

A Systems Approach & Plan to Reduce Forensic involvement with Behavioral Health Clients

Alameda County Board of Supervisors (BOS) Presentation
Board Retreat – October 27, 2020

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Alameda County
Health Care Services Agency

Alameda County ac bh
Behavioral Health Care Services
MENTAL HEALTH & SUBSTANCE USE SERVICES

A Systems Approach & Plan to Reduce Forensic Involvement with Behavioral Health Clients

Contents Summary:

- A. ACBH Departmental Overview
- B. Forensic Services Redesign & Planning
- C. Emerging Findings & Themes
- D. Formal Recommendations
- E. Next Steps



ACBH Departmental Overview

- **Mental Health Managed Care Plan**
- **Substance Use Managed Care Plan**
- **Care Delivery System, Contractual Organization, & Behavioral Health Jurisdiction for safety net beneficiaries (MH & SUD)**



ACBH Departmental Overview

- Contracting Organizations deliver approximately 86% - 87% of all Mental Health and 100% of all Substance Use Services for the Department.
- **Fiscal Year (FY)19-20 Budget:**
 - \$540 Million Dollars
 - Adult Forensic Behavioral Health (AFBH) \$16M
 - 693.45 FTE County Civil Service Positions
 - 20,414 individuals served in Outpatient Mental Health Programs.
 - 5317 Individuals served in Substance Use Programs.
- **Fiscal Year (FY)20-21 Budget:**
 - \$563 Million Dollars
 - Adult Forensic Behavioral Health (AFBH) \$16M + 22M (*Approved by BOS May 2020*)
 - 700.00 FTE+ County Civil Service Positions
 - *Client-level encounter data pending*



Service Delivery:

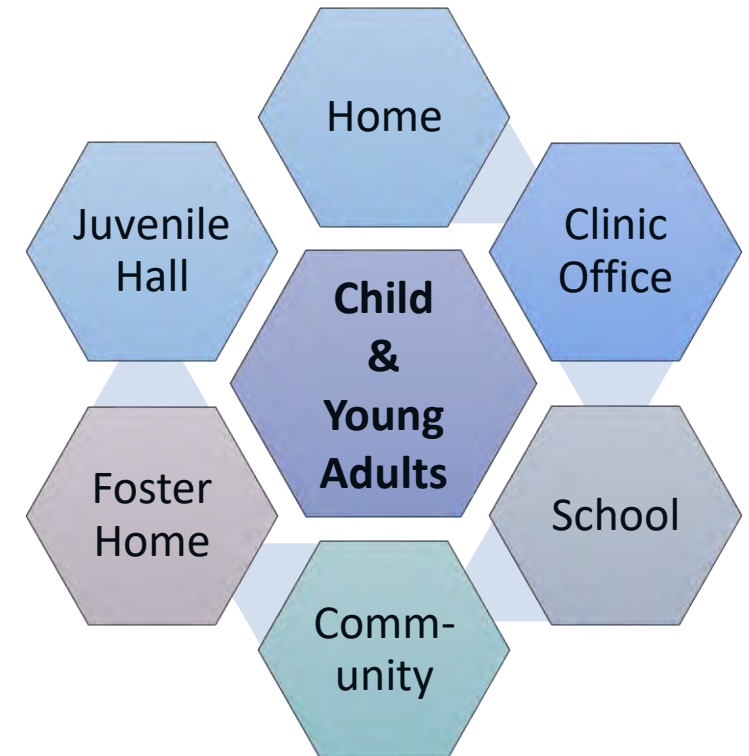


Child and Young Adult System of Care

Serving Children & Youth from Birth – 24 years



- Adolescent Substance Use Treatment & Prevention
- Community Outpatient Services
- Educationally Related Mental Health Services
- Early Childhood (Birth – 8)
- School Based Behavioral Health
- Full Service Partnerships (FSPs)
- Psychiatric Emergency Services
- Intensive Case Management
- First Episode Psychosis
- Housing
- Juvenile Justice Center & Santa Rita Jail
- Vocational & Employment Support
- In-Home Outreach Team



