

## ■ DISCLAIMER

- This session was conducted for members of county-based teams in CA that are working to expand access to Medications for Addiction Treatment in jails and drug courts. The project is funded through California's Department of Health Care Services (DHCS) with State Opioid Response funding from SAMHSA. The content is being made available to all interested parties. Please note this content has not been professionally edited and the session was conducted using Zoom.
- In the case of any security issues that may occur, this session will immediately end. A separate email will be sent to all participants with further instruction.
- Any data and information collected through polls and chats will only be used to inform future webinar/learning collaborative topics and to provide DHCS with evaluation results.



CALIFORNIA  
HEALTH  
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# Effective Child Welfare and Justice Systems for Families Impacted by Opioid and Stimulant Use

Learning Collaborative  
6-16-2022

*County Touchpoints in Access to MAT for Justice Involved Individuals*

A Joint Effort of the California Department of Health Care Services Medication Assisted Treatment Expansion Project,  
Health Management Associates, and California Health Policy Strategies

# Welcome and Project Updates

*Bren Manaugh, Project Director*

11:00 – 11:10



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# AGENDA

Project Updates

California Children and Youth Behavioral Health Initiative  
(CYBHI)

Plans of Safe Care Implementation: Featured County -  
Riverside County's Partnership

Review of Upcoming Learning Opportunities

# POSITION STATEMENT ON MAT MEDICATIONS AND BH INTERVENTIONS

Medications for Addiction Treatment (MAT), using the 3 FDA-approved MAT medications, is an evidence-based practice proven effective for helping people stabilize and recover from opioid use disorder and for preventing death from opioid overdose<sup>i</sup>. These medications act to restore dopamine depleted in the brain from opioid misuse. Therapy, counseling, and support interventions are advisable in conjunction with MAT to support stability and recovery as well, though the lack of access to these interventions should not lead to delay or discontinuation of access to the MAT medications<sup>ii</sup>. For those with moderate to severe opioid use disorder in the early stages of MAT, low levels of dopamine in the brain mean that they may have difficulty attending to, and thus may not benefit from, cognitive-based interventions. Other evidence-based interventions such as Motivational Interviewing/Engagement or Seeking Safety may be most useful in engaging and responding to people in the early stages of treatment and recovery. A person-centered treatment planning approach that considers the timing – and type – of behavioral intervention(s) that meets the person where they are in terms of their ability to benefit from the treatment is key.

<sup>i</sup> <https://www.samhsa.gov/medication-assisted-treatment>

<sup>ii</sup> <https://www.asam.org/quality-care/clinical-guidelines/national-practice-guideline>

### Original Plan

- ✓ Provide overview of data workgroup with data subcommittee of Child Welfare Council
- ✓ Provide overview and preliminary recommendations to Child Welfare Council
- Finalize recommendations and provide action items to Child Welfare Council for approval

## ■ UPDATE – DATA WORKGROUP

### Slight Change of Plans

- Discussion with Patrick Gardner
- Child Adolescent Need and Strengths (CANS)
- Professor John Liles University of Kentucky
- Prevalence substance use data Los Angeles
- Potential work in California



### New Plan

- Continue to follow-up on CANS and other data strategies
- Finalize recommendations and provide action items to Child Welfare Council for approval in September
- No June Data Workgroup meeting
- Next Data Workgroup meeting scheduled for July 25th

# California Children and Youth Behavioral Health Initiative (CYBHI)

*Melissa Stafford Jones, Director of the CYBHI at the CA Health & Human Services Agency*

*Introduced by Howard Himes*

11:10 – 12:10



CALIFORNIA  
HEALTH  
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# Children and Youth Behavioral Health Initiative

Presentation to County Touchpoints Learning Collaborative

Melissa Stafford Jones, Director, CYBHI, CalHHS

June 16, 2022

# Today's discussion

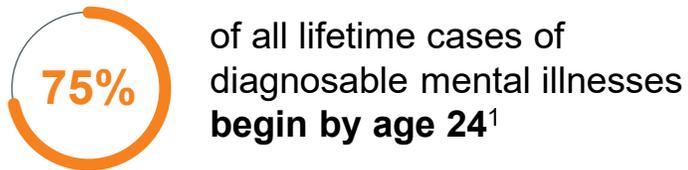
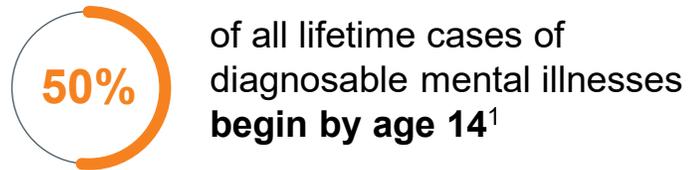
## Objectives

- ✓ Share how California plans to reimagine behavioral health for all children, youth, and families
- ✓ Introduce the key components of the Children and Youth Behavioral Health Initiative
- ✓ Stakeholder Engagement
- ✓ CYBHI Outcomes Discussion
- ✓ Q&A

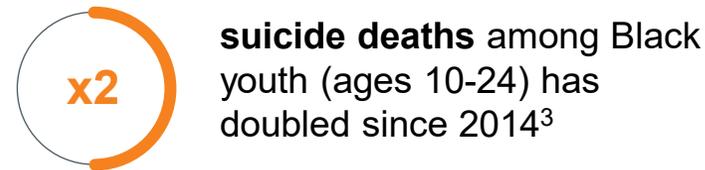
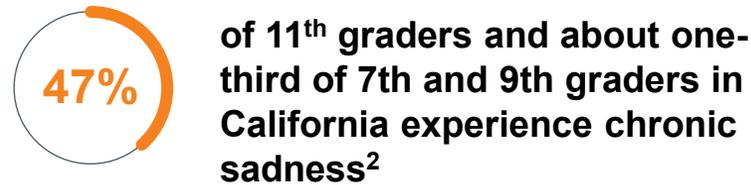
# Behavioral health context

# Why it is important to address behavioral health needs and challenges

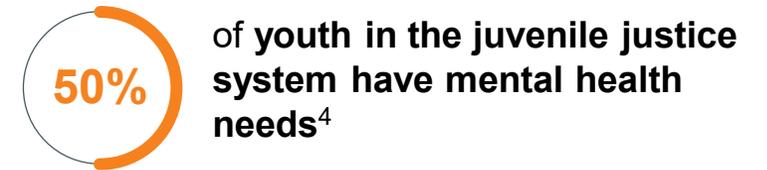
## Many mental health challenges begin in childhood and early adulthood



## The COVID-19 pandemic compounded the behavioral health challenges faced by children and youth



## Behavioral health challenges disproportionately impact some populations (e.g., racial and ethnic minority youth, LGBTQ+ youth, youth with disabilities, youth facing socioeconomic challenges etc.)



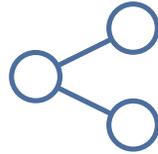
1. Kessler R, Berglund P, Demler O, Jin R. "Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the national comorbidity survey replication." Walters E. Arch Gen Psychiatry. 2005, 62:593-602.  
2. Youth Youth Mental Health and Supports: 2020-2021 California Snapshot, Project Cal-Well, UCSF  
3. Suicide in California – Data Trends in 2020, COVID Impact, and Prevention Strategies, CDPH, 2021  
4. Underwood LA, Washington A. Mental Illness and Juvenile Offenders. *Int J Environ Res Public Health*. 2016;13(2):228. Published 2016 Feb 18. doi:10.3390/ijerph13020228  
5. CDC. 2019 Youth Risk Behavior Survey

# What will addressing the behavioral health needs of children and youth mean for Californians?



## Better Health Outcomes

Children who receive **behavioral health care** integrated with pediatric primary care experience a **significant reduction in behavioral problems and anxiety**<sup>1</sup>



## Increased Resilience

Additional support and resources for children and youth with **23% of youth** in California ages 12-17 **needing help for emotional or mental health** conditions (such as feeling sad, anxious, or nervous)<sup>2</sup>



## Increased Economic Opportunities

**Lifetime earnings quintupled** for people with serious mental illnesses when they received more than a high school education, compared to those who did not<sup>3</sup>

1. Kolko DJ, Campo J, Kilbourne AM, Hart J, Sakolsky D, Wisniewski S. Collaborative care outcomes for pediatric behavioral health problems: a cluster randomized trial. *Pediatrics*. 2014;133(4):e981-e992. doi:10.1542/peds.2013-2516

2. UCLA Center for Health Policy Research, California Health Interview Survey (Aug. 2020).

3. Seabury, SA., Axeen S, Pauley G, Tysinger B, Schlosser D, Hernandez J, Heun-Johnson H, Zhao H. "Measuring The Lifetime Costs of Serious Mental Illness and the Mitigating Effects of Educational Attainment." Goldman D. Health Affairs, April 2019

