

PLACER COUNTY MENTAL HEALTH, ALCOHOL AND DRUG ADVISORY BOARD

REPRESENTATION

List of the Board:

Lisa Cataldo (*Chairperson*)
Geoff McLennan (*Vice-Chairperson*)
Marty Giffin (*Treasurer*)
Jim Holmes (*Board of Supervisors Representative*)

Claire Buckley
Joanna Jullien
Laura Sanchez
Todd Henry

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The Placer County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is submitting this Fiscal Year 2020-2021 Annual Report to the Placer County Board of Supervisors as required by Welfare and Institutions Code (5604.2).

I. INTRODUCTION

The goal of this annual report is to provide a summary of the Placer County Mental Health, Alcohol and Drug Advisory Board activities during the past fiscal year. The Fiscal Year (FY) 2020-2021 Board goals are listed below for quick reference. The *Board Overview* section (next) provides a description of the Board itself, its mission, composition, roles, and responsibilities. The body of the document includes FY 2020-2021 *Committee Annual Reports*, providing descriptions of *Goals, Findings, and Status* for each activity. Finally, a summary of accomplishments is listed for review and the new list of goals for the upcoming year.

FISCAL YEAR 2020-2021 BOARD GOALS, Governance, and Oversight.

Executive Committee

- ✓ Improving Outreach, Communication, and Attendance at Board Committee Meetings
- ✓ Researching Town Halls
- ✓ Collaboration and Outreach to Community Providers
- ✓ Crisis Center Research

Alcohol and Other Drug Committee

- ✓ Increase Visibility and Attendance at Committee Meetings
- ✓ Review Substance Use Addiction Prevention and Treatments with a Special Emphasis on Access to Treatment

Children's Services Committee

- ✓ Review and Monitor the Legislative Reforms in Child Welfare, Behavioral Health Care, and Juvenile Probation.
- ✓ Monitor Development, Implementation, and Outcomes for the Wellness Centers in Placer County Funded Programs Through MHOAC SB82 and MHSA
- ✓ Monitor Implementation and Outcomes of the Family Mobile Team (PMT) Co-located with Roseville Police Department Through MHOAC SB82 Mobile Crisis Triage Grant
- ✓ Educate for Understanding of "Hidden" Foster Care
- ✓ Continue to Receive Training from Service Providers for Education about the Behavioral Health System and Functioning

Adult Services Committee

- ✓ Evaluate Current Assisted Outpatient Treatment (AOT) Services and LPS Conservatorship Processes
- ✓ Evaluate Current Mental Health Crisis Continuum of Care
- ✓ Evaluate Recent Legislation and Make Recommendations on Implementation

II. BOARD OVERVIEW

MISSION STATEMENT

The mission of the Placer County Mental Health, Alcohol and Drug Advisory Board (MHADAB) is to promote citizen, consumer, and peer participation in planning, providing, and evaluating the System of Care; assist in establishing measurable client and system outcomes; review and make recommendations to the annual performance contracts; and advise the Directors of the System of Care, Health and Human Services, and the Board of Supervisors on issues relevant to the provision of behavioral health services to priority populations. We encourage diversity and inclusiveness in all that we do.

GUIDING PRINCIPLES

The Placer County Mental Health, Alcohol and Drug Advisory Board shall be guided by the following principles:

- ✓ Promote services and programs (within the family and culture) utilizing a client-centered approach.
- ✓ Prioritize resources for those most in need of services.
- ✓ Promote services and programs that are community-based and coordinated with child and adult service systems (e.g., schools, social services, health, juvenile justice, law enforcement, etc.).
- ✓ Promote services provided in the least restrictive, clinically appropriate environment.
- ✓ Foster public/private partnerships and collaboration to improve service delivery and availability.
- ✓ Enhance the quality and cost-effectiveness of services by establishing measures of performance focusing on individuals receiving services, family members, and the entities delivering services.
- ✓ Provide leadership in education, prevention, early identification, and advocacy, with community and consumer participation and collaboration.
- ✓ Board members shall engage in other mental wellness efforts such as the Campaign for Community Wellness (CCW), local and community events, to assure adequate training and outreach of the MSHA processes.