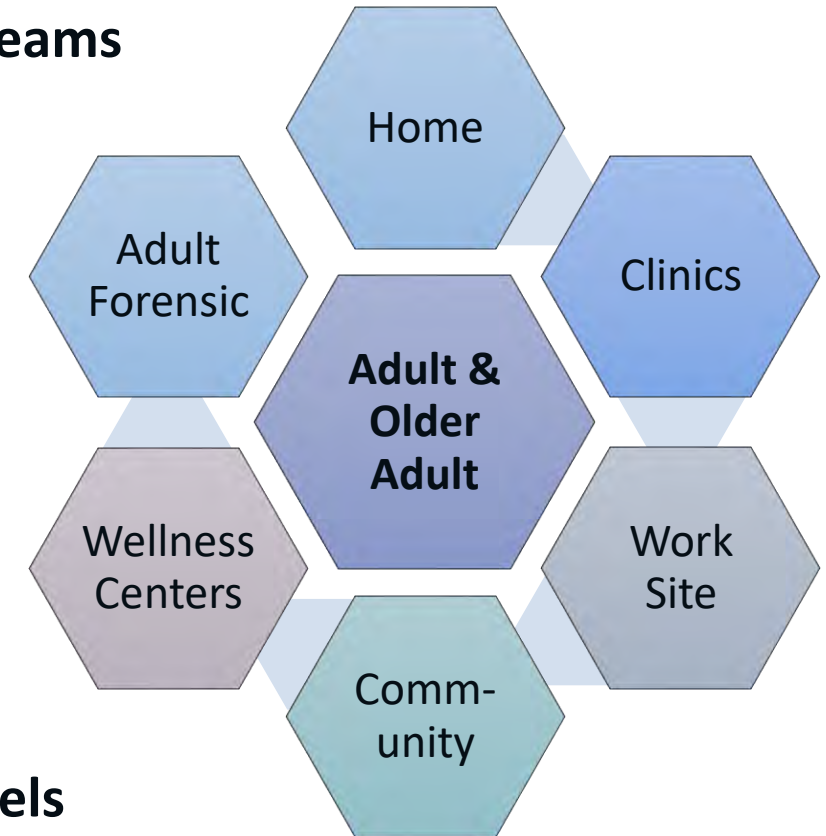
Service Delivery:

Adult and Older Adult System of Care

*Serving Adults
25 Years & Older*



- County and Non-profit service teams
- Full Service Partnerships
- Forensic behavioral health
- Vocational support
- Supportive housing
- Medication clinics
- Wellness Centers
- Harm reduction skill building
- Mobile Teams
- Early Intervention Services
- Evidence Based Treatment Models
- Co-Occurring Mental health & Substance Use services



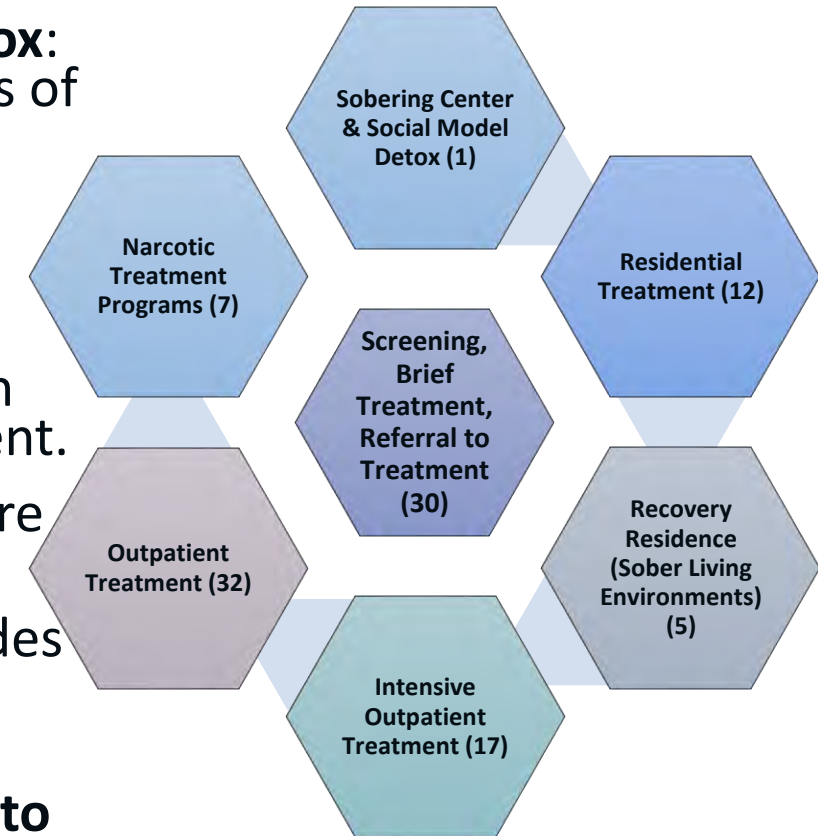
Service Delivery:

Substance Use Treatment

*Continuum of Care
with Gender &
Age-Specific Programs*



- **Sobering Center & Social Model Detox:** Receives clients for less than 24 hours of safe sobering.
- **Residential Treatment:** 20+ hours of programming per week.
- **Recovery Residence (Sober Living Environments):** Temporary housing in combination with outpatient treatment.
- **Intensive Outpatient Treatment:** More than 9 hours per week.
- **Narcotic Treatment Programs:** Provides methadone and individual drug counseling.
- **Screening, Brief Treatment, Referral to Treatment:** Integrated in primary care teams across Federally Qualified Health Centers (FQHCs).



