

Celebrate Recovery Month

Solano County
Behavioral Health

September 29, 2021



SEPTEMBER



NATIONAL RECOVERY MONTH 2021

RECOVERY IS FOR EVERYONE:
Every Person
Every Family
Every Community

WWW.NATIONALRECOVERYMONTH.ORG



Welcome!



NATIONAL
RECOVERY
MONTH 2021

CELEBRATE RECOVERY! AGENDA



Welcome!

Recovery Story: Elizabeth Muniz-Palomera, Peer Specialist

Solano BH- SUD Integration, history and where we are now: Emery Cowan- Deputy Director, Kate Grammy- BH Administrator

SUD Liaison Role: A day in the life: Patty Ayala, Fairfield Outpatient Clinician

Recovery Story: Crystal

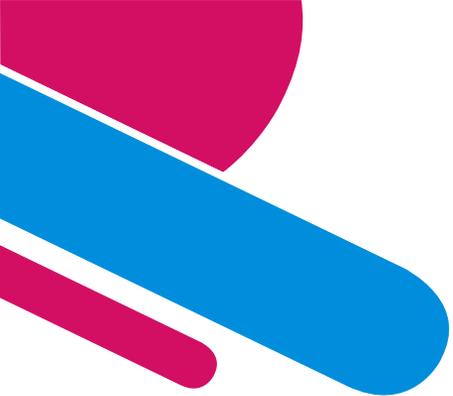
Partnership Healthplan of California- Wellness and Recovery Program (Drug Medi-Cal Organized Delivery System/DMC-ODS): Wendy Millis, Program Manager

Drug Safe Solano Overview- Arthur Camargo, Coalition Coordinator

Recovery Story: Katrina Morrow, Peer Specialist

Video: How Childhood Trauma Leads to Addiction - Gabor Maté

Recovery Story: Kevin



Recovery

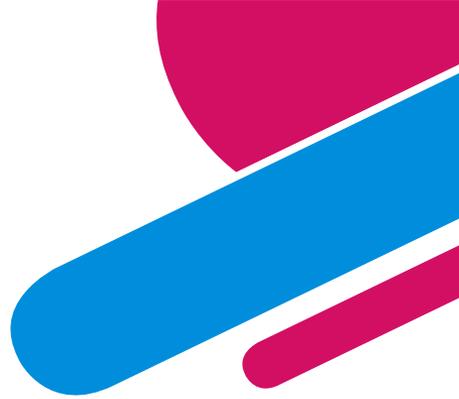
What does this mean to you?



<https://www.menti.com/72kw9ru2f6>

Or go to [menti.com](https://www.menti.com) and enter voting code 6026 2537

National Definitions



Recovery

- Recovery has been identified as a primary goal for behavioral health care.
- A process of change through which individuals improve their health and wellness, live a self-directed life, and strive to reach their full potential.

Peer Support

- The process of giving and receiving non-professional, non-clinical assistance to achieve long-term recovery, provided by people who are experientially credentialed to assist others in initiating recovery, maintaining recovery, and enhancing the quality of personal and family life in long-term recovery.

Recovery Oriented System of Care

- The central focus of a ROSC is to create an infrastructure or "system of care" with the resources to effectively address the full range of substance use problems within communities.
- A ROSC is a coordinated network of community-based services and supports that is person-centered and builds on the strengths and resiliencies of individuals, families, and communities to achieve abstinence and improved health, wellness, and quality of life for those with or at risk of alcohol and drug problems.

<https://attcnetwork.org/centers/global-attc/recovery-oriented-systems-care-rosc>