# Overview of CYBHI

# Guiding principles of the California Health and Human Services Agency

## Focus on equity

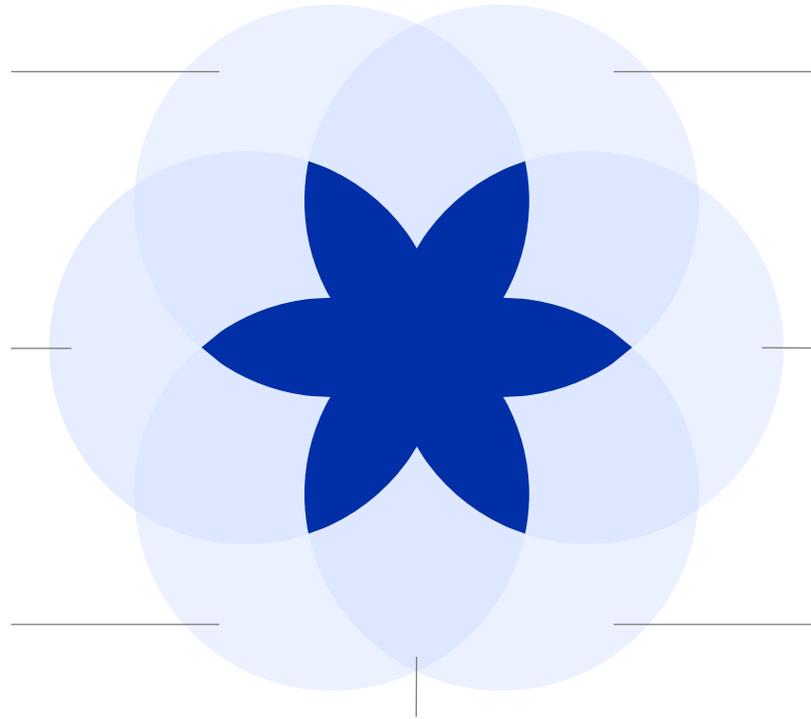
Strive to create programs that address persistent and systemic inequities.

## Actively listen

Take a step back and proactively listen to the individuals and communities being served in order to better understand their conditions and the things they yearn for

## Use data to drive action

Use data to understand the current conditions within communities, the impact of existing programs and the opportunities to improve service delivery



## See the whole person

Think about what each person needs in order to thrive, considering the cultural, economic, and social factors that impact people's lives

## Deliver on outcomes

Ensure the delivery of programs and services yields concrete and meaningful results

## Cultivate a culture of innovation

Courageously take new approaches to solve the most intractable problems. The relentless pursuit of innovation, applied thoughtfully, will catalyze improvement efforts

## Put the person back in person-centered

Re-engage individuals and their communities so that programs are informed and structured to meet the diverse and unique needs of each community and person

Source: California Health and Human Services Agency

## Overview of the Children and Youth Behavioral Health Initiative



The goal of the **Children and Youth Behavioral Health Initiative** is to **reimagine** the way behavioral health support is provided to **all children and youth in California**, by **aligning the systems that support behavioral health** for children and youth to create an **ecosystem that fosters social and emotional well-being and addresses the behavioral health challenges** facing children and youth

The initiative takes a **whole system approach** by creating **cross-system partnerships** to ensure that **the reimaged ecosystem is child and youth-centered and equity-focused**

**Reimagine behavioral health and emotional well-being for ALL children, youth, and families in California** by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery an integrated ecosystem focused on emerging behavioral health needs



**Advance Equity**

**Designed for Youth by Youth**

**Start Early, Start Smart**

**Center around Children and Youth**

**Empower Families and Communities**

**Right Time, Right Place**

**Free of Stigma**

# How California plans to **redesign and reimagine** the system



Focus on the entire continuum of care



Increase system capacity



Center on the experiences and needs of children and youth



Address stigma



Catalyst for system redesign within and across sectors

# Phases of the Children and Youth Behavioral Health Initiative

What is our vision? How do we get there? Let's make it happen!

**1** Set goals and stand-up infrastructure

Setting overall vision, initiative-level goals, and standing up performance infrastructure

**2** Develop detailed plans & design the future state

Developing a robust and detailed plan, clear accountability for design and delivery; sourcing ideas and designing the future state

**3** Deliver and accelerate impact

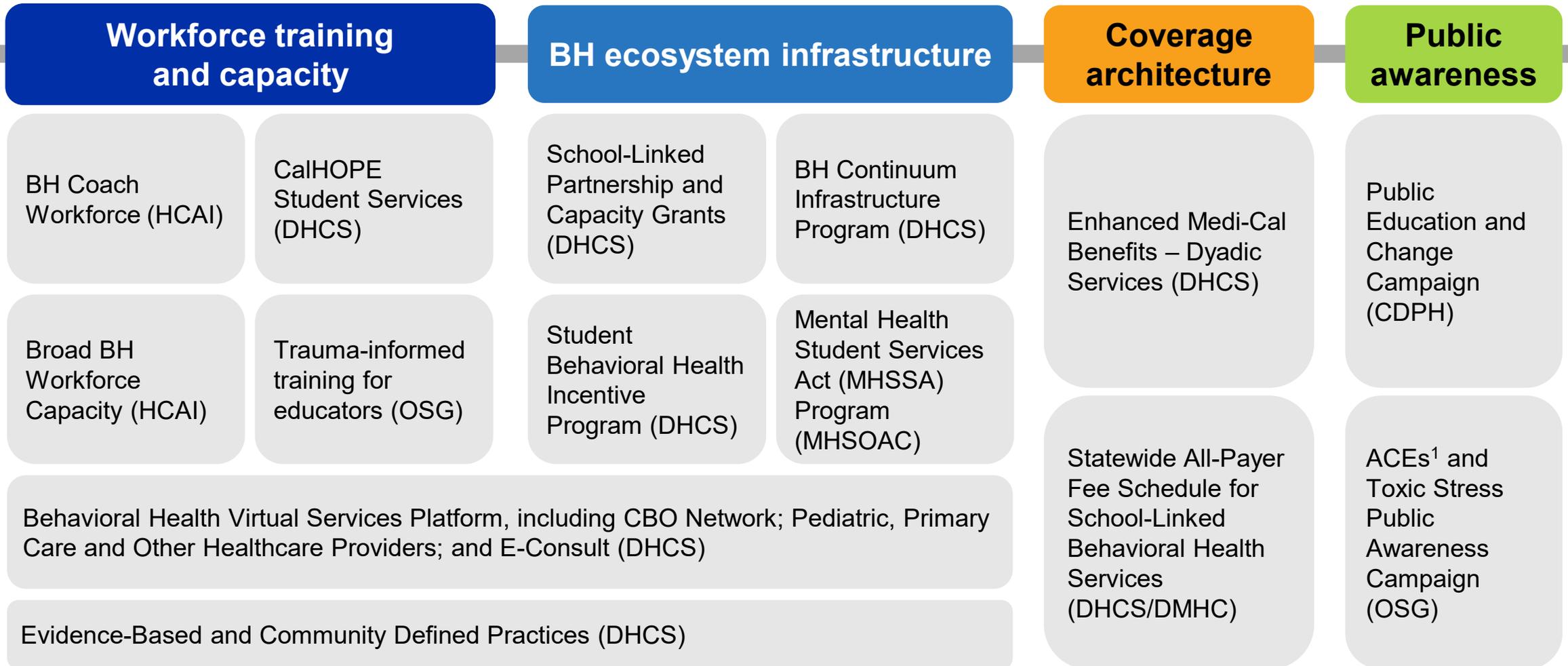
Launching a full-scale effort to drive, accelerate, and sustain impact

Source: Reviews of large -scale transformation efforts in other states / countries; California Health and Human Services Agency

