

## CHCF CHIP Summary

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**Professional Title, Organization:** Quality Assurance Director, California Mental Health Services Authority (CalMHSA)

**CHIP Title:** Standardizing of “5150” Training Across Counties

**Project Description:** I wanted to leverage resources to support standardization for county behavioral health plans. County behavioral health plans are responsible for the provision of behavioral health services to person with severe and persistent mental illness and services for substance use disorders to Medi-Cal beneficiaries in their counties. There are 58 counties in California ranging in size from small-rural to extra-large with much variation in how services are delivered. For my project, I focused on training for individuals whom the county designates “writing authority” which authorizes a person the professional responsibility to place a person on an involuntary hold when the person’s mental disorder makes them a danger to themselves, and/or others and/or gravely disabled. I will refer to this as “5150/5585” which are the regulatory sections of the Welfare and Institutions Code (“5150” for adults and “5585” for minors). The regulation defines persons who are designated to perform the activity of involuntary detainment, including the role of the county in the designation of this authority.

To receive this designation, an individual must complete training on professional and legal responsibilities of performing this activity. Each of the 58 counties in California develops and delivers this training to persons who may be granted 5150/5585 “writing authority”. The training content and hours in training varies from county to county. There is no standard statewide training.

**Objectives:** Create a standardized training that meets all regulatory requirements that is low-barrier access and cost to counties. As a Joint Powers Authority for county behavioral health plans, CalMHSA can leverage resources that support:

- **Operational Efficiency:** Standardization of training offers an opportunity for shared understanding of professional expectations and legal requirements necessary to perform this activity, and the collective identification of statewide or regional issues affecting the interpretation and application of the law.
- **Workforce:** Workforce is supported by offering reciprocity amongst counties and removes redundancy of training staff working in multiple counties who perform these activities.

### Key Findings and Lessons Learned:

- **Pilot:** The pilot launched in January 2022. The training is a 7-hour self-paced training available on the CalMHSA learning management system and is available to all counties and its contractors. The training is offered at no cost to remove financial barriers for use.
- **Results:** Since January, twenty-nine counties ranging from small-rural to large have taken advantage of the training opportunity. Counties report their top interest for using the training is to “support standardization across counties” (55%), followed by “adding flexibility for staff taking the course” (27.6%). While it’s too early to measure the overall impact of the pilot, we want to consider two major events impacting this project: COVID-19 pandemic and the California Advancing & Innovating Medi-Cal (CalAIM) initiatives. One of the many things the pandemic brought with it is the need for quick changes to the system to best respond to the needs of those we serve. The onslaught of the changes, however, affected workforce and moral. Next comes the significant changes to the behavioral health delivery system through CalAIM

initiatives. Although CalAIM initiatives were much anticipated and are necessary, these changes are coming on the heels of an already exhausted workforce.

**Next Steps:**

The project is in its early phase of implementation but continues to look promising. Although the primary interest was not “support reciprocity across counties” (6%), the interest in standardization is well supported. We will continue to reach out to counties and provide education around efficacies in standardization and its support to the workforce by reducing duplicity and/or benefit to the county by decreasing county responsibility for the development and delivery of training.