Recovery Story

Elizabeth Muniz-Palomera,
Solano BH Peer Support
Specialist



Solano BH MH+SUD Integration

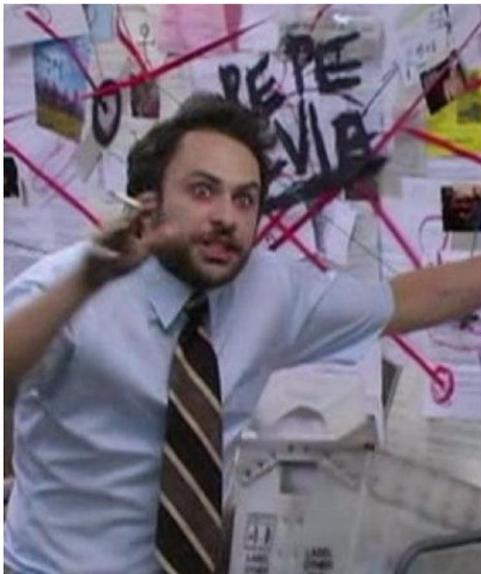
Building Co-Occurring
Capacity

September 29, 2021

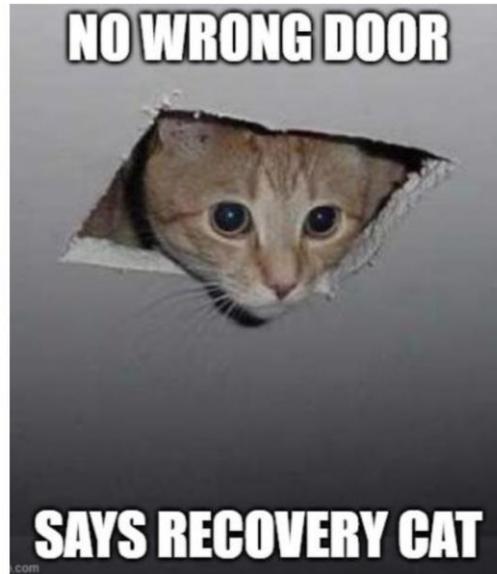


Building our Capacity

how it started



how it's going



What we had	Goals of a Recovery oriented system of care- ROSC
Program Centered	Person Centered
Program Directed/Staff determination	Self directed/Self determination
Deficit based	Strength based
Program decision	Team approaches; collaborative decision making
Siloed treatment planning	Individualized treatment planning
Office based services	Community based services and supports
Only some available, not easy to navigate others	Continuity of services
Professional boundaries	Peer involvement
Funding-driven	Outcome-driven

Solano BH Dual Dx Data

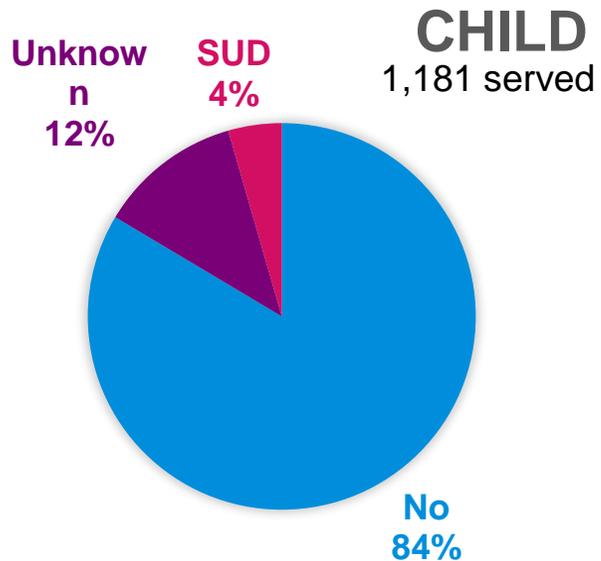
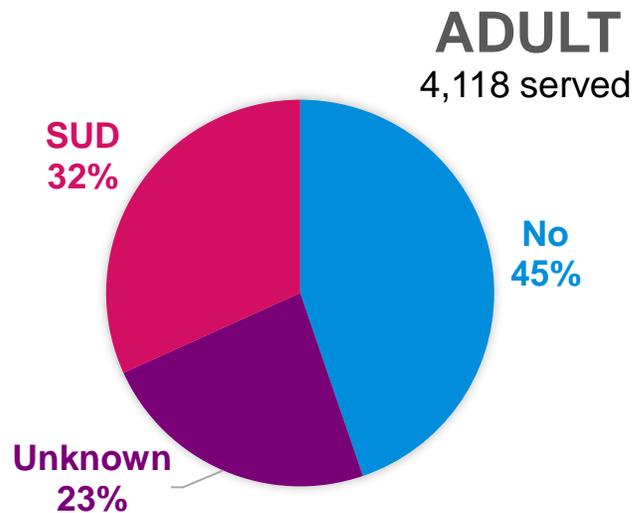
For the fiscal year 2020-2021, however dx are still being underreported (No/Unknown)

Breakdown by SUD type:

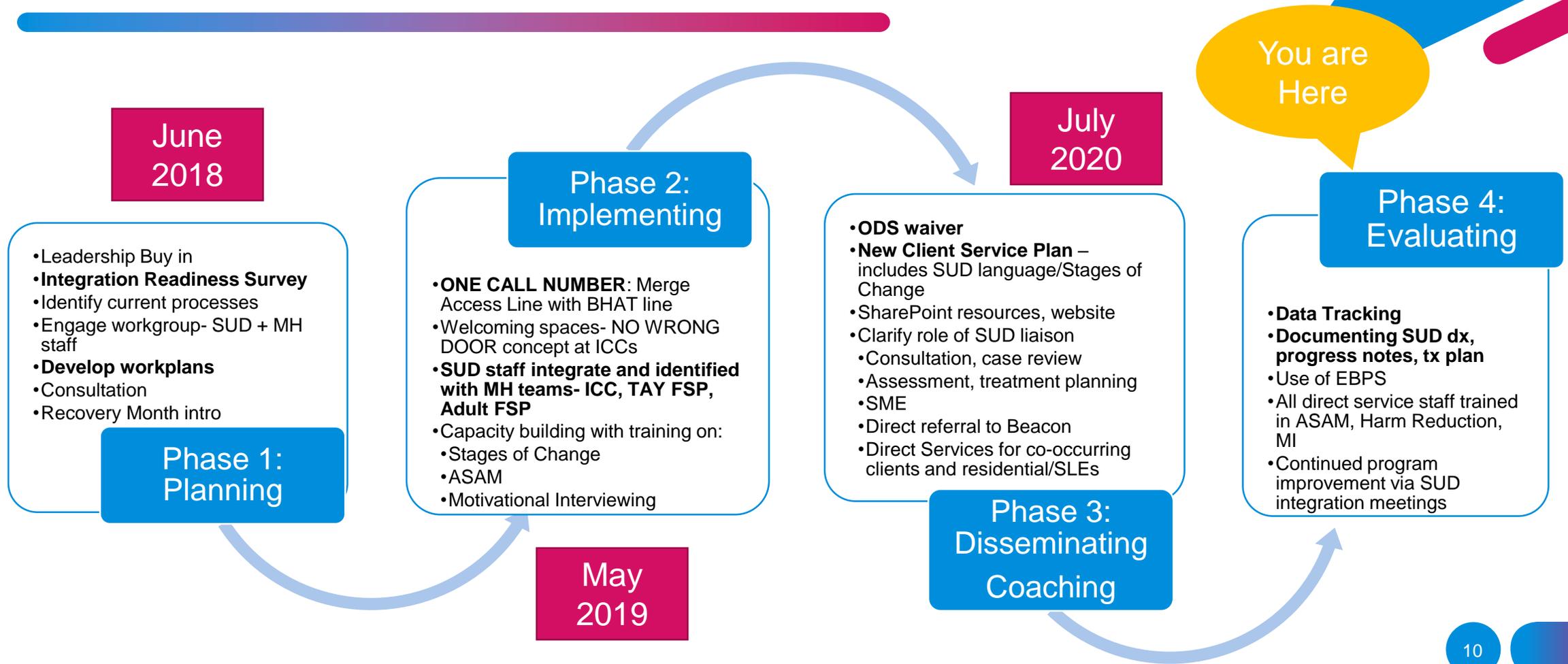


50% Of clients with PTSD have SUD

Interesting but not surprising



Change Process Timeline





“What if we don’t change at all ...
and something magical just happens?”