RESPONSIBILITIES

The foremost role of the MHADAB is to review and evaluate the community's mental health and substance use needs, services, facilities, and special problems. To accomplish this task, the Board conducts monthly meetings at two locations: Auburn and Roseville, to facilitate reviews, receive staff reports, and solicit community input including guest speakers from diverse viewpoints. The regular monthly meeting is usually held on the fourth Monday of each month. Also, the Board holds monthly committee meetings and a yearly retreat to review work and develop plans for the coming fiscal year. Specifically, the MHADAB responsibilities are defined in Welfare and Institutions Code Section 5604.2 as follows:

5604.2(a) Local mental health Board shall do all of the following:

- (1) Review and evaluate the community's mental health needs, services, facilities, and special problems.
- (2) Review any county agreements entered into pursuant to Section 5650.
- (3) Advise the governing body and the local mental health director as to any aspect of the local mental health program.
- (4) Review and approve the procedures used to ensure citizen and professional involvement at all stages of the planning process.

- (5) Submit an annual report to the governing body on the needs and performance of the county's mental health system.
- (6) Review and make recommendations on applicants for the appointment of a local director of mental health services. The Board shall be included in the selection process prior to the vote of the governing body.
- (7) Review and comment on the county's performance outcome data and communicate its findings to the California Mental Health Planning Council.
- (8) Nothing in this part shall be construed to limit the ability of the governing body to transfer additional duties or authority to a mental health Board. 5604.2(b) It is the intent of the Legislature that, as part of its duties pursuant to subdivision (a), the Board shall assess the impact of the realignment of services from the state to the county on services delivered to clients and in the local community. (Amended by Statute 1993, Ch. 564. Sec. 3. Effective January 1, 1994.)

BOARD COMPOSITION

The MHADAB promotes citizen and consumer participation in planning, providing, and evaluating mental health and substance-use-disorder services in Placer County, and is comprised of consumers and peer and family members who are receiving or have received mental health, alcohol, or drug services. Also, the Board includes individuals who have experience and knowledge in mental health, alcohol, and drug systems of care, including expert county staff. The Board carries out its duties with the guidance from its *Executive Committee* and working committees. Both Board members and community volunteers serve on the following committees and committees: *Alcohol and Other Drug Committee, Children's Services Committee, and Adult Services Committee*. Each of these committees' reviews quality improvement and compliance components related to the services within their scope of work and holds monthly meetings for community input. The next section details the work of each of these committees in FY 2019-2020.

III. EXECUTIVE COMMITTEE

Chairperson's Corner, Lisa Cataldo

The past year was memorable as we further engaged the community, families, and staff on how to improve the customer experience in mental healthcare until the COVID-19 pandemic grossly impacted our communities of care in March 2020. The pandemic continues to be a notable change to our operations and the county's health systems of care (children and adults) as we are largely separated from people except by virtual and electronic means such as Zoom meetings. This continues to be a cultural change to the MHADAB and may bring permanent change to county mental health care programs, particularly as we follow and wait for directions from the Governor and his related agencies such as the State's Department of Health Care Services. Questions remain as to how mental health care services will change in the face of restricted human contact; socialization is a basic tenet in mental health and electronic means of treatment are yet to be proven in all health care settings, especially mental health care.

We said goodbye to many board members who left us including Brandy Baggett, Linda Leighton, and Dr. Jessica Del Pozo. We welcomed new board members including Laura Sanchez and Todd Henry from law enforcement. We garnered three new chairpersons including Laura Sanchez on the Adult Services Committee, a vacancy still on the Alcohol and Drug Committee, and Dr. Marty Giffin on the Children's Services Committee.

