

Alameda County Behavioral Health Care Services: Initiatives & System Update

Alameda County Board of Supervisors' (BOS) Presentation
Joint Health & Public Protection Committee – April 25, 2022

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Alameda County
Health Care Services Agency

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

ACBH: Initiatives & System Update

PRESENTATION OVERVIEW:

- 1) Departmental Overview
- 2) Key Updates in ACBH Crisis and Forensic Services
- 3) Forensic Plan Implementation Updates
- 4) Care First, Jails Last Taskforce Update
- 5) Next Steps



Departmental Overview:

Services & Systems of Care Review

- Child & Young Adult System of Care (Ages 0-24)
- Adult & Older Adult System of Care (Ages 18+)
- Substance Use System of Care
- Integrated Health Services: Primary Care Coordination, Nursing, & Pharmacy Services
- Crisis Services
- Forensic, Diversion, & Re-Entry Services System of Care

➤ Infrastructure: Plan Administration

Financial Services
Quality Management
MHSA
Data Services
Information Systems



Departmental Operations Updates:

Key Initiatives & System Planning

- Strategic Planning Initiative
- Community ACCESS Redesign Project
- Service Expansion Initiatives: Hospital & Emergency Departments
- Community Engagement & Health Equity Division
- Forensic System & Forensic Plan Implementation (ACBH Forensic Planning)*
- Community Assessment & Transport Teams (CATT) Pilot*



Key Updates in ACBH Forensic and Crisis Services:

Forensic System Updates:

Assisted Outpatient Treatment (AOT), Community Conservatorship (CC), Collaborative Courts, and an Introduction to “CARE Courts”

Crisis System Updates:

Community Assessment and Transport (CATT) Teams



Assisted Outpatient Treatment (AOT) & Community Conservatorship (CC) Programs:

Background:

AB1421 Stakeholder process (2013-2014)

November 2015 - Pilot Launched (AOT = 5; CC = 12)

August 2017 - Full Board Approval (AOT = 30; CC = 25)

September 2021 - AOT transitioned to the Forensic, Diversion, & Re-Entry Services System of Care; while CC remains under the Adult/Older Adult System



Assisted Outpatient Treatment (AOT) & Community Conservatorship (CC) Programs:

AOT	CC
<ul style="list-style-type: none">• AOT uses the arm of the court to encourage treatment through a civil, <u>not criminal</u>, process	<ul style="list-style-type: none">• Goal is to provide people on LPS Conservatorship with an opportunity to live in the community versus a locked setting
<ul style="list-style-type: none">• Must meet eligibility criteria and be referred by an approved referral sources as outlined in the statute	<ul style="list-style-type: none">• Must voluntarily agree to participate in the program, and be referred by a qualified mental health professional from Villa Fairmont or any Acute Facility
<ul style="list-style-type: none">• Full Service Partnership (FSP) treatment for 6 months, with possibility of an additional 6-month extension (NTE 18 months)	<ul style="list-style-type: none">• FSP treatment, where individuals must reside in a setting where medications are monitored
<ul style="list-style-type: none">• Consent for medication is required; cannot force medication adherence	<ul style="list-style-type: none">• Medications may be required; and non adherence to program requirements may result in a return to a locked setting, per LPS guidelines
<ul style="list-style-type: none">• No enforcement mechanism	<ul style="list-style-type: none">• Limited housing/community living options



Assisted Outpatient Treatment (AOT) & Community Conservatorship (CC) Programs:

AOT

Total Capacity:

- 30 Slots

Eligibility:

- Statute driven; must meet all criteria

Typical Client profile:

- Most reluctant to accept treatment
- Referred by qualifying referral source
- Typically has little previous outpatient mental health service connection
- May have multiple visits to acute settings with co-occurring Substance Use Disorder (SUD) diagnosis and/or a criminal justice history.

