

Integrated Behavioral Health Action Coalition (IBHAC)



September 15, 2023 | 9:00 AM - 10:30 AM

9:00 AM	WELCOME & PARTNER ANNOUNCEMENTS	<i>Ali Hayes, HIP</i>
9:05 AM	SANTA CRUZ COUNTY HEALTH SERVICES AGENCY Children & Youth Behavioral Health (CYBH) Continuum of Care	<i>Monica Morales, MPA, Director County of Santa Cruz - Health Services Agency</i> <i>Tiffany Cantrell-Warren, MBA, BH Director Lisa Gutiérrez Wang, PhD, Children's BH Director Karen Kern, MPA, Deputy Director County of Santa Cruz - Behavioral Health</i>
9:30 AM	IBHAC WORKFORCE SUB-MEETING PRESENTATION Folding BH workgroup into IBHAC	<i>Jasmine Najera, Chief Executive Officer Pajaro Valley Prevention & Student Assistance</i> <i>Hayley Mears Workforce Development Program Manager, HIP</i>
9:50 AM	INTENSIVE OUTPATIENT COUNSELING PROGRAM FOR SUICIDALITY The Care Core: Overcoming Suicidality	<i>Bill McCabe, LMFT, Chief Executive Officer Family Service Agency</i>
10:15 AM	CLOSING & APPRECIATIONS	<i>Ali Hayes, HIP</i>



People living with suicidal ideation can be treated as dangerous even in non-crisis situations. It's important to engage with suicidal people as experts on their experience—whether that be in a crisis moment, or in long term management of care.

OUT OF THE DARKNESS WALK

Saturday, September 30

Location: Skypark, Scotts Valley, CA | **Check-In Time:** 9:30 AM

The walk is a journey of remembrance, hope, and support. It unites our communities and provides an opportunity to acknowledge the ways in which suicide and mental health conditions have affected our lives and the lives of those we love and care about.



**American
Foundation
for Suicide
Prevention**



**OUT OF THE
DARKNESS**
Community Walks

Out of the Darkness article written by
Jondi Gumz of the Scotts Valley Times

Flyer, registration link, and article linked in chat.

Out of the Darkness Walk: Sept. 30

By Jondi Gumz

For Farah Galvez, the "Out of the Darkness" Walk on Sept. 30 at Skypark to prevent suicide is very personal.

She lost her 24-year-old son, Trevor Theissen, in May 2022.

"He was a big part of the community," she said.

Trevor graduated from Scotts Valley High School in 2016.

He was into art. He was a giving person. He was an advocate who brought scootering to the skate park.

Before he spoke up, scooters were not allowed. He addressed the City Council, which helped change the rules.

Farah talks about the trifecta of suicide. Her son had a broken heart, a physical ailment (kidney stone) and severe depression.

"All of that came into play, and we lost him," she said. "He had a wonderful job. He was happy. That was the most heart-breaking part."

So Farah, who has a younger son, Wesley, a senior at Scotts Valley High, is dealing with grief and creating something positive from what happened.

"I wanted to make sure his life was not in vain," she said. "Hopefully we can give hope — save families from going through this."

Goal: 250 Walkers

She found the American Foundation for Suicide Prevention — whose chief medical officer Dr. Christine Moutier spoke in Santa Cruz in March.

Finding that organization led to Farah

volunteering to put together the first-ever in Santa Cruz County "Out of the Darkness" walk, which is designed to raise funds and awareness.

Her goals are 250 walkers and \$25,000.

She's about halfway there, she said from a fundraiser at Woodstock Pizza, and she needs volunteers.

"I have a great committee of parents, their kids knew Trevor," she said.

The walk in Scotts Valley is one of 22 in California and 410 in the nation.

Check-in time at Skypark is at 9:30 a.m.

Walking starts at 10:30 a.m. on a 1.8-mile route that goes to Mount Hermon Road and Bear Creek Road before looping back to Skypark.

And there is an ADA route, accessible to people using wheelchairs.

People can sign up in advance or show up and register on the day of the walk.

Normalizing

Farah hopes this will start normalizing the conversation about mental health.

"How are you feeling today?"

"What's the pain level? 1-10, how do you feel?"

She's learned that pain is a factor in suicide.

When someone thinks, I just want the pain to stop, "we need to decrease access to pills, decrease access to guns, and increase access to connectivity. Mental health, we need to talk about it, create a space where they have hope."

She added, "Just because you're not bleeding doesn't mean you're not hurting."

She can imagine Trevor telling her, "Just keep going. If you can help somebody with what I went through... I feel him and I pray a lot. I'll see him again. I know that."

Register for the walk

Sept. 30 at <https://tinyurl.com/out-of-darkness-walk-sept30> or email Farah at AFSPStcCruzCityWalk@gmail.com



Photo Credit: Jondi Gumz
Popular Perenyok, Lacy Febelko, Tamara Juracz, and Ryder Brancatelli create hope rocks at the suicide prevention walk booth Aug. 20 at Scotts Valley Art, Wine & Beer Festival.