# Focus areas and components of CYBHI

# Reminder: Focus areas and workstreams for the CYBHI

PRELIMINARY, DRAFT as of May 22, 2022



Source: California Health and Human Services Agency

1. Adverse childhood experiences

# Overview of the CYBHI Workstreams

CYBHI focus areas	CYBHI Workstreams	Description of workstreams
 <b>Workforce capacity and capability</b>	<b>School BH Counselor and BH Coach Workforce</b>	Develop a multi-year plan to launch and implement a BH coach or counselor system by which students can receive in-person and/or virtual one-on-one and group supports
	<b>Pediatric, Primary Care, and Other Healthcare Providers</b>	Provide opportunities for primary care and other health care providers to access culturally proficient education and training on BH and suicide prevention
	<b>Broad BH Workforce Capacity</b>	Build and expand the workforce, education, and training programs to support a workforce that is culturally and linguistically proficient and capable of providing age-appropriate services
	<b>CalHOPE Student Services</b>	Support communities of practice in all 58 County Offices of Education to enhance Social Emotional Learning Environments; engage youth as partners in contributing to a positive, supportive learning environment
	<b>Trauma-Informed Training for Educators</b>	Provide ongoing training to educators on trauma -informed care
 <b>BH ecosystem capacity and infrastructure</b>	<b>Evidence-Based and Community-Defined Practices</b>	Support statewide scale and spread of evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions
	<b>Behavioral Health Virtual Services Platform</b>	Implement BH service virtual platform to be integrated with screening, clinic-based care and app-based support services
	<b>Mental Health Student Services Act Program</b>	Provide competitive grants to counties for partnerships between county BH departments and local education entities for the purpose of increasing access to mental health services
	<b>BH Care Continuum Infrastructure</b>	Ensure youth living in every part of California can access the care they need without delay and, wherever possible, without having to leave their home county
	<b>Student Behavioral Health Incentive Program (SBHIP)</b>	Incentive payments for Medi-Cal Managed Care Plans (MCPs) to build infrastructure, partnerships, and capacity, statewide for school behavioral health services
 <b>Coverage and benefits architecture</b>	<b>School-Linked Partnership and Capacity Grants</b>	Build infrastructure, partnerships, and capacity to increase the number of students receiving preventive and early intervention BH services
	<b>Enhanced Medi-Cal Benefits – Dyadic Services</b>	Implement dyadic services in Medi-Cal, based on the HealthySteps model of care
	<b>Statewide All-Payer Fee Schedule for School-Linked BH Services</b>	Implement fee schedule for health plan reimbursement
 <b>Public awareness and education</b>	<b>Public Education and Change Campaign</b>	Raise the BH literacy of all Californians to normalize and support the prevention and early intervention of mental health and substance use challenges
	<b>ACEs Awareness Campaign</b>	Raise awareness of Adverse Childhood Experiences (ACEs) and toxic stress

# CYBHI 5-year milestones

AS OF MARCH 15, 2022

2022

2023

2024

 **Workforce capacity and capability**

- Release career ladder and framework for BH coaches and counselors
- Release expanded peer personnel and psychiatry education capacity application cycle
- Administer first earn and learn award cycles
- Release grant funding opportunity and open application period for Evidence-Based Practices

- Administer first annual award cycle for BH coach training curriculum development
- Administer first SUD and social work award cycles
- Launch provider education campaign

Launch the Behavioral Health Service Virtual/E-consult Platform

 **BH care continuum capacity and infrastructure**

- SBHIP program implementation
- Release grant funding opportunity and open application period for school-linked partnership and capacity grants
- Release BH assessment report and RFA

- Issue initial guidance for commercial plans via an All-Plan Letter
- Implement dyadic services benefit in Medi-Cal

- Implement BH network and fee structure
- Begin enforcement of guidance for commercial plans

 **Coverage and benefits architecture**

 **Public awareness and education**

- Launch the ACEs and Toxic Stress Public Awareness Campaign
- Release trauma-informed training for educators

Launch Public Education and Change Campaign

# Governor's May Revised Budget Proposals

## Youth Mental Health Additional Investments

- ✔ Youth Suicide Prevention and Crisis Response
- ✔ Wellness and Building Resilience of Children, Youth, and Parents
- ✔ Emergent Technologies

# Stakeholder engagement plan

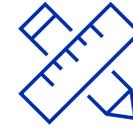
# Areas of focus for CYBHI stakeholder engagement



**Shape CYBHI direction** (e.g., outcomes definition)



**Address topics that have implications across the initiative** (e.g., equity, prevention, ecosystem models, sustainability)



**Support workstream planning, design, and implementation**

# CYBHI stakeholder engagement activities by stakeholder group

## Near term activities (Through May '22)

## Future activities (June '22 and beyond) to be refined

### Children, youth, and families



Focus groups on CYBHI outcomes  
Initial focus groups and interviews on workstreams

Surveys, interviews, focus groups, design sessions, and ongoing engagement opportunities on initiative-level topics and workstreams

### Cross sector and inter-agency partners



Discussions with existing groups on outcomes  
Targeted engagement on initiative-level topics  
Engagement forums (e.g., think tank, listening tours) on workstreams

Targeted engagement on initiative-level topics  
Engagement forums on workstreams

### Community partners on the ground and in the field



Regular updates and opportunity to submit e-mail input

Listening sessions on outcomes (through end of summer 2022) and initiative-level topics

Website updates and opportunities to comment

Source: California Health and Human Services Agency

# CYBHI Children, youth, and family engagement

- Role of Children, Youth and Family Engagement
- Approach to Children, Youth and Family Engagement
- Spring and Summer 2022 Activities
- Next Steps

# CYBHI outcomes input

# Overview of the aspiration, initiative-level outcomes, and outcome measures for the CYBHI



## CYBHI aspiration

- Cultivate commitment from all stakeholders and teams involved in the initiative
- Enable clear communication and system-level alignment across multiple, cross-sector stakeholders



## CYBHI initiative-level outcomes

- Facilitate strategic decision-making and prioritization of efforts
- Inform workstream-specific efforts, ensuring alignment across departments and workstreams



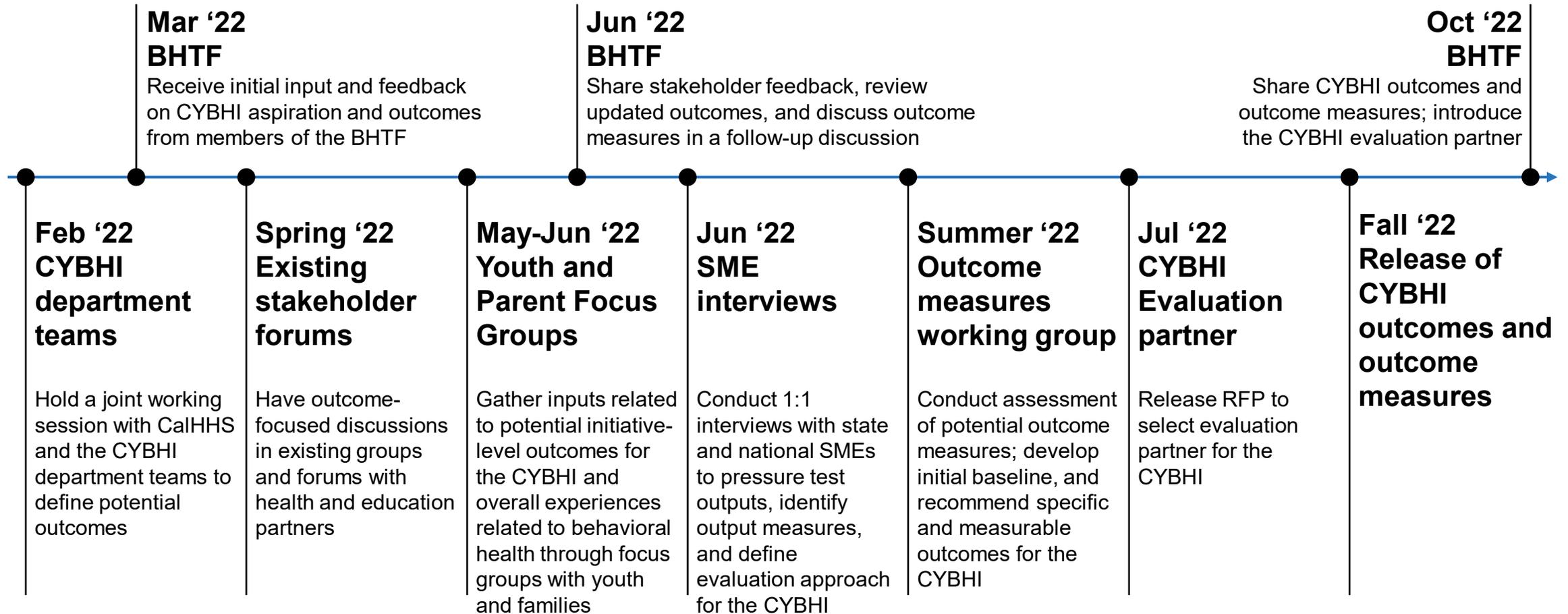
## CYBHI initiative-level outcome measures

- Reflect the overall vision and impact to be enabled by the initiative
- Set specific and measurable goals, offering a view that represents CYBHI progress across workstreams

← **Ensure alignment across initiative-wide and workstream-specific goals** →

Source: California Health and Human Services Agency, CYBHI department teams; US Agency for Healthcare Research and Quality; Measurement Resources

# Approach and timeline for developing CYBHI outcomes



Source: California Health and Human Services Agency

## Discussion: Current draft of the CYBHI aspiration<sup>1</sup>

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem.