CC

Total Capacity:

- 25 Slots

Eligibility:

- LPS clients from an Acute Psychiatric/ Sub-Acute facility, approved by a physician

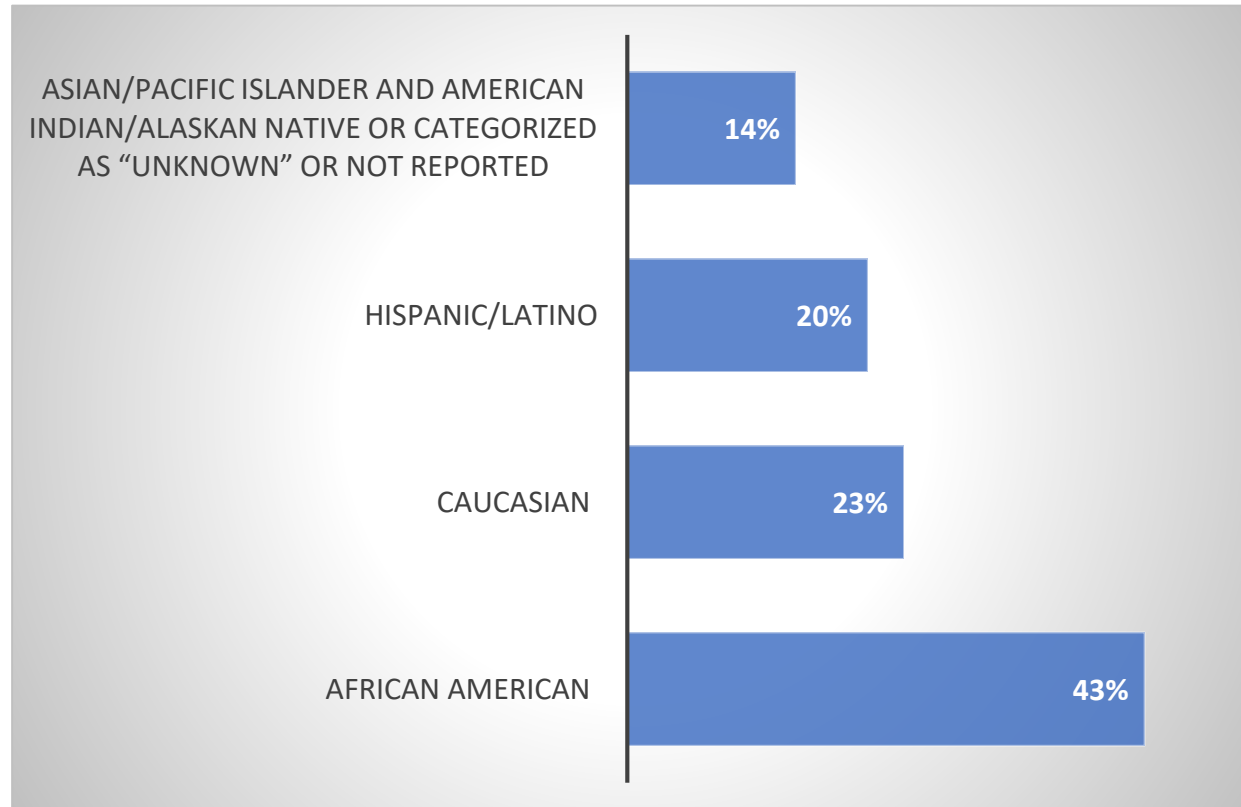
Typical Client profile:

- Known to the Mental Health System
- Referred from a Sub-Acute facility
- Typically “more stable” upon entry to CC than AOT due to referral point of origin
- May have multiple visits to acute settings with co-occurring SUD diagnosis, but typically fewer criminal justice episodes compared to AOT



Assisted Outpatient Treatment (AOT) & Community Conservatorship (CC) Programs:

AOT Client Served Data for Fiscal Year (FY) 2020-2021

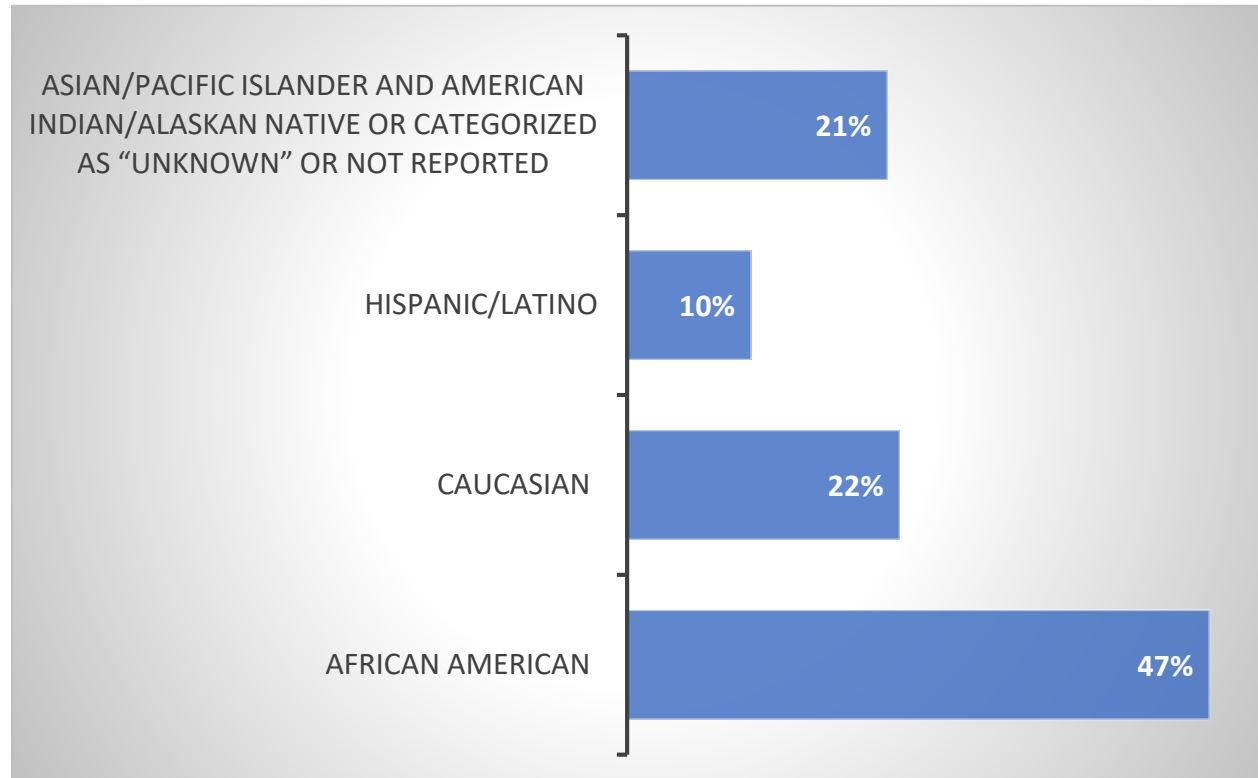


- Majority (53%) categorized as not reported (then Male=35%)
- Clients with 1 year in program experienced a 67% reduction in hospitalization episodes.
- Clients with 1 year in program experienced an 80% reduction in incarceration episodes.
- Although the FY 2020-2021 housing data is currently being compiled, Clients with 1 year in program experienced a 22% and 4% reduction in homelessness for Fiscal Years 2018-2019 and 2019-2020, respectively.



Assisted Outpatient Treatment (AOT) & Community Conservatorship (CC) Programs:

CC Program Client Served Data for Fiscal Year (FY) 2020-2021



- Majority (44%) categorized as male (or not reported)
- Clients with 1 year in program experienced a 90% reduction in hospitalization episodes.
- Clients with 1 year in program experienced an 67% reduction in incarceration episodes.
- Although the FY 2020-2021 housing data is currently being compiled, Clients with 1 year in program experienced a 100% reduction in homelessness for both Fiscal Years 2018-2019 and 2019-2020.