A highlight of the MHADAB's efforts, we were successful in nominating Kathie Denton-Williamson for her excellent work in mental health and homelessness and related social services. The Sacramento Chapter, American Society for Public Administration, agreed and awarded Kathie the award for *Ross Clayton Lifetime Distinguished Public Service*. The board is most humbled to have recognized Kathie and wishes her all the best in retirement!

A new staff expert who guides the board on MHSA activities is Sue Compton and has been very helpful in guiding us. Particularly her efforts with writing the innovations grant through MHSA to help partially fund a new pilot project for a 24/7 Crisis center," at the Cirby Hills Center in Roseville. This achievement was a board goal from last year and hopefully will help families and clients resolve crisis care at great savings and more comfort in a mental health setting. Local crisis care centers will be a critical component of the 9-8-8 call system effectiveness. Recent news from the legislature is that implementing legislation for 9-8-8 known as AB-988 was not enacted this year; this brings concern as counties and stakeholders such as law enforcement need a law in place as federal, state, and local funding to implement the crisis care calling network and system training will go to states already in compliance with the federal mandate.

The board also wishes to recognize all staff of the Health & Human Services (HHS) as we depend on their support and fine work.

We are aware of possible mental health policy changes coming from the State of California and Federal Government in the coming months, such as the new 9-8-8 Mental Health Crisis Hotline, and look forward to serving our communities with care, passion, and concern.

A. Improving Outreach, Communication, and Attendance at Board Committee Meetings

Goal: Improving Outreach, Communication, and Attendance at Board Committee Meetings

Findings: Outreach with an agenda to all committee stakeholders, nonprofits, advocates, peers, and more. Collaboration with staff and managers about subject matter support and a robust agenda effort.

Forward-thinking outreach to all citizens, advocates, and consumers. Rather than posting an online notice, we need to improve our meeting notices with a more aggressive outreach. Suggestions include active online postings on all social media platforms, any free advertising in local media including television and radio, and outreach help from elected and appointed officials including MHADAB board members.

Status: The continuing Covid Pandemic has largely prevented in-person community outreach. Although online and virtual efforts were not successful, the flood of online work has affected most organizations. We will continue to solicit new ideas from community members and organizations to improve outreach, attendance, and communication at our meetings. It is hoped that the pandemic will lessen in 2022 and the board can revisit this goal in 2022.

B. Researching Town Halls

Goal: Researching Town Halls

Findings: The board discussed and researched what town halls may consist of.

Considering COVID the board expressed their desire to move forward with a small group of board members to obtain community input and information on behavioral health topics before forming a town hall; it is uncertain when the Covid pandemic will lessen.

Status: The board will continue to research what other counties have done to answer questions from members of the public regarding our mental health board. We may consider attending other related town hall meetings that meet our needs, such as nonprofits and county HHS events.

C. Collaboration and Outreach to Community Providers

Goal: Collaboration and Outreach to Community Providers

Findings: The board collaborated with groups that provide services to the community. The board focused on specific topics such as substance use and behavioral health to gain community feedback on these issues. Direct contact with community stakeholders such as the Latin Leadership Council was maintained by some board members. It is anticipated that the pandemic will lessen, and the board can attend community events in person.

Status: Continue to collaborate with outside agencies to create a continuum of services for our clients.

D. Crisis Center Research

Goal: Crisis Center Research

Findings: Staff and the board collaborated in evaluating alternative sites and funding. With Board input, staff was able to obtain funding to complete a small, six-bed crisis center at the Cirby Center in Roseville. Private funding was obtained. Staff filed for MHSA Innovations Plan with the MHSOAC that was approved for \$2.7M. The pilot crisis/calming center will open in early 2022.