Context

- On **May 12, 2020**, Alameda County Board of Supervisors (BOS) authorized additional staffing and related costs at the Santa Rita Jail for the Sheriff's Office and Health Care Services Agency/Behavioral Health (BOS Agenda, Item 72).
- Alameda County Behavioral Health (ACBH) was directed to develop a plan **to reduce the number of incarcerated individuals** with behavioral health conditions within the jail.
- As a result of this action, ACBH recalibrated it's 2019 Forensic System Redesign & Stakeholder work to include **a comprehensive plan to respond to this direction from our County BOS.**



Forensic Services System Redesign & Planning:

A 3-Tiered Methodology

- 1) External Stakeholder Process**
- 2) Extensive Department-wide Internal Research, Planning & Direct Stakeholder Engagement (In-reach/ Outreach)**
- 3) Consultation**



External Stakeholder Process: Community Stakeholders



Forensic Services System Redesign & Planning:

Community Stakeholders

- **Peers & Family Members; Consumer & Family Member Organizations**
- **Justice Involved Mental Health (JIMH) Taskforce***
- **Community Based Organizations (CBOs)**
- **Mental Health Advisory Board**
- **Federally Qualified Health Centers (FQHCs)**
- **Mental Health Services Act (MHSA) Community Program Planning (CPP)**
- **Courts, Public Defender, District Attorney, Probation, & Law Enforcement**



External Stakeholder Process: Community Stakeholders

*Justice Involved Mental Health (JIMH) Taskforce **
c/o Jeweld Legacy Group (JLG)



External Stakeholder Process:

Justice Involved Mental Health (JIMH) Taskforce

- **Inclusive Stakeholder Process**
- **Expansive Membership:**
 - Community Members & Families
 - County Departments/ Agencies
 - Advocacy & Equity Groups
 - Mental Health, Substance Use, & Health Care Organizations
 - Faith Community
 - Law Enforcement
 - Local & State Affiliated Organizations
 - Court & Legal System
- **JIMH Taskforce Steering Committee**



Sequential Intercept Map

Intercept 0

Hospital, Crisis Respite, Peer & Community Services

Intercept 1

Law Enforcement & Emergency Services

Intercept 2

Initial Detention & Initial Court Hearings

Intercept 3

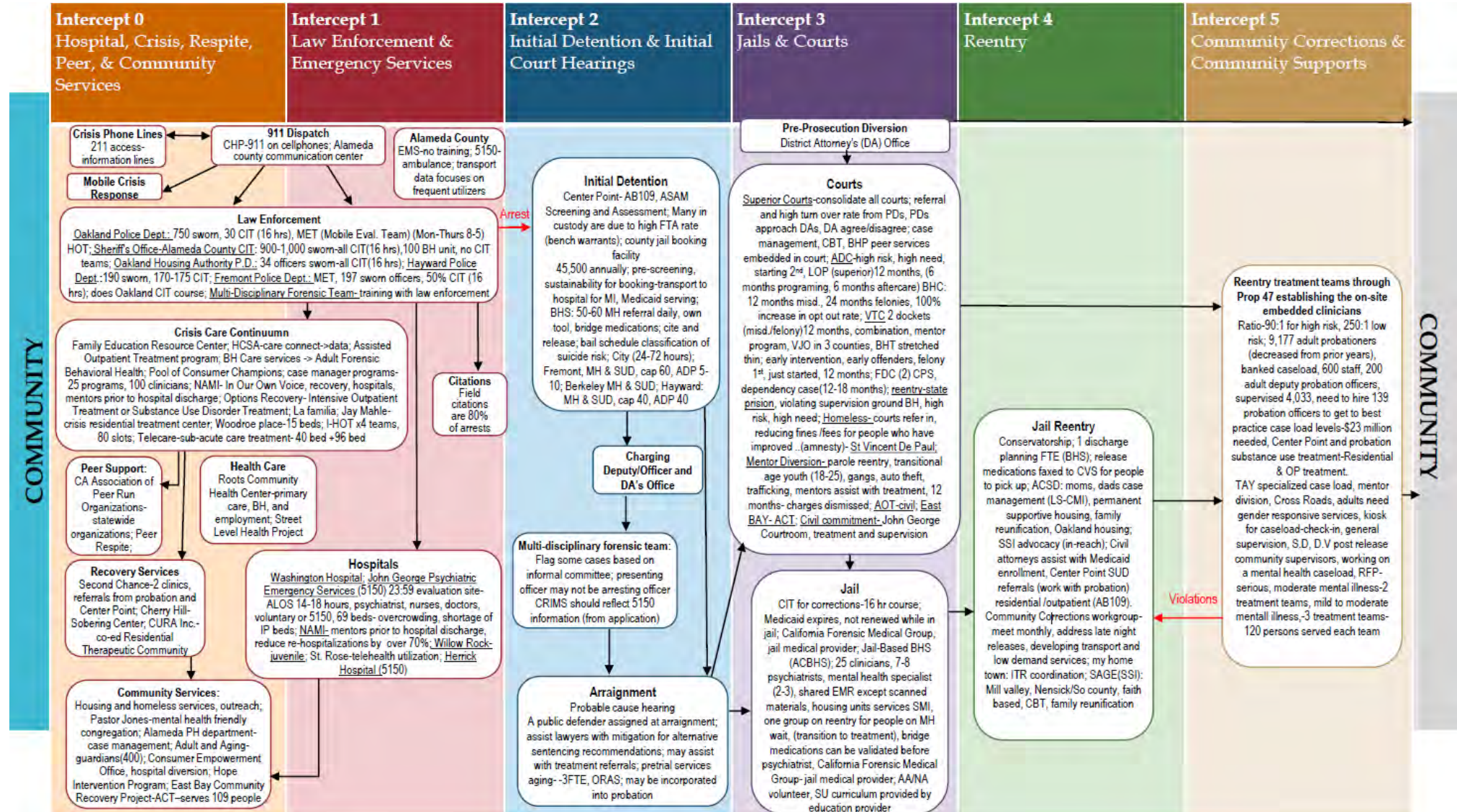
Jails & Courts

Intercept 4

Reentry

Intercept 5

Community Corrections & Community Supports



Sequential Intercept Map → *Additional Intercepts added by JIMH Taskforce*



External Stakeholder Process:

Justice Involved Mental Health (JIMH) Taskforce

Ad-Hoc Steering Committee Proposed Prioritizations for Consideration

- 1) The plans and programs that are adopted must be data-driven**
- 2) Set concrete goals to reduce number of people with serious mental illness in SRJ to zero**
- 3) Focus attention and resources on negative and initial stages**
- 4) Establish an independent, Brown-Acted task force to move plan forward**
- 5) The County should appropriate new dollars to begin to implement plan in 2021**



Departmental Research & Planning:

Internal Research, Planning
& Direct Stakeholder Engagement
(In-reach & Outreach)



Departmental Research & Planning:

Internal Research, Planning & Direct Stakeholder Engagement

(In-reach/ Outreach)

1) Forensic Services Redesign & Restructuring

- a) Forensic Services “System of Care” (within clinical operations; executive team membership)

2) Departmental Operations & Clinical Services Planning

- a) Service Inventory & Review
- b) Client “access”
- c) Care Coordination

3) Finance Planning & Budget Review

- a) Budgetary Trends & Forecasting
- b) Current Expenditures
- c) Projected Cost Allocations (approximates)



Consultation:

*Departmental Support, Data Review, & Analysis
c/o Indigo Project*



Consultation:

Departmental Support, Data Review, & Analysis

• Primary Focus Areas:

- ☐ Develop and communicate ***a unifying vision*** for the Department's approach to serving individuals receiving forensic-based care;
- ☐ Provide ***an array of evidence-based & promising practices that maximize community-based services settings*** and diversion from the justice system while improving programming across forensic settings; and
- ☐ Strengthen ***connections between and across sectors*** in order to close any gaps and improve post release service participation.

Data-Centered Consultation:

- ☐ Assessment & recommendations related to –
 - ❖ Underlying risk factors;
 - ❖ ethnic or racial disparities;
 - ❖ comprehensive assessment & care coordination;
 - ❖ and general service trends & effectiveness.
- ☐ Internal & External stakeholder participation and engagement



Emerging Findings: Across the ACBH System



Research & Planning

Emerging Findings: Across the ACBH System

System Strengths

- Readiness for change
- Attention and collective investment in forensic populations
- Relationship with Sherriff's Department

Areas for Consideration

- Concern about fidelity to program models
- Lack of knowledge about criminogenic and Risk Need Responsivity (RNR) model
- Groups of individuals who are unserved because they may be unwilling to engage in voluntary services



Consultation

Emerging Findings: At Intercept Points

System Strengths

- Shared dedication to community services
- Mobile crisis and community crisis response development
- Success with the Forensic Conditional Release Program (CONREP)

Areas for Consideration

- Crisis Intervention Training (CIT) and Multidisciplinary Forensic Teams (MFT) require attention.
- Diversion and mechanisms to divert are underdeveloped
- Challenges around competency restoration
- Re-entry in transition, limited in-reach, and challenges around discharge planning and connectedness to services upon release



