**Amador County Behavioral Health Advisory Board**

**2018 Report to the Board of Supervisors**

The Board is pleased to present this Advisory Report as mandated under:

WIC 5604.2 (a) (5) “Submit an annual report to the governing body on the needs and performance of the county’s mental health system”

ACBHAB By-Laws Article II Mission Statement “The mission of the Board shall be to review and evaluate the community’s mental health needs, recovery services, facilities and special problems and to advocate for persons with serious mental illness and those in recovery.”

Governance

The ACBHAB in 2018 focused on self-governance and comprehensively assessing the unmet needs and the performance of the community agencies and entities where services are rendered for the most serious behavioral disorders and to the youth.

The current roster is 11. There is a balance of consumers and public members.

All six scheduled meetings were noticed, conducted with a quorum (except Dec 19), and minutes composed.

The ACBHAB is participating in a recommended self-evaluation process.

**Activities**

During 2018 the ACBHAB Goals focused on and completing **two primary tasks:**

1)  **Expanding the role of the hospital and clinics in providing/ coordinating/assuring Rural Behavioral Health Services**.

    The Sutter system’s **tele psychiatry service has served 41 individuals** since it was expanded to Sutter Amador last October. Over half of the individuals served have been seen through the Emergency Department with a handful of individuals being seen on the inpatient medical units.

 In regards to mental health access within the Sutter clinics, our partnership with Quartet has been in place since September 2017. **A total of 11 Sutter primary care providers i**n Amador County are enrolled with the service which allows them to connect patients to mental health providers either in-person (generally in the Folsom/Sacramento area) or through telehealth (depending on the individual’s insurance) or to obtain “curb-side” consult (provider to provider). **Approximately 170 individuals within Amador County have been referred to and connected to mental health services through the Sutter Clinics since last year.**

**2 Working with the county school district to “enable…children with serious emotional disturbances to access services and programs that assist them” WIC Code 5600.1-**

In April 2018, at the direction of stakeholders and the Behavioral Health Advisory Board, Amador County Behavioral Health Services (ACBHS) implemented a program that engages with the school district to explore school-based mental health early intervention strategies. ACBHS coordinated this engagement process with the Amador County Unified School District (ACUSD) and other school based organizations to determine where the gaps lie in providing students mental health treatment and what processes and systems should be in place to identify and treat mental illness in the school settings.

The workgroup has met six times since April 2018. The group has created short and long-term goals in its efforts to support student mental health**. Short-term solutions have included the creation of an MOU between ACBHS and ACUSD/ACOE resulting in implementation of ACBHS clinicians providing services directly at the school sites.** Referral sheets and flow charts to assist school counselors and personnel have also been developed and disseminated to the school sites in order to provide students and families’ access and linkage to mental health services and supports. **Long-term solutions include the implementation of a universal screening tool as well as employing a navigator to work with students and their families in connecting youth to higher levels of mental health treatment and support.** Additionally, **ACUSD/ACOE have expanded their capacity in hiring four new school counselors that work directly at the school sites. Prevention and Early Intervention funds of $65,301 are dedicated to support the implementation of the work group’s long-term goals to benefit and expand student mental health services**

**Additional Activities and Reports**

3) The MHSA Annual Update and Expenditure Report was presented, discussed and recommended for approval .

4) Psychiatry at Amador Behavioral Health:

With additional funding from the Amador County Community Corrections Partnership (CCP) for the psychiatrist's salary, Amador County Behavioral Health was able to hire a full time on site psychiatrist in July of 2018, Dr. Jabeen Hayat.  This increase in salary supports additional services to inmates at the Amador County Jail.  Dr. Hayat currently sees inmates in the jail on Tuesday mornings and as needed for consultation. Having a full time psychiatrist has been helpful in increasing continuity of care for our clients and increasing the quality of care in various ways.  Dr. Hayat has a walk in time on Tuesday mornings to assist in accommodating urgent appointments and reducing no shows. Dr. Hayat is active in consulting with client's Primary Care Providers in order to ensure good continuity of care.  The CURES (Controlled Substance Utilization Review and Evaluation System) database was required for all providers as of October 2nd, and is maintained by the Department of Justice (DOJ). It  is a platform that tracks all Schedule II – IV controlled substances dispensed to patients in California.  Dr. Hayat has been very diligent in utilizing the data base as required to ensure client safety and will consult with other providers when needed. Also, having Dr. Hayat on site allows her to participate in weekly clinical meetings with our clinicians, case managers, psychiatric technician and substance use disorder staff to increase quality of care for our clients. Dr. Hayat has also provided feedback to the team to improve required documentation, such as the medication consent form. Having a full time psychiatrist also allows for increased consultation between the psychiatrists and the treatment providers.  In addition to Dr. Hayat, we are still lucky to have Dr. Arguello on site on Fridays.  He was previously on site only 3 days per month, but has recently increased his time to  every Friday which allows clients to be seen more timely. 