CHATTERFALL

**In the CHAT, type in *one* word from the CYBHI aspiration statement above and share how it is meaningful to you.**

Press “Enter” when you have completed typing the word and its meaning to you.

1. Inputs from CYBHI department teams to be incorporated

Source: California Health and Human Services Agency

# CYBHI aspiration and initiative-wide outcomes

PRELIMINARY, DRAFT as of May 22, 2022

Please respond to the poll that will show up on your screen.

## CalHHS guiding principles



## CYBHI aspiration

Reimagine behavioral health and emotional wellbeing for all children, youth, and families in California by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, upstream focused, ecosystem

## CYBHI outcomes

- 1 Improve overall health, social outcomes, and emotional wellbeing
- 2 Advance health equity and reduce disparities in behavioral health
- 3 Decrease stigma related to behavioral health conditions
- 4 Reduce incidence of preventable<sup>1</sup> behavioral health conditions
- 5 Improve access to programs that work
- 6 Embed continuous quality improvement and accountability across behavioral health services and supports
- 7 Ensure ongoing sustainability of the initiative's impact

1. Mental health disorder prevention aims at “reducing incidence, prevalence, recurrence of mental disorders, the time spent with symptoms, or the risk condition for a mental illness, preventing or delaying recurrences and also decreasing the impact of illness in the affected person, their families and the society” (WHO Report, 2005)

Source: Notes from 1. Behavioral Health Task Force meeting convened on March 9, 2022, 2. Early Childhood Briefing convened on March 24, 2022, 3. Child Welfare Council Meeting convened on April 6, 2022; CalHHS; Feedback from cross-department meeting on May 6, 2022

## Feedback and Additional Outcomes to Consider

### CHATTERFALLS

1. Please share any comments/thoughts on why you feel the outcome(s) you selected are most aligned with the CYBHI aspiration.
2. Are there any additional outcomes you feel should be considered?

Press “Enter” after each question

Source: California Health and Human Services Agency

# Examples of potential outcome measures

PRELIMINARY DRAFT, as of May 27, 2022

## Emerging CYBHI outcomes

## Example outcome measures (not exhaustive)

<p><b>1</b> <b>Improve overall health, social outcomes, and emotional wellbeing</b></p>	<p>Improvement of experience with BH services and supports for children and youth (specific metrics TBD)            Increase in number of people who feel comfortable talking with someone about their BH conditions            Increase in school attendance / decrease in suspension and expulsion rates</p>
<p><b>2</b> <b>Advance health equity and reduce disparities</b> in behavioral health</p>	<p>Decrease in suicide rates among specific vulnerable populations (e.g., socio-demographic groups)            Increase in multi-lingual BH supports and services</p>
<p><b>3</b> <b>Decrease stigma</b> related to behavioral health conditions</p>	<p>Changes in help seeking attitudes for children/youth with BH conditions            Increase in stigma reduction initiatives in communities and school campuses</p>
<p><b>4</b> <b>Reduce incidence</b> of preventable behavioral health conditions</p>	<p>Increase in screening for Adverse Childhood Experiences (ACEs), Perinatal Mood and Anxiety Disorders (PMADs), social determinants of health; Desired Results Developmental Profile (DRDP) assessment            Increase in utilization of preventive interventions and supports            Decrease in emergency room visits and hospitalizations for mental or behavioral health</p>
<p><b>5</b> <b>Improve access to</b> programs that work</p>	<p>Increase in number of children and youth with access to BH services and supports across the continuum            Reduction in waiting times to receive BH services and supports</p>
<p><b>6</b> <b>Embed continuous quality improvement and accountability</b> across behavioral health services and supports</p>	<p>Availability of disaggregated data related to BH services, supports, and population outcomes (e.g., data by socio-demographic groups and granular geographies)            Availability of regularly updated initiative-wide CYBHI evaluations</p>
<p><b>7</b> Ensure ongoing <b>sustainability of the initiative's impact</b></p>	<p>Increase in access to behavioral health workforce education and training programs            Established solution to reimburse for school-based and school-linked BH services</p>

Source: CalHHS; Targeted research; Expert interviews; Notes from the Behavioral Health Task Force meeting convened on March 9, 2022, the Early Childhood Briefing convened on March 24, 2022, the Child Welfare Council Meeting convened on April 6, 2022, CCSESA Small Group Discussions on May 19, 2022; Feedback from cross-department meeting on May 6, 2022; The Children's Partnership Recommendations for Children and Youth Mental Health Outcome Measures (May 2022)

# Breakout sessions – agenda and facilitation

Breakout session (20 min)	Description
<p><b>Before Breakout Rooms Open</b></p>	<ul style="list-style-type: none"> <li>• Breakout rooms will be randomly assigned with 4 – 6 participants in each room</li> <li>• Your phone number must be linked to your name</li> <li>• Copy the following survey link before the Breakout Rooms open: <a href="https://www.surveymonkey.com/r/CYBHI_Outcomes_Input_06162022">https://www.surveymonkey.com/r/CYBHI_Outcomes_Input_06162022</a></li> <li>• The note taker will use the survey to capture the discussion. The survey includes the list of outcomes and potential measures for discussion.</li> <li>• If you have any technical issues while you are in the Breakout Room, you can return to the main room or chat a message to the host</li> </ul>
<p><b>Warm up activity and role assignment</b></p>	<ul style="list-style-type: none"> <li>• <b><i>Before starting the discussion, please identify roles including facilitator, time manager, note taker using the survey link, report out person</i></b></li> </ul>
<p><b>Outcomes discussion</b></p>	<p>Please address the following key questions:</p> <ul style="list-style-type: none"> <li>• What specific measures would you suggest using to define goals and track progress toward 2 to 3 of the outcomes?</li> <li>• What 2 takeaways/highlights do you want to share out with the full group?</li> </ul>

# Breakout session report out in Chat

**Please share two key takeaways in Chat from your group's discussion to inform the development of the CYBHI outcomes**

Source: California Health and Human Services Agency



Office of the California  
Surgeon General  
Dr. Nadine Burke Harris

## Final Thought

CHATTERFALL

If I could add one thing to the world to support mental health for all youth, it would be \_\_\_\_\_." (fill in the blank)

Press "Enter" when you have completed your comment

Source: California Health and Human Services Agency

# CYBHI contacts

## Call for Applications CYBHI Equity Working Group June 2022

**July** – Department of Health Care Services Public Workgroup Sessions open to the public reviewing the scope of Evidence-Based and Community-Defined Practices identified for scaling through CYBHI grant programs. Registration links will be posted on the [DHCS website](#)

**July 15<sup>th</sup>, 2 pm** – CYBHI public update webinar

- To provide input on initiative-wide topics or sign up to receive regular updates about the CYBHI, please email [CYBHI@chhs.ca.gov](mailto:CYBHI@chhs.ca.gov)
- To engage on workstream-specific topics, please use the following contact information and resources:
  - Department of Health Care Services:
    - Contact information for questions/feedback: [CYBHI@dhcs.ca.gov](mailto:CYBHI@dhcs.ca.gov)
    - Children & Youth Behavioral Health Initiative [Webpage](#)
    - Student Behavioral Health Incentive Program (SBHIP) [Webpage](#)
    - Behavioral Health Continuum Infrastructure Program (BHCIP) [Webpage](#)
    - CalHOPE Student Support [Webpage](#)
  - Department of Health Care Access and Information (HCAI): [HWDD.ADMIN@hcai.ca.gov](mailto:HWDD.ADMIN@hcai.ca.gov)
  - Department of Managed Health Care: [CYBHI@dmhc.ca.gov](mailto:CYBHI@dmhc.ca.gov)
  - California Department of Public Health: [CYBHI@cdph.ca.gov](mailto:CYBHI@cdph.ca.gov)
- Office of the California Surgeon General: [info@osg.ca.gov](mailto:info@osg.ca.gov)

# Questions and Comments



Please reach out to [CYBHI@chhs.ca.gov](mailto:CYBHI@chhs.ca.gov) with questions and inquiries or to sign up for our stakeholder mailing list

For additional information please visit the [Children and Youth Behavioral Health Initiative webpage](#)