Consultation: *Departmental Financials Review*

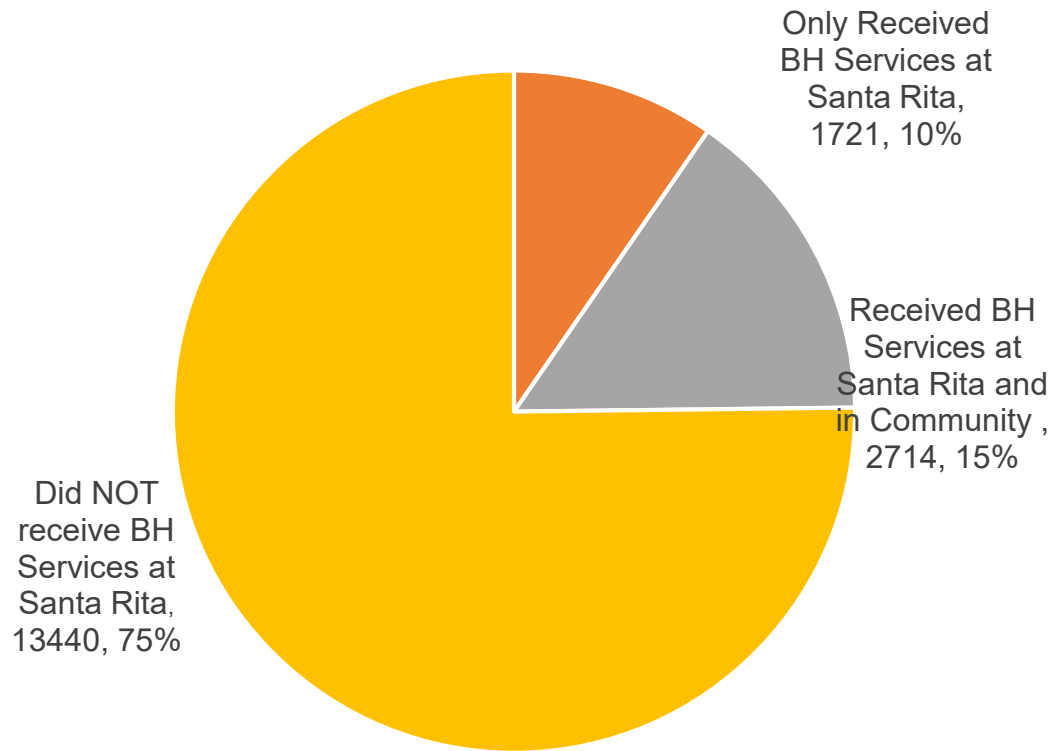
	FY 18-19			FY 19-20		
	Other Alternatives to Incarceration	AFBH Forensic & Diversion Programs	Total	Other Alternatives to Incarceration	AFBH Forensic & Diversion Programs	Total
MH	\$178M	\$14M	\$192M	\$200M	\$16m	\$216M
SUD	\$45M	-	\$45M	\$46M	-	\$46M
Program Total	\$223M	\$14M	\$237M	\$246M	\$16m	\$262M
Youth Forensic						\$8.3M
ACBH Total			\$476M*			\$537M*
(*NOTE: ↑Above <u>does not</u> include other Contract or Infrastructure Costs)					TOTAL FY19/20	\$540M
(NOTE: →TOTAL FY/21 Includes BOS Increase in May 2020 → \$16M + \$22 = \$38M AFBH Budget)					TOTAL FY/21	\$563M



Consultation

Emerging Findings: Data Analysis & FY 18/19 Historical Trends

FY 18/19 ACBH Clients, N=17,875



- 10% **only** received BH Services at Santa Rita Jail
- 15% received services both at Santa Rita Jail & Community
- In FY 18/19, 75% of ACBH clients did not receive BH services at Santa Rita Jail.
- In FY18/19, 49% of TAY consumers received CJMH Services at Santa Rita; while 19% of them received BH services only while incarcerated.



Consultation – **Corrected Slide**

Emerging Findings: Data Analysis & FY 18/19 Historical Trends

Race/Ethnicity of ACBH Consumers Served at AFBH



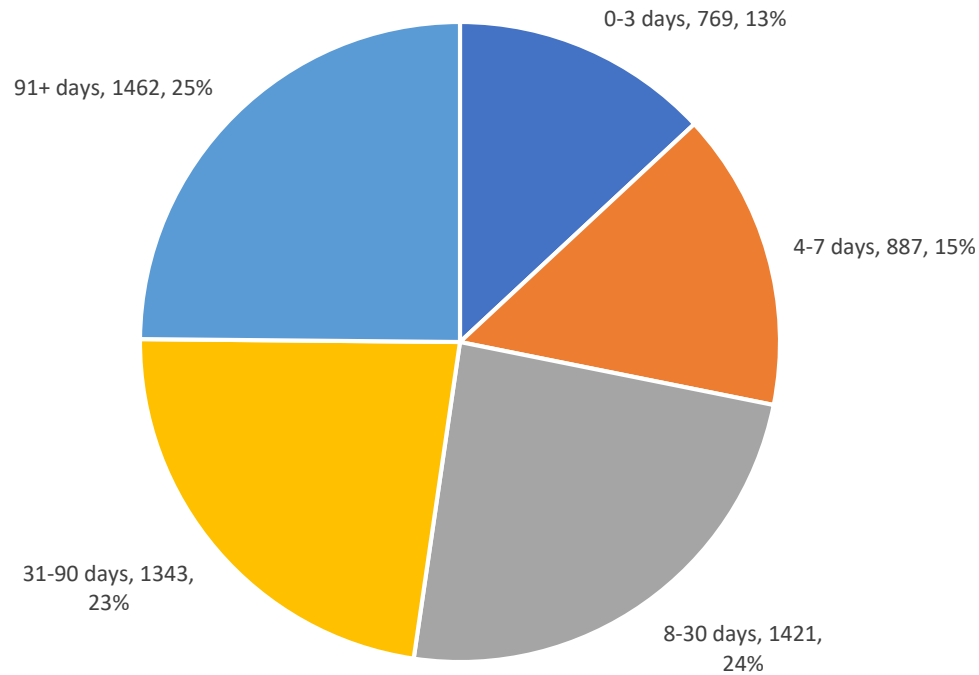
- 32% of all African American ACBH clients received services through AFBH (as compared to 25% overall, slide 26).
- 69% of ACBH African American Transitional Age Youth clients received services through AFBH.
- 77% of **AFBH** Consumers who are Asian/Pacific Islander only receive AFBH (as they do not connect to care outside of the jail).



