

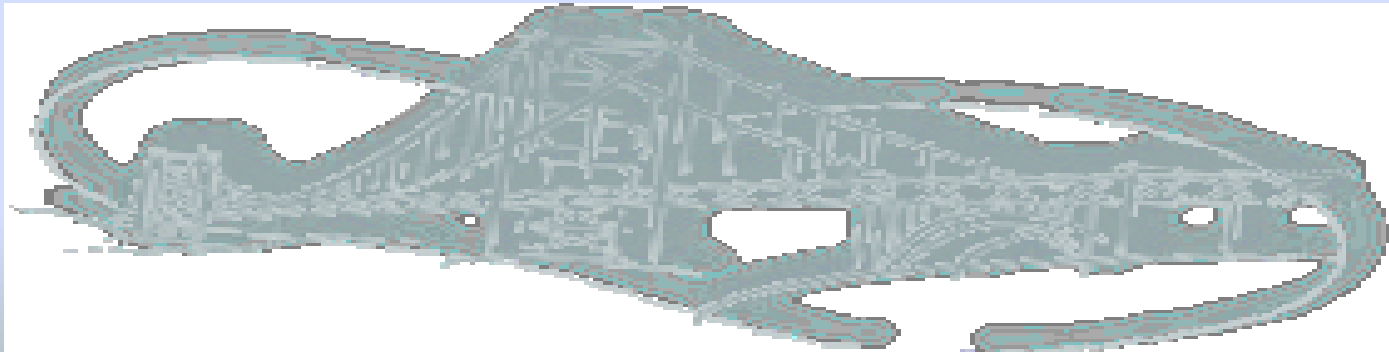
The Myth Busters

A project of

Building Bridges

To meet the needs of individuals with

Dual Diagnoses



After Today You Will-

- Know what the **mission** of North Bay Regional Center & Napa County Mental Health services is
- Know how each agency is **organized**
- Know what the **eligibility** criteria is for each agency
- Know how to make **referrals** and what the intake procedures are
- Know what **services** each agency provides and how these are delivered
- Know how to use the Memorandum of Understanding (**MOU**) to **coordinate** services

North Bay Regional Center and Napa County Health and Human Services Agency Mental Health MOU

- Delineates the **roles and responsibilities** of the North Bay Regional Center (NBRC) and the Napa County Health and Human Services Agency Mental Health Division (HHSA-MH)
- Ensure that **appropriate services** are being provided to citizens of Napa County who may exhibit symptoms of both a developmental and psychiatric disability.

MOU Steering Committee

- Each Agency has staff to serve on the Protocol Steering Committee:
 - **NBRC Joanne Giardello**
 - **HHS-MH Doug Hawker**
- MOU Steering Committee responsibilities:
 - Ensures the on-going development of **resources**.
 - Ensures the on-going coordination of **training**.
 - Manages the update and dissemination of **contact** names and numbers.

Training

- All participating agencies agree to **jointly plan and facilitate** training for their employees on this MOU.
- All participating agencies agree to **participate in a joint training** on this MOU for all appropriate staff.

Who Are We?

NBRC's Mission:

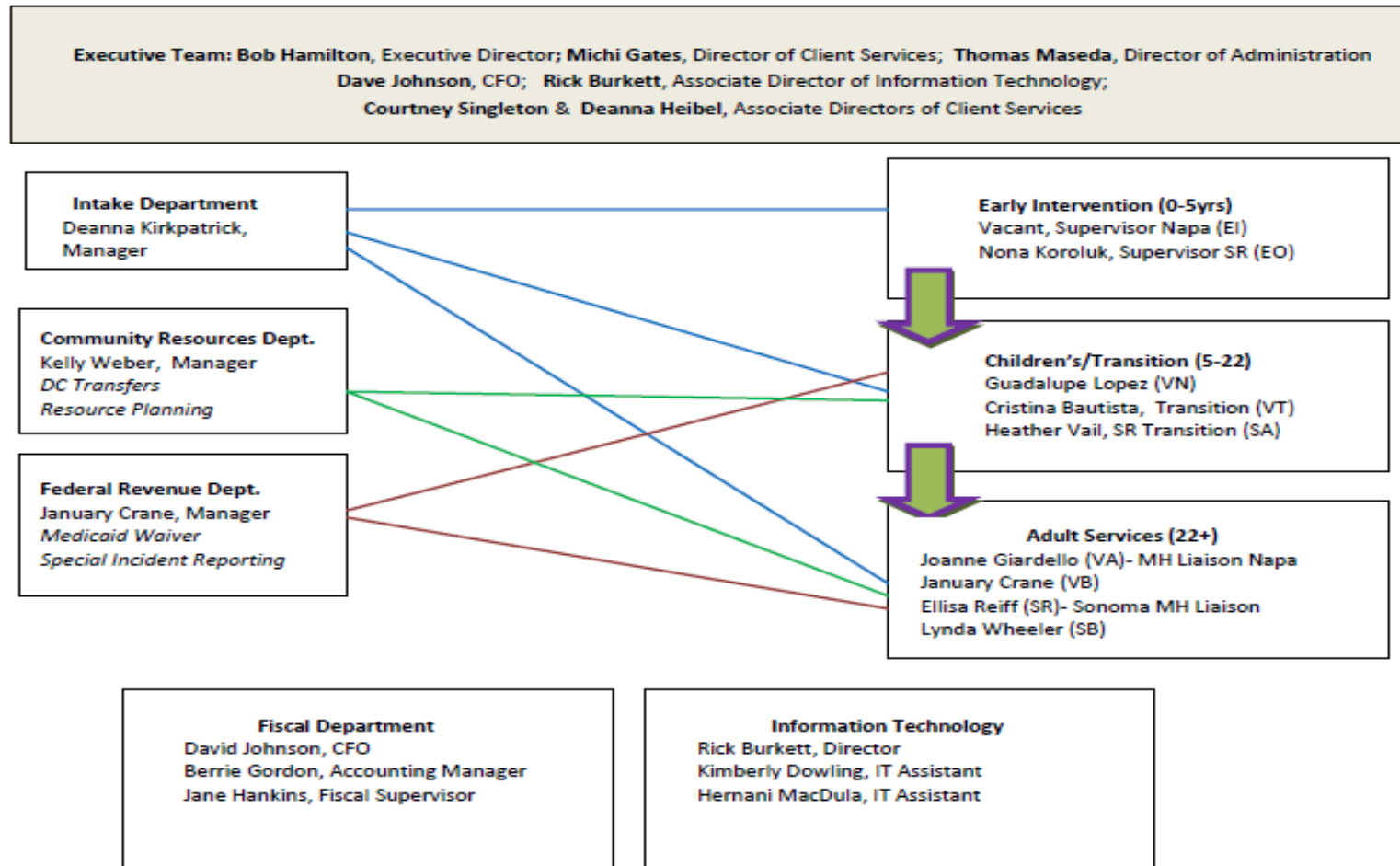
*Is to assist people with
developmental disabilities to obtain
services and supports they need to
live like other people live in the
community*

Who Are We?

Napa County Mental Health Services' Mission:

Our mission is to responsibly provide mental health services that promote individual strengths, inspire hope, and **improve the quality of life for people** within Napa County.