Collaborative Court Model & Proposed “Care Courts”

Collaborative Courts

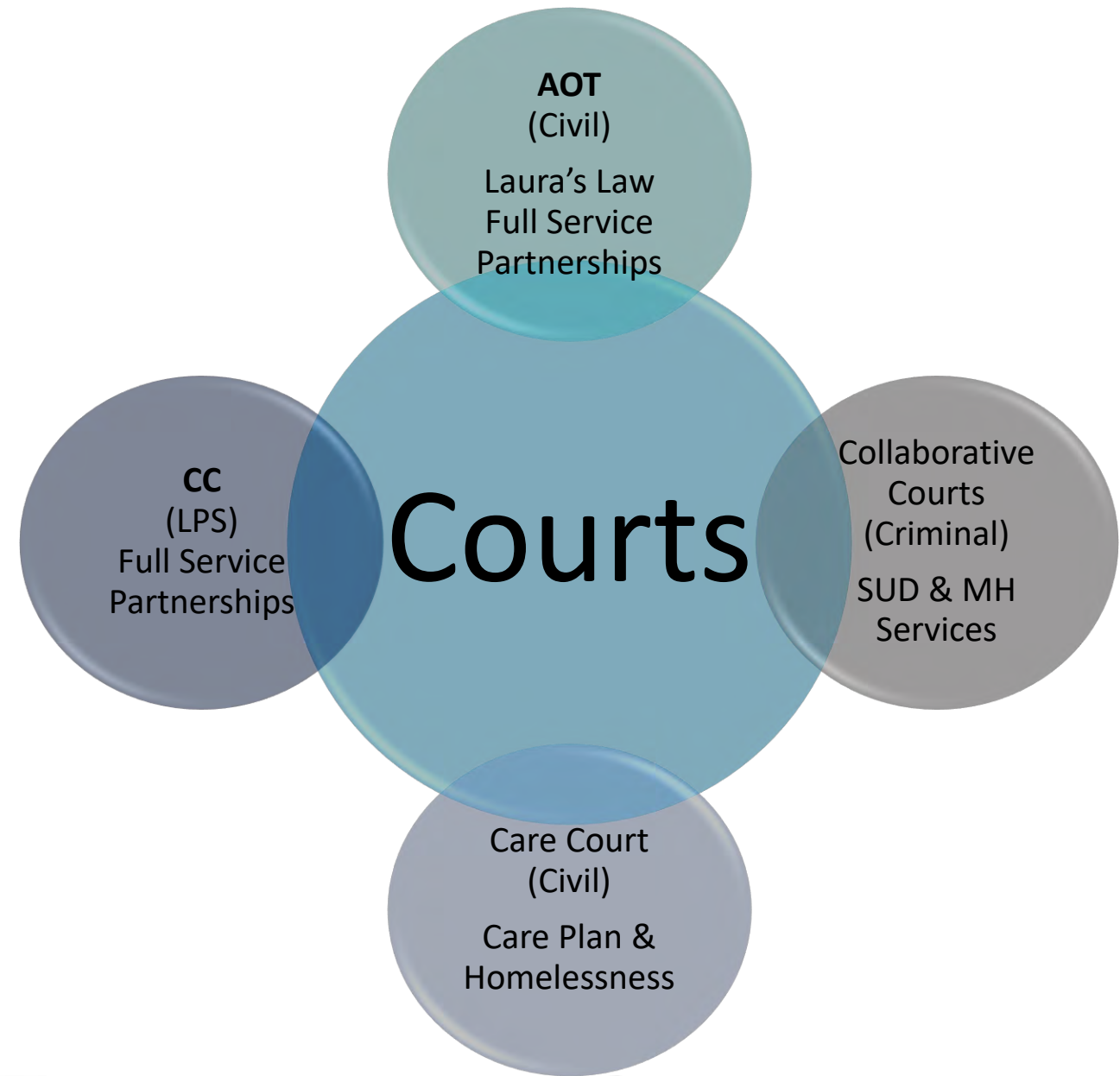
- Collaborative courts have a dedicated calendar and judge for specific types of offenders
- Multidisciplinary Court, non-adversarial team approach with involvement from the court, attorneys, law enforcement, and community treatment and service agencies to address offenders’ complex social and behavioral problems.
- Collaborative courts typically focus on high risk/high needs cases and utilize evidence-based practices.
- In addition to other sources, Collaborative Courts are also funded by ACBH.

