

## MENTAL HEALTH WELLNESS ACT OF 2013 CALIFORNIA SENATE BILL 82 -- TRIAGE

**Purpose:** Funded with Mental Health Services Act administrative dollars, the Mental Health Wellness Act of 2013 (SB 82) is intended to increase California’s capacity for client assistance and services in crisis intervention including the availability of crisis triage personnel, crisis stabilization, crisis residential treatment, rehabilitative mental health services, and mobile crisis support teams.

**Background:** The MHSOAC awarded competitive grants to 24 counties with the goal of hiring at least 600 triage personnel statewide. The triage personnel provide crisis intervention, intensive case management and linkage to services for individuals in mental health crisis. These programs increase access to effective local crisis in the least restrictive manner while also reducing the costs of expensive inpatient and emergency room care.

### Funding and Positions by Region:<sup>1</sup>

Region	Funds Approve (Million)	Funds Allocated (Million)	Positions Approved (FTE)	Positions Hired (FTE)
Southern	\$43.4	\$31.3	131.8	90.5
Los Angeles	\$36.6	\$22.1	183.0	97.0
Bay Area	\$24.8	\$15.9	90.1	69.2
Central	\$18.3	\$13.3	74.7	60.4
Superior	\$4.9	\$3.3	33.3	29.8
Totals	\$128.0	\$85.9	512.9	346.9

**Examples:** Yolo County hired clinical staff to accompany law enforcement on crisis calls and peer counselors to provide support following a crisis, including engaging in a crisis plan, navigating the system of services, and supporting recovery needs. The county tracks the number of individuals who experience repeated crisis events to demonstrate an anticipated reduction in frequent or repetitive use of the emergency room, hospital, or jail services. A decrease in per-person cost of services is also expected.

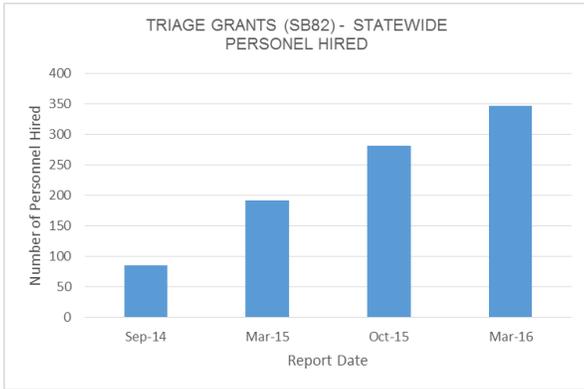
Riverside County expanded community based crisis services by introducing a diversion focused crisis response system of care. Funding was used to add regionally based triage personnel that will respond to local medical emergency departments with the focus on linking individuals in mental health crisis to a crisis stabilization network of care. Emergency room response including clinical and peer mental health specialists are now available seven days a week, 10 hours per day.

**Stories from the Field:** “I was called to the home by the Sheriff and Child Protective Services. The client, a 49 year-old father, had paranoid delusions that centered around specific people targeting him, watching his house from the trees, breaking in, and hacking into his phones and internet. His psychiatrist and therapist had recently retired and he was no longer taking his medication. He was terribly disorganized due to his mental illness and fixated on the ‘hacking’ of his electronic devices to exclusion of taking care of greater priorities. He struggles not only with delusions, but also ADD. The chaos created by his disorganization elevated his stress levels, which in turn elevated his other symptoms. By providing support to the client, I was able to help him manage without calling dispatch unnecessarily. I worked with the client to eventually get him in with another psychiatrist and he was working on getting a new therapist. In my last encounter with him, he was under the care of a psychiatrist and his delusional symptoms were greatly improved.”

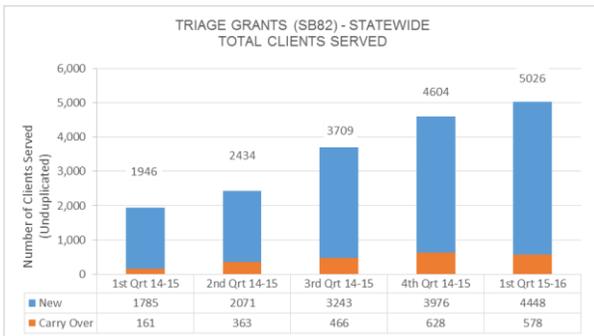
<sup>1</sup> Funds allocated as of FY 15/16 and position data as of 3/30/16

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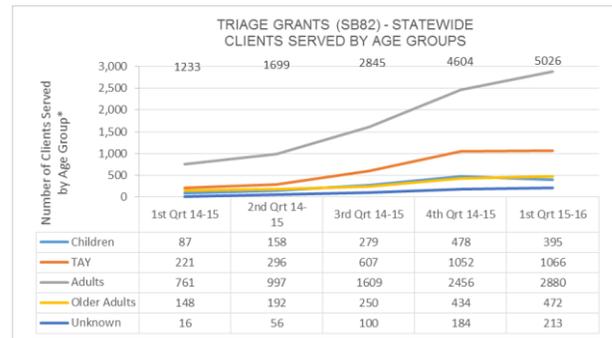
**Personnel:** Hiring of county and contractor staff for specialized triage related services continues to increase each quarter. By March 2016 nearly 350 grant funded positions had been filled.



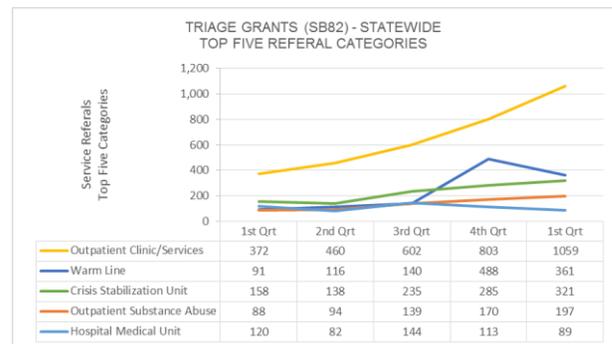
**Services:** The total number of clients served through funded triage programs continued to increase each quarter as more county personnel were hired and subcontracts with service providers approved. More than 13,000 individual clients were served through September 2015.



The majority of those serviced were adults (age 26-59) followed by transition age youth (16-25).



The top five categories of referral and linkage to additional services included outpatient clinics, warm line, crisis stabilization unit, outpatient substance abuse, and hospital medical unit.



**Outcome Evaluations:** In June 2016, all grantees will submit a comprehensive outcome evaluation designed to measure the effectiveness of increased triage personnel and/or the effectiveness of their improved crisis response system. Grantees will be reporting on identified outcomes which may include:

- Reduced reliance on psychiatric hospitalization in crisis situations
- Increased resiliency and crisis management techniques
- Reduced costs for hospital emergency rooms and criminal justice providers
- Improved linkage to community-based mental health services.