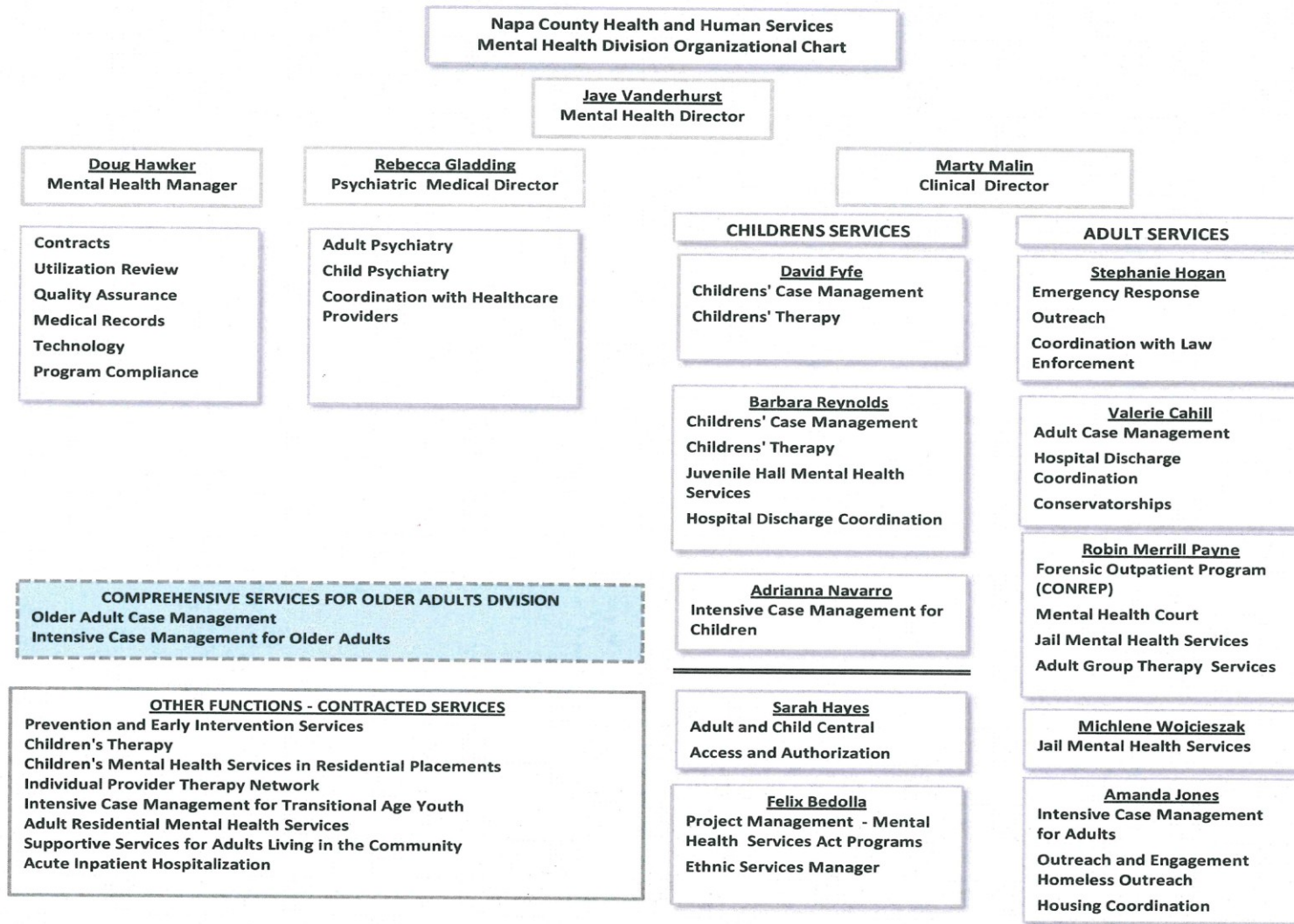
How Are We Organized?



Eligibility Criteria

- Individual must have a **developmental disability diagnosis**:
 - Autism
 - Cerebral Palsy
 - Intellectual Disability
 - Epilepsy
 - Condition requiring services similar to ID
- Individual must have an **impairment in life functioning in at least 3 areas**

How is HHSA MH Organized?



HHSA MH Eligibility Criteria

- “Included” **Mental Health Diagnosis**
- Because of diagnoses has an impairment in important area of life functioning ; OR
- Probability of significant **impairment in important area of life** functioning; OR
- Probability that a child (Under age 21) will not process developmentally as appropriate
- Probability that mental health interventions will significantly diminish the impairment
- Individual must have an impairment that cannot be addressed by physical healthcare

What Does NBRC Do?

- NBRC **coordinates** services for individuals from birth throughout their lifetime
 - Early Start is 0-3 years old
 - Children's Services and Transition is 3-22 years old
 - Adult services from 22 on

NBRC Client Service Coordination

- Individual Program Plan or Individual Family Service Plan (0-3yrs)
- Monitoring of service plans may occur triennially, annually or quarterly depending on living arrangement and service funding source
- NBRC brokers services with vendors who provide direct services based on IPP/IFSP goals

What Does HHSA-MH Do?

- Napa County Health and Human Services Agency Mental Health Division (HHSA-MH)
 - Case Management (Child/Adult)
 - Outpatient Therapy (Child/Adult/Older Adult)
 - Psychiatric Medication Services (Child/Adult/Older Adult)
 - Residential mental health services
 - Outreach/Prevention/Early Intervention

CHILD & FAMILY BEHAVIORAL HEALTH

Who We Serve...