Status: The board clearly showed an ability to collaborate with HHS staff to locate and fund a site. Credit is due to staff and HHS leadership to complete this project in a short time. This will have a positive impact on clients and families in a mental health crisis and save all stakeholders the added costs that alternative responses create, such as ERs and jail stays. Congratulations to all.

Respectfully submitted by the: MHADAB Executive Committee members

ALCOHOL AND OTHER DRUG COMMITTEE REPORT

A. Increase Visibility and Attendance at Committee Meetings

Goal: Conduct community and program outreach to increase the visibility of the Alcohol and Other Drug Committee (AOD) and promote its work.

Findings: A new member of the MHADAB committee accepted the appointment as chair of the AOD subcommittee part way through this reporting period. There followed a period of outreach, which included members of the committee attending Placer County's monthly Substance Use Disorder (SUD) providers meeting to discuss committee goals and invite participation. Additionally, training with staff and community partners to gain a better understanding of substance use issues and programs in and around Placer County continued to occur. As a means of defining and focusing the work of the AOD committee, we reaffirmed the existing mission statement.

Mission Statement:

- *The Alcohol and Other Drug Committee advises the Placer County Mental Health Alcohol and Drug Advisory Board on policies and goals of County substance use services and programs.*
- *Participates in the county-wide substance use program planning process.*
- *Provides recommendations regarding substance use program-related matters.*
- *Reviews the scope of substance use programs in County-funded agencies/departments and the Placer community at large.*
- *Evaluate the community's substance use program needs, services, facilities, and special programs.*
- *Encourages and educates the public to understand the nature and impact of substance use problems.*
- *Promotes support throughout the County for the development and implementation of effective substance use programs.*
- *Ensure citizen and professional involvement at all stages of the process leading to the formation and adoption of the County substance use program plans.*

Status: Regular monthly meetings that would have been held at the Cirby Hills facility were halted due to COVID-19. Meetings were held online and the information to join was posted on the Placer County Website. Zoom meetings were not well attended; however, we did have intermittent community participation. We will continue to promote increased participation from partners and the public during these meetings.

Midway through the reporting period the AOD and MH subcommittee meetings were merged. Meetings continue to be held monthly and rotate between combined and SUD-focused meetings. This change has brought a renewed focus and energy to both AOD and MH committees and support of the missions of both.

The chairperson and staff members have been involved in many outreaches and collaborative efforts to promote the work of the AOD subcommittee and substance use programs. This outreach has included attendance and participation at the following:

- Coalition for Auburn and Lincoln Youth
- Nevada - Placer Regional Opioid Coalition
- Placer County Substance Use Providers Meeting (Combined DMC and SUS)
- Sierra Community Medical Foundation ACEs Coalition
- Placer-Nevada Rx Drug Safety Coalition
- Recovery Happens Event
- Substance Use Training Events – Placer Learns

We will continue to solicit new ideas from community members and organizations to build a broader platform and hear all voices, to better address our mission.

B. Review Substance Use Addiction Prevention and Treatments with a special emphasis on Access to Treatment

Goal: Review county-provided data regarding substance use services. Review barriers to treatment including COVID-10 related treatment challenges and service delivery changes. All levels of treatment were discussed during committee meetings.

Findings: We have taken the opportunity to review the system of care in Placer County with a focus on access to treatment. Intake and screening data were reviewed for FY20-21 and compared to FY 19-20. Discussions related to telehealth treatment, intermittent impacts to in-person services (COVID 19 related and plans to expand and tailor services to the needs of the community took place. To mitigate access challenges several community providers were able to access grants and partner with Placer County to reduce COVID-19 impacts. County case management services were also identified to increase access to treatment and reduce barriers.

Status: With involvement from staff members, we discussed mechanisms and inherent barriers to treatment for hard-to-reach communities. We have discussed mechanisms to improve access to culturally appropriate services and to increase the utilization of existing services through telehealth platforms. The SUD subcommittee will continue to identify ways to remove barriers to services, improve transportation, increase access to telehealth resources and explore outreach clinics and expand hours.