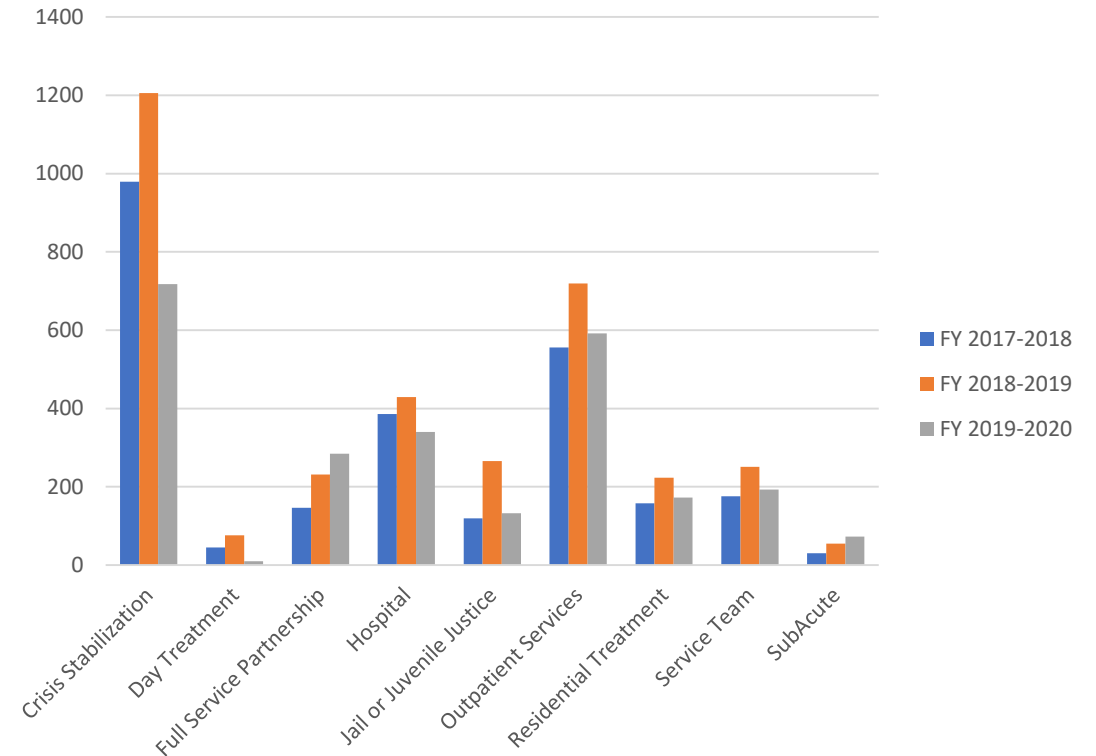
Consultation

Emerging Findings: FY 18/19 Service Utilization

AFBH Episode Length for ACBH Consumers Served at CJMH in FY18/19, n=4,367



Service Utilization for ACBH Consumers Served at AFBH in FY18/19, n=4,367



**Individuals may have received more than one service*



Additional Review – 18 Years & Under

Emerging Findings: Data Analysis Historical Trends (FY19/20)

- **Alameda County Guidance Clinic (ACBH Operated) - \$2.6 Million**
- **Multi-Systemic Therapy & Intensive Case Management (ICM) - \$1.96 Million**
- **Intensive home-based supports for Youth involved with Foster Care &/ Juvenile Justice System (“Wraparound”) - \$3.73 Million**
- **TOTAL FY19/20 Youth Services (under 18) = \$8,347,236 Million**



Consultation

Global Recommendations: Services Delivery & System Change

- Strengthen cultural, ethnic, and linguistically relevant and inclusive service delivery.
- Divert at every intercept, where safe and feasible, from the criminal justice system into treatment
- Formalize use of Sequential Intercept Model for ALL forensic based services
- Comprehensive assessment needed: Assess Risk Needs Responsivity (RNR) at intersection of mental health, criminogenic risk, and substance use
- Maximize treatment in-custody to stabilize and transition to appropriate mental health setting based upon RNR approach
- Clearly identify Target Populations (*Screening, Assessment, Care Coordination, & Treatment*)



Consultation

Global Recommendations: Services Delivery & System Change

Clearly identify Target Populations...

More Effective:

- Care Coordination
- Interagency Communication
- Referral & Treatment
- Outcomes

- **Group A:** People with significant mental health needs, low criminogenic risk and need, high rates of low-level offenses, unlikely to accept voluntary services
- **Group B:** People with mild to moderate mental health needs, significant substance use and associated behaviors, high rates of re-arrest, unlikely to meaningfully engage with voluntary services
- **Group C:** People with significant mental health needs, moderate to high criminogenic risk and need, present personal and public ongoing safety risk, unlikely to sustain participation in voluntary services



Forensic Services System Redesign & Stakeholder Planning:

Emerging Themes & Recommendations



Forensic Services System Redesign & Stakeholder Planning:

Emerging Themes & Recommendations

PROCESS & APPROACH:

- **Data Driven Metrics** to measure progress & impacts.
- **Develop concrete goals** to eliminate number of incarcerated individuals with Severe Mental Illness (SMI).
- **Formal Adoption of Sequential Intercept Map (SIM) Framework**; and focus on negative & initial stages.
- **Co-location of Programs** within existing service areas.
- **Organized care delivery system** with a core approach of Case Management & Coordination.
- **Universal Assessment & Risk Needs Responsivity** (RNR; the intersection of mental health, criminogenic risk, and substance abuse).
- **Structured Decision-Making Tools** for effectively managing client care.
- **Improve Interagency Coordination**