CARE Courts (State Proposal)

- “Care Court” would accept referrals from families and multiple systems
- Court-based civil process – will provide individuals with a public defender
- Applies to individuals suffering from psychosis, including due to mental illness or substance use disorders; not limited to homeless individuals, although homelessness is a focal point
- Care Plan: The court will ask counties to create a care plan and potentially pursue a psychiatric advanced directive, medications, and if needed, housing.
- The new proposed process would allocate resources to the courts, and it would align the \$1.5 billion in funding for Bridge Housing, however, it would not provide new service funding to county behavioral health.



Assisted Outpatient Treatment, Community Conservatorship, Collaborative Courts, & “Care Courts”





Community Assessment & Transport Teams (CATT) Pilot



Departmental Operations Updates:

Community Assessment & Transport Teams (CATT) Pilot

- CATT is an innovative pilot program created in collaboration with Alameda County Behavioral Health Care Services, Alameda County Care Connect, Alameda County Emergency Medical Services, Bonita House Inc., and Falck.
- CATT pairs a clinician with an EMT to individuals who are experiencing a crisis due to mental health and or substance use. Key Partners spearheading this pilot program include County EMS, Bonita House, and Falck (Start date July 2020).
- **Learning Question & Goal:** To determine whether and how collaboration among agencies can contribute to developing an effective and efficient response system.



Departmental Operations Updates:

Community Assessment & Transport Teams (CATT) Pilot

- **Approach:**

- Community assessment, transportation, linkage, and treatment

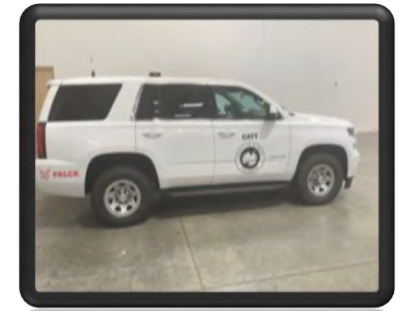
- **Primary Clinical Objectives:**

- To reduce the amount of time the law enforcement is on scene during mental health crises
- To reduce 5150/5585 rates and increase use of voluntary services
 - Diversion to right matched care
 - Care coordination
 - Transportation
 - Post crisis follow-up and linkage
- Emergency Medical Technicians (EMT) and clinician, 7am-11pm, 7 days/week
- Oakland, San Leandro, Hayward, Fremont



Departmental Operations Updates:

Community Assessment & Transport Teams (CATT) Pilot



Performance & Data (From Year-2 Interim Report, Public Consulting Group):

- 69% of CATT intervention resulted in a voluntary service in the community
- Only 31% resulted in an involuntary psychiatric hold (down from 51% from the first report)
- CATT dispatch distribution across cities served by CATT are roughly consistent with countywide 5150 distribution.
- 70.2% of all CATT calls occur in 3 cities: San Leandro 30.6%; Hayward 23.9%; and Oakland 15.7%.



Departmental Operations Updates:

Community Assessment & Transport Teams (CATT) Pilot



Strengths:

- On average, 20-30min response time
- CATT is significantly more likely to de-escalate crises in the field and avoid transport compared to a response by EMS only.
- Over 3 quarters of consumers surveyed indicated that they felt respected by CATT despite facing a behavioral health crisis.

Opportunities:

- Increasing response time from 20min to 45min could increase the number of referrals to CATT.
- ACBH Crisis Services provides post crisis follow-up to anyone with a recent mobile crisis contact in an effort to reduce recidivism and encourage engagement in voluntary services.

New Learning:

- Less than a quarter (20%) of survey respondents want peer mentor services in addition or an alternative to CATT services.
- Nearly half (47%) of survey respondents were ok with or welcoming of law enforcement prior to CATT arrival.
- Recruitment and retention of clinicians and EMTs has difficult.

Expansion Plans:

- Currently serving - Oakland, San Leandro, Hayward, Fremont, if within a 30min response time can respond to other cities and has responded to Union City, San Lorenzo, San Lorenzo as mentioned.
- Pilot > Permanent Funding - ~18Mil, sunset June 30, 2023, we hope to fund all or a portion of CATT going forward.