Respectfully submitted by the: MHADAB Alcohol and Other Drug Committee members

E. CHILDREN'S SERVICES COMMITTEE REPORT

A. Review and Monitor the Legislative Reforms in Child Welfare, Behavioral Health Care, and Juvenile Probation.

Goal: To monitor the changes and issues regarding new and pending reforms.

i. Continuum of Care Reform (AB 403)

Findings: Continuum of Care Reform continues in its implementation. Short Term Residential Therapeutic Programs (STRTP) are now the only reimbursable group home in California. The California Department of Social Services (CDSS) has a list of agencies that have transitioned to STRTPs, those that transitioned to lower-level Intensive Services Foster Care homes, and those that have released their licenses. Other implementation efforts are continuing, with and without state funding.

Status: Provider agencies are finding it difficult to hire and maintain employees with new higher-level requirements and salaries at the low end of the market for counselors and clinical persons. There was great concern across the state for the loss of these placements, particularly for behaviorally challenged youth, medically fragile children, and teens. They have become very scarce as was anticipated, with the loss of over 50% of placements. Mid-range providers who used to care for children who do not meet the criteria for STRTP placement requirements, have transitioned to foster family agencies in some instances and are attempting to provide this community based, lower level of care as AB 403 intended, but these are not able to meet the needs of many youths. Additionally, CDSS also decertified all out-of-state placements for foster youth, which has further negatively impacted placement options for traumatized, struggling youth.

ii. Federal legislation Families First Prevention Act (HR 5456 and Public Law 115-123)

Findings: This law was signed as part of the Bipartisan Budget Act on February 9, 2018. This historic reform improves the federal child welfare financing streams to provide services to families who are at risk of entering the child welfare systems.

Status: California has finally opted into this effort in the very last possible timeframe. The additional requirements on top of the CCR, with a deadline of implementation of 10/1/2021, will be a huge challenge for counties who to date, have no written guidance, guidelines, training, or fiscal assurances from CDSS or DHCS from which to even make implementation plans. While FFPSA offers new optional prevention services and programs to be partially funded through Title IV-E federal funds, this portion of the legislation under Part 1, while exciting, will require additional staffing for child welfare and probation to screen candidates for the service, and monitor effectiveness leading to higher caseloads. For Part 4, the changing regulations for congregate care facilities to Qualified Residential Treatment Programs are placing additional stress on agencies, including the requirement for the availability of 24/7 nursing services, and the necessity for an additional assessment by a Qualified Individual and court process for placement.

iii. Presumptive Transfer - (AB 1299)

Findings: It is in its fourth year of development. This provides for the inter-county payments for specialty mental health services to be made to other counties that serve our children and youth when they are placed out of the county of origin. Placer County joins only 21 other counties that have

completed the process for inter-county payments. The legislation has many difficulties from both clinical and financial perspectives. Although clean-up legislation is in the process under AB 1051, it has been stalled in the shortened legislative processes due to the pandemic.

Status: The California Department of Health Care Services is now recommending that counties block the transfer of youth who are being placed in STRTP's due to the financial strain on counties with multiple STRTP's within their boundaries. Legislation in the form of AB 826 was crafted, however, it has not been adopted legislatively and was placed in abeyance status as of January 2020. AB 1051 is now also being held and may be considered as early as January of 2022.

B. Monitor Development, Implementation, and Outcomes for the Wellness Centers in Placer County Funded Through MHOAC SB 82 and MHSSA.

Goal: Monitor implementation and outcomes of the existing centers through the MHOAC SB 82 school-county collaborative grant.

Findings: This joint project between PCOE, CSOC, in collaboration with Roseville Joint Union High School District and Roseville City School District has the intent of deepening partnerships and focusing on providing increased and efficient services to students who are at-risk/currently experiencing mental health needs. School and county-wide outcomes will be measured.

