

MHSA STAKEHOLDER ENGAGEMENT EVENT

Children's Behavioral Health
Santa Cruz County
Behavioral Health Services



AGENDA

- Welcome!
- Brief introductions
- News & announcements
 - Suicide Prevention Task Force Strategic Plan
 - MERT(Y) expansion to South County
- Children's Behavioral Health Overview- Kathy Cytron, LCSW & Meg Yarnell, LCSW
- MERT Services- Andrea Turnbull, LCSW
- Questions and community input

WELCOME!

Lisa Gutierrez Wang, PhD
New Children's Director

Lisa's most recent positions include:

- Director of Clinical Programs at the Center for Youth Wellness in San Francisco.
- Behavioral Health Director of Intensive Services for the Edgewood Center for Children and Families in San Francisco.
- Program Director for the Mission Council on Alcohol Abuse for the Spanish Speaking, Inc. in San Francisco

SUICIDE PREVENTION TASK FORCE

- Launch- September 2018
- Higher rate of completed suicides in Santa Cruz County
Statewide (age-adjusted per 100k) 10.4
vs
Countywide (age-adjusted per 100k) 16.7
- Created strategic plan to guide county-wide efforts for suicide prevention

SUICIDE PREVENTION TASK FORCE STRATEGIC PLAN

Prevention focus-

Community-based Support
Services

Intervention focus-

Columbia Suicide Severity Rating
Scale (C-SSRS) &

Crisis & Safety Planning

Postvention-

LOSS team model

Goal of strategic plan-

- Starting point for discussions on models for sustainability and feasibility
- Launch of efforts from SPTF
- Gain feedback from community

MOBILE EMERGENCY RESPONSE TEAM FOR YOUTH (MERTY)

- Expansion of mobile emergency response team to South County for youth (5-21 years old)
- Behavioral Health mobile office van
- Bilingual clinician and Family Specialist

CHILDREN'S BEHAVIORAL HEALTH



CHILDREN'S BEHAVIORAL HEALTH MISSION:

To work with families and youth in our community to help them stay:

At home, In school, Out of trouble, and
Support a healthy lifestyle.

We strive to provide strength based, accessible, culturally and linguistically appropriate services that are comprehensive, using a flexible 'whatever it takes' approach to help youth and families achieve their own positive outcome.

CBH SERVICES ELIGIBILITY

CBH provides behavioral health services for Medi-Cal beneficiaries that meet medical necessity by moderate to severe criteria:


- A. Diagnostic criteria with focus on functional impairments
- B. Impairment Criteria: child/youth beneficiaries must have at least 1 of the following as a result of the disorder in A:
 - 1. Significant impairment in an important area of life functioning
 - 2. Probability of significant deterioration in an important area of life functioning
 - 3. Probability that a child/youth will not progress developmentally as individually appropriate
- C. Intervention related criteria (must have all 3)
 - 1. Focus of interventions addresses impairment criteria above
 - 2. Beneficiaries have the ability to benefit from proposed interventions
 - 3. The impairment would not be responsive to physical healthcare-based treatment

WHAT IS A SYSTEM OF CARE?

Organized networks of services designed to improve children and families functioning at home, in school, and in the community.



Emerged from the idea that children with serious emotional challenges and their families often have multiple needs from various service sectors (such as Special Education, Juvenile Justice, Behavioral Health, and Child Welfare) and that these children would be best served by a coordinated array of services to meet these multisystemic needs



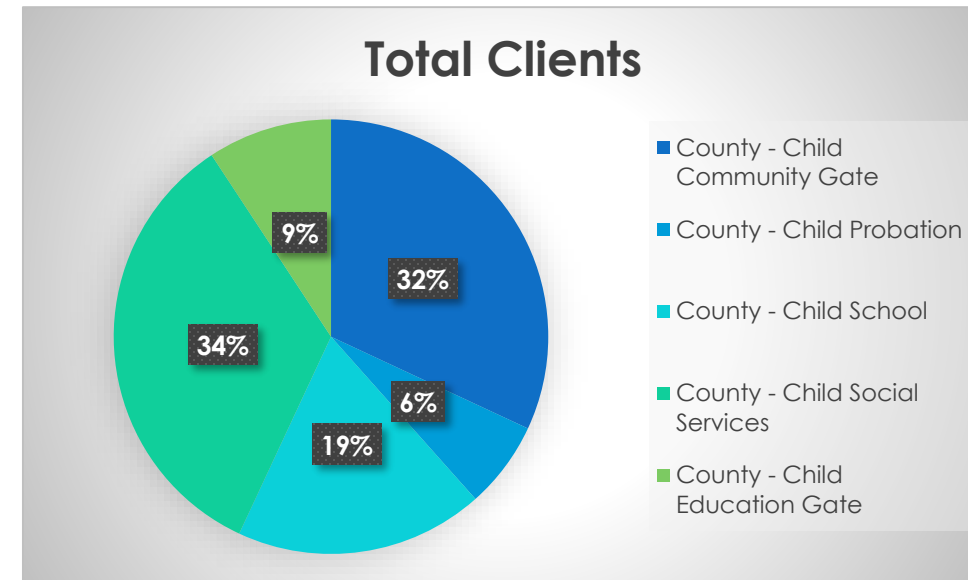
In 1989, the Santa Cruz County System of Care (SOC) began, when the county received a grant through AB377 (the Children's Mental Health Services Act). We've been at this 30 years!!!