# Plans of Safe Care (POSC) Implementation: Featured County - Riverside County's Partnership

*Introduced by Liz Stanley-Salazar: Moderated by Mary Hale*

12:10 – 12:55

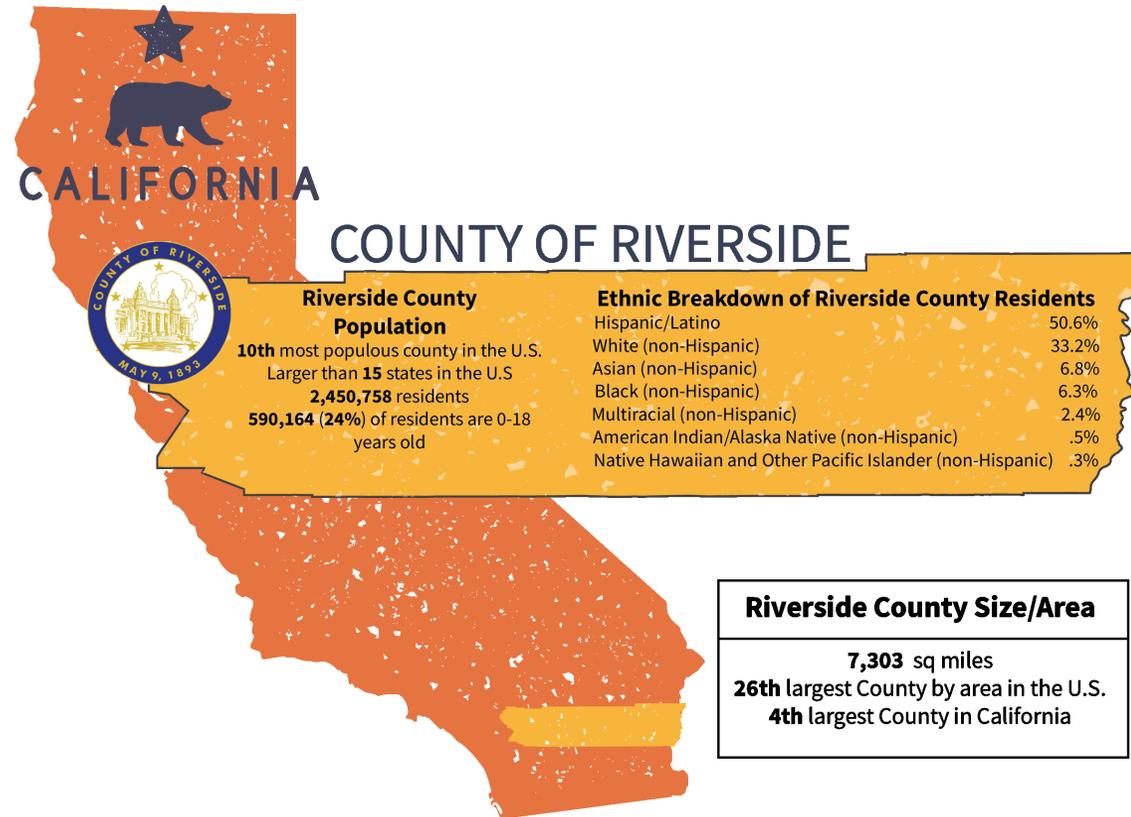
# Overview of Riverside County's Partnership for POSC Implementation

Harry Freedman, Regional Manager  
Riverside County Department of Public Social Services (DPSS) Children's Services  
Division - Program Development Region

April Marier, LCSW, CATC IV  
Administrator Substance Abuse Prevention and Treatment Programs  
Riverside University Health System – Behavioral Health

Dr. Bryan Oshiro  
Physician, Maternal-Fetal Medicine  
Riverside University Health System – Medical Center

# Riverside County Demographics



# Background

14-22% of women are estimated to have filled an opioid prescription in pregnancy

In a 2019 Pregnancy Risk Assessment Monitoring System (PRAMS) survey by the Centers for Disease Control and Prevention (CDC), 6.6% of women reported using opioid pain relievers during pregnancy

21.2% misuse

27.1% wanted or needed to cut down or stop

31.9% reported not receiving provider counseling on how opioid use could affect the infant

# Statistics

In Riverside County 2020,

Total Births = 27, 132

Pos-tox Births = 453



# Riverside University Health Systems – Behavioral Health – Substance Abuse Prevention and Treatment

The Substance Abuse Prevention and Treatment Program of the RUHS-BH system aims to improve the health and well-being of our patients and communities through our dedication to exceptional and compassionate care, education, and research.

# Substance Abuse and Prevention Treatment (SAPT) Services

## SAPT Services

Behavioral Health Integration, CARES

Care Coordination Teams & Start Teams

BH Navigation Teams

Mobile Crisis Management Teams

Outpatient Clinics, Contracted Providers

Prevention, Friday Night Live, Youth Services

New Life & Day Reporting Centers

Recovery Residence, Family Advocate

Program

Medication for Addiction Treatment &

Psychiatry

## Riverside County Determination of who will receive a POSC

- Pregnant woman with positive toxicology screen related to substance misuse while pregnant or at time of delivery
- Pregnant woman who self discloses substance misuse during pregnancy or at time of delivery
- Infant and family/caregiver with positive toxicology screen of infant at birth which is reasonably attributed to maternal controlled substance use during pregnancy
- Infant and family/caregiver where infant displaying effects of prenatal controlled substance exposure or symptoms of withdrawal resulting from prenatal controlled substance exposure
- Infant and family/caregiver where infant displaying effects of FASD at birth

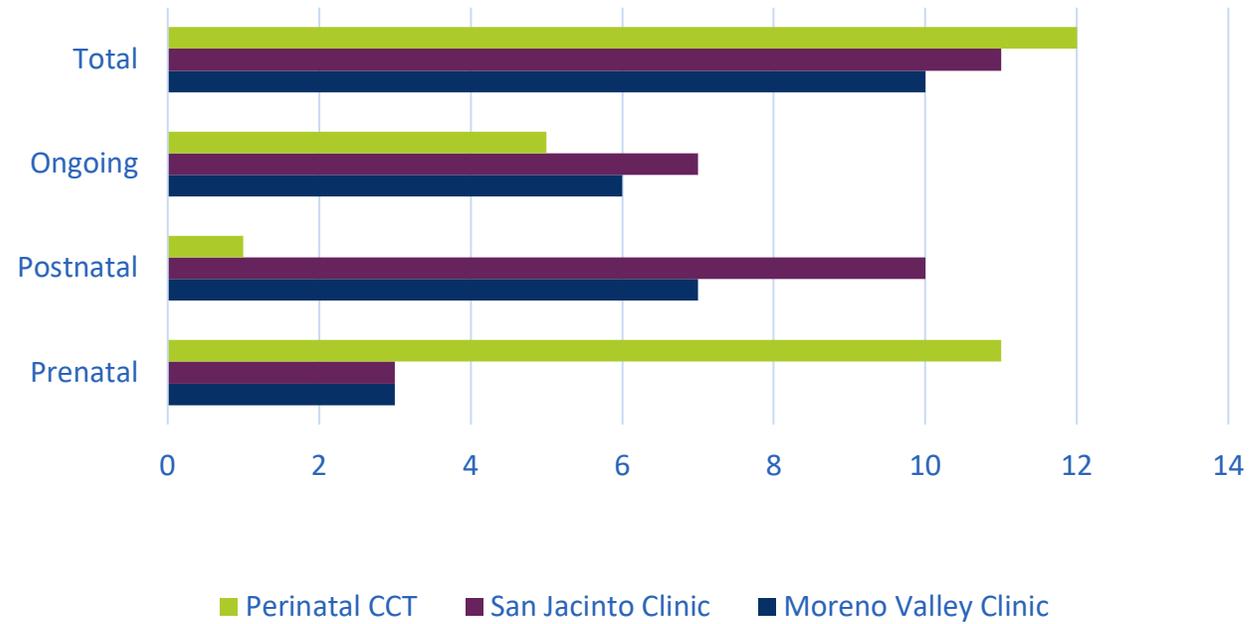
## Riverside County **SAPT** Pilot Program Overview

- Pilot Program began with two Riverside County SAPT clinics: Moreno Valley and San Jacinto in May of 2021.
- The Pilot Program currently utilizes paper templates to test for accuracy, efficiency, and needed adjustments.
- When treatment services are provided and a need for a POSC is identified at a different location, (RESIDENTIAL or DETOX treatment) the Perinatal Navigator Behavioral Health Specialist III develops the POSC.
- Plans of Safe Care are fluid documents that are updated over the course of a client's treatment and a copy is given to the client.
- Needed Resources and services are identified and linked to consumers.

## Flow for Consumer Obtaining a POSC

- Referrals come in for client's potentially being identified for a POSC from: Hospital, DPSS, or Internally in the clinic. A Case Conference between a supervisor, counselor, and clinical therapist takes place.
- Primary development and overseeing of the POSC is overseen by the counselor.
- The POSC is a collaboration between staff and the consumer to ensure consumer is actively involved with their treatment and their Plan of Safe Care.
- Needs are identified for the mother, father, child, and any other children in the home and linkage is provided (housing, baby essentials, other services such as: anger management or parenting.)
- The POSC follows the client and is updated throughout different levels of care of treatment.