Cover Photo: Farah Galvez and her son Trevor Theissen

Children & Youth Behavioral Health (CYBH) Continuum of Care

Prevention to Specialty Care

September 15, 2023



Mónica Morales, Health Services Agency
Director

Tiffany Cantrell-Warren, Behavioral Health
Director

Karen Kern, Behavioral Health Deputy
Director

Lisa Gutiérrez Wang, PhD , Children's
Behavioral Health Director

Behavioral Health Burden

Health / Mental Health & Mental Disorders

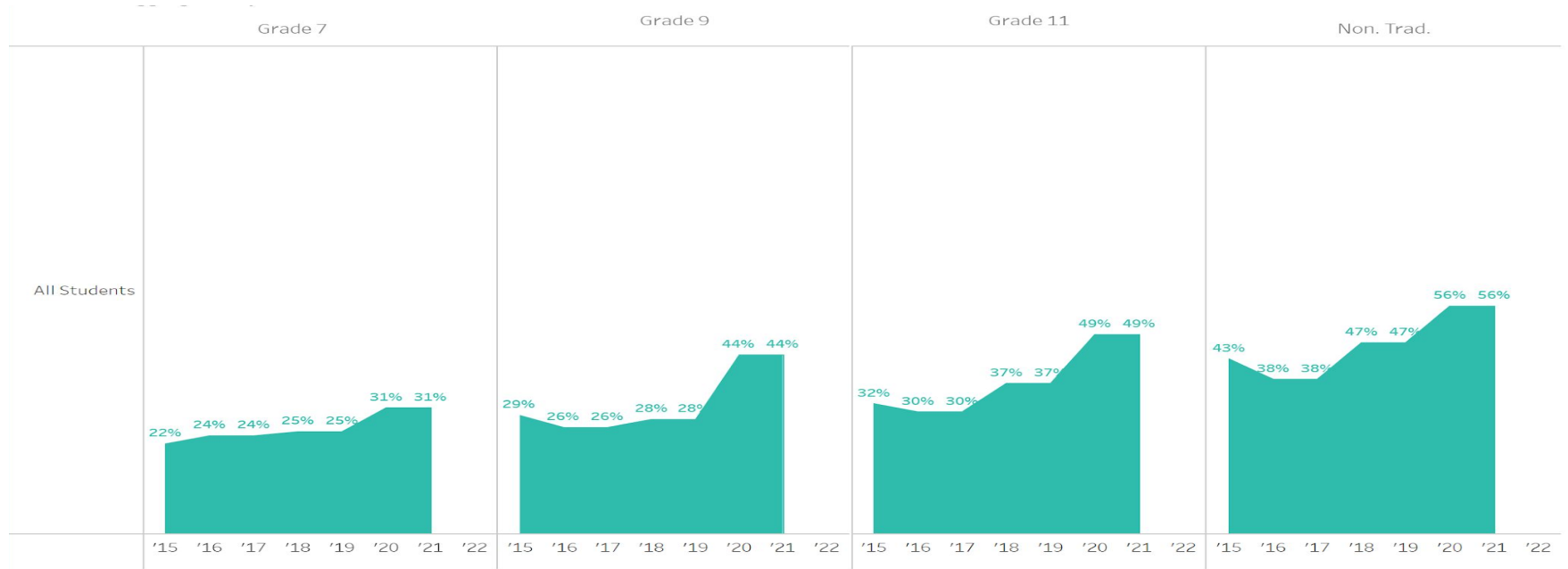
County: Santa Cruz

	VALUE	COMPARED TO:				
Adults Needing and Receiving Behavioral Health Care Services	58.0% (2020-2021)	 CA Counties	 CA Value (54.1%)	= Prior Value (63.5%)	 Trend	
Adults Who Ever Thought Seriously About Committing Suicide	22.1% (2020-2021)	 CA Counties	 CA Value (15.6%)	= Prior Value (24.1%)	 Trend	
Adults with Likely Serious Psychological Distress	20.4% (2020-2021)	 CA Counties	 CA Value (16.4%)	= Prior Value (17.0%)	 Trend	
Age-Adjusted Death Rate due to Suicide	11.6 Deaths per 100,000 population (2019-2021)	 CA Counties	 CA Value (10.3)	 US Value (13.5 in 2020)	= Prior Value (12.8)	 Trend

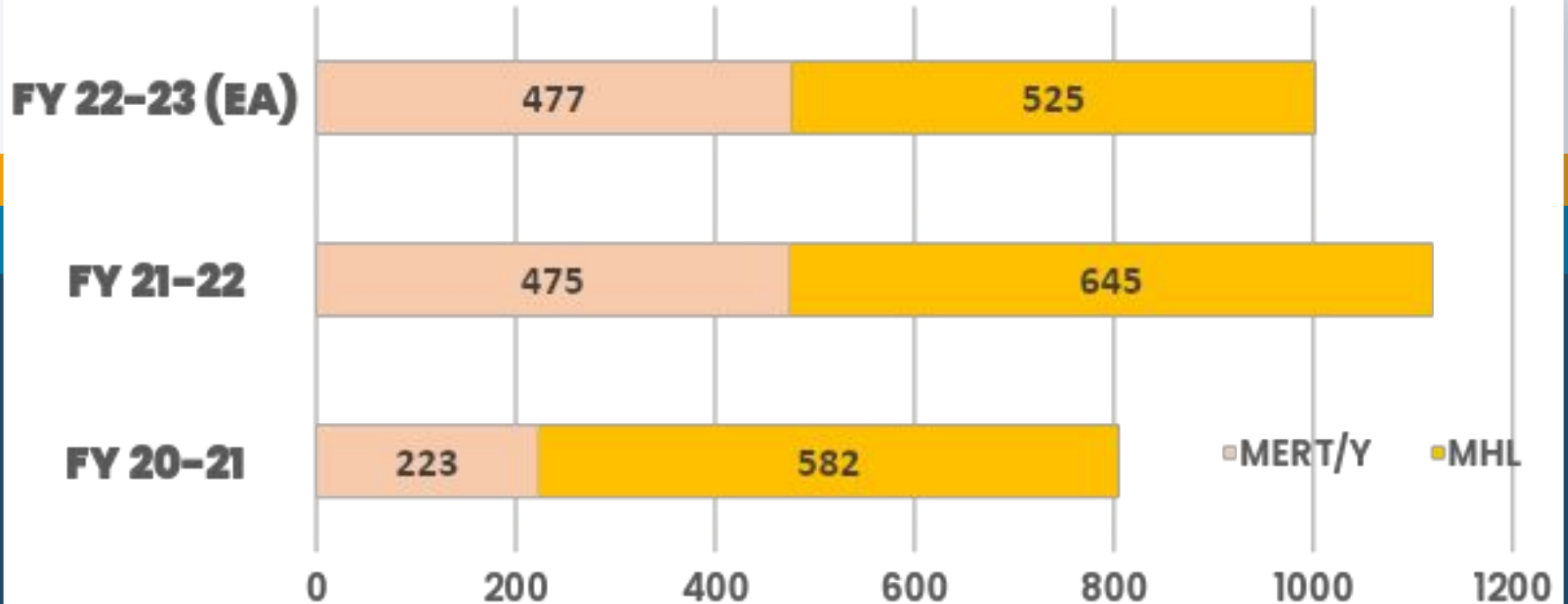
See the Legend

Source: <https://www.datasharescc.org/indicators/index/dashboard?id=204404044446691429> Compared to California values, Santa Cruz County has a higher value, which is worse