CBH SYSTEM OF CARE VALUES

- Embody Collaboration
- Children and Family voices and choices are prioritized
- Strengths-based
- Utilize Best-practices/Evidenced-based interventions and approaches
- Provide Cultural and Linguistically appropriate services
- Provide Community-based care in Least restrictive settings
- Be Approachable, Responsive, Flexible, and Accountable

CBH GATES OF ENTRY

Community Gate
School (ERMHS)
Education/County Office
of Education (COE)
Child Social Services (DFCS)
Juvenile Justice (Probation)



COMMUNITY GATE



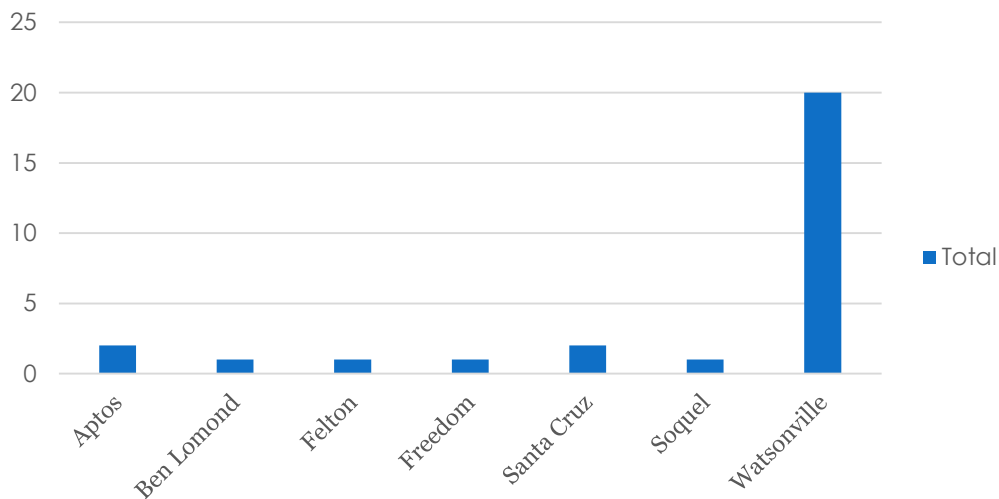
COMMUNITY GATE

- Children's Access (program of Community Gate)
1-800-952-2335
- Bilingual telephone navigation and linkage; CBH system referrals
- Mental health assessments to verify eligibility
- If not eligible for CBH services but determined to be eligible for mild/moderate services referred to Beacon

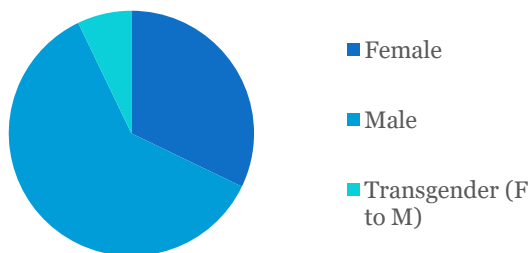
COMMUNITY GATE CONT.