Forensic Plan Implementation Update



Forensic Plan Implementation – Short-Term Goals (5)

\$150K

Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<p>Direct In-Home Outreach Team (IHOT) & Assisted Outpatient Treatment (AOT) Referrals by Law Enforcement Departments (\$0 Cost; Int 1) – Completed</p> <p>Regional Approach to South & East County Services (\$0 Cost; Int -2) – Completed →NEW: Axis Community Health Pilot (Pleasanton, East County – \$300K FY21-22; \$300K FY22-23) – Completed →NEW: Washington Hospital (Fremont, South County – \$1M RFP Pending, 2-Year Innovative Program) – Completed</p> <p>Re-Tool Crisis Intervention Training (CIT) (\$100K; Int -1) – In progress</p>	<p><i>See Medium and Long-Term Goals</i></p>	<p>High fidelity Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Teams (\$50K Cost; Int 4) – Assessment Completed</p>
Cross-System		
<p>Create Director of Forensic, Diversion, & Re-Entry Services Position (\$0 Cost; Int -2) – Completed (Provisional appointment completed; Permanent recruitment pending Summer/Fall 2021)</p>		



Forensic Plan Implementation – Medium-Term Goals (9)

\$8.56M

Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<p>Expand 5150 & 5585 capacity to place/release countywide (\$0; Int -1) – Pilot Completed</p> <p>Expand Satellite Urgent Care Clinic Hours & Services (\$2M; Int 0) – Planning (Countywide) →NEW: ACCESS Outpatient System Referrals & Admissions Redesign Initiative (\$20K) – In Progress</p> <p>Overnight Mobile Crisis Services & Crisis Calls (\$2.2M; Int 0) – Planning (Countywide) →NEW: 988 System Planning & Coordination – In Progress</p> <p>Overnight Crisis Support Services (\$2.2M; Int 0) – Program Model Planning (Countywide)</p>	<p>Pre-Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts (\$141K; Int 2) – Completed (\$154K Final Cost)</p> <p>Expand Forensic Linkage Program at Santa Rita (\$524K; Int 3) – In Progress (Dublin, Countywide)</p>	<p>Develop TAY Full-Service Partnership (50 Client FSP) (\$1.5M; Int 4) – In Progress (Countywide)</p>
Cross-System		
<p>Design Forensic, Diversion, & Re-Entry Services System of Care (\$0) – Complete</p> <p>Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment (General & Forensic) (\$TBD) – Completed (BOS support required for GSA Feasibility Study requested; Oakland, Countywide.)</p>		



Forensic Plan Implementation – Long-Term Goals (12)

\$41.9M

Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<p>Expand Crisis Services (\$7.155M; Int 0 & 1) – Program Model Planning</p> <p>Expand 24/hour Crisis Services Call Center (\$682K; Int -1) – In Progress</p> <p>Develop (2) Substance Use Mobile Outreach Teams (\$1.2M; Int -1) – In Progress</p>	<p>Develop (2) Multi-disciplinary Re-Entry Teams (MRTs) (\$1.08M; Int 4) – Program Model Planning</p> <p>Competency Restoration & Diversion (\$9.5M; Int 5) – Program Model Planning</p>	<p>Co-locate TAY behavioral health services & Develop Forensic TAY Programming targeting African American Youth (\$2.245M; Int -2 & -1) – In Progress</p> <p>Significantly increase the capacity of residential treatment beds countywide (\$16.5M; Int 0 & 4) – Program Model Planning (BHCIP & CCE)</p> <p>Six (6) Bed Forensic Peer Respite (from Santa Rita Jail, on Probation, or at-risk) (\$1M; Int 0) – Program Model Planning (BHCIP)</p> <p>Re-design & Create New Outpatient Service Team(s) Model (\$1.5 M) – Program Model Planning</p>
Cross-System		
<p>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) – Completed & Ongoing</p> <p>Expand Short Term & Permanent Housing; Board & Care Facility Options (\$2.2M; Int 4) – Program Model Planning (BHCIP & CCE)</p> <p>Adult Residential Co-Occurring Forensic Treatment facility with direct linkage from Santa Rita (\$1.05M; Int 4) – Program Model Planning (BHCIP & CCE)</p>		