Santa Cruz County Students – Chronic Sadness/Hopelessness in the past 12 months



Mobile Crisis Services by Year for MERT/Y and MHLs

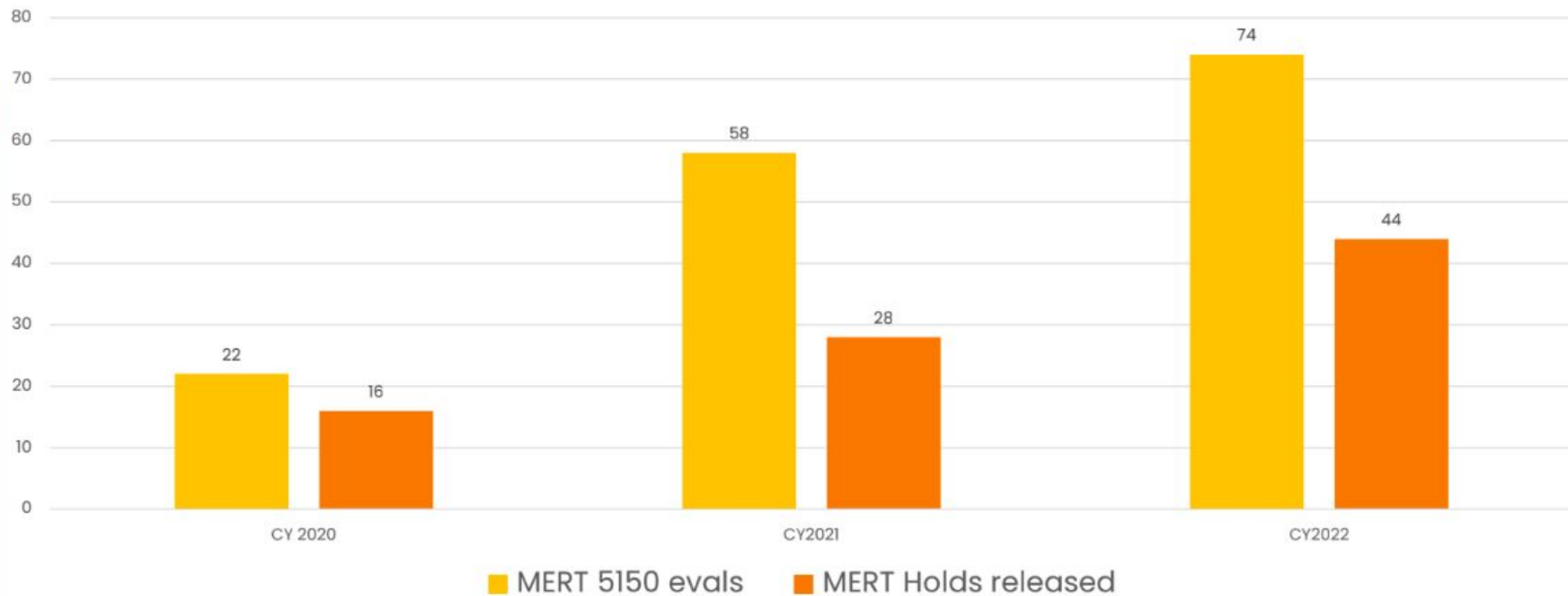


Combined MHL teams respond to over 2000 calls per year, the majority are resolved on scene with connection to resources

Adult 5150 in Dominican Emergency

Department: MERT Reassessment Evaluations

CY 2020 - 2023



THERE IS A CRISIS IN YOUNG PEOPLE'S MENTAL HEALTH

Consider the facts before COVID-19:



Increase in inpatient visits for suicide, suicidal ideation, and self injury

for children ages 1-17 years old, and 151% increase for children ages 10-14



Increase in mental health hospital days

for children between 2006 and 2014



Increase in the rate of self-reported mental health needs
since 2005



California ranks low in the country for providing access to behavioral, social, and development services and screenings

IMPACT OF COVID: What we feared is coming to pass...

ED VISITS

Beginning in April 2020, the proportion of children's mental health-related ED visits among all pediatric ED visits increased and remained elevated through October

24/31 %

Compared with 2019, the proportion of mental health related visits for children aged 5 to 11 and 12 to 17 years increased approximately 24% and 31% respectively

25%

One in four young adults between the ages of 18 and 24 say they've considered suicide because of the pandemic, according to new CDC data that paints a big picture of the nation's mental health during the crisis

RADY CHILDREN'S HOSPITAL IN SAN DIEGO:

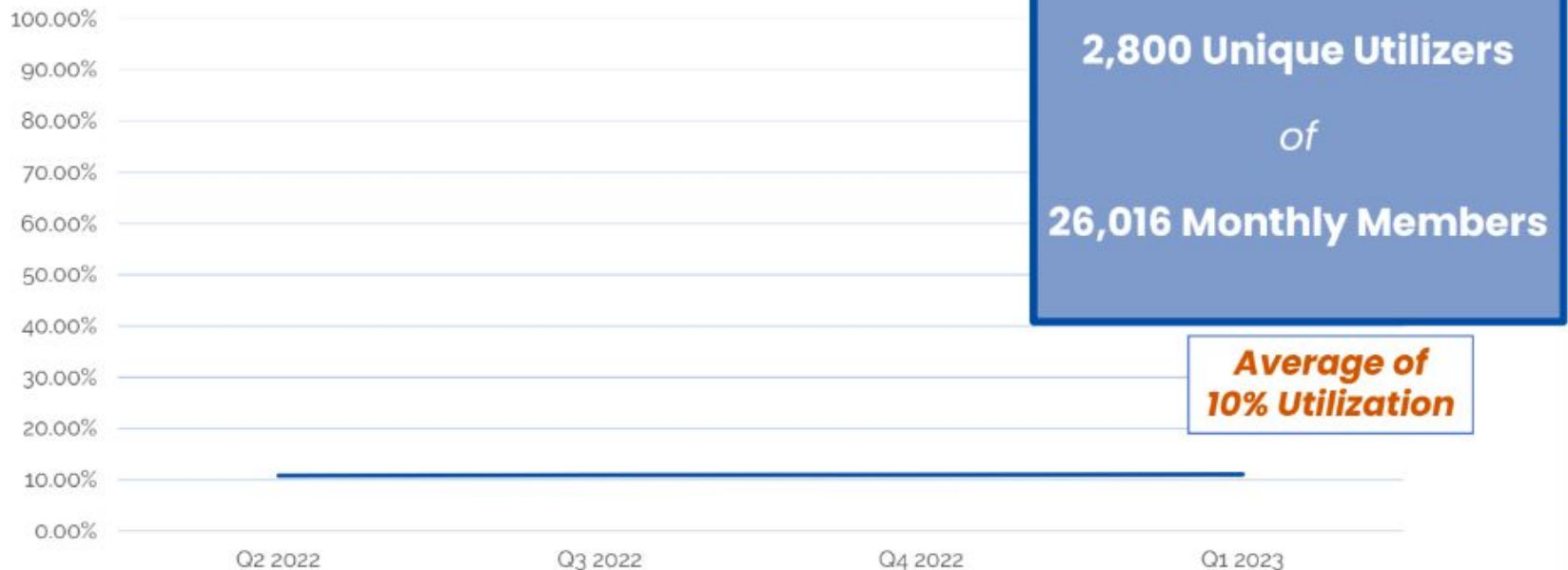
Between FY2011 and FY2019, annual behavioral health volume has increased

