

The American Rescue Plan Act Fiscal Recovery Fund



PRESENTED BY THE NATIONAL ASSOCIATION OF COUNTIES

OVERVIEW OF U.S. TREASURY FINAL RULE FOR ARPA FISCAL RECOVERY FUND



COVID-19 RECOVERY CLEARINGHOUSE

In a major victory for America's counties, the State and Local Coronavirus Fiscal Recovery Funds legislation, part of the American Rescue Plan Act, was signed into law by President Biden on March 11. The legislation includes \$65.1 billion in direct, flexible aid to every county in America, as well as other crucial investments in local communities.



Overview of U.S. Treasury's Final Rule for ARPA Fiscal Recovery Fund

Explore NACo's overview of U.S. Treasury's Final Rule for the State and Local Coronavirus Fiscal Recovery Fund.

State & Local Fiscal Recovery Funds

Find Treasury guidance, FAQs, NACo's analysis and more

Untold Stories

Join us in highlighting how counties are making incredible differences in the lives of our residents through the American Rescue Plan Act

Local Government ARPA Investment Tracker

The Local Government ARPA Investment Tracker, powered by NACo, Brookings Metro and National League of Cities provides a detailed local investment picture of American

NACo's COVID-19 Recovery Clearing House
<https://www.naco.org/covid-19-recovery-clearinghouse>

ILLUSTRATION OF *SAMPLE* ALLOWABLE USES OF RECOVERY FUNDS



Support Public Health Response

Fund COVID-19 mitigation efforts, medical expenses, behavioral healthcare, and certain public health and safety staff



Replace Public Sector Revenue Loss

Use funds to provide government services to the extent of the reduction in revenue experienced due to the pandemic



Water and Sewer Infrastructure

Make necessary investments to improve access to clean drinking water and invest in wastewater and stormwater infrastructure



Address Negative Economic Impacts

Respond to economic harms to workers, families, small businesses, impacted industries, and the public sector



Premium Pay for Essential Workers

Offer additional support to those who have and will bear the greatest health risks because of their service in critical infrastructure sectors



Broadband Infrastructure

Make necessary investments to provide unserved or underserved locations with new or expanded broadband access

SUPPORT PUBLIC HEALTH RESPONSE

1

COVID-19 MITIGATION & CONTAINMENT

- A broad range of services and programming that are needed to contain COVID-19, including using funds for vaccine incentive programs

2

MEDICAL EXPENSES

- Provide care and services to address COVID-19 public health needs, risks presented by new variants and long-term effects of the virus

3

BEHAVIORAL HEALTH

- New or enhanced state and local government services that may be needed to meet mental health, substance use and other behavioral health needs

4

PUBLIC HEALTH & SAFETY STAFF

- Responding to the public health and negative economic impacts COVID-19 and requires additional human resources

ADDRESS BEHAVIORAL HEALTH NEEDS

Recovery Funds can be for services to address behavioral healthcare needs exacerbated by the pandemic, including:

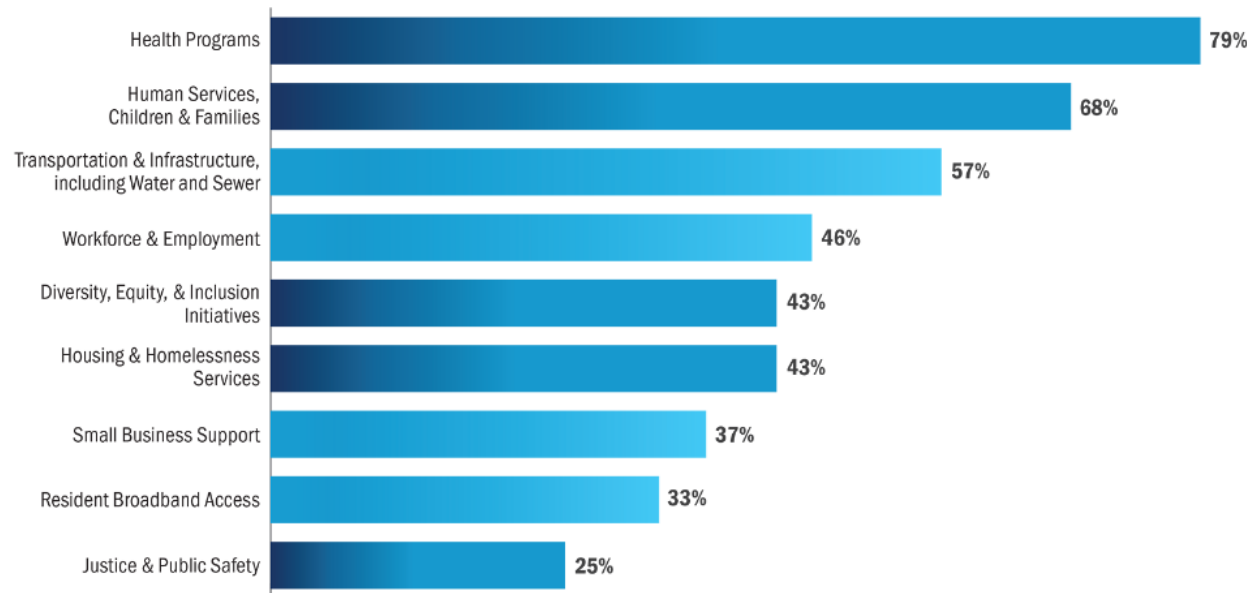
- Behavioral health facilities and equipment
- Prevention, inpatient and outpatient treatment, crisis care, diversion programs
- Enhanced behavioral health services in schools
- Services for pregnant women or infants born with neonatal abstinence syndrome
- Support for equitable access to high-quality treatment & disparity reduction
- Peer support groups, costs for residence in supportive housing or recovery housing,
- The 988 National Suicide Prevention Lifeline
- Expand access to evidence-based services for opioid use disorder prevention, treatment, harm reduction and recovery

ADDRESS BEHAVIORAL HEALTHCARE NEEDS

COUNTIES ARE PRIORITIZING COMPREHENSIVE BEHAVIORAL HEALTH

SERVICES

How are counties investing the funds? NACo analysis of 200 county ARPA Recovery Fund plans reveals county-designed investments in the community across key areas of need. These local priorities are found within county plans at the rate displayed in the chart, **e.g. 79 percent of county plans include investments in health programs.** The darker bars are the investment categories adjacent to behavioral and mental health that support the continuation and expansion of services in counties. The examples in this report further illustrate the allocations to support these health measures on the local level.



COUNTIES ARE INVESTING RECOVERY FUNDS TO:



HIRE MENTAL HEALTH COUNSELORS IN K-12 SCHOOLS



PROVIDE SUBSTANCE ABUSE TREATMENT AND SERVICES



EXPAND PSYCHIATRIC CARE IN COUNTY JAILS



PROVIDE MENTAL HEALTH SUPPORTS FOR SENIORS



FUND ADDITIONAL TELEHEALTH SERVICES

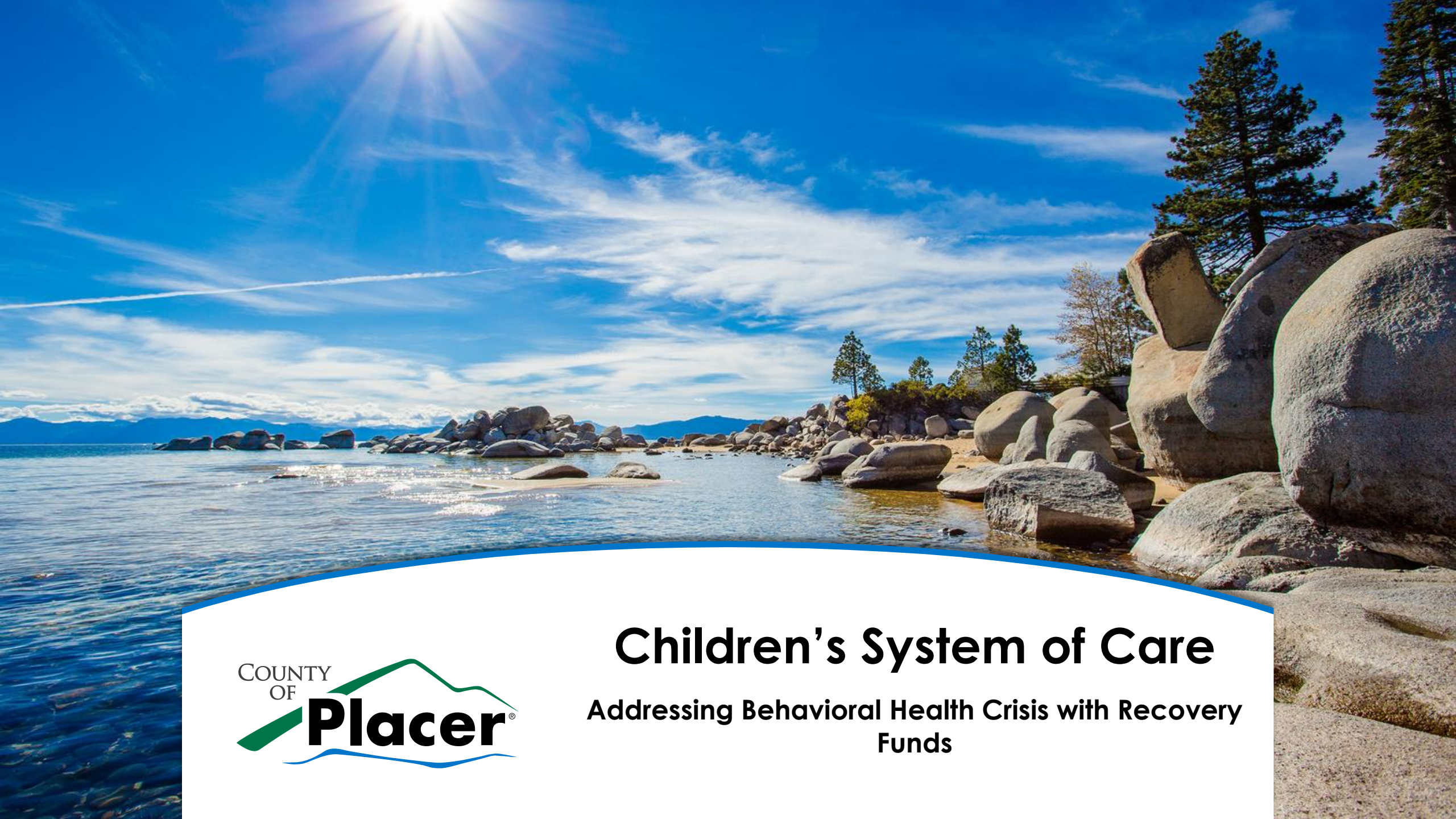


ASSEMBLE MOBILE MENTAL HEALTH OUTREACH TEAMS

VIOLENCE PREVENTION

- Evidence-based practices like focused deterrence, street outreach, violence interrupters, and hospital-based violence intervention models
- Wraparound services such as behavioral therapy, trauma recovery, job training, education, housing and relocation services, and financial assistance
- Capacity-building efforts at community violence intervention programs
- Strategies to reduce gun violence

“Given the increased rate of violence during the pandemic, Treasury has determined that this enumerated eligible use is responsive to the impacts of the pandemic in all communities..”



Children's System of Care

Addressing Behavioral Health Crisis with Recovery Funds



Placer County System of Care 1988 to Present

In 1988, Placer created the first fully integrated county child and family service agency in the Western United States.

Housed administratively within Health and Human Services, it is actually a blending of Child Welfare, Behavioral Health, Public Health, Probation, Prevention/Intervention Services, Foster Youth Services provided by Education, family/youth partners, and other Community Partnerships.

All services are co-located within shared spaces, and linked by common training, leadership and information systems.



The Placer CSOC Story

1988 – Leaders developed an MOU accepting joint responsibility and blending dollars for 4200 youth each year and formed an Interagency Policy Board called Systems Management, Advocacy, and Resource Team (SMART).

- Established Interagency Case Management Team (SMT) with key managers/supervisors from each partner agency.

- Began physical co-location of staff and fiscal integration of budgeting processes.