Youth served between 1/1/19-3/31/19:

Where clients live:

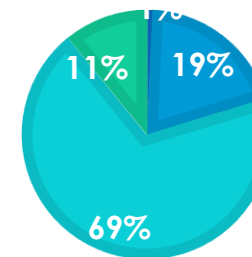


Gender

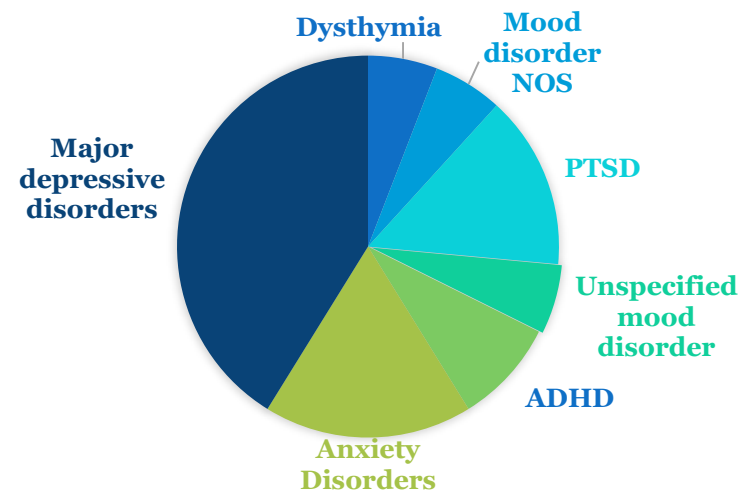


CLIENT AGES

■ 0-5 ■ 6-12 ■ 13-17 ■ 18+



MOST FREQUENT DIAGNOSES



SCHOOL (ERMHS) GATE

CBH is contracted by the Pajaro Valley Unified School District (PVUSD) to provide Educationally Related Behavioral Health Services (ERMHS) to Special Education eligible students (K -8) with an Individualized Education Plan (IEP). CBH also provides supervision for the PVUSD clinicians who provide ERMHS to High School students.

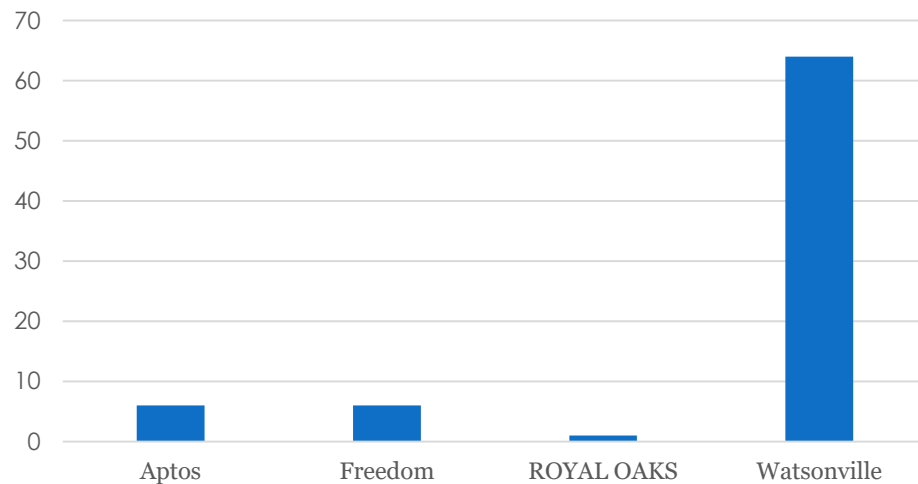
PVUSD is a single School District and Special Education Local Plan Area (SELPA). The SELPA oversees and provides educational services for district students with an IEP.

PVUSD refers students who have qualified for an IEP and need Behavioral Health services (ERMHS) to access their education. Outpatient services may be provided at any of the PVUSD elementary or middle school campuses or as part of a Special Day Class also known as the RISE academy.

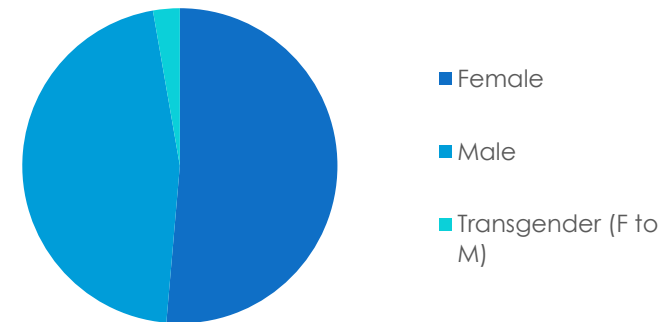
SCHOOL (ERMHS), CONT.