1746%

From 163 visits to 3,009 visits in 8 years

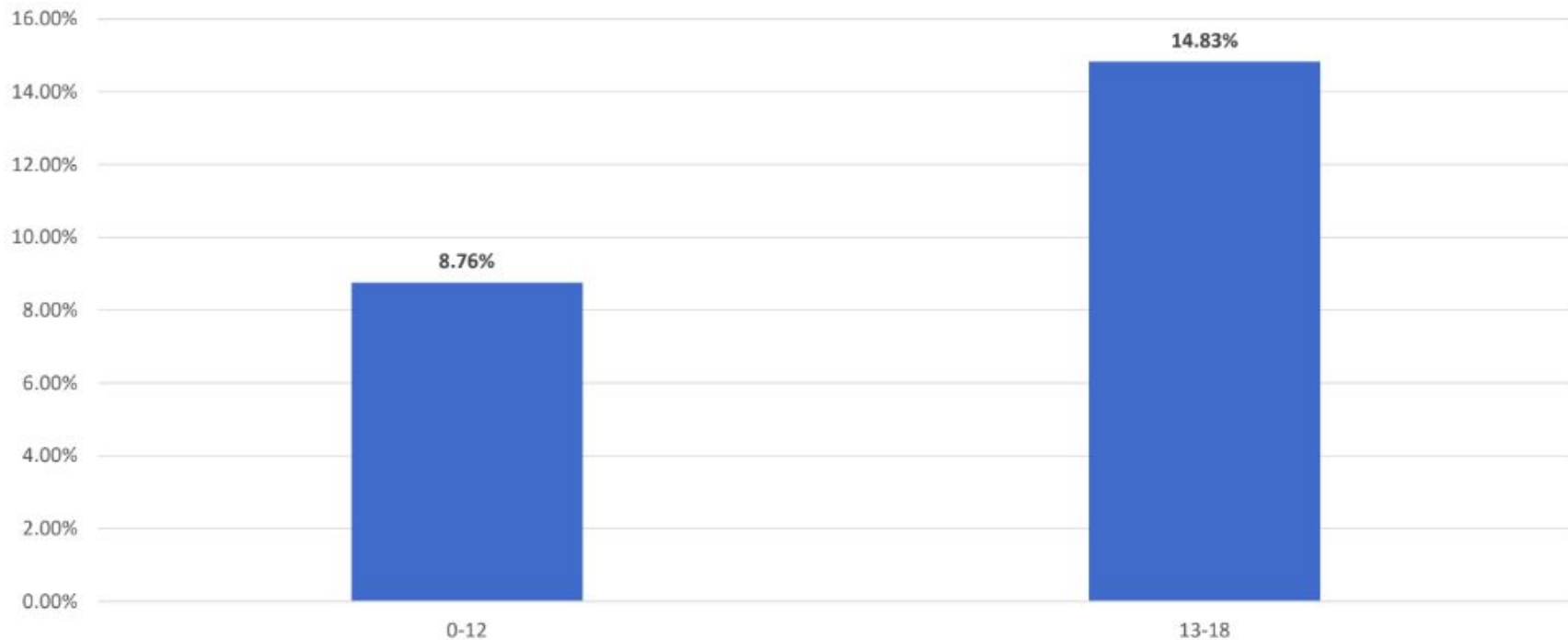
Comparatively, total Emergency Department visits has grown 23% during this same time period

Children & Youth Medi-Cal Service Utilization



Source: Central California Alliance for Care, Presentation, June 2023

2022 Medi-Cal Children & Youth Utilization, by Age



Payment and Delivery System Reform Is Essential:

- Approximately 75% of mental illness manifests between the ages of 10 and 24. Since adolescents have the lowest rate of primary care utilization of any demographic group, it makes early warning signs difficult to detect.
- Provider shortages at the PCP and mental health practitioner level compound the challenge.
- Diagnosis-driven models are only appropriate for some. Early identification and payor agnostic models are essential to systems change

How did we get here?

We have **no common framework** for defining and understanding behavioral health among and between public systems and clinical care providers.

Our public systems are **deeply fragmented** and under-resourced. Commercial payers have not effectively partnered with safety net systems.

A lack of clarity over whether mental health is an **essential benefit** or a public utility prevents commercial payers from fully engaging and cost shifts to public systems

Our definition of medical necessity is **outdated** and inconsistent with emerging trends and evidence regarding the impact of trauma and adversity on social and emotional health.

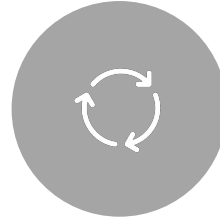
The field is young. Many clinical modalities with widespread application are less than 20 years old.

Children's Behavioral Health Continuum Taskforce

Where are we going?



What is our vision and road map for behavioral health in our community?



How do we build new team-based models of care that integrates fragmented safety-net systems?



What are the current behavioral health preventive and early interventions modalities and what do we need to do in our county?



How do we adopt a paradigm shift that reimagines mental health as a support for healthy development, not a response to pathology.

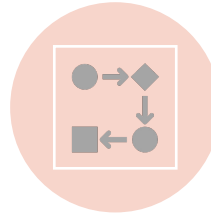
Children's Behavioral Health Continuum Taskforce

- Convening since **January 2023**
- **Group objective:** establish countywide vision for behavioral health continuum, with focus on prevention and early intervention.
- **Initial Outputs** focusing on strengthening communication and standardizing procedures in behavioral health systems of care
 - MOU and Universal Release of Information forms
 - MERTY protocols
 - Combined workforce training
- **Future Output**
 - Behavioral health Continuum Three Year Roadmap
 - System gaps and opportunities
 - Countywide priorities, including policies, infrastructure and programming
 - Accountability: roles, responsibilities, and commitments

Children's Continuum Project Overview



Map the current Children & Youth Behavioral Health (CYBH) **continuum of care** in Santa Cruz County, produce visual “snapshot”



Produce a high-level report that provides a **roadmap** for future collaboration, planning, and system improvements that **shift the focus upstream to preventive and early intervention**

Current Step

CYBH Landscape Analysis

June-Aug 2023

- Review existing data
- Synthesize in brief visual

Additional Data Collection

Aug-Oct 2023

- Collect additional data as needed (limited # listening sessions, informational interviews)

Roadmap Report

Oct-Dec 2023

- Develop high-level roadmap to guide future action

Behavioral Health Landscape in Santa Cruz County

Current System Challenges

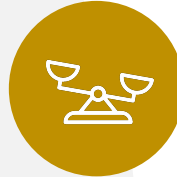


1. Compartmentalized Systems



- Eligibility & access driven by funding sources & mandates
- No systemwide standards & protocols
- Silos and lack of alignment between systems
- Lack of clarity about roles, responsibilities, funding sources

2. Limited Resources & Services



- Needs outweigh the resources and funding available
- Gaps across the continuum in access, affordability
- One time funding & services

3. Workforce Challenges



- Turnover, hiring difficulties affecting County and community-based organizations (CBOs)
- Limited qualified staff, especially multilingual
- “Broken pipeline”