1999 - First Parent Partner Coordinator hired and participated in all phases of services planning and some aspects of governance.

2004 - 11 County Pilot for CWS DR, SAMHSA Grant and MHSA begin.

2009 - SMT changed to Consumer lead Family Resource Community Collaborative (FRCC).

2011 - MHSA Growth and Realignment Fuel expansion of Consumer and cultural broker roles.

2020 - AB2083 included Alta Regional to collaborative.



S.M.A.R.T. Policy Board

Systems **M**anagement, **A**dvocacy, and **R**esource **T**eam:

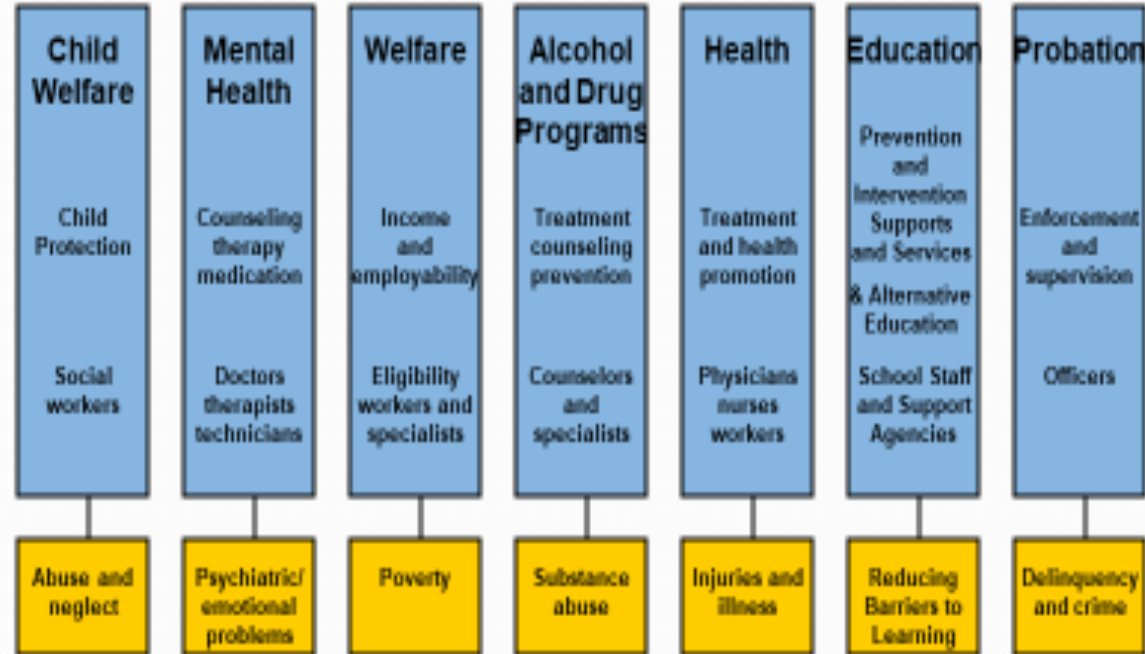
- Designated Superior Court Judge (Chairperson)
- Chief Probation Officer
- Director of Health and Human Services
- Deputy Superintendent of Schools

Other membership includes:

- Parent and Youth Partners,
- Alta Regional Center,
- Assistant Chief Probation Officer,
- CSOC Director and Assistant Director.