Shift Happens

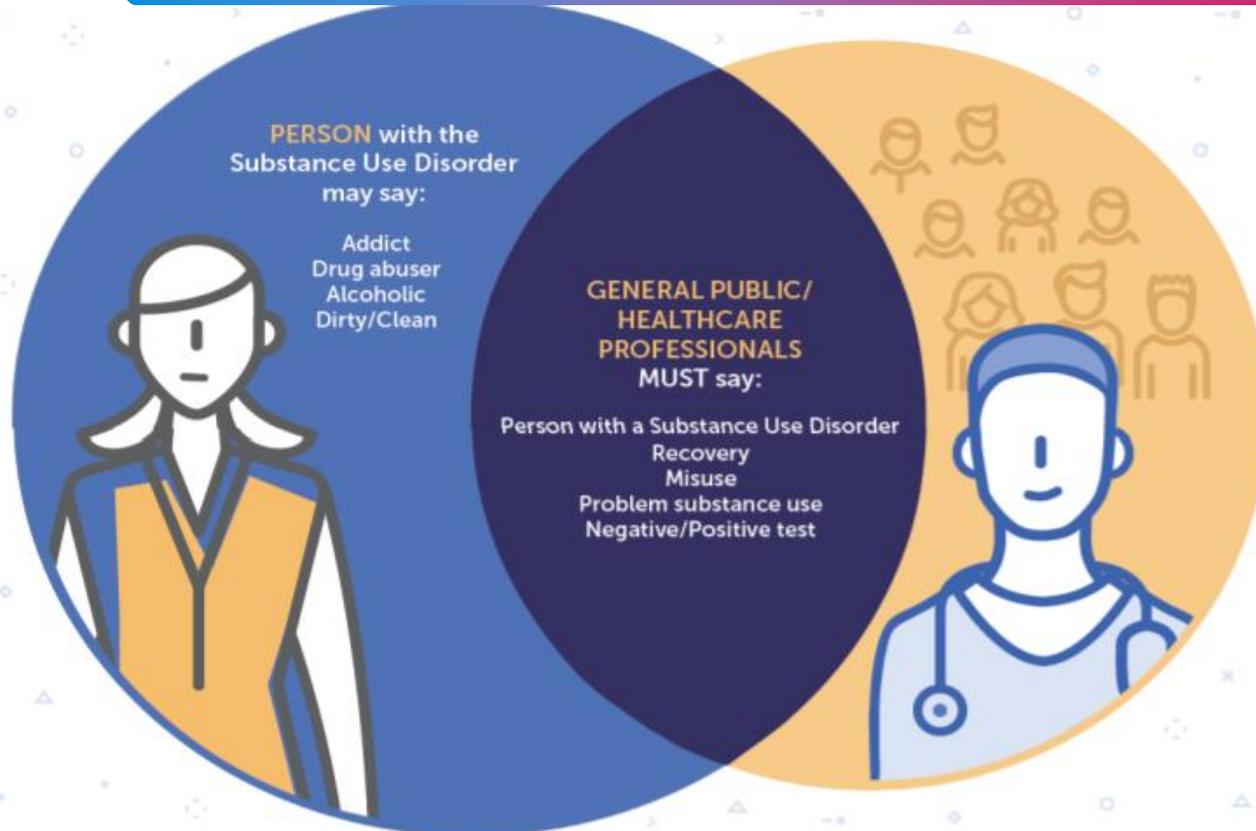
Culture Shift

- Buy-in: survey showed overwhelming desire for team approaches, focus on whole person
- Addressing the philosophical differences between MH and SUD disciplines
- Needing opportunities to improve relationships, communication, collaborations, cross-training
- Engagement via Recovery month and sharing best practices, recovery stories, language

Program Shifts

- Developing strategies for increasing dual diagnosis treatment interventions in service settings
- QI: Concerns with documentation and billing
- Create new communication pathways, integrated teams
- Build up the capacity direct service staff through training, coaching, on-site support
- New Client Service Plan with SUD language

Language Matters



It is important that those within a stigmatized community are given the space to determine their own comfort with use of stigmatized terms and where the use of these terms is appropriate

<https://www.shatterproof.org/our-work/ending-addiction-stigma/plan-to-end-addiction-stigma>

The Real Stigma of Substance Use Disorders



In a study by the Recovery Research Institute, participants were asked how they felt about two people "actively using drugs and alcohol."

One person was referred to as a "substance abuser"



The other person as "having a substance use disorder"



No further information was given about these hypothetical individuals.

THE STUDY DISCOVERED THAT PARTICIPANTS FELT THE "SUBSTANCE ABUSER" WAS:

- less likely to benefit from treatment
- more likely to benefit from punishment
- more likely to be socially threatening
- more likely to be blamed for their substance related difficulties and less likely that their problem was the result of an innate dysfunction over which they had no control
- they were more able to control their substance use without help

Entry points
How to get
people to
services

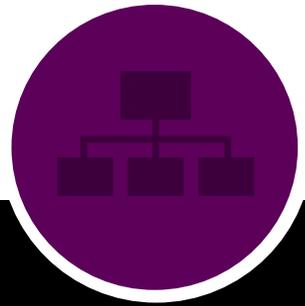
Direct
Referral
Process

Role of
Beacon

Role of BH
Access Line

Role of SUD
liaisons

Role of MH
Clinical
Team



- *Solano County BH transitioned to ODS Drug Medi-Cal Waiver under Partnership Health Plan/Beacon*
- *Process improvement continues*

- *Monthly Integration Meetings with SUD liaisons and programs*
- *Data and caseload reviews*
- *Screening, ASAM and ASAM lite*
- *Priority groups for internal assessments*
- *Documentation support*

Future Outlook



Progress! And there's still work to do

- The 2 sides of AVATAR
- Dual ROIs (release of information)
- More seamless handoffs between staff to support client engagement
- Data entry “unknown” or omissions
- Build up the Youth SUD services (PHC focus)
- Cross train SUD providers in MH (PHC focus)
- Culturally inclusive approaches (PHC focus)

CaAIM- California Advancing and Innovating Medi-Cal

- State framework that encompasses broad-based delivery system, program and payment reform across the Medi-Cal program > integration and alignment across systems
- Administrative Behavioral Health Integration- shift from two separate audits, reimbursements, QI assessments, etc.
- Update behavioral health medical necessity criteria
- Update integrated documentation requirements
- Persons with COD a priority population, noting at least 50% of those served have a complex dual dx.