4. Compounded Pressures



- Increased level of need and intensity post-COVID
- Cumulative effects of other system and workforce challenges create roadblocks



CYBH Continuum of Care: Medi-Cal Behavioral Health (BH) Care System



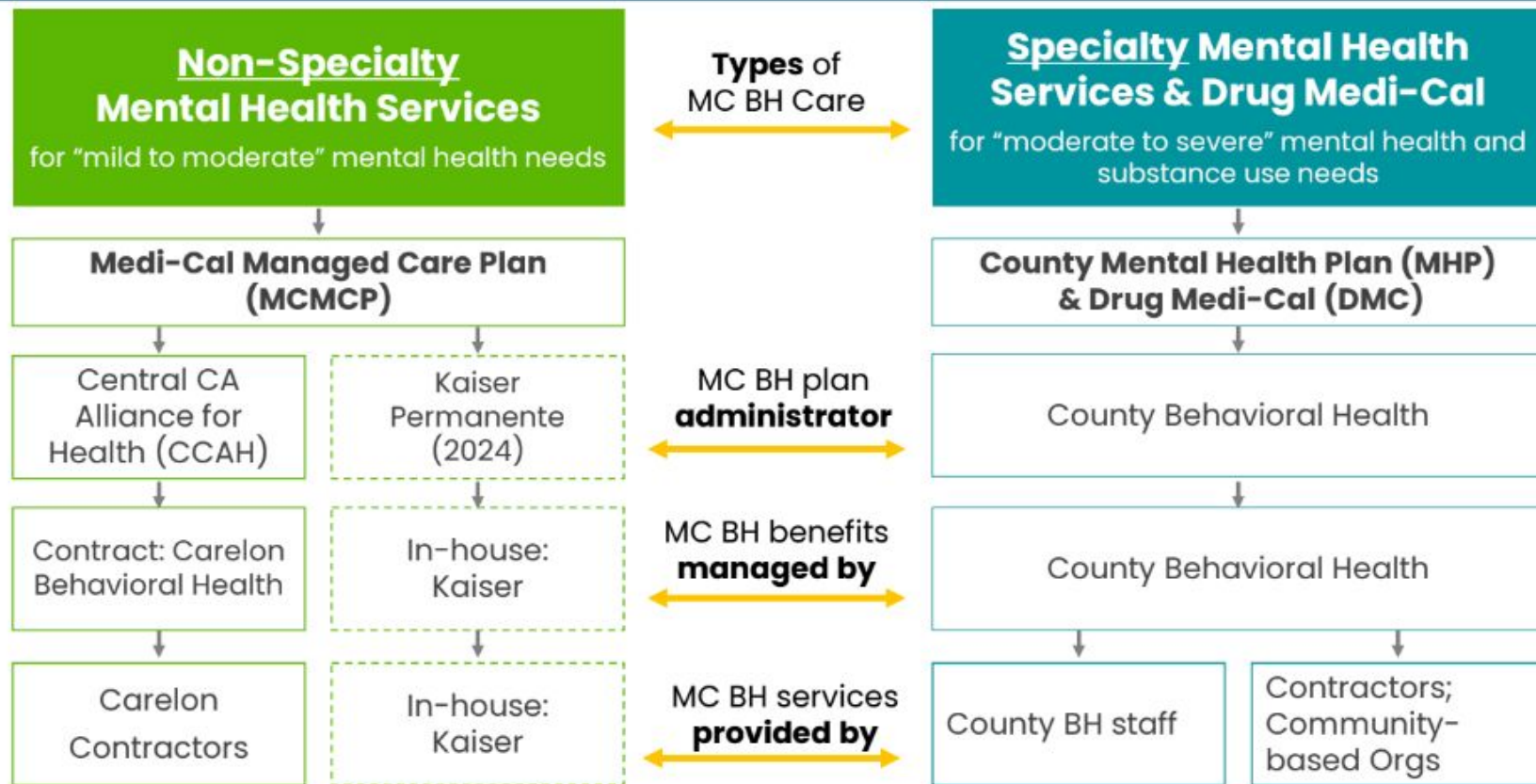
Adapted from State of California Department of Health Care Services, Assessing the Continuum of Care for Behavioral Health Services in California (2022)



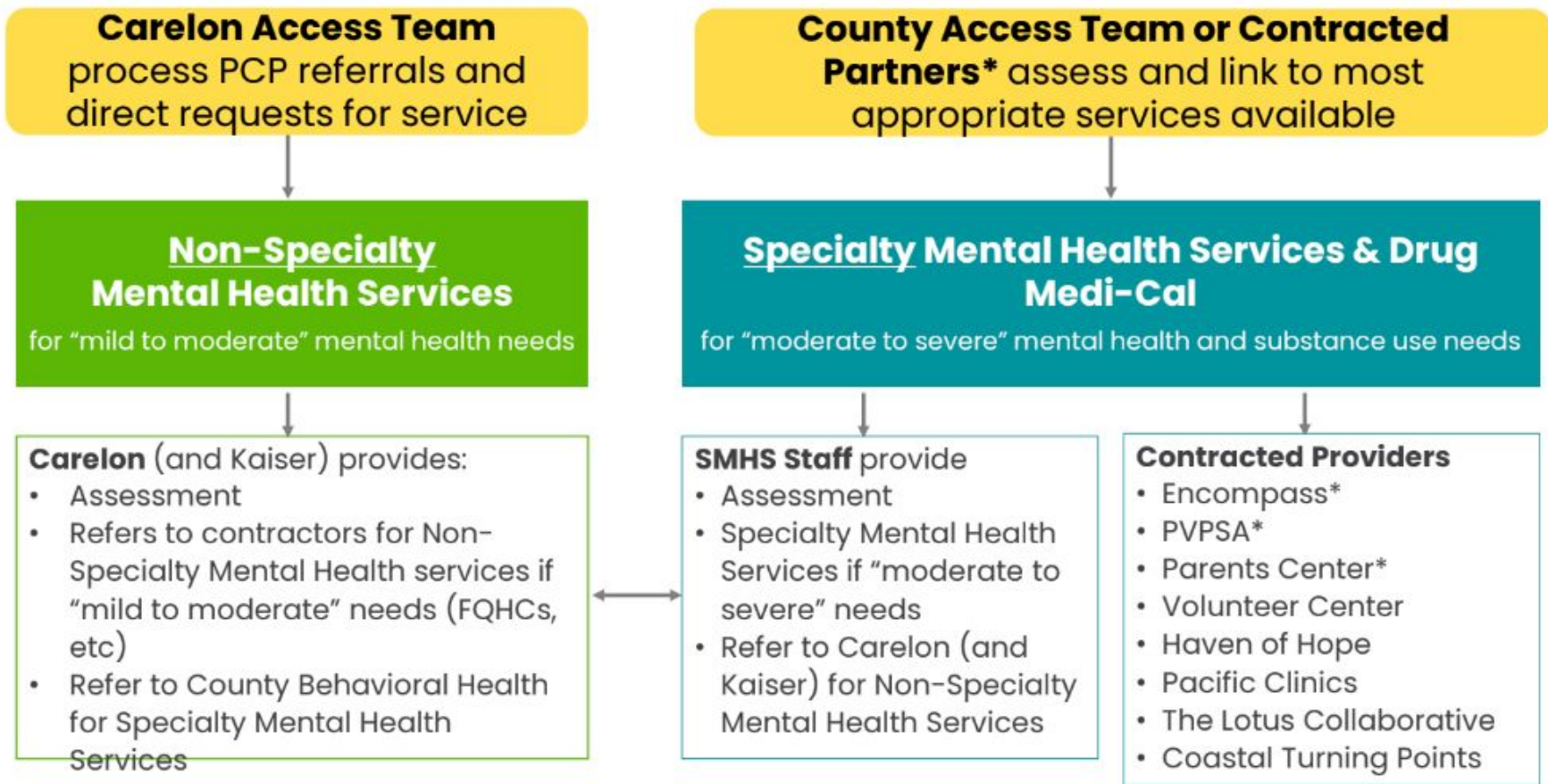
CYBH Continuum of Care: Medi-Cal Behavioral Health (BH) Care System