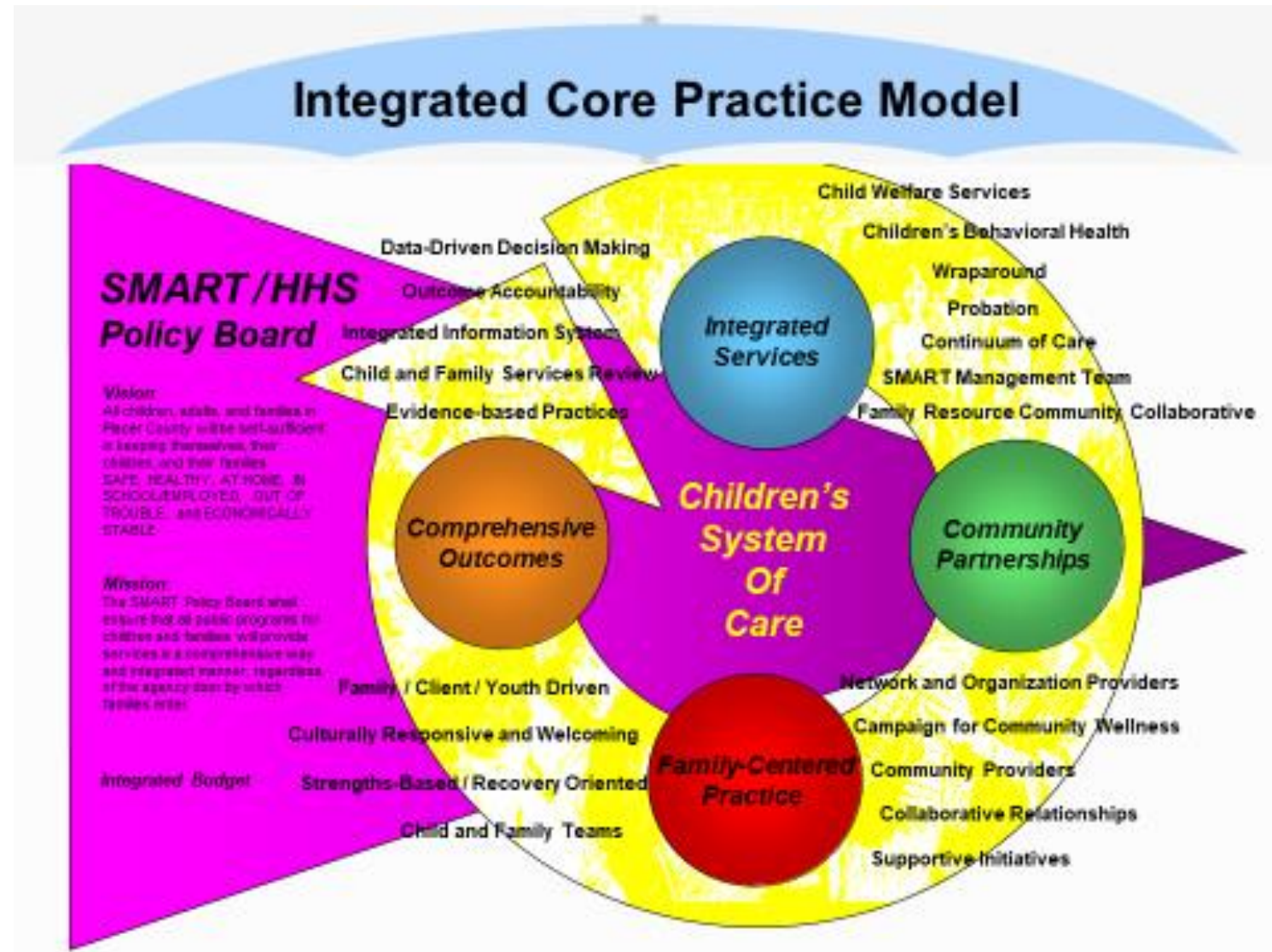
Semi-monthly meeting to collaboratively assure timely, consistent and seamless services to Placer youth.

Traditional Categorical Services



Child and family service agencies are organized categorically to promote specialization and concentrate funding.

The Placer's Children's Model





Family Mobile Crisis Team

Grant funded through SB 82 administered by the MHOAC. Started late 2018 but grant funding ended in 2021.

Does not work the same as Adult Mobile Crisis Teams. FMT staff are co-located with Roseville Police Department to respond not only to crisis calls, but to family “stress and strain” calls. RPD exceedingly happy with outcomes.

Each team consists of a clinician and a family advocate on opposite ends of the week from 10am to 8 pm, with a youth advocate working M – F to engage older youth in services.

Requires a deep background check to work within the PD facilities so that has continued to be a barrier.

Are working in conjunction with Roseville School Resources Officers, but do not replace schools crisis counselors or wellness center staff.



Family Mobile Team Outcomes

Grant funding ended and the American Rescue Plan Act (ARPA) funding became available for similar uses. Reviewed data and outcomes.