# Data



Moreno Valley Clinic: 10  
San Jacinto Clinic: 11  
Perinatal Clinic: 12

# Plan of Safe Care

## Plan Moving Forward

- Currently in process of having forms modeled in electronic medical record system: ELMR.
- Train all county clinics with a perinatal program in implementing and facilitating Plans of Safe Care for clients.
- Discuss with hospitals and collaborate with training for hospital social workers.
- In process of hiring a perinatal navigator for the desert region to facilitate the Plans of Safe Care in the desert region.

# Resources and Relationship Building

A wealth of resources has been created through partnerships with outside agencies, in particular: First Five. First Five has attends monthly POSC meetings, presents new resources, and bridges the gap of needed support and resources for our clients. Some of the resources provided include:

- Diapers
- Utility Assistance
- Daycare Assistance
- Employment Services: Resume building & Interview Clothes
- Transportation Services
- Tutoring
- Local Events
- Food Banks

# MOMs Perinatal Program

- Transportation for women and their five (5) years and under children to medically necessary treatment.
- A child learning laboratory structured as part of treatment, where women learn hands-on parenting skills.
- Group topics specific to pregnant and parenting mothers.
  - Education regarding the reduction of harmful effects of alcohol and drugs on the mother and fetus or the mother and infant.
- Special speakers who provide information and referrals to other community programs available for women's program

# Challenges and Successes

- **Challenges**

- Overcoming Regulation challenges in the beginning
- Deciding on who would hold the POSC
- Multiple EHRs in our county
- Finding a way to share HER
- Trainings for all agencies
- Building relationships with hospitals outside our system

- **Successes**

- Building Relationships
- Including County Counsel in our planning
- Coming to consensus on decisions
- Developing a comprehensive form
- Integrated teams
- Utilizing CBOs for resources

# Comprehensive Perinatal Substance Abuse Program

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RIVERSIDE UNIVERSITY HEALTH SYSTEM



	Tobacco	Alcohol	Cannabis	Stimulants	Opiates
<b>Pregnancy outcomes</b>					
Preterm birth	✓ [7,40]	✓ [72,164]	✓ [112]	✓ [122,123,165]	✓ [165,166]
Small for gestational age	✓ [7,8,165]	✓ [72,164]	✓ [112]	✓ [122,123,139]	✓ [167]
Low birthweight	✓ [7,8,165]	✓ [164]	✓ [112]	✓ [122,123,139]	✓ [168]
Miscarriage/Spontaneous abortion	✓ [38]	✓ [169,170]		✓ [140]	
Placental abruption	✓ [6-8]			✓ [122,123]	
Premature rupture of membranes	✓ [7]			✓ [122,123]	
Ectopic pregnancy	✓ [39]				
<b>Infant effects</b>					
Cognitive deficits	✓ [46]	✓ [171]	✓ [10,111]	✓ [11]	✓ [147]
Teratogenicity		✓ [171]			
Infant mortality/Sudden Infant Death Syndrome	✓ [7,8]				✓ [147]
Neonatal Withdrawal/Abstinence Syndrome		✓ [148]			✓ [146,147]
Behavioral Problems	✓ [46]	✓ [171]	✓ [113]	✓ [141]	✓ [172]

# Mission

To assist pregnant women with substance abuse disorders, achieve and maintain abstinence and promote healthy babies.

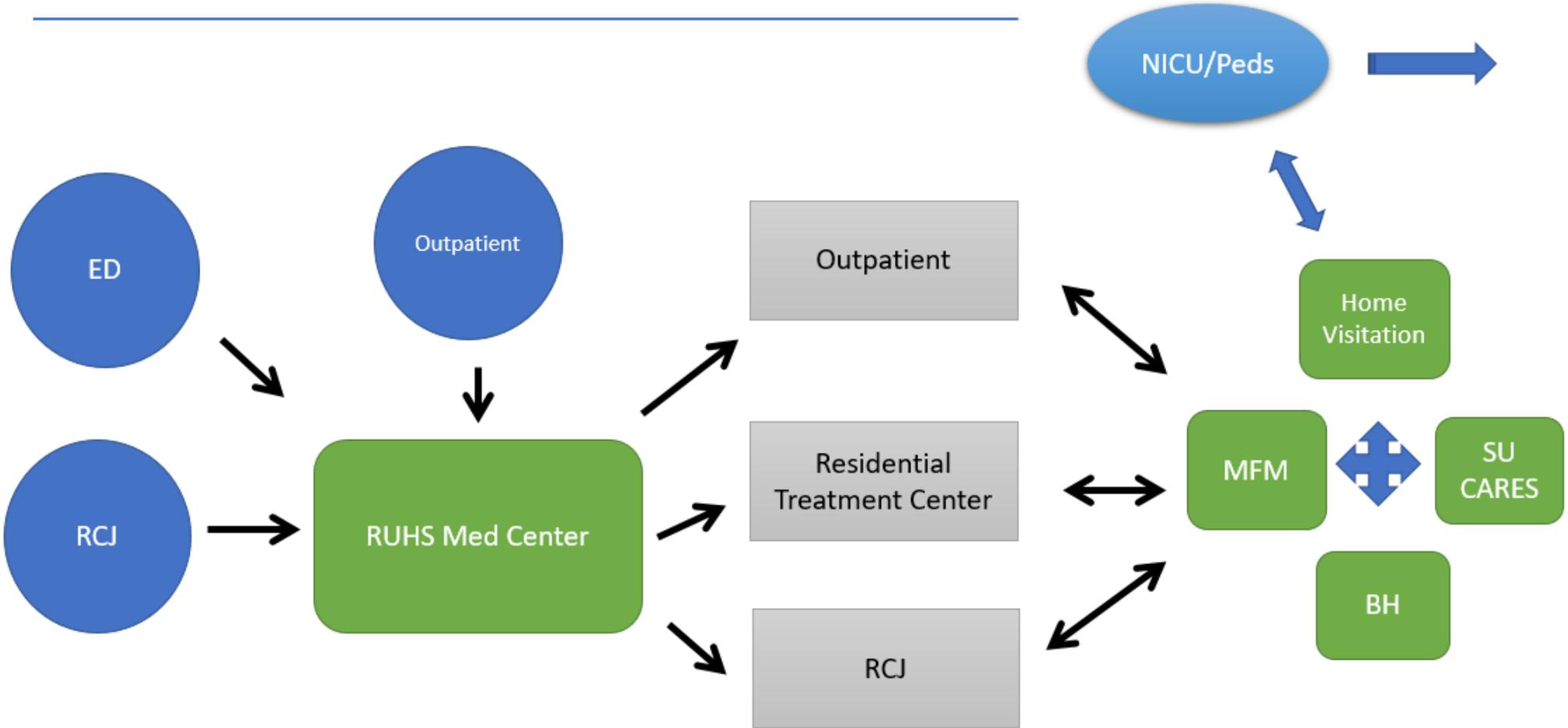
# Target Population- With Substance Abuse Disorder and

- Pregnant or parenting
- Reside in Riverside County
  - Medi-Cal eligible

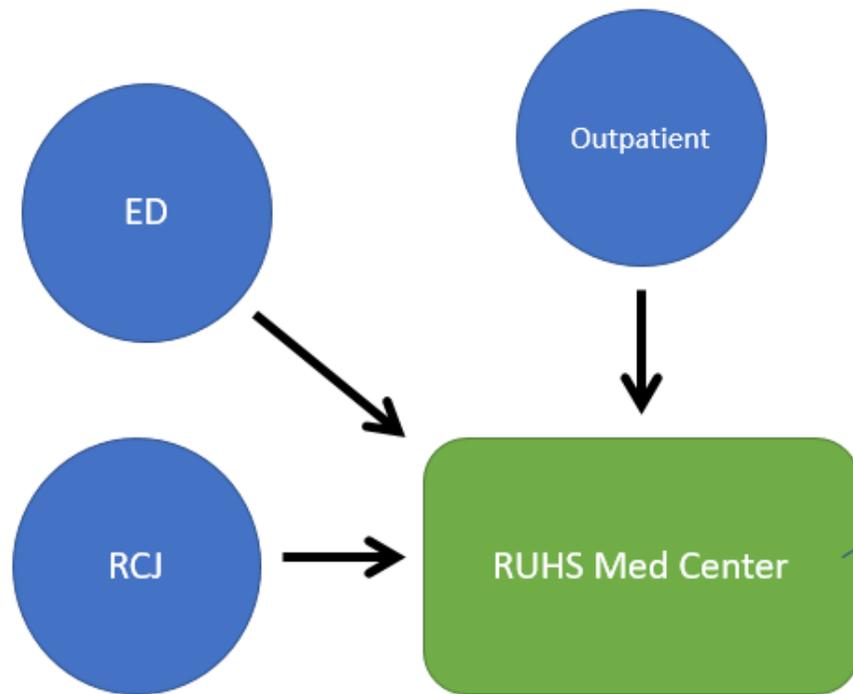
# Multidisciplinary Team

- SU Care Team
- Pediatrics
- Riverside County Jail
- Behavioral Health/ Mental Health
- Hospital Social Work
- Recovery Learning Center
- DPSS
- MFI Recovery Center
- Public Health Nursing
- Maternal-Child Adolescent Health
- We Reachout
- RUH Director of Women's Health
- RUH NICU
- RUH Integrated Care Management