Status: Mental Health Specialists and Family and Youth Liaisons, as well as school-based mental health professionals, have formed a team to create six school-based Wellness Centers/Campuses. Currently, three are at high schools, one at a middle school, and two are at elementary schools in the south county area. Community providers are also either located on-site in high schools or accessed in a streamlined manner for services. Satisfaction is reported to be high both from youth using the services and teachers on campus. Two schools have been changed out during this process due to incompatible goals. This project is continuing and is funded through grant and local MHSA dollars.

Goal: Monitor development and implementation of the new wellness centers through the MHOAC Mental Health Student Services Act (MHSSA) grant.

Findings: The additional grant dollars allowed an expansion of Wellness Centers into the Auburn area at four elementary schools. They are being implemented with a similar model and the MHADB Children's Committee has received updates on this progress.

Status: Continuing implementation efforts.

C. Monitor Implementation and Outcomes of the Family Mobile Team (FMT) Co-located with Roseville Police Department through MHOAC SB 82 Mobile Crisis Triage Grant.

Goal: Monitor implementation and outcomes of the Family Mobile Team.

Findings: The Family Mobile Team was developed to respond to family and youth crises in the community with Roseville patrol officers or immediately after the scene is secured. This was developed to also work with school resource officers affiliated with Roseville Police to respond to school campuses as needed. Follow-up and case management are also offered.

Status: Mental Health Practitioners and Parent/Family Partners form the core team to respond to crisis calls and for families experiencing stress and strain. Two teams overlap so one can respond while the other conducts follow-up as needed. A Youth partner is also on the team to connect with youth on campuses or in the community after school to connect them with services or offer support. This program outcome data is positive, utilization increased over 300% year over year, and the Roseville Police have glowing reports for the team.

D. Educate for Understanding of “Hidden” Foster Care

Goal: Understand “hidden” foster care and explore methods of advocating.

Findings: “Hidden” foster care is a concept used to describe the fact that many children and youth are living with, and being cared for, by people other than their biological parents. These may be other relatives, neighbors, or friends, but they are unknown to the formal foster care system. Thus, they also do not receive support or funding for this caregiving arrangement.

Status: This topic was explored, and it was determined that advocacy efforts need to be directed at the state level to change laws needed for support and funding. Local-level advocacy in Placer County is already effective as the Children’s System of Care is an integrated system and child welfare, probation, mental health, education, and community providers already work together to identify these families when possible and deliver services when possible.

E. Continue to Receive Training from Service Providers for Education about the Behavioral Health System and Functioning.

Goal: The Children Services Committee will be educated about and inform the full board of all training being done at the committee and encourage attendance when service providers are invited.

Findings: The Children’s Committee hosted providers from Koinonia Family Services, CalVoices, Whole Person Learning, Uplift Family Services, and Placer County Office of Education this year.

Status: Koinonia Family Services runs the Crisis Resolution Program (CRC). It is a short-term six-bed residential treatment placement for teenagers ages 12-17, with a 30-day maximum stay and an average stay of two weeks. The emphasis is on resolving family issues, de-escalating the crisis, and returning youth to a more stable family system. The use of family counseling models to increase communication skills is a primary modality used. Koinonia also runs Koinonia Connections, an STRTP located in Placer County and fully dedicated to serving youth from the child welfare population and provides emergency shelter families for children who must be removed from their caregivers and need short-term or concurrent family homes.

Cal Voices is a statewide organization that believes that family involvement and participation at every level of the organization should be a guiding principle of any service. Currently, CSOC employs 12 Parent Partners who use their lived experience of navigating probation, CWS, behavioral/mental health, or special education services with their child. Parent Partners support families with understanding the process, strengthening the connection to community and natural supports, helping break isolation, and building trust with service providers, all of which will help empower families and create sustainability. Parent Partners also provide policy guidance, training, consultation, and system

transformation to CSOC through active participation in advisory boards, board membership, and decision-making committees.