<https://www.dhcs.ca.gov/provgovpart/Pages/CalAIM.aspx>

SUD Liaison: A Day in the Life

A Day in the Life

Patricia Ayala, Clinician

Solano BH, Fairfield Adult Outpatient clinic



Forensic
Triage Team-
Drug Court

Rich
Roesler

Vacaville
outpatient

Brent
Batty

Vallejo
outpatient

LaRae
Bratcher

Fairfield
outpatient

Patty
Ayala

Youth FSP

Mary
Wilson

Adult FSP

Ritika
Kaur

Recovery Story

Crystal



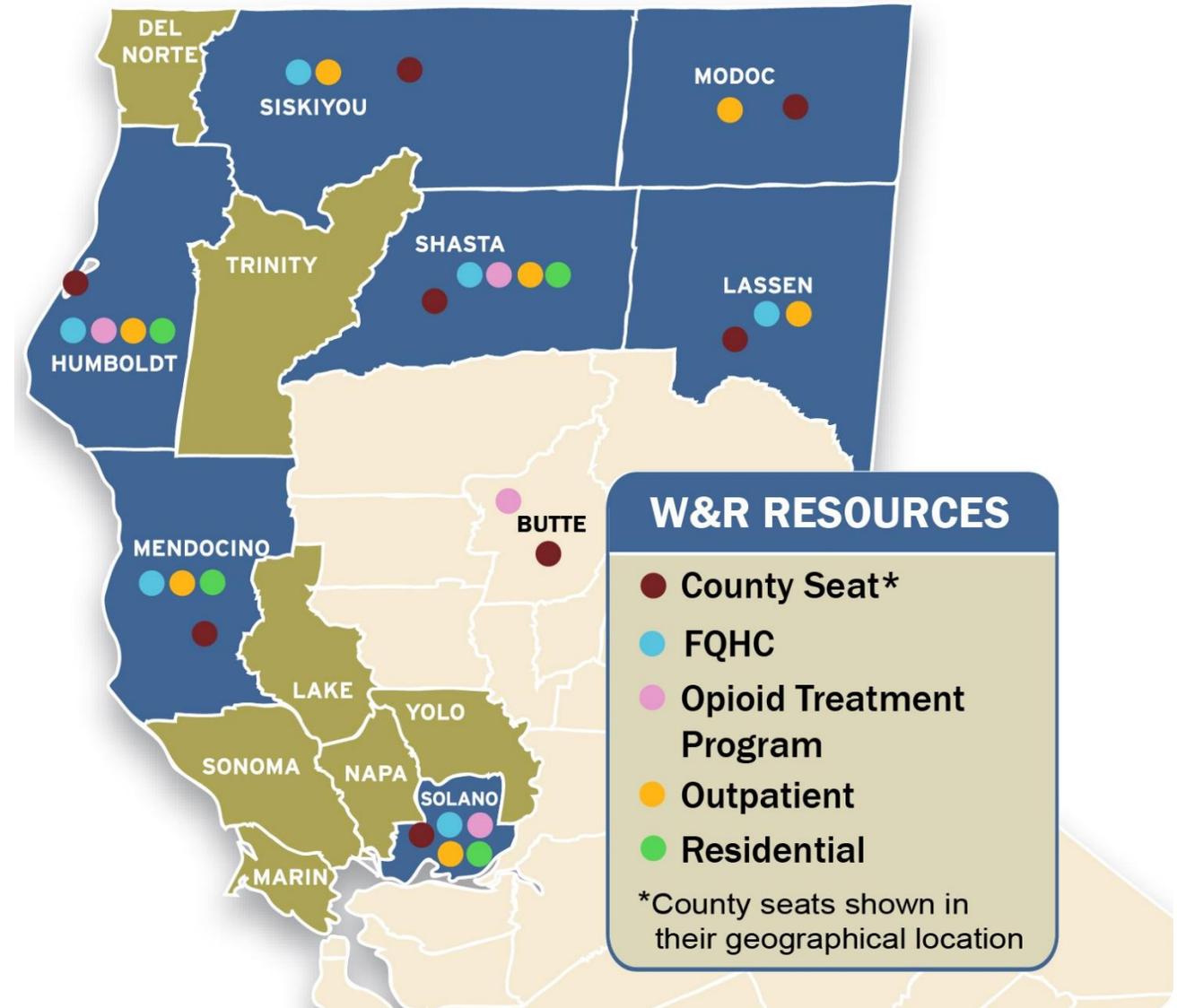
Drug Medi-Cal Organized Delivery System- DMC-ODS (aka “the Waiver”)