# Patient Flow

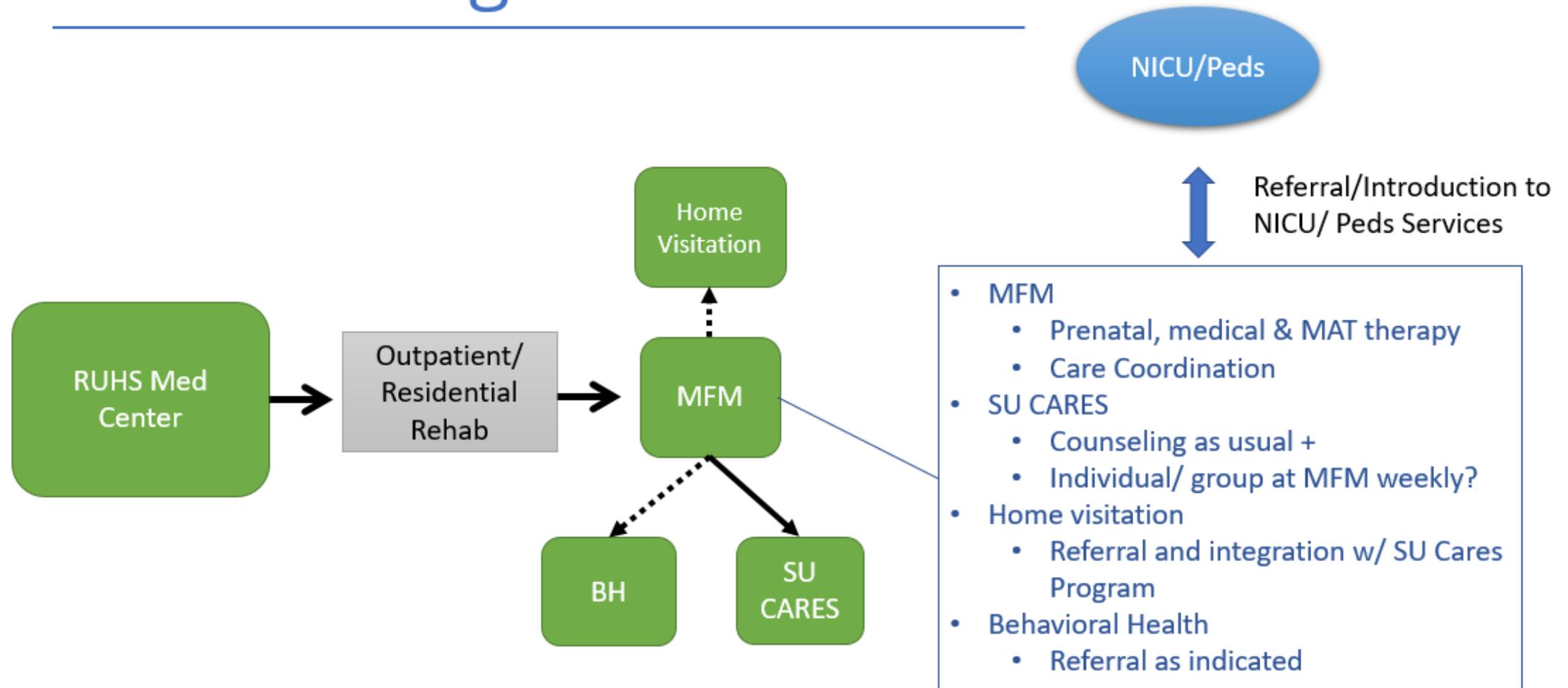


# Patient Flow- Opioid Withdrawal



- Medical and OB evaluation
- Detoxification & MAT
- SU Cares consult
- Case Management consult
- Mental health evaluation and referral
- Discharge plan w/ care coordination arranged
- NICU & Peds program notification

# Service Integration



# Planning for Delivery and Postpartum

## Team meetings

Purpose is to make sure patient care needs are being met

Who? SU Cares

MFM/ Care Coordinator

NICU/Peds initially and late in pregnancy to plan for delivery / postpartum

Perinatal Social Work

Behavioral Health/ Psychiatry as needed

## Meeting frequency

First outpatient visit

Monthly for duration of pregnancy

Last visit (2-3 weeks before due date) for delivery planning and postpartum transitions of care

Care coordination note in EPIC

# Delivery/ Postpartum

## MFM

- Provides MAT oversight until discharge

- Arranges for PP follow-up

- Outpatient Care Coordination- NICU/Peds

- consults with mother in L&D and evaluates newborn until discharge

- Makes arrangements for outpatient follow-up

## Home Health

- Home health notified patient has delivered and arranges for home visits

## SU Cares

- Continues outpatient follow-up / counseling services

# Post Hospitalization Care

## MFM

- Will continue MAT until transitioned to substance abuse program for continued MAT- typically after 6-8 weeks
- Provide postpartum care
- Will refer to PCP for general care

## SU Cares

- Provide counseling and other services
- Referrals/ placement into residential program as indicated

## Home visitation

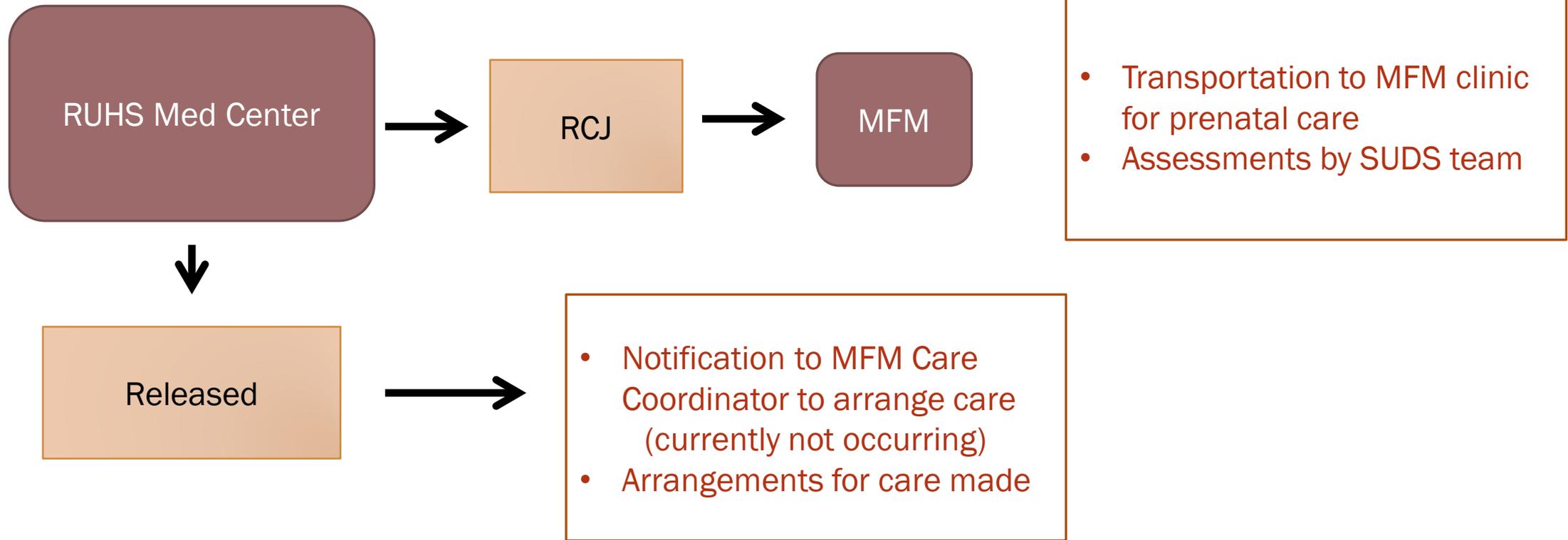
- Maternal support including breast feeding
- Identifies need for wrap around services?

## Peds

- Neonatal / Pediatric care
- Healthy Steps referral

# RCJ Patients

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Questions?  
Comments?