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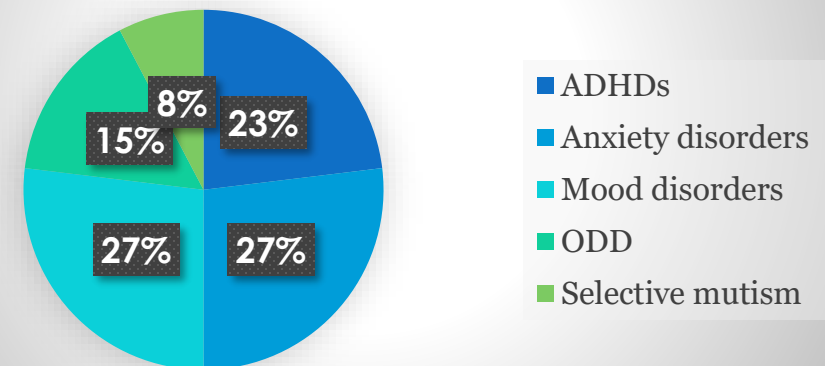
Where youth live



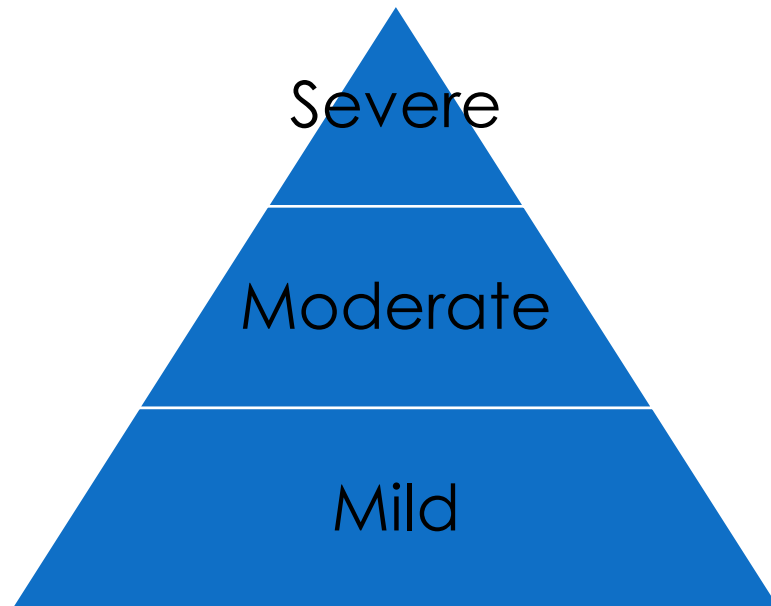
Gender



Most Common Diagnoses



TIERED SERVICE MODEL



CBH provides year round Therapy, and Psychiatry services as needed, for K-8 IEP students in PVUSD. A CBH Licensed therapist oversees PVUSD clinicians who provide therapy services for high school students. (Severe)

PVPSA provides counseling services at the school sites. (Moderate)

PVUSD provides Social Emotional Counselors in the schools. (Mild)

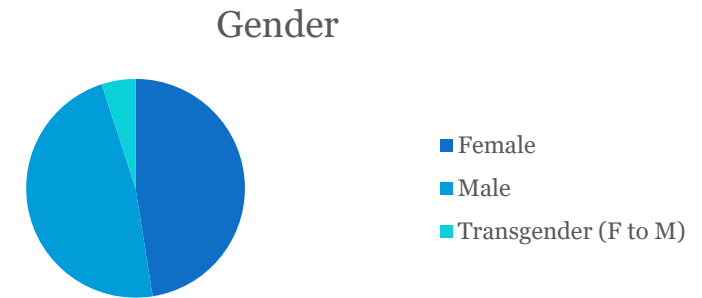
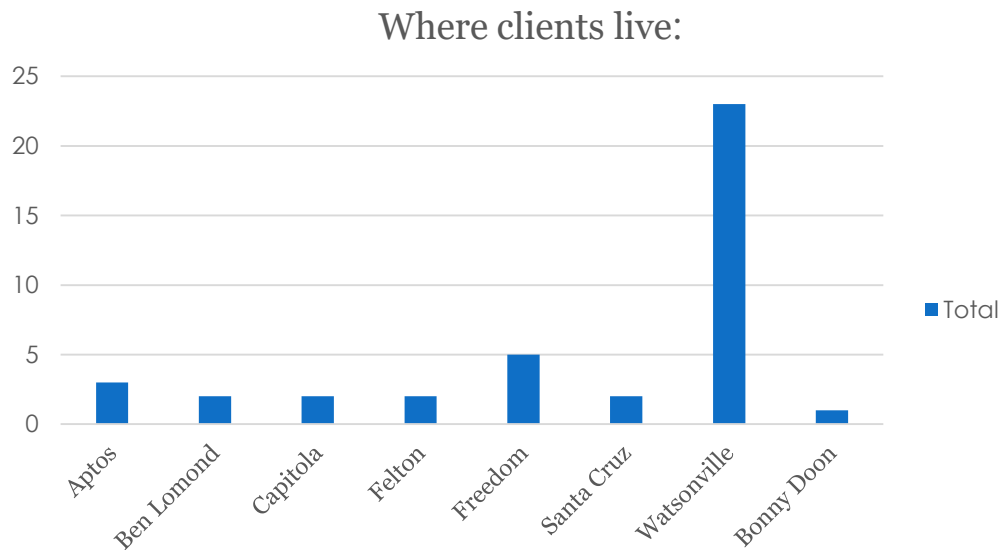
EDUCATION/COE GATE