Forensic Services System Redesign & Stakeholder Planning:

Emerging Themes & Recommendations

CRISIS & ACUTE CARE:

- **Expand Level II LPS designations** (provider & facilities capacity to initiate & release 5150/5585 LPS Holds).
- **Increase Crisis Stabilization Units (CSUs) & Crisis Residential Treatment (CRTs)** Programs county wide (regional approach).
- Improve client and family access to **24/hour care** (including use of crisis services).
- **Explore 5170 receiving facilities** for Substance Use Disorder (SUD) clients
- Develop **Forensic Psychiatric Health Facility (PHF)** for Inpatient Care
- Develop programming & coordination for **Forensic High Utilizers**



Forensic Services System Redesign & Stakeholder Planning:

Emerging Themes & Recommendations

COMMUNITY BASED CARE & COORDINATION:

- Standardize use of High Fidelity **Forensic Assertive Community Treatment (FACT)** programs; including the **expansion of linkage programs** from Santa Rita Jail.
- Expand Full Service Partnerships (**FSPs**) & **Intensive Case Management Programs**
- Increase Funding to **Collaborative Courts**
- Expand **Care Coordinators working in Primary Care settings**
- Increase **Employment opportunities** for forensic clients
- Develop system **Navigation support & Call Centers** for forensic clients & families
- Enhance Crisis Intervention Training (**CIT**) for **Law Enforcement**



Forensic Services System Redesign & Stakeholder Planning:

Emerging Themes & Recommendations

CAPITAL EXPANSION, HOUSING, & COUNTY INFRASTRUCTURE:

- Develop **Emergency Shelters & Emergency Housing** options for forensic clients.
- Develop (or by contract) additional **Board & Care options** for forensic clients.
- Expand **Locked Psychiatric & Unlocked Sub-Acute facilities/capacity** countywide.
- **Re-purpose Glenn Dyer Jail** for Residential Locked and Unlocked Mental Health Treatment.



Forensic Services System Redesign & Stakeholder Planning:

ACBH Formal Recommendations *(Process & Strategy)*



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Process*)

Key Strategies & Assumptions –

- Health Equity Lens
- Data Driven Metrics with Concrete system goals.
- Sequential Intercept Map (SIM) Framework for all Forensic Services
- Target Populations: Group A, Group B, Group C
- Case Management & Interagency Coordination
- Universal Assessment & Risk Needs Responsivity (*RNR; at intersection of mental health, criminogenic risk, and substance use*)
- Structured Decision-Making Tool for RNR Implementation



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Framework*)

Duration Framework –

- Short-Term Objectives & Recommendations (>6 Months)
- Medium-Term Objectives & Recommendations (6-12 Months)
- Long-Term Objectives & Recommendations (12+ Months)

Prioritization Framework –

- Benefit/Value to System (High/Low)
- Cost/ Effort required to Implement (High/Low)

Costs –

- Approximate/ Average Costs
- Based upon actuals & projected estimates.
- Funding sources not yet identified



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Short-Term Objectives & Recommendations (>6 Months)

- 1) Direct In Home Outreach Team (IHOT) Referrals by Law Enforcement Departments (\$0 Cost) (Int 1)
 - Explore Forensic IHOT Expansion (Approximate Cost \$560K/ Team)
- 2) Regional Approach to South County Services (\$0 Cost) (Int -2)
- 3) High fidelity Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Teams (\$50K Cost) (Int 4)



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Short-Term Objectives & Recommendations (>6 Months)

- 4) Create Director of Forensic, Diversion, & Re-Entry Services Position (\$0 Cost) (Int -2)
- 5) Re-Tool Crisis Intervention Training (CIT) (\$100K Cost) (Int -1)



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Medium-Term Objectives & Recommendations (6-12 Months)

- 1) **Design Forensic, Diversion, & Re-Entry Services System of Care (\$0 Cost) (Int 4)**
 - Re-design & organize forensic services, including “ACCESS” for forensic clients
 - Create Forensic Care Coordination Teams
 - Create Forensic Re-entry team (Multi-Disciplinary Forensic Teams)
 - Create Forensic “Acute Care Team”
 - Complete Quality review of Youth & Adult/Older Adult Forensic Programs
- 2) **Pre Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts (\$141K) (Int 2)**
- 3) **Expand 5150 & 5585 capacity to place/release countywide (\$0 Cost) (Int -1)**



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Medium-Term Objectives & Recommendations (6-12 Months)

4) Expand Satellite Urgent Care Clinic Hours & Services

- Services targeting SMI/SUD clients
- Expansion of services to include Nights & Weekends **(\$2M) (Int 0)**

5) Overnight Mobile Crisis Services & Crisis Calls

- In person overnight, 7 nights per week, 365 days/year **(\$2.2M) (Int 0)**
- Regional overnight coverage in South County

6) Expand Forensic Linkage Program at Santa Rita **(\$524K) (Int 3)**



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Medium-Term Objectives & Recommendations (6-12 Months)

