

X INFORMATION

TAB SECTION: W

___ ACTION REQUIRED:

DATE OF MEETING: 06/20/13

PREPARED BY: Murphy

DATE MATERIAL
PREPARED: 5/17/13

AGENDA ITEM: Alternatives to Institutionalization

ENCLOSURES: *Crisis Residential Programs*, CMHPC, March 2010
Crisis Residential Treatment Manual (excerpt), Steve Fields, Progress Foundation
A Call for State Action: Invest in Mental Health Services for Community Wellness –
Senate President Pro Tempore Darrell Steinberg – May 2013
*Momentum for Mental Health Full Service Partnership-90 (FSP90) Program Outcomes
Status Report* – Momentum for Mental Health

OTHER MATERIAL RELATED TO ITEM:

ISSUE:

The Planning Council has long advocated for a least restrictive system of care with a focus on recovery and wellness that is strength-based. It was recommended in the Master Plan for Mental Health when it was updated in 2003 and in a white paper on Crisis Residential Programs in 2010 (*Crisis Residential Programs*, attached). These recommendations were informed, in large part, on the research and findings reported in the *Crisis Residential Treatment Manual* (Steve Fields, excerpt attached).

In early 2013 Senate President Pro Tempore Darrell Steinberg traveled to Washington DC to advocate for a national mental health plan modeled after the Mental Health Services Act, and more specifically, for the inclusion of Crisis Residential Treatment Beds as a mainstreamed option for service under the Affordable Care Act (ACA) and Mental Health Parity and Addiction Equity Act of 2008. On May 7th, 2013 he unveiled a vision for a sweeping, statewide call to action (*A Call for State Action*, attached) that would add beds, personnel, maximize federal funds, leverage state and local funds, incorporate services through the ACA, and emphasize prevention and early intervention, stigma mitigation, and recidivism reduction strategies as an overall response to meeting the mental health needs of Californians.

Today's presentations are on two different programs in the Community mental health system that have successfully integrated recovery and wellness principles and practices with conventional coverage systems. Key to acceptance as a mainstream model is the ability to demonstrate that alternatives to institutionalization are both viable and preferable to medical models.

Progress Foundation offers a step-down program from IMD's – a long term (four months to a year) transitional social rehabilitation program that does not receive MSHA funding. It has enjoyed a 90% success rate over the last 20 years. The cost per day for clients is lower than the cost of IMD beds, and because it is Medi-Cal eligible, the County is able to divide the costs between realignment dollars and Medi-Cal billing for eligible clients.

Momentum FSP-90 program is funded through Santa Clara's MHSA Community Services and Supports funding. Like Progress Foundation, it draws its client base from IMDs and locked, inpatient settings. The program was designed to demonstrate that appropriate levels and types of

supports could help people remain in their community and reduce the use of locked, inpatient settings. It has been recording outcomes throughout the life of the program and has been able to demonstrate that the appropriate blend of intensive services at the front end (90 days), when followed up with a right types of recovery services post-enrollment, is key to reducing hospitalizations and homelessness (see attached Program Outcomes Status Report).

About the Presenters	
Steve Fields – Progress Foundation	Paul Taylor - Momentum
<p>Steve Fields, MPA, has served as the Executive Director of Progress Foundation, a non-profit mental health agency since 1969. Progress Foundation provides a range of residential treatment services as alternatives to institutional care for persons with severe mental disabilities in San Francisco, Sonoma and Napa counties in California. Mr. Fields has been involved in the development of social rehabilitation programs for over 40 years. Progress Foundation pioneered the development of acute residential alternatives to hospitalization, and opened the first social model residential treatment programs for geriatric clients in the country and the first social model residential treatment program for women and their children. Under the leadership of the Executive Director, Progress Foundation has also taken a lead role in developing supported housing for persons with disabilities.</p> <p>In 2009, the agency developed a community-based psychiatric emergency clinic to provide an alternative to involuntary assessments in hospital psychiatric emergency rooms. The Dore Urgent Care Clinic operates 24-hours, 7 days a week and is attached to an acute diversion residential treatment program which serves as an alternative to hospitalization.</p>	<p>Paul has worked in community mental health programs since 1972 and for Momentum since 1975. Over the course of his career he helped establish one of the first residential treatment programs in the nation for mentally ill ex-offenders, has been active and held several Officer positions, including past President of the California Association of Social Rehabilitation Agencies (CASRA), served as President of the California chapter of United States Psychiatric Rehabilitation Association (USPRA), and has served as President of the Association of Mental Health Contractors in Santa Clara County and on the Board of the California Council of Community Mental Health Agencies who co-authored the Mental Health Services Act. Currently he is President/CEO of Momentum and is also President of The Foundation for Mental Health.</p> <p>Paul founded La Selva, the first residential treatment program for mentally ill adults in California funded by both commercial insurance and private pay. He recognized the importance of family partnerships in 1979, and helped establish both family support and multi-family therapy groups that greatly increased the opportunity for individual clients to move forward in their recovery process. Paul enjoys strong support from staff and managers at Momentum for his consumer centered values and supportive leadership style. He is a strong and effective advocate for helping both the individual and community understand what elements are important to help people affected by serious mental illness to fully participate in life.</p>