- Education Gate allows schools to directly refer Medi-Cal beneficiaries to our services, when the youth and families and the school based social-emotional counselors think these students need a higher level of care.
- COE Gate is partnership between CBH and COE to provide needed Behavioral Health services to students who have not been successful in traditional public schools and attend Alternative Education sites.
- COE staff make direct referrals of students who subsequently receive Behavioral Health services from our clinical team, pictured left to right Mockalee McDonald, Lauren Fein (supervisor), Sonia Trotter-Giron and Kevin Cisneros.

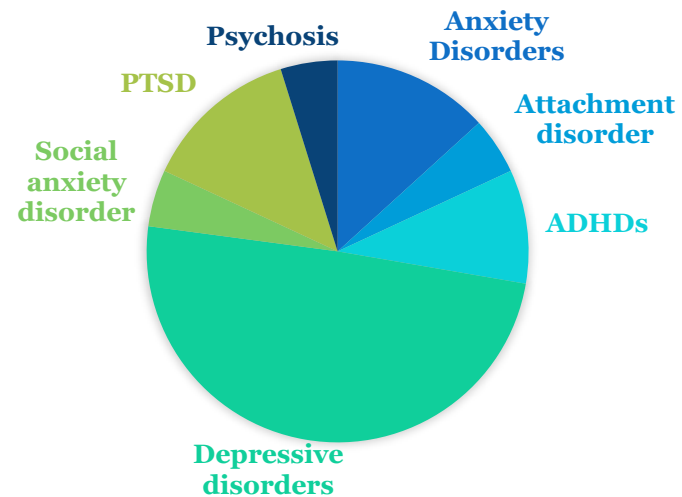


EDUCATION/COE, CONT.

Youth served between 1/1/19-3/31/19:



MOST FREQUENT DIAGNOSES



CHILD SOCIAL SERVICES GATE



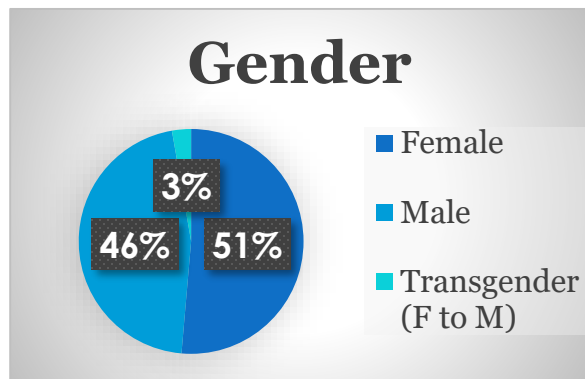
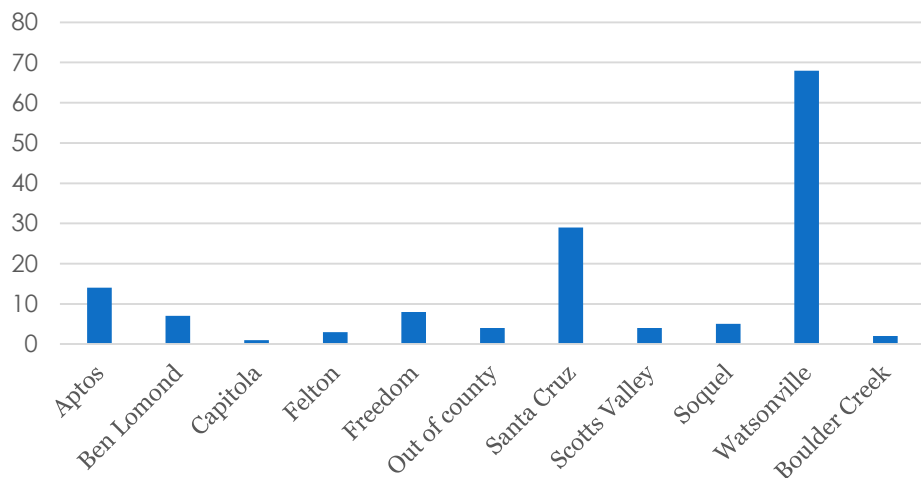
CHILD SOCIAL SERVICES GATE