Wendy Millis, Program Manager
Wellness & Recovery Program



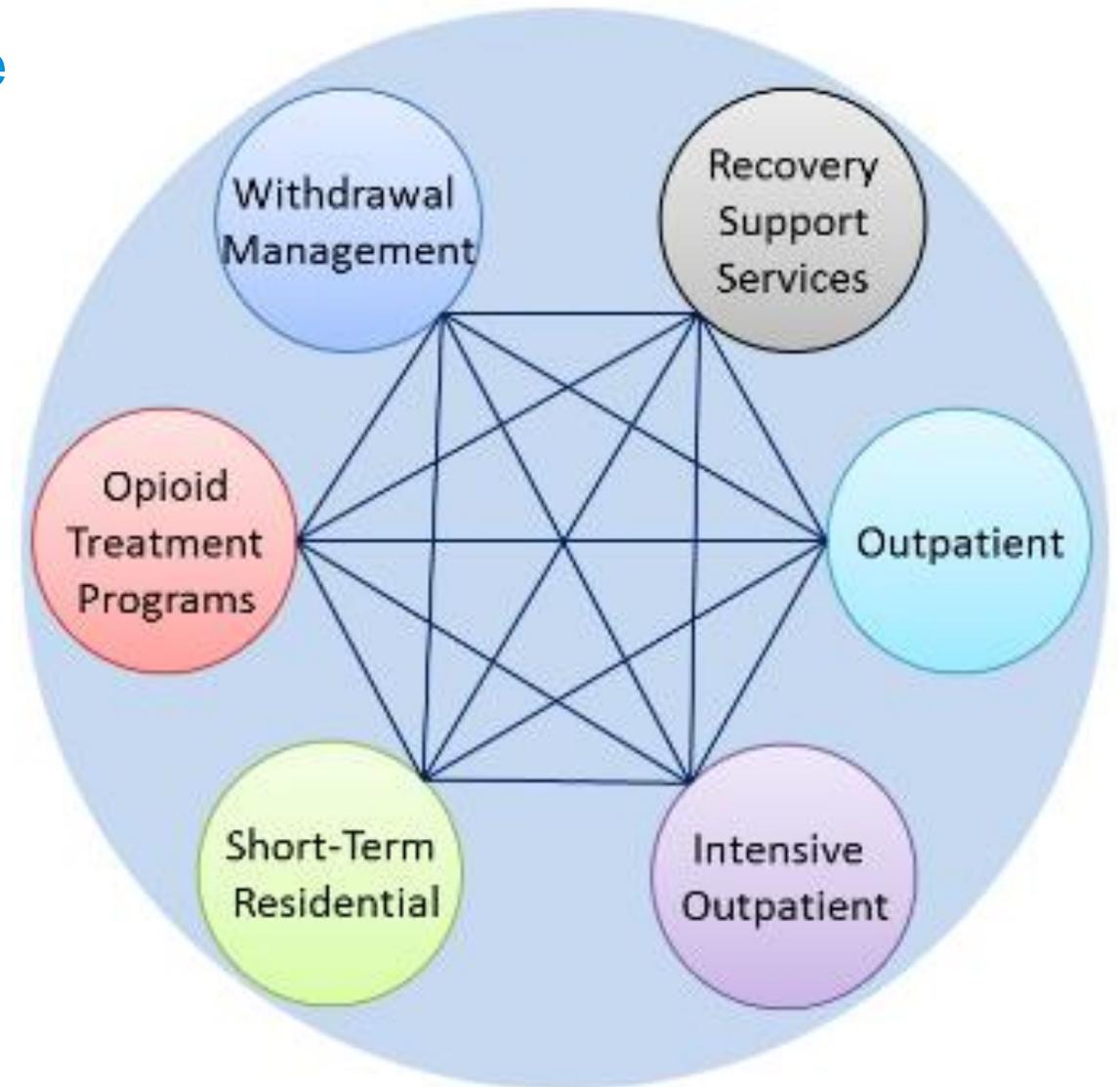
Comprehensive Substance Use Services in Seven Counties

- Humboldt
- Lassen
- Mendocino
- Modoc
- Shasta
- Siskiyou
- Solano



Wellness and Recovery Benefit

- American Society for Addiction Medicine (ASAM) criteria to determine medical necessity and level of care needed
- Services
 - Outpatient and Intensive Outpatient
 - Residential Care (up to 90 days)
 - Case Management
 - Withdrawal Management (Detox)
 - Recovery Services (After Care)
 - Medication Assisted Treatment



MEMBERS

Qualifications

- Medi-Cal coverage
- Meet ASAM medical necessity criteria
- Self referral; no prior approval needed for most services (Beacon Call Center)

Designated Referrers

- Preapproved clinicians from designated agencies

PROVIDERS

Two types

- Substance use specific: State-certified as “Drug Medi-Cal”
- Current PHC network (e.g., clinics providing medication)

SERVICE LOCATIONS

- Goal of serving clients in their communities as much as possible
- Residential, methadone, and some other services out of county

- All Medi-Cal beneficiaries over 12 in the 7 counties are eligible for services
 - About 5 to 10% of those eligible are not PHC members at any given time
- The 7 counties delegate the administration to PHC
 - No direct contract between PHC and DHCS
 - Counties monitor PHC performance through Substance Use IQI – subcommittee of IQI

July 1, 2020 through June 30, 2021

- 3,653 unique members served; 142,976 visits' ~ 1.2% penetration

- Unique members by County:

○ Humboldt:	806
○ Lassen:	22
○ Mendocino:	321
○ Modoc:	27
○ Shasta:	1240
○ Siskiyou:	135
○ Solano:	1130

- Visits by County:

29,216
793
10,632
768
50,429
3,847
47,291

Services to Date-SOLANO

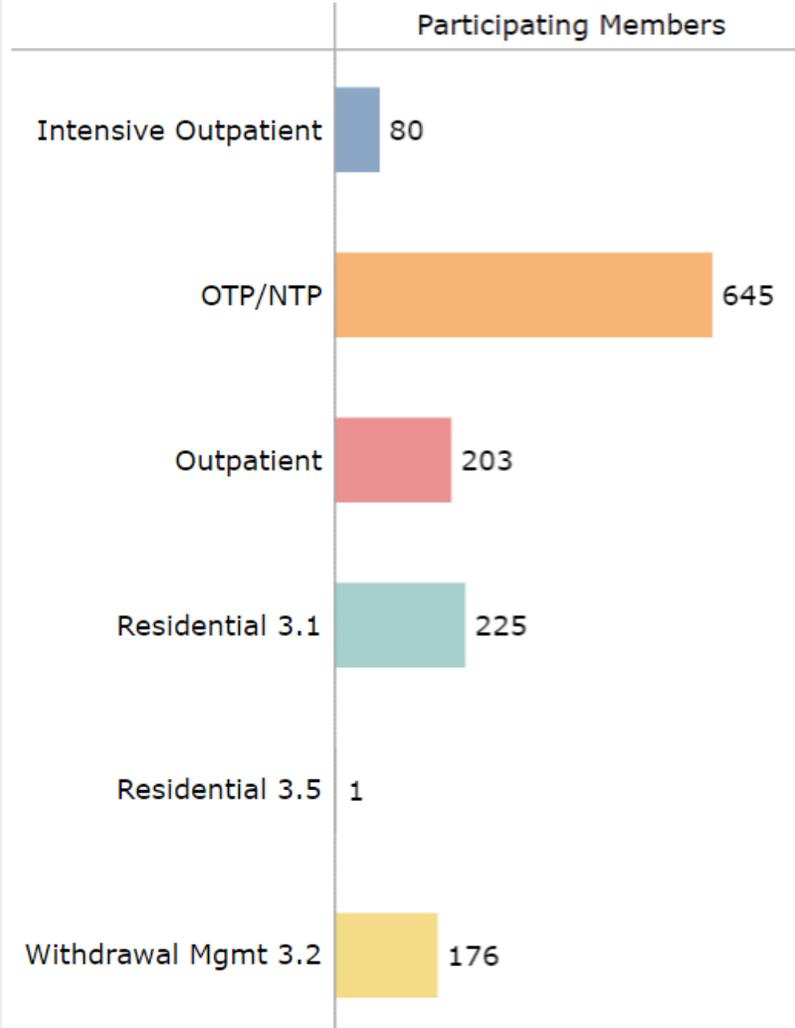
1,130

Total participating Members

47,291

Total Visits

By Level of Care



Penetration Rates by Age Group

Partnership			Solano # of clients served	Solano penetration rate
Age Groups	# of Clients Served	Penetration Rate		
Ages 12-17	119	0.32%	16	<1%
Ages 18-64	3,459	1.63%	1081	1.6%
Ages 65+	72	0.23%	37	<1%
TOTAL	3,675	1.27%		

Penetration rate is the percentage of the number of eligible members served within that age group.

Criminal Justice status at admission

Admission Legal Status	Partnership Counties		Statewide	
	Number	%	Number	%
No Criminal Justice Involvement	2,098	59.5%	68,737	61.7%
Under Parole Supervision by CDCR	142	4.1%	2,255	2.0%
On Parole from any other jurisdiction	20	0.6%	1,676	1.5%
Post release supervision - AB 109	992	28.1%	30,671	27.5%
Court Diversion CA Penal Code 1000	37	1.0%	2,111	1.9%
Incarcerated	1	0.03%	711	0.6%
Awaiting Trial	238	6.7%	5,324	4.8%
Total	3,528	100.0%	111,485	100.0%

Data reflect strong partnerships w/ County criminal justice agencies; many have arranged for direct referrals by CJ staff.

Substances Involved

Drug Dependence	Partnership Counties		PHC data for non W&R services in these 7 counties	Statewide	
	Number*	%		Number	%
Alcohol	1,084	31.7%	38.6%	24,466	23.6%
Opioid	933	27.3%	28.3%	32,476	31.3%
Stimulant	1,254	36.7%	24.6%	34,714	33.5%
Cannabis	146	4.3%	8.5%	11,948	11.5%
Total	3,417	100.0%	100.0%	103,604	100.0%

- Relatively high number seeking help with alcoholism is promising given its high prevalence of excess use among PHC members.
- Note that data on those served through PCPs (MAT providers) are not reflected here.

*Note that the total numbers may differ across the slides because of differing time periods for data availability.

- **Services to Adolescents**
- **Co-occurring care**
- **Collaboration across network**
- **Links to housing and other resources (tied to better use of outpatient services)**
- **Clinical detox; voluntary inpatient detox**
- **Enhanced Case Management**
- **Future Outreach**

Thank You and Questions



<http://www.partnershiphp.org/Providers/HealthServices/Pages/Drug%20Medi-Cal/Drug-Medi-Cal-County-Option.aspx>