Forensic Plan Implementation:

Estimated Costs and Funding Update (Total Cost Estimated = \$50,627,000)

- **Short-Term Goals (5) – \$150K**

- **ST** Estimated: \$ 150,000
 - +Allocated: \$1,300,000
 - **Funded to date:** **\$1,450,000** ✓

- **Medium-Term Goals (9) – \$8.56M (\$8,565,000)**

- **MT** Estimated: \$8,565,000
 - Funded to date: \$2,198,000
 - **Remaining:** **(\$6,367,000)**

- **Long-Term Goals (12)* – \$41.9M (\$41,912,000)**

- **LT** Estimated: \$41,912,000
 - Funded to date: \$ 5,780,000
 - **Remaining:** **(\$36,132,000)**

*Potential for BHCIP & CCE State Capital Funding to support.



Forensic Plan Implementation:

Estimated Costs and Funding Update (Total Cost Estimated = \$50,627,000)

TOTAL Original Cost Estimate:	\$50,627,000
Total Funded to Date:	\$ 8,128,000*
Total Remaining/Outstanding:	<hr/> (\$42,992,000)
<i>Total Funded Including \$1.3M ABOVE Estimate*:</i> <i>(Includes Short-Term Goals Expanded Investment of \$1,300,000)</i>	\$ 9,428,000





Care First,
 Jails Last

Alameda County Care First, Jails Last Taskforce

Updates & Next Steps



Alameda County
Health Care Services Agency

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

ACBH Initiatives & System Update (April 25, 2022)

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Alameda County Care First, Jails Last Taskforce:

Updates & Next Steps

- Initial Kick-Off Meeting Completed (March 24, 2022; 1-2:30pm)
- Membership & Appointment Update (19/25 Members)
- Resource Development Associates (RDA), Facilitator
- Brown Act, Public Meeting
- Website Developed: www.AlamedaCountyCFJLTaskforce.org
- Email address: CFJLTaskForce@acgov.org



Alameda County Care First, Jails Last Taskforce:

Updates & Next Steps

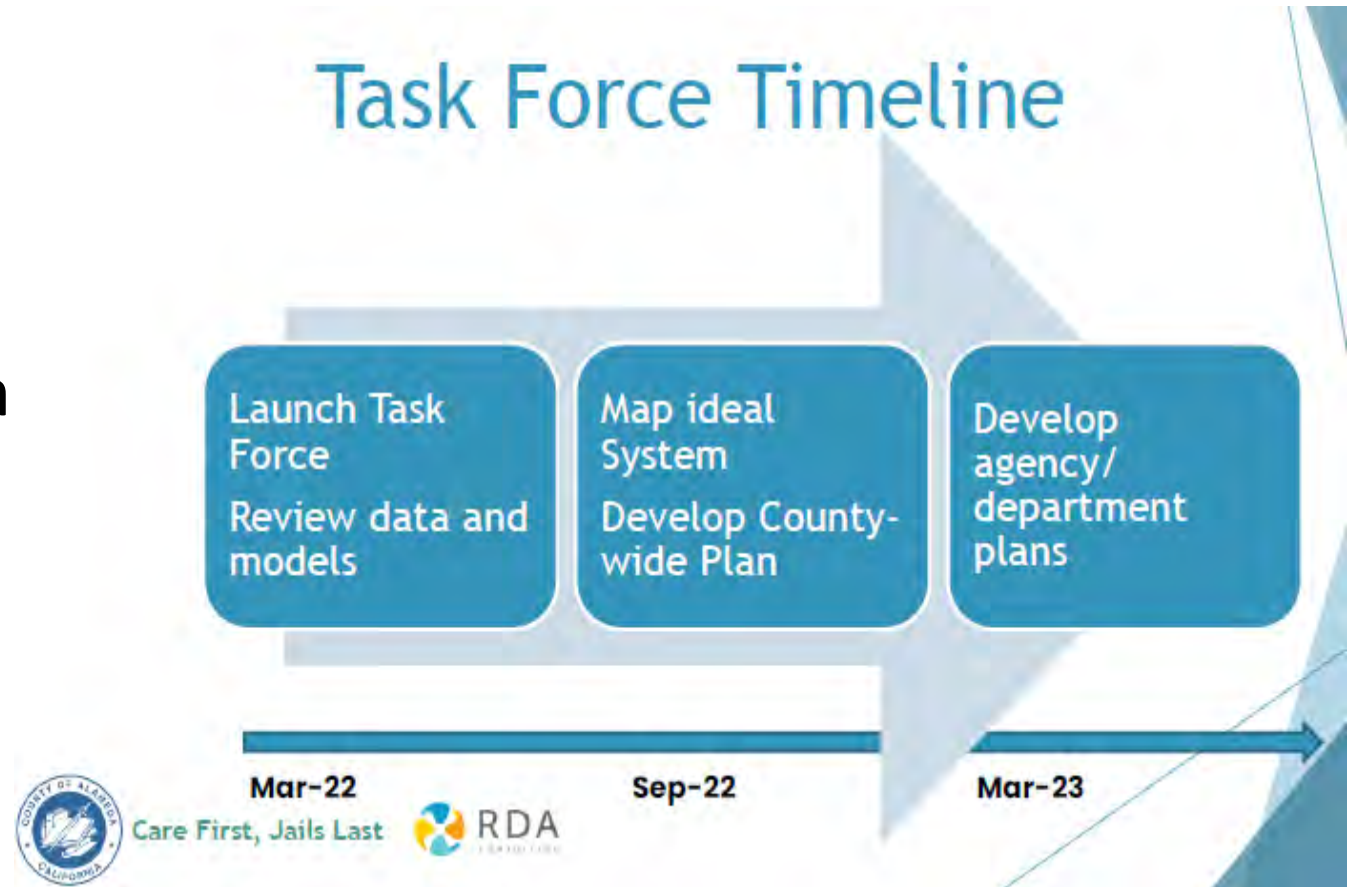
- Taskforce Structure:
 - Two-Year Schedule (March 2022-March 2024)
 - Virtual Meetings, 4th Thursdays of Month, 1-2:30pm
 - Agenda, Meeting Minutes, & Documents Publicly Posted
 - Sub-Committees
 - Next Meeting Thursday, April 28, 2022



Alameda County Care First, Jails Last Taskforce:

Updates & Next Steps

- Taskforce Member Interviews (RDA)
- Justice Involved Mental Health Taskforce Plans & Reports
- Data Review
- Stakeholder Input



Alameda County Care First, Jails Last Taskforce:

Updates & Next Steps

- County-Wide Implementation Plan:
 - To **Reduce** incarceration of individuals with mental health and/or substance conditions;
 - To **Ensure** transparent accountability and county-wide investment;
 - To **Promote** the development of critical county departmental/ agency implementation plans; and
 - To **Improve** the overall health & wellness of the broader Alameda County community.



Alameda County Care First, Jails Last Taskforce:

Updates & Next Steps

- Monitoring & Taskforce Accountability:
 - Updates & Progress Reports to Alameda County Board of Supervisors
 - Mental Health Advisory Board (MHAB) Taskforce Representation
 - Stakeholder & Public Commentary
 - Taskforce Completed: March 2024
 - Final Report & County-Wide Plan Due





Next Steps^{ac} ^{bh}

Department & County Wide Planning for Ongoing System Change



Next Steps:

Department & County Wide Planning for Ongoing System Change

- ☐ ACBH Strategic Planning
- ☐ Ongoing Departmental Quality Improvement, Healthy Equity Transformation Initiatives, & Forensic Plan Implementation
- ☐ Additional Leverage Opportunities; including BHCIP & CCE Funding, Grants, and Billable Service Delivery Expansion
- ☐ Care First, Jails Last System Planning
- ☐ Ongoing BOS & MHAB Progress Updates



Thank You!