- Provide clinical services to Children and Youth from birth to age 21 who are involved with the Human Services Department's Division of Family and Children's Services (DFCS), supporting Reunification, whenever possible, and Permanency for youth.
- Referrals to this team are made directly by FCS Social Workers.
- Clinicians embody a collaborative teaming approach that includes Social Workers, Court Appointed Special Advocates (CASA), staff from county-contracted Independent Living Program (ILP), Foster Education liaisons, Teachers, Medical providers and other support people.
- Clinicians regularly facilitate and/or participate in unique Child and Family Team (CFT) meetings to build upon the strengths, values and goals of each child, youth, and family. The teaming process reflects the culture(s) and preferences of the child, youth and family.

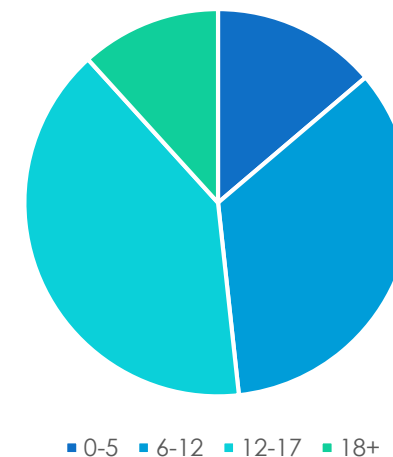
CHILD SOCIAL SERVICES, CONT.

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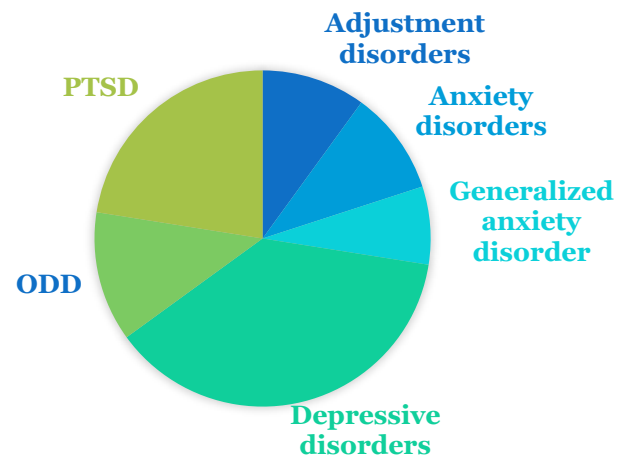
Where these Clients live



CSS Client Ages



MOST FREQUENT DIAGNOSES



JUVENILE JUSTICE GATE

Serves youth and families involved in the Juvenile Justice system

Eligible youth and families request our services through the CFT process, facilitated by Probation

Probation officers may also directly refer youth and families



JUVENILE JUSTICE

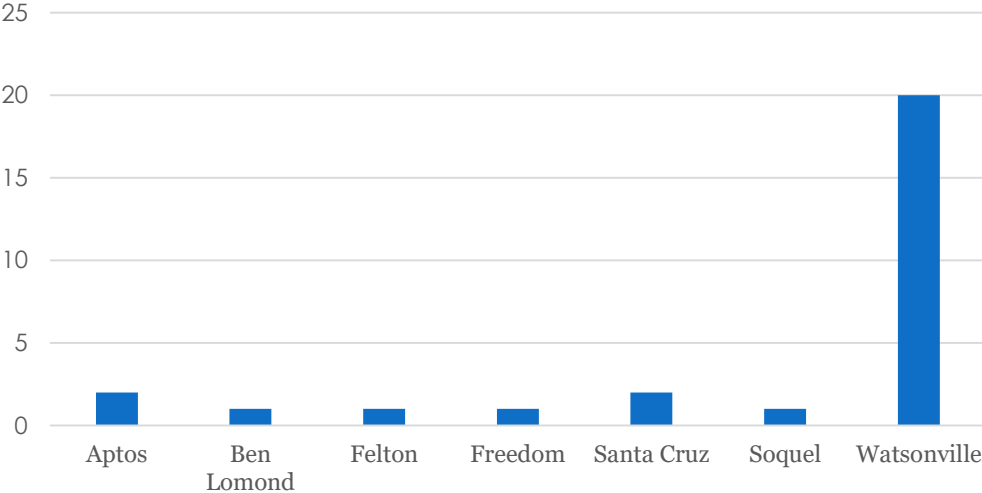
- We provide Behavioral Health services 7-days per week to youth who are detained at Juvenile Hall
- We provide Behavioral Health support at the Evening Center, a Detention Alternative intervention for Probation involved youth. The Evening Center serves as an immediate response for youth who are struggling with Behavioral Health/Substance Abuse problems, failing to comply with conditions of Probation, and/or as a response to new violations.
- This team also supports the work of the Youth Violence Prevention Task Force and of Project Thrive, both of which are focused on addressing gaps in how the community identifies, supports and serves young men of color that have been harmed by violence.