Preventive & Early Intervention Services	Non-Specialty Mental Health Services	Specialty Mental Health Services & Drug Medi-Cal	
Primary Care School-based BH Care Community-based BH Care	Outpatient Behavioral Health Care	Intensive, Non-residential BH Care, Crisis Response & Stabilization	Intensive, Residential BH Care
<ul style="list-style-type: none">• Primary care wellness/behavioral health checks• Health & developmental screens, tests, immunizations• Behavioral health education• <i>Wellness Centers (schools & CBOs)</i>• <i>New Medi-Cal benefits (e.g., Dyadic, Family Therapy)</i>• <i>New Medi-Cal provider classes (Peer Specialists, CHW, Doulas, Wellness Coaches, Interns/Associates)</i>	<ul style="list-style-type: none">• Mental health evaluation and treatment (individual, group, family therapy)• Psychological and neuropsychological testing to evaluate mental health condition evaluations• Outpatient services to monitor drug therapy• Psychiatric consultation• Integrated behavioral health in health systems• Outpatient laboratory, drugs, supplies, supplements• <i>New Medi-Cal benefits & provider types</i>• <i>School-based mental health services</i>	<ul style="list-style-type: none">• Mental health evaluation and treatment (assessment, treatment planning, individual therapy, family therapy)• Crisis call centers• Mobile Emergency Response Team – Youth (MERTY)• Peer-based crisis respite• Intensive Care Coordination• Intensive Home-based Services• Outpatient substance use services	<ul style="list-style-type: none">• Crisis stabilization units• Psychiatric emergency programs• Short-term residential therapeutic program (STRTP)• Medically monitored intensive inpatient services• Psychiatric residential treatment• Sobering centers

Non-Specialty and Specialty Mental Health Services



Current "Entryway" to Medi-Cal BH Services...



Where is Santa Cruz County Now in Crisis Services?

We Have:

1. Some Mobile Crisis Capacity
2. A 988 Call Center with Referral Capacity
3. Some Receiving Center Capacity
4. Suicide Prevention Best Practices

We Need:

1. 24/7 Mobile Crisis Response
2. Call Center with Dispatch Solution Directly to Mobile Crisis Teams
3. Dedicated Receiving and Crisis Support for Youth
4. Peer Support Specialists Integrated into Model

Pillars of the Crisis Now Model

High Tech
Crisis Call
Center

24/7 Mobile
Outreach
Crisis Teams

Facility-based
Crisis Center

Evidence-
based
Practices



Person in Crisis

Crisis Call Center

Mobile Crisis Team

23-Hour Stabilization

Short-term Stabilization

Children's Crisis Residential & Stabilization Unit

- Support youth in crisis locally:
 - 8-bed Crisis Stabilization Unit (CSU)
 - 16-bed Crisis Residential Program (CRP)
- 30,220 SF 2-Story Building
 - 20,437 SF Parcel
 - Built 2001
 - 100% Grant Funded



Behavioral Health Transformation

Key Opportunities for Alignment & System Change

Mental Health Transformation

- Health systems and behavioral health integration
 - Dyadic behavioral health benefits
- Parent education and engagement
- Youth behavioral health & wellness infrastructure

Statewide Policy & Funding Changes

- CalAIM
- Children & Youth Behavioral Health Initiative (CYBHI)
- Community School Partnerships
- School-linked BH Services
- No Wrong Door
- SB 326: Mental Health Services Act (MHSA) Reform
- AB 531: General obligation bond (BH treatment, housing)

4. Investments in Workforce Pipeline

- New Medi-Cal provider classes (Peer Specialists, CHWs, Doulas, Wellness Coaches)
- State-level investments in BH workforce development