FMT saved the Roseville Police Department a total of 895 hours of time on mental health related calls for children/youth under age 18.

Number of clients who met Criteria for a 5150 hold - 124 (18%) out of 671 encounters.

Number of clients who were diverted from the hospital – 155.

99% of children/families served received follow-up services.

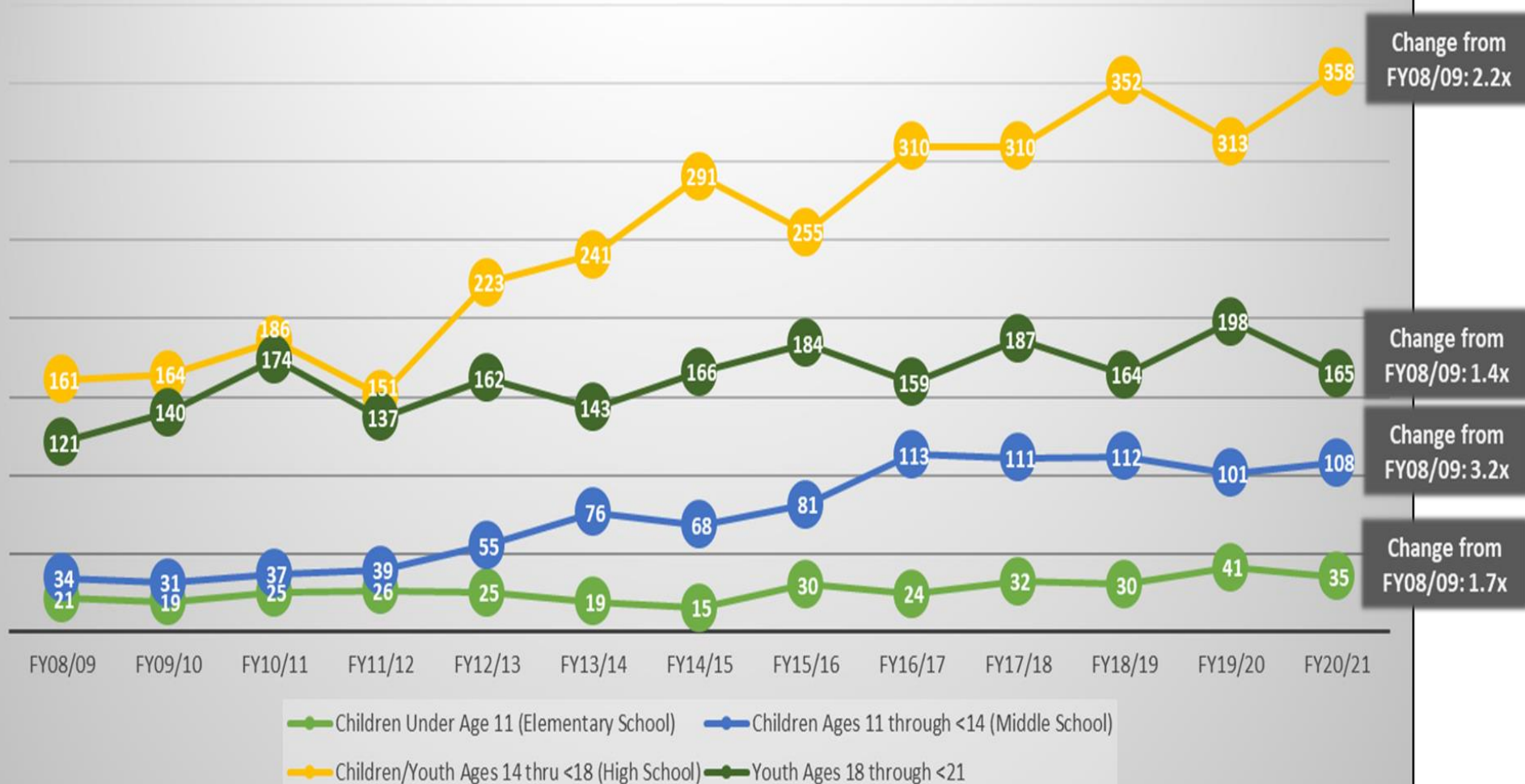
FMT completed 918 referrals for mental health and community services.