- Youth (0-20) with Serious Emotion Disturbance (SED)
 - substantial impairments in self care, family relationships, school or community functioning, and
 - currently in or at risk for out-of-home placement, and/or psychiatric hospitalization, and/or
 - require more extensive assistance, service planning, access, coordination and monitoring.
- Priority given to youth and families with greatest distress/need, and who are willing and able to engage voluntary services

Specialty Mental Health Services for Children

MH Services to children/youth and families include:

- **Assessment / Plan Development**
- **Therapy** (County, Org and Individual Contractors)
- **Case Management** (care coordination, monitoring, advocacy)
- **Rehabilitative Services** (skill-building)
- **Collateral** (parent/caregiver counseling)
- **Full Service Partnerships** (Wraparound, Intensive Case Mngmt)
- **Therapeutic Behavioral Service** (Contractors)
- **Psychiatric** (Evaluation and Med Support)
- **Day Treatment** (Residential Treatment Centers)

HHSA-MH Client Service Coordination

- HHSA-MH **assigns a primary clinician** to coordinate treatment planning and care coordination
 - Case Management
 - Therapist
 - Psychiatrist
 - Supported living service provider

Initial Referral Coordination

- Service Coordinators (NBRC) and/or primary clinicians (HHSA MH) staff are responsible for referrals and for coordinating exchange of client information at time of referral.
- Each agency identifies the **standard information** and materials necessary in order to determine disposition of referrals.
- Referrals preceded by **phone call** to designated service coordination staff members in either agency.
- **MDT** may also be used for this purpose

Initial Referral Coordination

- Referrals preceded by phone call to designated service coordination staff members in either agency.
- Multidisciplinary Team (MDT) may also be used for this purpose

Referral from HHSA to NBRC

- If individual **is suspected of having a developmental disability**, HHSA can assist family/client to contact NBRC for screening and assessment:

707-256-1100*

**NBRC phone screening will determine whether further assessment is needed*

Referral from NBRC to HHSA- MH

- **Referrals from NBRC to HHSA:** If an individual is **suspected of having, or diagnosed with, a mental illness** and not a client of HHSA Mental Health, the individual can be referred for screening and assessment to the HHSA Mental Health Central Access Team:

707-259-8151 or 1-800-648-8650

HHSA Assessment

- For HHSA mental health services, an assessment appointment shall occur within the following time frames:
 - **Routine care - 14 calendar days** from the date of the referral.
 - **Urgent care – 72 hours** from the time of the referral;
 - **Emergency care - 3 hours** from the time of the referral.

Your Turn!

Review the case scenario at your table.

Questions for Each Group to Answer Based on Each Scenario

1. What issues or barriers might be presented in this case for NBRC and/or HHSA Mental Health staff?
2. What is inhibiting coordination between the two agencies in this case and what might be the impact on the individual who is seeking services?
3. Based on the MOU, what are 2 or 3 recommendations you might have for increasing the coordination in this case?

Ongoing Service Coordination

- Each agency will **provide copies of client service plans** and other relevant service information to each other on a regular basis – but at least annually.
- NBRC and HHSA will each be responsible for **coordinating the ongoing care** for the individual per their agency's treatment or service planning protocol.
- As required for ongoing service coordination, NBRC client service coordinators and HHSA case managers/primary clinicians will meet in person or via phone to discuss ongoing coordination of care.
- The **MDT** may also be used for this purpose

Multi-Disciplinary Team (MDT) Meeting

- Meeting of NBRC and HHSA-MH staff scheduled **monthly** to address inter-agency coordination and collaboration.
- PRIMARY GOAL OF MDT:
Coordinate service delivery so as to maximize benefits to the client and allow for the best possible outcome within the existing treatment mandates of each agency.

Identify problems and develop solutions

MDT Meeting - Coordinating

- Staff may request that an individual receiving services from both NBRC and HHSA be discussed at MDT because of **case coordination concerns** or other questions.
- Staff may place an individual on the MDT agenda by contacting the respective liaison.
- When appropriate, **updates** on staff assignments and emerging issues will be given at the monthly MDT meeting

MDT Contact Persons

- **Doug Hawker** – Napa Health and Human Services - (707) 259-8662
Doug.Hawker@countyofnapa.org
- **Joanne Giardello** – North Bay Regional Center – (707) 256-1234
JoanneG@nbrc.net

Your Turn

Review the case scenario at your table.