# Wrap Up & Evaluations



*Bren Manaugh, Project Director*

12:55 – 1:00

# ■ UPCOMING LEARNING OPPORTUNITIES

## **Webinar: Addressing the Needs of Justice Involved Pregnant Persons**

- **June 22, 2022: Noon – 1 p.m.** [Registration Link](#)

## **Plans of Safe Care Workgroup**

- **July 13<sup>th</sup>, August 10<sup>th</sup>, & September 14<sup>th</sup>** [Registration Link](#)

## **Data Workgroup**

- **July 25, 2022 – Email [CountyTouchpoints@healthmanagement.com](mailto:CountyTouchpoints@healthmanagement.com) for**

## **Next All-Team Learning Collaborative**

- **September 13, 2022 – Save the date!**

# ■ GRANT OPPORTUNITIES

**California State Budget** The 2022-23 State Budget Summary Delivering Prosperity & Strengthening the Future by Putting California's Wealth to Work. The Legislative Version of the 2022-23 State Budget, representing an agreement between the leaders and budget committee chairs of the Assembly and the Senate. Includes

- \$1.5 billion over 2 years for Behavioral Health Bridge Housing
- \$200 million over 4 years for behavioral health workforce
- \$22 million for a fentanyl enforcement taskforce at DOJ
- \$55 million for peace officer wellness and training
- \$31.8 million over 3 years to support re-entry housing through the Returning Home Well Program
- \$20 million for a MAT grant program for justice system involved individuals
- as well as Healthcare Resources for integrated SUD treatment, and Hepatitis C treatment for incarcerated individuals and to connect released individuals with health care as part of CalAIM

## ■ GRANT OPPORTUNITIES CONT'D

**Providing Access and Transforming Health (PATH) Justice-Involved Capacity Building Program, CA DHCS** Round 1 is for planning. Round 2 is for Implementation. Funding to maintain and build pre-release and post-release services to support implementation of the full suite of statewide CalAIM justice-involved initiatives in 2023 (e.g., pre-release and post-release services). Rolling application process through July 31, 2022.

**FY 2022 Second Chance Act Pay for Success Initiative, National BJA** Through this opportunity, BJA is seeking applications for funding state, local, and tribal governments to enhance or implement performance-based and outcomes-based contracts with reentry, permanent supportive housing, or recovery housing providers to reduce recidivism and address the substance use disorders impacting formerly incarcerated people. Application deadline via JustGrants: June 21, 2022

**FY 2022 Improving Adult and Juvenile Crisis Stabilization and Community Reentry Program, National, BJA** This program will provide funding to enhance or implement clinical services and other evidence-based responses to improve reentry, reduce recidivism, and address the treatment and recovery needs of people with mental health, substance use, or co-occurring disorders who are currently involved in the criminal justice system or were formerly involved. Application deadline August 2, 2022.

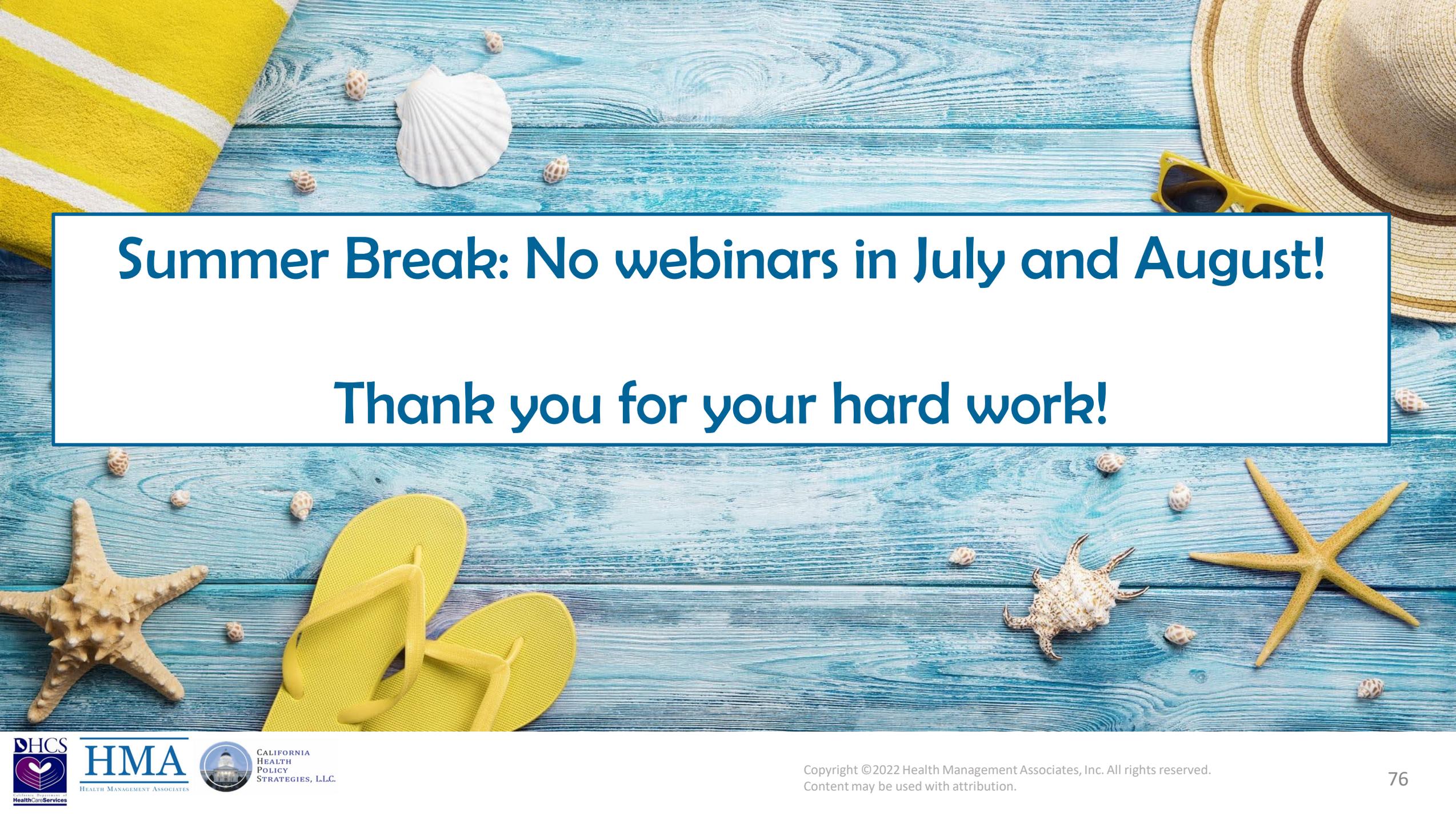
**Behavioral Health Continuum Infrastructure Program (BHCIP) Round 4: Children and Youth Grant RFA, CA DHCS** This program will provide funding to projects that will expand the infrastructure of the behavioral health continuum of treatment and service resources in settings that serve Californians ages 25 and younger, including pregnant and postpartum women and their children, and transition-age youth, along with their families. There is a focus on residential settings. Application deadline August 31, 2022.

## REVIEW OF 2022 WEBINARS SINCE LAST QUARTER

Event	Date	Link to Recording
From Jail Custody to Care in the Community - Solving Access Barriers Final (with CA Bridge)	May 3 <sup>rd</sup> , 2022	<a href="https://vimeo.com/706566953/d9f8db03f9">https://vimeo.com/706566953/d9f8db03f9</a>
Webinar: Adolescent SUD: MAT 101 (3 <sup>rd</sup> offering)	May 18 <sup>th</sup> , 2022	<a href="https://vimeo.com/712115874/c8ef2e128b">https://vimeo.com/712115874/c8ef2e128b</a>
Webinar : Children and Recovering Mothers (CHARM)	May 25 <sup>th</sup> , 2022	<a href="https://vimeo.com/714110142/cd5b8778aa">https://vimeo.com/714110142/cd5b8778aa</a>
Webinar: CA School-Based Health Clinics	June 2 <sup>nd</sup> , 2022	<a href="https://vimeo.com/716802813/7603de92a2">https://vimeo.com/716802813/7603de92a2</a>
Webinar: Updates on Opioids – Fentanyl and Xylazine	June 3 <sup>rd</sup> , 2022	<a href="https://vimeo.com/718071881/b391ae0fea">https://vimeo.com/718071881/b391ae0fea</a>

## ■ PROJECT REMINDERS AND RESOURCES

- If you have any success stories from your county, please email to your coach and [CountyTouchpoints@healthmanagement.com](mailto:CountyTouchpoints@healthmanagement.com)
- Reminder to update your coaches with any changes to your county team members
- Additional resources on [addictionfreeca.org](http://addictionfreeca.org) website



**Summer Break: No webinars in July and August!**

**Thank you for your hard work!**

## ■ POLLING EVALUATION

Please rate today's learning collaborative:

**1. Overall, today's learning collaborative was:**

- A. Very useful**
- B. Somewhat useful**
- C. Not very useful**
- D. Not useful at all**

**2. The material presented today was:**

- A. At the right level**
- B. Too basic**
- C. Too detailed**



**Questions?**  
**CountyTouchpoints@healthmanagement.com**