Whole Person Learning operates the Youth Empowerment Support YES! Program that provides opportunities and training for community and system transformation, as well as direct support, groups, and leadership opportunities for youth and young adults between the ages of 12 and 26 at risk of, in, or emancipating out of system services. The YES program currently staffs seven Youth Coordinators who provide one on one, individually tailored support and education. Some of the YES Program goals include supporting these older youth with identifying and /or building stronger support systems, empowerment, education, and support to navigate different services they are receiving, as well as, how to advocate appropriately for themselves.

Uplift Family Services is an outpatient counseling provider with a full range of services including individual, group, and family therapies as well as psychoeducation, psychological training, case management, and psychiatric medication management both in their office and in-home. They also provide intensive services to prevent deeper child welfare and probation system involvement.

Placer County Office of Education updated the Children's System in many areas this year, including the above Wellness Centers and functioning of Positive Behavioral Interventions and Supports (PBIS). As well, the Placer County Superintendent of Schools presented to the full MHADB on educational efforts during the pandemic.

Respectfully submitted by the Chair of the Children's Services Committee

VI. ADULT SERVICES COMMITTEE REPORT

In Fiscal Year 2020-21, the Adult Services Committee (ASC) welcomed new leadership and public interest members. ASC is dedicated to advocating for quality programs and services for adults in Placer County. Throughout the 2020-21 Fiscal Year, the ASC participated in Quality Assurance (QA) by conducting calls to both the adult and the children's 24-hour intake lines.

The committee attempted to strengthen itself by increasing membership/attendance on the committee, given the limited participation. Some recruitment efforts were successful initially but then participation was reduced again as the year progressed. Tahoe/Truckee members were invited to attend and to incorporate the voice of that region into the committee work. It was decided that since most members were in South County that T/T emphasis could be included quarterly on the agenda. It was decided further that the ASC and the SUD committees would be combined every other month, to strengthen numbers and to look more thoroughly at the overall behavioral health needs of the County, rather than separating them. Every other month the committees are combined. Even attendance at these combined meetings was very low.

The following were the ASC 2020-21 Fiscal Year goals and the specific activities related to those goals.

A. Evaluate Current Assisted Outpatient Treatment (AOT) Services and LPS Conservatorship Processes

Goal: Evaluate current Assisted Outpatient Treatment (AOT) services and LPS Conservatorship processes and make recommendations as appropriate to MHADB and ASOC leadership

- Invite AOT contracted provider (Turning Point) to a Zoom presentation to provide status outcomes of AOT
- Consider a tour of Nevada County Courts
- Research successes of other AOT-participating counties

The committee wanted to conduct a study of AOT implementation in Placer County. The information regarding the percentage of effectiveness and opportunities would be gathered and shared with the members. Reviewing AOT utilization may provide for more opportunities to increase client care for those not engaging in services, support family members and protect the community.

Findings: AOT has been used in Placer County since its implementation in 2015. Data has been reviewed as well as an overview of the program (commonly referred to as Laura's Law). Placer County's contract AOT provider, Turning Point Community Programs, was invited to give a presentation to the ASC in February. Results were reviewed. There is a significant amount of outreach attempts made with many clients engaging in services. Very few participants ended up requiring involuntary treatment because of non-engagement. ASC believes Placer County will continue to increase the utilization of AOT and advocate for the best treatment plan while understanding that everyone may respond differently to various forms of treatment.

Status: Continue to review AOT data trends, research other counties, and possibly tour the Nevada County AOT program when appropriate and safe, given the COVID-19 Pandemic restrictions.