CEO approved usage of the local ARPA funds.

Historical Perspective

Children/Youth Receiving a 5150 Evaluation by Age Group

Historic Perspective - FYs 2008/09 through 2020/21





Integrated Mobile Teams through Systems of Care

Success of Adult Mobile Crisis and Family Mobile Teams is leading to a new Integrated Mobile Response System funded through federal Crisis Care Mobile Units (CCMU) implementation grant dollars AND ARPA funds.

The intent is to pilot an integrated mobile crisis system that serves children, youth, adults, and their families through increased training of clinicians and family and youth partners, and coordination of resources.

Will expand the geographic spread of the teams to areas of the county with larger impacts from the pandemic, and decrease response time.

The team will work with local police departments, but will not be tied to them for referrals, which has limited services.

Will coordinate all mobile and after hours response teams including the Family Urgent Response System (FURS) which responds to current and former foster youth and their caregivers in crisis.



Other ARPA Funded Services

ARPA funds are being added to three local community providers who operate Family Resource Centers in Placer County to increase their Behavioral Health Services and Home Visitation to improve child and youth outcomes leading to increased family stabilization.

ARPA funds are being used to expand culturally responsive referrals to, and services by, two providers, the Latino Leadership Council, and Native Alliance of the Sierra Nevada Foothills. Both providers address mental health concerns that has caused increased stress and strain to families.

ARPA funds have also been approved for use to fund Transition Age Youth housing, which is still under development.



Questions?

Presented by:
Twylla Abrahamson, Ph.D., Psy 16342
Deputy Director, Health & Human Services,
Children's System of Care
(530) 886-5440
tabraham@placer.ca.gov

Ulster County Crisis Stabilization Center

Johanna Contreras

Deputy County Executive, Health and Human
Services



Ulster County Executive's Office





Agenda

- What is a Crisis Stabilization Center?
- How did we choose this project?
- Location & Timing
- Mental Health System of Care





What is a Crisis Stabilization Center?

- A Center that provides urgent walk-in treatment to individuals experiencing an acute mental health and/or substance abuse crisis
 - Will provide voluntary crisis treatment services, with an emphasis on peer and recovery support, in a safe and therapeutic environment
 - Provide walk-in services to all individuals, including adults, children, adolescents, and families 24/7, 365 days a year.
 - Clients may receive services for up to 24 hours per day
 - Serve everyone, regardless of their ability to pay
- 
- 



Services

- Triage, Screening, and Assessment, includes screening for risk of harm to self and/or others, risk of substance use/withdrawal, and any immediate physical health needs,
 - Therapeutic interventions including crisis counseling
 - Peer Support Services
- Where appropriate, Medication Management and Medication for Addiction Treatment (MAT)
 - Ongoing observation
- Care collaboration with clients' friends, family, and/or care providers
 - Discharge and After Care planning

Staffing



- Peer Specialists and Advocates
- Credentialed Alcoholism and Substance Abuse Counselors (CASACs)
- Licensed Mental Health Professionals
- Registered Nurses
- Psychiatric Nurse Practitioners
- Psychiatrists

Partnerships

- Mobile Mental Health
- Urgent Care
- Law Enforcement
- EMS
- Other Mental Health Providers



How did we choose this project?

01

Ulster County
Executive convened
Behavioral Health
Task Force in May
2021

02

Behavioral Health
Task Force held 5
meetings and a
public forum

03

Behavioral Health
Task Force Report
was presented in
September 2021

04

Criminal Justice Task
Force
Recommendations

05

Legislative
Resolution



Location and Timing

- In Urban Center
- Accessible via public transportation, easy access to thruway for rural areas
 - Next to Hospital
- In a building that will operate as a Wellness Hub with other providers
 - Operational by January 2023



Mental Health System of Care

- Mobile Mental Health
- High-Risk Mitigation Team
- Urgent Care
- Inpatient Psychiatric Hospital Beds
- Methadone Clinic
- Crisis Residences (ARP)
- Mental Health in Schools (ARP)