5) The Mobile Support Team continues to function and reports regularly on its activities and productivity, including monitoring follow up need for hospitalization

.Amador County Behavioral Health Mobile Support Team Update December 2018:

Mobile Support statistics:

In Fiscal Year 2016/2017 the mobile support team provided 107 total appointments to 73 individuals.  Of all of these clients seen, 2 were re-hospitalized.  In Fiscal Year 2017/2018 there were a total of 140 mobile appointments to 90 individuals.  Of all clients seen there were 0 re-hospitalizations.

The Amador County Behavioral Health Mobile Support Team continues to be a valuable service to our community and continues to have the potential to expand. Due to the positive feedback about this program and the services being provided by the team, ACBH was able to have it approved by the Board of Supervisors to transition the contracted Client and Family Advocate position (Linda Crabtree) internally, to a county employed, Peer Personal Services Coordinator. This allows for more flexibility with her role, now that she is a county employee, rather than a contracted employee. For example, she is now able to drive a county car, which is not possible for contracted staff. This may seem like something simple, but this allows her to be mobile when her partner on the team is out. The team is now currently available Monday through Thursday from 7:30am to 6pm. This has extended the time until 6pm, since previously Linda did not work that late. We continue to track data and receive feedback to determine if additional changes in the hours are needed, but at this time there has not been enough data to support a change. The team has continued to provide timely follow up to clients who are released from hospitalization either on the same day or next day, preventing re-hospitalization. The goal for this coming year is to provide more community outreach to reduce barriers to access services.

5) Theresa Comstock, President of CALBHB/C made a presentation at the October meeting on the purpose of CALBHB/C.

* 1. She reviewed the Six Components of the Mental Health Services Act as well as discussed the role of the Behavioral Health Board. CALBHB/C will help to fund one person from the Board to attend a training in their region. Currently, CALBHB/C is working on three top issues and explained that issue briefs are located at their website. The top issues discussed were housing, employment and disaster preparation/recovery.
  2. Theresa Comstock mentioned that she **was under the impression capital facilities and technologies in Trinity County was able to shift money into CSS and purchase a Board and Care home so that might be a concept to take in Amador County.**
  3. **A motion was made to support the concept of Behavioral Health to look into shifting money into CSS. (M)** Aaron May **(S)** Phillip Young Motion carried unanimously.

**FINAL RECOMMENDATIONS FROM 2016 and 2017 Reports**

1. Improve access to behavioral health services on a regular and on-going basis both at Behavioral Health, as it is compromised, and in the community.

2. Make psychiatric care available to the general community with an available psychiatrist or with tele-psychiatry back-up.

3. Establish a crisis stabilization unit to address psychiatric and dual diagnosis issues.

**Progress in meeting our these goals during 2018**

The ACBHAB has observed or been provided with information that some progress has been achieved in addressing several of three goals (recommendations) listed above:

1) Access at Amador County Behavioral Health continues to be a concern, especially for psychiatric and individual counseling care. Psychiatric care has been almost exclusively tele-psych.

A full time Psychiatrist has been recruited and is currently active at Behavioral Health and the County Jail..

Information on expanded volume and scope of services access has been requested

2) The recently opened WellSpace clinic offers primary care including some BH services. This offers access to the both non-MediCal and Medi-Cal eligible.

3) **No known progress in establishment of a crisis stabilization unit.**

The Gold Country Initiative clinic (is not a crisis unit), scheduled opening in early 2019 will provide primary medical care and also address substance abuse disorders and provide such. This may help in some crises.

**Important Developing Issues**

Homelessness and suicide have become issues of concern in the community, as noted by citizen activism.

Along with mental illnesses and substance abuse, homelessness contributes to a constellation of

dysfunction and ill health. Each aspect must be addressed for effective resolution

Input from behavioral health professionals should be assured.

The ACBHAB recognizes that the Supervisors appropriate funds consistent with their resources. **Public funding (State and County) is delegated almost exclusively to a small minority of residents because only Medi-Cal patients (17.4% of pop.) are eligible for a Specialty mental health visit.** Deficiencies of community behavioral health resources and services severely impact the majority of residents who must do without services or have the resources to travel out of the county. Veterans 15.9% must go to VA for BH.

Most of those over 65 and on Medicare (23%) must seek BH care locally or go out of county.