Questions for Each Group to Answer Based on Each Scenario

1. What issues or barriers might be presented in this case for NBRC and/or HHS Mental Health staff?
2. What is inhibiting coordination between the two agencies in this case and what might be the impact on the individual who is seeking services?
3. Based on the MOU, what are 2 or 3 recommendations you might have for increasing the coordination in this case?

Coordination in Crisis Situations

- When NBRC clients are in crisis they are most often seen by the **HHSA Emergency Response Team (ERT)**.
- ERT has responsibility to **assess** to determine the degree to which individuals require mental health intervention and the most **appropriate mental health interventions** based on the individuals needs.
- **NBRC staff will assist** ERT staff with this evaluation process and have primary responsibility when it is determined that the client does not meet mental health services criteria.

Crisis Coordination During Business Hours

- HHSA ERT consults with ERT Supervisor
- ERT will contact NBRC Service Coordinator assigned to the client.
- NBRC case worker will immediately notify her/his supervisor and section manager of the contact from HHSA ERT.
- If the Service Coordinator is not available, ERT staff will contact the NBRC Officer of the Day (OD.) and Supervisor.
- In order to facilitate coordination, **staff from both agencies will take responsibility to maintain on-going communication regarding the status of the case** and treatment options being considered.

NBRC Response to ERT During Business Hours

- **Initial Telephone Call:**
 - The Service Coordinator, Supervisor or OD will respond to HHSA ERT at 253-4711 within **two hours** of the initial call or before the end of the business day.
 - NBRC staff will provide ERT staff with clinical information relevant to the current situation.

NBRC Response During Business Hours

- **In Person Response:**
 - If requested, an NBRC staff member will respond in person to HHSA ERT as soon as possible, but **no longer than 3 business hours** of notification.
 - The order of response will be the Case Manager, Supervisor, acting Supervisor or Officer of the Day.
 - Calls received late in the day will be responded to the following business day.
 - NBRC staff will give HHSA ERT staff an estimate of their arrival on-site.

Crisis Coordination

After-hours and Weekends

- ERT staff will contact the NBRC Emergency Response System (ERS) at **1-800-884-1594**.
- The on duty **NBRC ERS staff member will contact HHSA ERT staff within two hours** to assist ERT staff in resolving placement and service issues.

Crisis Coordination - Tools

- **Applying Welfare and Institutions Code Section 5150:** If after assessing the NBRC client ERT staff believes that the client meets 5150 criteria, ERT staff will attempt to place the client in an **acute psychiatric setting** and notify NBRC staff of that placement.

Crisis Coordination - Tools

- If after assessing the NBRC client ERT staff determine that the client **does not meet 5150** criteria, and that other mental health interventions are not appropriate.....
- the responsibility for further interventions and/or placement by the ERT ends and **within 24 hours NBRC will assume fiscal responsibility with advanced authorization** for the client until a placement is located.

Change in 5150 Status

- If **behavior changes while waiting** placement – and justification for 5150 criteria can no longer be enforced, then **5150 “hold” must be lifted.**
- If the client no longer meets 5150 criteria and other mental health interventions are not appropriate, the responsibility for further interventions and/or placement by the ERT ends and **within 24 hours NBRC will assume fiscal responsibility with advanced authorization** for the client until a placement is located.

Crisis Coordination – No Good Options?

Now What?

- If it is determined that an appropriate placement cannot be made by either agency in a crisis situation, **designated management representatives from both NBRC and HHSA Mental Health will be notified and will meet by the next business day** to develop alternative resources that best meet the needs of the client and all involved agencies.

Crisis Coordination – Post Psychiatric Inpatient Hospitalization

- Within the following business day of client placement, NBRC staff, HHSA Hospital Liaison staff and staff from the psychiatric setting will **jointly develop a discharge** plan.
- **HHSA will start the planning process** and will notify all involved agencies of the need to develop a discharge plan.

Questions?

What did we miss?

Napa Health and Human Services

HHSA ERT at (707) 253-4711

North Bay Regional Center

Normal business hours: (707) 256-1100

**NBRC Emergency Response System
(ERS) at 1-800-884-1594**