Next Steps

CYBH Landscape Analysis

June-Aug 2023

- Review existing data
- Synthesize in brief visual

Additional Data Collection

Aug-Oct 2023

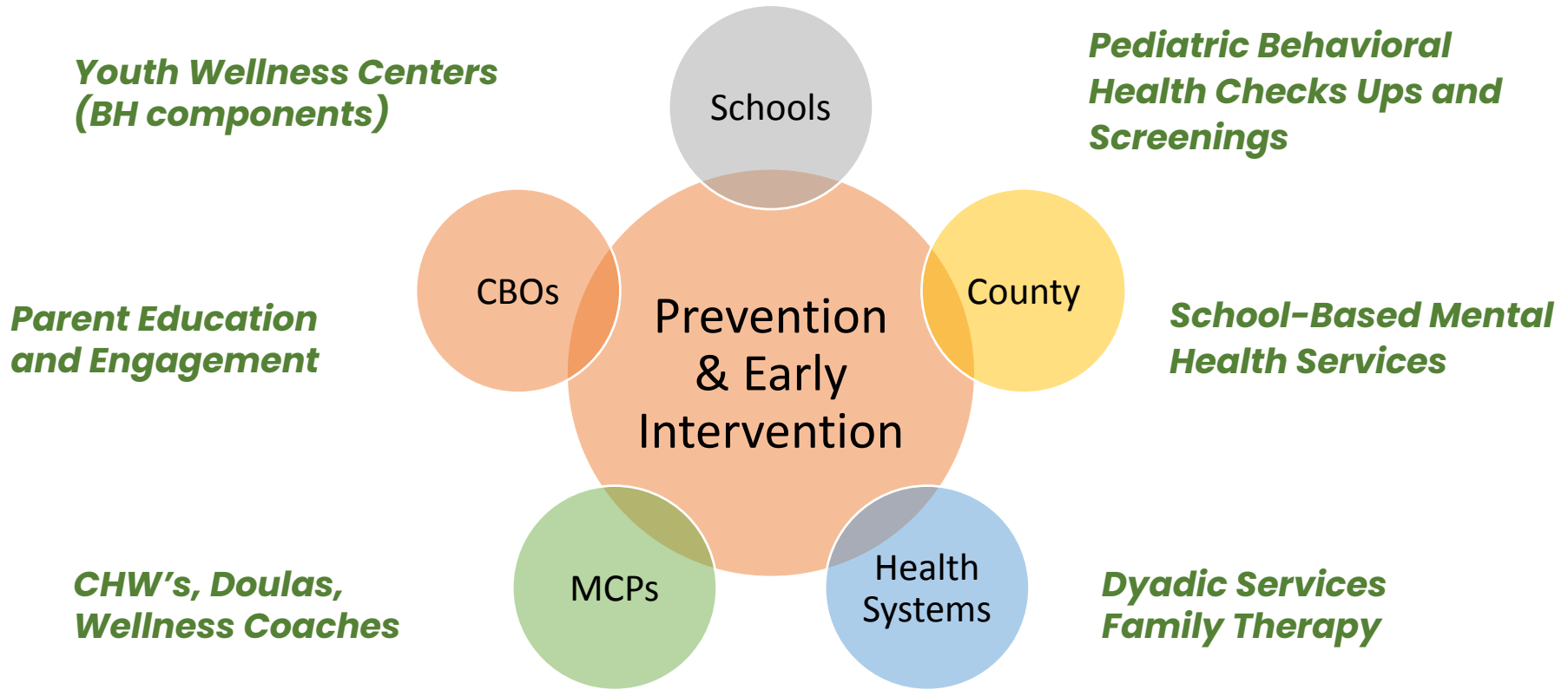
- Collect additional data as needed (limited # listening sessions, informational interviews)

Roadmap Report

Oct-Dec 2023

- Develop high-level 3 year - roadmap to guide future action

Moving Upstream will Require Bolstering Current Systems from Crisis to Prevention Modalities



Curiosities

What do we (as partners, a community) need to **know or understand better** to **collectively address system gaps** and **shift our focus upstream?**



I wonder...



What if we...?



How might we...?

Resources

Local

- SCC Mental Health Services Act ([MHSA](#)) [Three-Year Plan](#) (2023-2026)
- [SCC Civil Grand Jury Report](#): Diagnosing the Crisis in Behav. Health
- SCC Behavioral Health – MHSAs Innovative Project Plan ([Crisis Now](#))
- Santa Cruz COE [Community Resiliency Initiative](#)
- MOU & Release of Information (ROI) Subcommittee Meetings

State

- CalAIM documents
- [California's Children & Youth Behavioral Health Ecosystem](#) (Breaking Barriers)
- Children & Youth Behavioral Health Initiative ([CYBHI](#))
- [Governor Newsom's Master Plan for Kids' Mental Health](#)
- [Governor Newsom's Transformation of Behavioral Health Services](#)
- Medi-Cal briefs, fact sheets
- California Childrens Trust
<https://cachildrenstrust.org/>

**Questions
or
Comments**



IBHAC Workforce

IBHAC Quarterly Meeting
Sept. 15, 2023





“

**Coming together is a beginning.
Keeping together is progress.
Working together is success.**

-Henry Ford

IBHAC WORKFORCE SUB-MEETING PROJECTS

Motivo offering rural/underserved communities a 25% discount on hourly supervision rates:

- 3 organizations signed up
- 19 associate-level clients

Santa Cruz County Office of Education survey student interest on Mental Health, Counseling and Wellness Career Pathway Program

HCAI Health Professions Pathways Program (HPPP) Grant

- Collaborative application with UCSC & Cabrillo College
- Funding 20 summer internship
- Employer engagement



IBHAC Workforce Sub-Meeting Facilitator

Jasmine Nájera, LCSW, CEO Pajaro Valley Prevention and Student Assistance

Importance of Gathering:

- Creating a community with a shared vision to increase local workforce development pathways
- Collaborative partnership and sharing of resources/opportunities
- Decrease working in silos
- Building bridges for community impact through professional partnerships and commitment to increasing our local workforce

Community Impact:

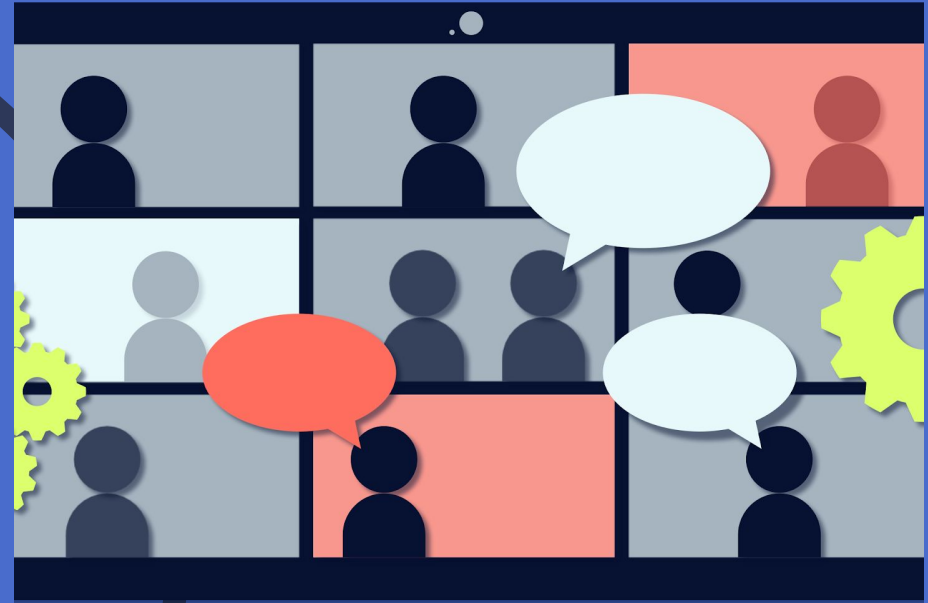
- Increased opportunities for specialized training tracks
- Increase potential for mentoring for greater impact
- Financial supports to grow workforce via HCAI funding
 - Growing our own

ENGAGEMENT OPPORTUNITIES



IBHAC WORKFORCE SUB-MEETING

- TUESDAY OCT. 17TH
ONLINE
10-11AM
NOV. TBD
- Host an intern if HCAI HPPP
Grant is awarded





**High-Road Training Partnership (H RTP)
Resilient Workforce Program (RWP)
Grant**

\$500,000

Funding the Health Workforce Council for 3 years.