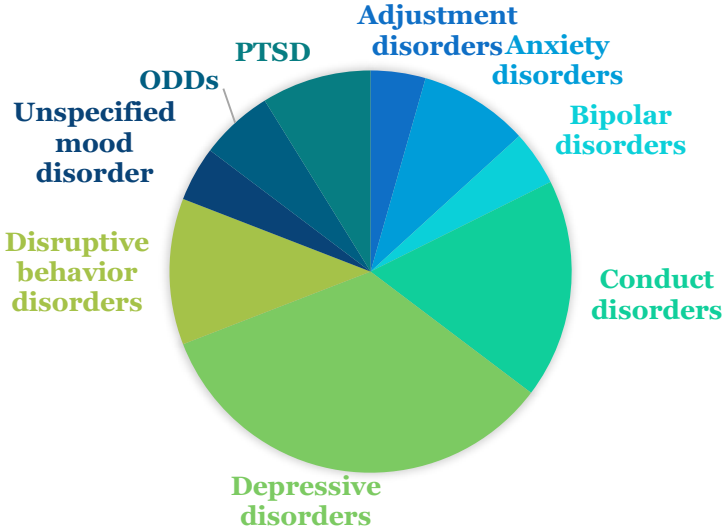
JUVENILE JUSTICE

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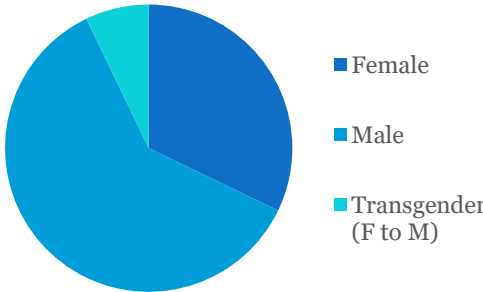
Where youth live:



MOST FREQUENT DIAGNOSES



Gender



JUVENILE DETENTION ALTERNATIVES INITIATIVE (JDAI)



JDAI is reforming juvenile detention practices nationwide and contributing to the larger, more comprehensive juvenile justice reform movement.



One of the goals of JDAI is to improve the outcomes of youth who become involved in the juvenile justice system by eliminating the inappropriate use of secure confinement and out-of-home placement.



Research shows that youth who spend time in detention are less likely to complete high school, less likely to find employment and less likely to be from stable families and are more likely to abuse drugs and alcohol and be re-arrested.



In 1999 Santa Cruz Probation Department's Juvenile Division became a JDAI model site, saving millions and resulting in dramatic reductions to unnecessary youth incarceration.

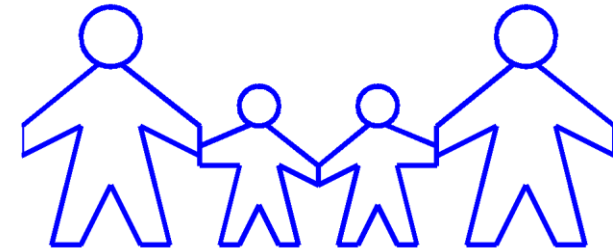


Behavioral Health interventions are a key intervention contributing to the success of JDAI. CBH is proud to work alongside of Probation to support this work.

CLINICAL APPROACH

Families are always a part of the solution

- We value working closely with “family”, as defined by children and youth.
- We work to build and/or strengthen networks of support for the children and youth served.
- We strive to embody our mission “doing whatever it takes” to help families achieve their own positive outcomes.