Thank you

Johanna Contreras

jcon@co.ulster.ny.us

<https://ulstercountyny.gov/>

ADDRESSING THE NATION'S BEHAVIORAL HEALTH CRISIS WITH RECOVERY FUNDS CLACKAMAS COUNTY SAFE+STRONG JUNE 8, 2022

Clackamas County Behavioral Health Division



CLACKAMAS GO TEAMS



- Go Teams were created in late April 2020 in response to the initial “shut down” in Oregon
- Staff were redeployed-several from our crisis team
- Trained in Psychological First Aid
- Attended food distribution sites, congregate housing and other community activities supporting the most impacted by COVID-19
- Pivoted Go Teams in September 2020 to Wild Fire Response and supporting individuals at Evacuation Sites
- Oregon received a FEMA-Crisis Counseling Program (CCP) grant and the Go Teams transitioned to Clackamas Safe + Strong November 2020

CLACKAMAS SAFE+STRONG

PROGRAM DESCRIPTION

Clackamas Safe + Strong is community based and available to all residents in Clackamas County who might be struggling with the mental health and emotional impacts of the ongoing COVID 19 pandemic. Clackamas Safe and Strong supports short-term interventions that involve several goals:

- *Reducing stress and providing emotional support*
- *Promoting the use or development of coping strategies*
- *Connecting people with other individuals and agencies who can help them in their recovery process*
- *Helping people understand their current situation and reactions to the pandemic*

Free community outreach and support services to individuals of all ages. Our services include brief individual emotional support, resource connection, wellness activities, and educational materials to support recovery in our communities.

Clackamas Safe+Strong staff are trained to listen and help someone get where they need to go. We are here to promote resilience, empowerment, and recovery.

CLACKAMAS SAFE+STRONG TRANSITIONS

2020-2021

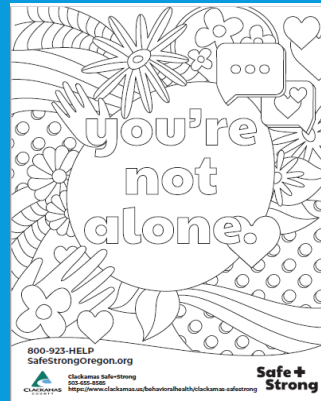
- Acute disaster response
- Maintain relationship with Emergency Operations Center
- FEMA funded (Crisis Counseling Program)
- Bilingual staff
- Vaccine Clinics
- Business Outreach/Information Distribution
- Vulnerable Populations
- Facilitated a weekly support check-in with our PH COVID-19 Response Teams

2022-2024

- Post pandemic recovery
- Maintain relationship with Emergency Operations Center
- ARPA funded pandemic response
- Trained in Skills for Recovery (SPR)
- Bilingual staff
- Community Engagement
- Vaccine Clinics
- Identified Health Equity Zones
 - Older Adults
 - Rural Areas
 - LatinX Communities
 - Summer Events with kids/families with focus for mental health resources
- More groups designed to promote social connection and wellness (Zoom and in-person)

CLACKAMAS SAFE+STRONG

COMMUNITY ENGAGEMENT



- The way we use our materials throughout Clackamas County
 - Food box distribution
 - S+S tabling events
 - Clinics for physical health and mental health
 - Community based organizations
 - Housing sites and shelter programs

**I'm here
for you.**

If you or someone you love needs to talk, call the Clackamas County Crisis and Support Line at **503-655-8585**.

**Feeling isolated or alone?
Are things too stressful right
now, or overwhelming? We are
here to help and support you!**

**Safe +
Strong**

Clackamas Safe + Strong is made up of outreach workers who are trained to listen and provide support in times of struggle due to COVID 19.

Are you interested in:

- talking to someone?
- learning how to manage your stress?
- understanding common reactions to disasters?

We will listen to your story. We can help with a referral, educational materials, or other resources. Let's figure it out together. Give us a call. We are free and confidential.

Reach Clackamas Safe + Strong at **503-655-8585**
or email us at **SafeStrong@clackamas.us**



CLACKAMAS SAFE+STRONG

Questions?

Maryrum@Clackamas.us

Behavioral Health Director-Clackamas County, OR