Deliverables

13

Health Workforce Council Meetings

~50-75

Workgroup Meetings

3

HIP Annual Community Forum

3

Professional Development Conferences

Deliverables

1 2023 Workforce Report & Recommendations

2 Conduct Listening Tour

3 2026 Final Report Analysis



Cabrillo College
CSU Monterey Bay
Central CA Alliance for Health
Community Health Trust of Pajaro Valley
Dientes Community Dental
Dignity Health Dominican Hospital
Encompass Community Service
Health Career Connection
Health Improvement Partnership Behavioral Health
Hospice of Santa Cruz County
Hospital Council of Northern and Central California
Janus of Santa Cruz
Kaiser Permanente
Pajaro Valley Prevention and Student Assistance
Pajaro Valley USD Career Technical Education
Salud Para La Gente
Santa Cruz Community Health
Santa Cruz County Health Services Agency
Sutter Health
Watsonville Community Hospital



**Who should be included in
the next healthcare
workforce listening tour
April - June 2024?**





Reflections

Q₁₀ U₁ E₁ S₁ T₁ I₁ O₁ N₁ S₁



Thanks!

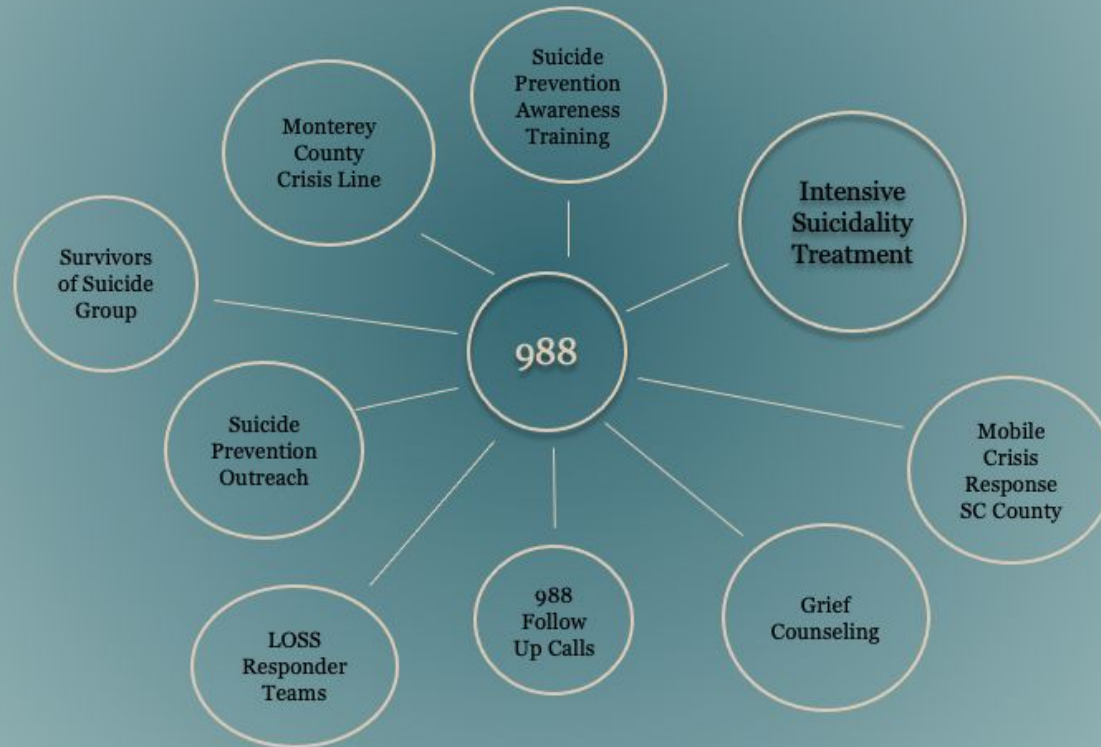
hipscc.org/workforce
hmears@hipscc.org

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Family Service Agency of the Central Coast

Suicide Prevention & Treatment



The Care Core: Overcoming Suicidality

- Intensive Outpatient Treatment for Suicidal Clients
- Utilizing the Collaborative Assessment and Management of Suicidality treatment protocol (CAMS)
- 2-3 sessions per week for 8-12 weeks
- Current capacity is 4 clients
- Utilize licensed and associate licensed clinicians to implement the program
- Two clinical supervisors oversee the services.
- Integration with 988 responders
- Services available for youth and adults implementing both the CAMS and CAMS for Teens treatment protocol
- Accepted Central Coast Alliance Medi-Cal and sliding scale fee for service.
- In person and telehealth
- Office locations: Santa Cruz and Salinas
- For services contact: 831 423-9444, clientservices@fsa-cc.org
- Administrative questions:
Bill McCabe, LMFT, mccabe.b@fsa-cc.org
831 430-6583

CAMS - Collaborative Assessment and Management

- Comprehensive treatment protocol for assessment, treatment planning, tracking client stability and producing positive clinical outcomes
- Evidence-based outcomes: 10+ peer reviewed papers demonstrate effectiveness in reducing suicidal ideation and suicide attempts
- Quickly reduces suicidal ideation in 6-8 sessions
- Reduces overall symptom distress, depression, changes suicidal cognitions, and decreases hopelessness
- Decreases Emergency Department (ED) visits
- Utilizes Suicide Status Form for the program's clinical basis
 - Combines psychological measures correlated with suicide ideation and behavior
 - Used in each session
 - Measures: psychological pain, stress, agitation, hopelessness and self-hate
- Treatment plan focuses on use of safety plan and addresses the unique drivers of the client's suicidal ideation
- Flexible across clinical orientations, clinician friendly

Clinical and Program Reflections

Lessons – Needs:

- 11 referrals: 8 from 988, 1 from our Survivor’s Healing program and 2 through our community gate.
- 4 engaged in treatment, 7 did not. 1 completed, 3 actively engaged.
- 2 on course to transition to general outpatient counseling with treatment team therapist.
- Diagnostic summary: 3 major depressive disorder, 1 dissociative identity disorder.
- Need for Spanish-speaking clinician. Actively pursuing grants towards this end.
- Difficult leap from 988 crisis line caller to intensive outpatient client. Adding clinicians to integrate into our follow up call team with general outpatient therapy available.
- Level of mental health distress is greater than the intended “mild to moderate” of our Central Coast Alliance Medi-Cal funding source.
- Challenges transitioning out of program.
- Need to add adjunct family therapy and parent coaching to CAMS for Teens treatment protocol.



THANK YOU!

Please email ahayes@hipscc.org any flyers, registration links, or resources you would like to share with IBHAC Members