - Intervention services for older adults
Increasing Services and Funding

Admissions to Substance Use Treatment

<table>
<thead>
<tr>
<th>Year</th>
<th>CY 2012</th>
<th>CY 2013</th>
<th>CY 2014</th>
<th>CY 2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>Uninsured</td>
<td>844</td>
<td>1,116</td>
<td>705</td>
<td>532</td>
</tr>
<tr>
<td>Medi-Cal Beneficiary</td>
<td>447</td>
<td>386</td>
<td>900</td>
<td>1,219</td>
</tr>
</tbody>
</table>

Source: Marin WITS
Building an Integrated, Evidence-based System

- Building multi-disciplinary Case Management Teams to support seamless, scaleable and cost-effective delivery of integrated mental health and substance services.
- Launching first county-operated outpatient treatment program to address co-occurring substance use and mental health disorders
- Recruiting first Board-Certified Addiction Medicine Specialist
Thank You