

As you may know, Senator Steinberg convened a press conference regarding his proposal for mental health.

The attached [document](#) (7 pages) provides additional context and detail regarding his proposal with more to come at the May Revision.

A summary of the overall proposal is below. Please let me know if you have any questions. Thank you and take care.

PLAN FOR ACTION

Over a two year period:

- Add at least 2,000 crisis treatment beds in a residential setting. This provides structured programs as alternatives to hospitalization, and typically serves from ten to sixteen clients in a home-like environment with professional personnel.
- Add at least 200 mental health triage personnel to specifically assist several thousand high-need individuals. Provide targeted case management services to help these individuals to access medical, alcohol and drug treatment, social, educational and other services.
- Add 25 Mobile Crisis Support Teams for rapid response to locations of impact including jails, hospitals, clinics and shelters to address acute, short-term crisis needs. These teams will help reduce law enforcement and emergency room workload and expenses.
- Establish Medi-Cal enrollment assistance and outreach focusing on people with behavioral health needs, including those with special needs, the homeless, and those transitioning from county jails and state prisons. The federal Affordable Care Act will expand Medi-Cal coverage, including mental health, to approximately one million uninsured eligible Californians, which is anticipated to include individuals recently released from local jails and state prison.
- Expand an existing pilot program of Integrated Services for Mentally Ill Parolees (ISMIP) from the current 1,500 parolees to 5,000. The comprehensive mental health services provided through this program have shown dramatic results, cutting the recidivism rate by more than half. For those 1,502 individuals in the program, the recidivism rate was only 24 percent, compared to a 71 percent recidivism rate for other parolees with severe mental health disorders.

PEOPLE TO BE SERVED

- Research shows that people with mental health disorders are over-represented in the offender population, are twice as likely to have their community supervision revoked, and have more risk factors for recidivism. With the continued implementation of the 2011 Public Safety Realignment, it's imperative to focus additional mental health treatment services on this population.
- About one out of every five people with severe mental health care disorders visit a hospital emergency room at least once a year. When services aren't available, these people have little

choice but to seek assistance through the hospital ER. Crisis intervention can avoid the need for inpatient treatment.

- One in every three homeless people is estimated to be suffering from severe mental health disorders. The percentages are higher for the chronically homeless and for homeless women.

IMPACT OF ACTIONS

- Crisis intervention, stabilization, and residential treatment can divert people from incarceration, and lessen the use of hospital emergency rooms and limited psychiatric beds.
- Mobile Crisis Support Teams can provide mental health triage, family support, and Section 5150 evaluations. These Teams can meet law enforcement in the field and, among other things, provide diversion into treatment. Expedited service lasts less than 24-hours on behalf of a client with an urgent condition requiring immediate attention. The goal is prevent the client from becoming gravely disabled and to avoid the need for inpatient services.
- Crisis residential treatment provides an alternative to hospitalization for clients experiencing an acute psychiatric episode or that do not have medical complications requiring nursing care. Programs provide stabilization, medication monitoring, and evaluation of the need for the type and intensity of additional services to achieve wellness and recovery.
- Triage personnel would be placed in select urban and suburban regions at locations including community clinics and homeless shelters. Tens of thousands of high-need clients could be served annually by triage personnel who help individuals gain access to needed medical, mental health treatment, substance use disorder assistance, social support services, rehabilitative services, educational services and other community services.

COVERING COSTS

- With Medi-Cal expansion under the Affordable Care Act to include low-income adults, it's anticipated that the majority of those who are released from prison or jail will be newly eligible for Medi-Cal. This coverage includes 100 percent federal financing for three years, declining to 90 percent in 2019. Enrollment into Medi-Cal is fundamental to ensure that mental health treatment can be readily provided upon release into the community. This presents an opportunity to restructure state-provided services, with General Fund savings available to reinvest into additional services
- The California Endowment is providing a grant to facilitate expanded Medi-Cal enrollment, with a dollar-for-dollar match of federal funds. Of that \$53 million total, \$25 million will specifically focus on those with special needs, including the homeless and those coming out of California jails and prisons.
- In addition, state grant funds of up to \$500,000 per county can be used to leverage other public, non-profit, and private funding sources to develop infrastructure and provide start-up costs specifically for Mobile Crisis Support Teams, Crisis Stabilization, and Crisis Residential Treatment

Services. The structure of these grants would be flexible to allow for regional development in rural areas, as well as to provide for unique and variable needs and geographic locations.

- Redirect a portion of current funding allocations for parolee mental health services to expand the Integrated Services for Mentally Ill Parolees (ISMIP) program.