B. Evaluate Current Mental Health Crisis Continuum of Care

Goal: Evaluate current mental health crisis continuum of care (i.e., Mobile Crisis Services, Psychiatric Health Facility (PHF), Crisis Residential, Warm-line, impending urgent care center) and make recommendations as appropriate to MHADAB and ASOC leadership

- Research existing services and programs
- Consider a tour of a crisis facility (PHF, Crisis Residential)
- In-service/presentation to the committee by ASOC crisis team

Findings: Placer County continues to strengthen its crisis services continuum. It continues to partner with Sutter Health to provide on-site crisis assessment and intervention at Sutter Roseville Medical Center and Sutter Auburn Faith Hospital with embedded County and Contracted staff. Community Mobile Crisis (MCT) services are available and include clinicians, Peer Advocates, and registered nurses as part of the services. The County is planning to implement a Behavioral Health Urgent Care Center on-site at Cirby Hills in Roseville in February/March 2022.

A tour was not possible during this time because of COVID-19 Pandemic-related restrictions.

A member of the Adult Crisis team will be invited to provide a formal presentation in the future, but this was not scheduled during FY 2020-21. A member of the committee is the program manager over adult crisis services and was able to provide information relative to various services.

Status: ASC members were able to provide some input and feedback relative to MCT and the Urgent Care Center. ASC expressed interest in further expanding MCT services to 24/7 coverage. Continue to evaluate crisis services and provide feedback for areas of need and improvement.

C. Evaluate Recent Legislation and Make Recommendations on Implementation

Goal: Evaluate recent legislation (AB2265 & SB 855) and make recommendations on ways to incorporate legislation into existing practices and policies

- Research legislation
- Invite a speaker to address relevance with the committee

Findings: AB2265 addresses substance use treatment and additional funding sources to potentially fund them. SB 855 is a Behavioral Health Parity legislation to afford those seeking behavioral health needs to receive them with similar access and opportunity as physical health care needs.

Status: This goal was not addressed during the year. More attention is needed to research how this legislation can be utilized to the advantage of Placer residents and treatment providers to maximize opportunities for those seeking behavioral health services.

Respectfully submitted by the: MHADAB Adult Services Committee members

VII. BOARD TRAINING AND PRESENTATIONS

Training and Guest Speakers

- ❖ *July 2020:*
 - Quality Assurance/Quality Improvement (QA/QI) Update, Julia Soto, Program Supervisor, Adult System of Care, Placer County
- ❖ *August 2020:*
 - Annual Test Call Training, Marie Osborne, Assistant Director, Adult System of Care, Placer County
- ❖ *September 2020:*

Barbara Field “Grief and COVID-19”, Trauma and Addiction Therapist
- ❖ *October 2020:*
 - Patients’ Rights Advocate Presentation Lisa Long, Patients’ Rights Advocate, Adult System of Care, Placer County
- ❖ *November 2020:*
 - Jennifer Price and Letty Woodworth, AMI Housing, Inc.
- ❖ *December 2020:*
 - Gayle Garbolino-Mojica, Placer County Superintendent of Schools, Placer County Office of Education
- ❖ *January 2021:*
 - Dr. Robert Oldham, Health & Human Services Director, Placer County
- ❖ *February 2021:*
 - MHSA Update, Sue Compton, MHSA Coordinator, Adult System of Care, Placer County
- ❖ *March 2021:*
 - Theresa Comstock, Executive Director, California Association of Local Behavioral Health Boards and Commissions (CALBHB/C)
- ❖ *April 2021:*
 - Children’s System of Care Update, Twylla Abrahamson, Deputy Director, Children’s System of Care, Placer County
- ❖ *May 2021:*
 - Cancelled
- ❖ *June 2021:*
 - Annual Retreat

ACKNOWLEDGMENTS

The MHADAB wishes to thank and acknowledge that its efforts would not have occurred without the generous advice and assistance and time from families of the mentally ill, including addictions, mental health practitioners, County staff and management, the Board Secretary, Director of the Adult System of Care, and Supervisor Jim Holmes for his encouragement and demonstrated excellence in leadership for the mentally ill in Placer County. Mental Wellness is everyone's business!