- 7) Develop TAY Full Service Partnership (50 Client FSP) (\$1.5M) (Int 0)
- 8) Overnight Crisis Services & Crisis Calls
 - In person overnight, 7 nights per week, 365 days/year (\$2.2M) (Int 0)
 - Regional overnight coverage in South County
- 9) Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment (General & Forensic) (\$TBD) (Int 0)



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Long-Term Objectives & Recommendations (12+ Months)

- 1) Prioritize the care of “high utilizers” of county behavioral health and forensic services to ensure that they are connected to appropriate treatment and facilities (\$0 Cost) (Int 4)

- 2) Co-locate TAY behavioral health services (\$15K, Int -2) & Develop Forensic TAY Programming targeting African American Youth:
 - New 50-Client TAY FSP (\$1.4M) (Int -1)
 - Youth Prevention Program (\$380K) (Int -2)
 - Expansion of TAY Clinical Treatment & Outreach Services (\$450K) (Int -2)



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Long-Term Objectives & Recommendations (12+ Months)

3) Significantly increase the capacity of residential treatment beds countywide

- Crisis Stabilization Unit (CSU; 14-bed) **(\$4.5M) (Int 0)**
- 6-Bed Crisis Residential Treatment (CRT) facility **(\$1.1M) (Int 0)**
- 12-Bed CRT (MH & SUD) **(\$2.2M) (Int 0)**
- 16-Bed Psychiatric Hospitalization Facility **(\$5.5M) (Int 0)**
- 10 Additional Board & Care Beds (Forensic beds) **(\$1M) (Int 4)**

4) Adult Residential Co-Occurring Forensic Treatment facility with direct linkage from Santa Rita

- Co-Occurring (MH & SUD Treatment) Residential 10-Bed **(\$1.05M) (Int 4)**



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Long-Term Objectives & Recommendations (12+ Months)

- 5) Expand Short Term & Permanent Housing; Board & Care Facility Options
(\$2.2M) (Int -2)
- 6) Develop (2) Multi-disciplinary Re-Entry Teams (MRTs) (\$1.08M) (Int 4)
 - Continuity of care from Santa Rita
- 7) (6) Bed Forensic Peer Respite (from Santa Rita Jail, on Probation, or at-risk)
(\$1M) (Int 0)



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Long-Term Objectives & Recommendations (12+ Months)

8) Expand Crisis Services:

- Embedded Clinicians with Law Enforcement locations (Regional South County Expansion) **(\$480K) (Int 1)**
- Countywide CATT Expansion – 6 New Teams **(+\$6.6M*) (Int 0)**
- Mobile Evaluation Team – Fremont **(\$75K) (Int 1)**

9) Expand 24/hour Crisis Services Call Center:

- Peer-based & Clinical Warmline **(\$670K) (Int -1)**
- Overnight Call Center capacity **(\$12K) (Int -1)**



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Long-Term Objectives & Recommendations (12+ Months)

10) Competency Restoration & Diversion:

- Develop New 16-Bed Psychiatric Health Facility (PHF) (\$5.5M) (Int 5)
- Develop New 25-Bed Sub-Acute Facility (\$4M) (Int 5)

11) Develop (2) Substance Use Mobile Outreach Teams (\$1.2M) (Int -1)

12) Re-design & Create New Outpatient Service Team(s) Model (\$1.5 M) (Int -1)

- 10) Shift from Office Based care to Trauma Informed, forensic & co-occurring treatment model



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Estimated Cost Summary – Duration

<u>Short-Term</u> (>6 Months) 6 Recommendations	<u>Medium-Term</u> (6-12 Months) 9 Recommendations	<u>Long-Term</u> (12+ Months) 12 Recommendations
\$150,000	\$8,565,000	\$41,912,000
Total Estimated Costs \$50,627,000		



Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

Estimated Cost Summary – By Intercept

<u>Intercept -2</u> Prevention	<u>Intercept -1</u> Early Intervention	<u>Intercept 0</u> Hospital, Crisis Respite, Peer & Community Services	<u>Intercept 1</u> Law Enforcement & Emergency Services	<u>Intercept 2</u> Initial Detention & Initial Court Hearings	<u>Intercept 3</u> Jails & Courts	<u>Intercept 4</u> Reentry	<u>Intercept 5</u> Community Corrections & Community Supports
\$3.045M	\$4.882M	\$28.8M	\$555K	\$141K	\$524K	\$3.18M	\$9.5M

Total Estimated Costs \$50,627,000

A Systems Approach & Plan to Reduce Forensic Involvement with Behavioral Health Clients:

Next Steps



Forensic Services System Redesign & Stakeholder Planning: *Next Steps*

- **Board of Supervisor Review (October 27, 2020) – Pending Approval**
- **Departmental Implementation Planning & Consultation (3, 5, 10 Year Workplan)**
- **Forensic Services System Redesign:**
 - 1) Intradepartmental Forensic Services Redesign Taskforce
 - 2) JIMH Taskforce – Stage 2 (Interagency Planning thru June 30, 2021)
 - 3) Mental Health Advisory Board, Criminal Justice Committee (Regulatory Oversight)
- **Ongoing BOS & MHAB Progress Updates**



Thank you

