Seeking Board Guidance

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Repeal/Replace of Affordable Care Act

GOP PROPOSED “AMERICAN HEALTH CARE ACT”

- Repeals Medicaid expansion option (covering adults below 138% federal poverty level) and enhanced federal match dollars
- Repeals “essential health benefits” requirement for Medicaid to provide the same as commercial plans
- Repeals access to Medicaid for those without proof of citizenship or lawful presence
- Transition to a “per capita” allotment
  - Imposes per enrollee limits on federal payments to states
  - Uses state’s FY2016 spending as base year to set targeted spending
  - Any state with spending higher than specified targeted aggregate amount would receive reductions to Medicaid funding for the following year
AB 1421 Overview

KEY ELIGIBILITY CRITERIA

- **History**
  - Aged 18+
  - 2+ Psychiatric hospitalizations / past 36 months - or -
  - 1+ serious acts of violence / past 48 months

- **Clinical Determination**
  - Serious Mental Illness
  - Condition Substantially deteriorating
  - Declines voluntary treatment
  - Unlikely to survive in community without supervision
  - AOT would be least restrictive setting
  - Will likely benefit from AOT

- **AOT Services**
  - Intensive client care provided by multidisciplinary team
  - Court order for treatment, but cannot compel compliance
  - Housing assistance
  - Medication cannot be provided involuntarily
## AB 1421 Experience

<table>
<thead>
<tr>
<th>Area</th>
<th>Duration</th>
<th>Referrals</th>
<th>AOT Court Orders</th>
<th>Adversarial Hearings</th>
<th>Voluntary Services</th>
<th>Petitions</th>
<th>Court Orders</th>
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<td>30</td>
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<td>16</td>
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<td></td>
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<td>AOT court orders</td>
<td>adversarial hearings</td>
<td>accepted voluntary services</td>
<td>petitions</td>
<td>court orders</td>
</tr>
<tr>
<td>Orange</td>
<td>12 months</td>
<td>389</td>
<td>126</td>
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<td>16</td>
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<tr>
<td></td>
<td></td>
<td>referrals</td>
<td>accepted voluntary services</td>
<td>petitions</td>
<td>court orders</td>
<td>refused treatment despite court order</td>
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</tbody>
</table>
Community Crisis Response Teams

- Transitions: Short term case management to help avoid or resolve a psychiatric crisis
- Mobile Crisis: Mobile response to acute crises in the community in coordination with law enforcement.
  - 80% of the Mobile Crisis Response Team contacts initiated by community members
- Outreach and Engagement: Outreach and support to individuals not willing to engage in treatment, and to their families

1,311 Individuals Served

5,290 Services Provided
Expanding Residential Care

75 more beds needed

- 12 Person Transitional Residential Facility
- Structured therapeutic setting
- Supports persons returning to the community
Crisis Stabilization Unit Admissions

INCREASING ADMISSIONS / CLIENTS

Admissions

- CY2014: 1154
- CY2015: 1260
- CY2016: 1529

Graph showing increasing admissions from CY2014 to CY2016.
Improving Crisis Care

CRISIS STABILIZATION AND CRISIS RESIDENTIAL

• Expanding on-site weekend physician coverage
  o Contract to stabilize and expand MD coverage

• Improving the care environment: Crisis Stabilization Unit remodel
  o Doubles bed capacity from five to ten
  o Improves client and staff safety

• Supporting legislation to allow flexibility in duration of Crisis Stabilization Unit stays
  o AB 1372 sponsored by Assemblyperson Levine

• Improving care transitions
  o Evening/weekend admissions to next level of residential care

• Improving access to acute inpatient psychiatric care
  o Marin-Sonoma County collaborative to explore a facility for Medi-Cal Beneficiaries

• Access on Demand
  o Walk In Access 3 days/week
  o Increase of 66% over last two years
Strengthening Services in County Jail
A Cross-Department Collaboration

• Expedited treatment to restore competency
  o Evaluation and treatment of persons with misdemeanor charges found incompetent to stand trial

• Expedited access to acute behavioral health care
  o Created and implemented a protocol to obtain conditional release of jail inmates in need of psychiatric hospitalization

• Joined Stepping Up Initiative
  o National initiative for improved treatment of persons in the justice system

• Improved access to intensive treatment for inmates
  o Contracted for psychiatric treatment in a secure forensic unit
Expanding Substance Use Services

DRUG MEDI-CAL WAIVER

• Expanding access to/ federal reimbursement for substance use services not currently covered by Medi-Cal

• Enhanced Continuum of Services includes:
  - Outpatient Treatment (General and Intensive)
  - Case Management
  - Medication Assisted Treatment
  - Recovery Services
  - Withdrawal management (at least one level)
  - Residential Treatment (any size)
  - Physician Consultation

• Expanded services begin Monday, April 3, 2017
Integrated Mental Health and Substance Use Care

- Road to Recovery Clinic
  - Outpatient Treatment for adults with complex co-occurring substance use disorders and Serious Mental Illness
  - Services include individual and group counseling, case management, and care coordination with mental health, primary care and other ancillary service providers
  - Opened: November, 2016
  - 47 clients to date
Addiction Medicine

EXPANDING MEDICATION ASSISTED TREATMENT

• Hired Chief of Addiction Services
  o Specializes in substance use disorder treatment

• Opiate addiction:
  o Created model for efficient referrals and management of individuals with opioid addiction
  o Supporting providers to obtain certification to prescribe Suboxone
  o Providing training for law enforcement to administer inhalant Narcan
  o Providing Narcan for individuals at high risk for overdose upon release from jail custody

• Alcohol Addiction:
  o Initiating Vivitrol use in Marin County Jail
  o Supporting Vivitrol treatment implementation at community clinics
  o HHS lead in county-wide stakeholder process to determine best practices to treat chronic inebriates
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