**Drug Safe
Solano**



**Arthur Camargo,
Coalition
Coordinator**

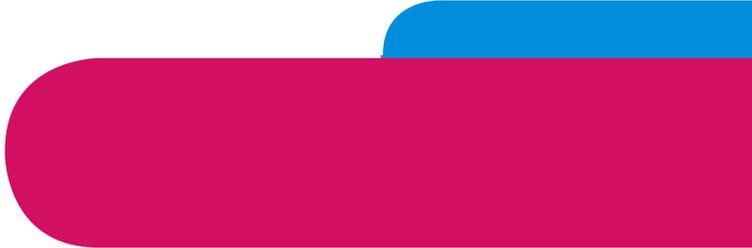
<http://www.drugsafesolano.org/>



**DRUG SAFE
SOLANO**

TOURO UNIVERSITY

C A L I F O R N I A



Recovery Story

**Katrina Morrow,
Solano BH Peer Support
Specialist**





<https://www.youtube.com/watch?v=BVg2bfqblGI>

Recovery Story

Kevin



Resolution No. 2021 - 166

RESOLUTION OF THE SOLANO COUNTY BOARD OF SUPERVISORS RECOGNIZING THE MONTH OF SEPTEMBER AS NATIONAL RECOVERY MONTH

WHEREAS, substance abuse and mental health disorders affect all communities nationwide, but with commitment and support, individuals with these disorders can achieve healthy lifestyles and lead rewarding lives in recovery; and

WHEREAS, in 2020, 61 people in Solano County died by overdose; and

WHEREAS, by seeking help, people who experience substance use and co-occurring mental health disorders can embark on a new path toward improved health and overall wellness; and

WHEREAS, through Recovery Month, people become more aware and able to recognize the signs of substance use and co-occurring mental health disorders which can lead more people into treatment; and

WHEREAS, the benefits of preventing and overcoming substance use and mental health conditions are significant and valuable to individuals, families, and the community at large; and

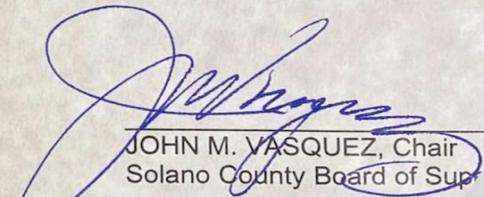
WHEREAS, prevention of substance use and/or mental health disorders works, treatment is effective, and people in Solano County and throughout the nation do recover; and

WHEREAS, the Solano County Behavioral Health Division invites all residents of Solano County to participate in National Recovery Month.

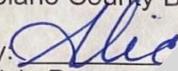
NOW, THEREFORE BE IT RESOLVED, that the Solano County Board of Supervisors recognizes the month of September as National Recovery Month and encourages all residents of Solano County learn more about promoting mental health wellness and recovery.

Dated this 24th day of August 2021




JOHN M. VASQUEZ, Chair
Solano County Board of Supervisors

ATTEST:
BIRGITTA E. CORSE,
Solano County Board of Supervisors

By: 
Alicia Draves

Questions? Ideas?

Photo: September 2021 Solano Board of Supervisors Resolution

Contact Info & Links

Solano BH Contacts:

Emery Cowan, LPCC, BH Deputy Director
ecowan@solanocounty.com

Kate Grammy, PsyD, Adult MH + SUD Administrator
kagrammy@solanocounty.com

Links:

Updated Solano SUD webpage:
https://www.solanocounty.com/depts/bh/substance_use_disorders.asp

Partnership: wellnessandrecovery@partnershiphp.org

<http://www.partnershiphp.org/Providers/HealthServices/Pages/Drug%20Medi-Cal/Drug-Medi-Cal-Benefit.aspx>

For Solano Staff: SharePoint MHSUD docs
https://solanocounty.sharepoint.com/sites/hss_collab/mh/SitePages/MH-SUD-Integration-Resources.aspx

Substance Use Services in Solano



Through the Partnership Health Plan Regional Model, expanded services are now available- you can:

- show up to an outpatient agency or
- call Solano BH access line or
- call Beacon Access line

1-855-765-9703

wellnessandrecovery@partnershiphp.org



Level of Care

1

SERVICES

Outpatient & Intensive Outpatient

Assessment, treatment planning; individual and group counseling; family therapy; patient education; medication management; crisis intervention; discharge planning and coordination.



3

Case Management

Monitor the transitions in care, treatment progress and troubleshoot client related issues that may arise during treatment.



5

Residential services (up to 90 days)

24-hour, non-institutional, non-medical, short-term service that provides residential rehabilitation services to youth, adult, and perinatal clients and "stabilization and discharge" to then refer to an outpatient setting for continued recovery services



2

Recovery Services (community support)



Recovery monitoring (recovery coaching, monitoring via telephone and internet); peer-to-peer services and relapse prevention services

4

Medication Assisted Treatment (MAT)

- *Medication* - including narcotic replacement therapy (methadone), buprenorphine, naltrexone - for people struggling with Opioid Disorders
- *Assisted*- the medications assist by curbing the opioid cravings, allowing people to focus on treatment and recovery
- *Treatment*- like with anxiety, cholesterol, or blood pressure- medication is part of an overall treatment plan to help manage symptoms.



6

Withdrawal Management (formerly known as "detox")



Medical and psychological care of people experiencing withdrawal symptoms as a result of ceasing or reducing their substance use



<http://solanocounty.com/depts/bh>