CLINICAL APPROACH

In addition to some standard and well known evidenced based practices (EBP) including Cognitive Behavior Therapy (CBT), Dialectical Behavior Therapy (DBT) & Motivational Interviewing. CBH also supports clinicians in developing skills using other EBPs including:

- Eye Movement Desensitization and Reprocessing (EMDR)
- Child Parent Psychotherapy (CPP)
- Narrative Therapy
- Adventure/Experiential Therapy (A/E)
- Internal Family Systems (IFS)
- HeartMath
- Trauma-Focused CBT (TF-CBT)
- Mindfulness



SERVICES WE PROVIDE

Crisis Intervention

Psychosocial Assessment including Mental Status exam and Diagnosis

Plan Development

Individual therapy, Individual therapy with family and Group therapy

Collateral contacts with family and non-family supports

Case Management

Intensive care coordination (ICC)

Intensive home-based services (IHBS)

Therapeutic Behavioral Services (TBS)

Family Partners

Psychiatry

CBH MINDFULNESS GROUP

- Mindfulness is a practice that is increasingly being used with great success to reduce stress, improve concentration, manage difficult emotions and physical pain, and reduce unwanted and unhelpful behaviors – such as substance use.
- The basic concept of Mindfulness used in the group is: being aware of the mental, emotional, and physical phenomena that arise in the present moment, with an attitude of nonjudgment and acceptance. The skill of being Mindful can be used anywhere and in any situation which is why, when used, it is so helpful.
- CBH clinicians facilitate a 12-week therapy Group loosely based on the Mindfulness-Based Substance Abuse Treatment (MBSAT) for Adolescents curriculum developed by Sam Himmelstein and Stephen Saul . Our facilitators modified the curriculum to focus on the challenges and symptoms our clients are coping with.
- This group provides youth with tools for life and supports them in making healthy choices from a place of mindfulness and greater self-awareness

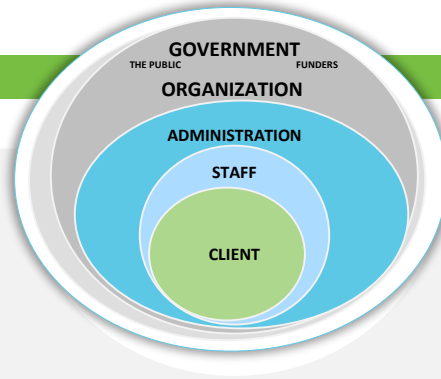


Trauma Informed Systems (TIS) Improvement Project



TRAUMA ORGANIZED

- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmentation



TRAUMA INFORMED

- Shared Language
- Foundational Understanding of Trauma
- Understanding of the nature and impact of trauma



HEALING ORGANIZATION

- Reflective
- Collaborative
- Culture of learning
- Making meaning out of the past
- Growth and Prevention Oriented

TRAUMA INDUCING

TO

TRAUMA REDUCING

MOBILE EMERGENCY RESPONSE TEAM (MERT)

MERT – Our goal is to address mental health emergencies in community and increase access and linkage to appropriate services by providing field-based response for children and adults in crisis.

Services Provided include:

- Crisis Assessment, Intervention and Stabilization, and Safety Planning
- Psycho-education and support to children and adults
- Referral, linkage and follow-up sessions

MOBILE EMERGENCY RESPONSE TEAM (MERT)

Who we serve:


- Children and adults in significant mental health crisis
- All persons served regardless of insurance status

Where we provide services:

- Emeline offices
- Agencies where a youth is receiving services, i.e., schools, community locations where staff is present, at the home of the youth if law enforcement is present
- MERT will be available at the new So. Co. Behavioral site –
- 1430 Freedom Blvd., Watsonville

MOBILE EMERGENCY RESPONSE TEAM (MERT)

- 5585 evaluation
 - Application for involuntary hospitalization for a minor
 - Imminent danger to self, danger to others, or grave disability
 - Due to a mental health disorder
 - Evaluation of minor for up to 72 hours to determine if the youth requires inpatient hospitalization or can return safely to home
 - Provide transportation to Crisis Stabilization Program



QUESTIONS AND COMMUNITY INPUT

- Please feel free to ask or write down any questions on the notecards at your table
- Do you have any questions or need clarification needed on current programs?
- Do you have thoughts on the current services?
- Are there additional services you would like to see?



WELLNESS • RECOVERY • RESILIENCE

THANK YOU!

WWW.SANTACRUZHEALTH.ORG/MHSA