

Alameda County Behavioral Health Care Services: Initiatives & System Update

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

Colleen Chawla, Director, Health Care Services Agency (HCSA)

Karyn Tribble, Director, Behavioral Health Care Services (ACBH)



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

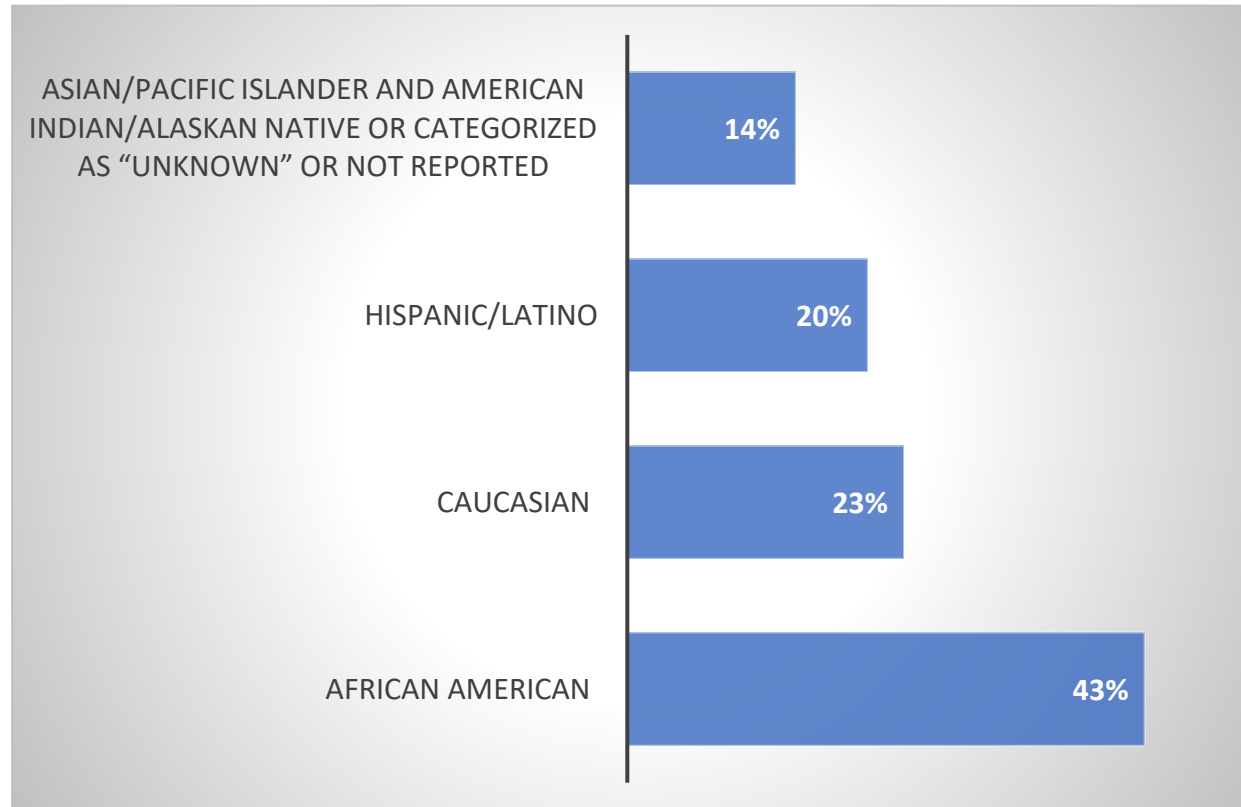
Typical Client profile:

- 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

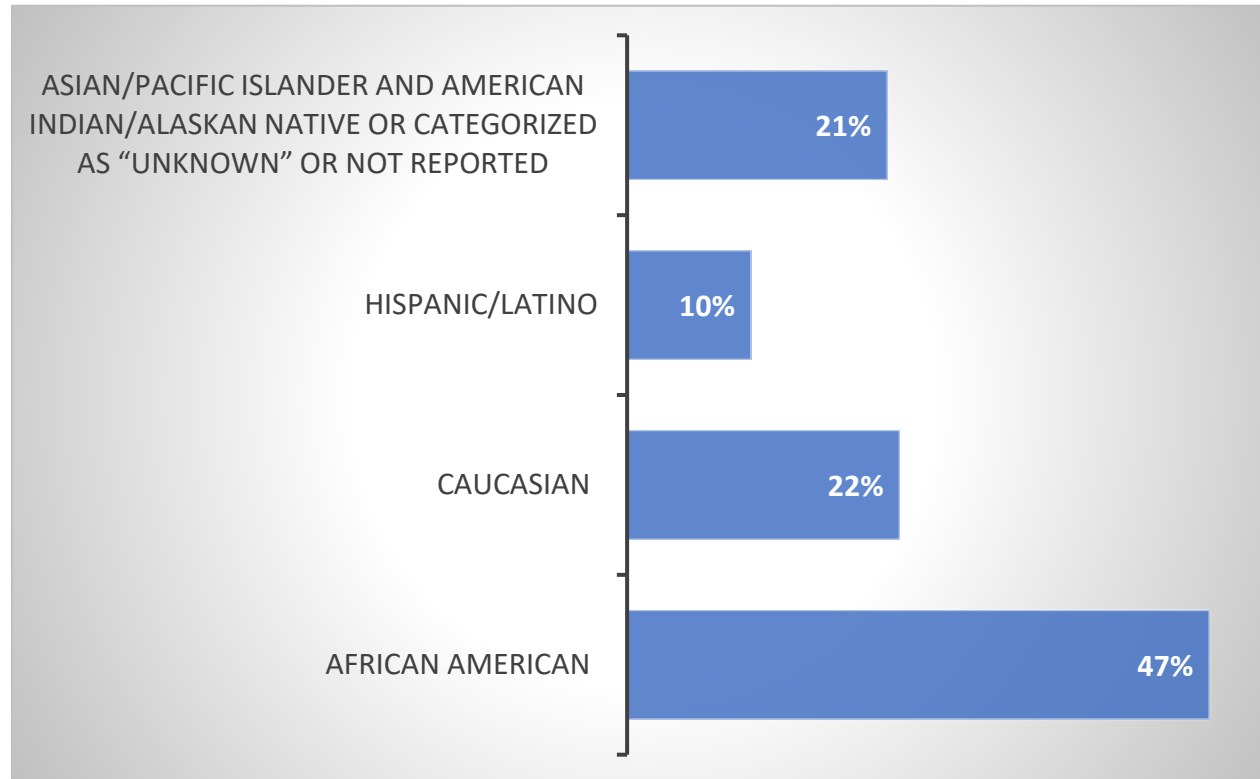


- Majority (53%) categorized as not reported (then Male=35%)
- Clients with 1 year in program experienced a 67% reduction in hospitalization episodes.
- Clients with 1 year in program experienced an 80% reduction in incarceration episodes.
- Although the FY 2020-2021 housing data is currently being compiled,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

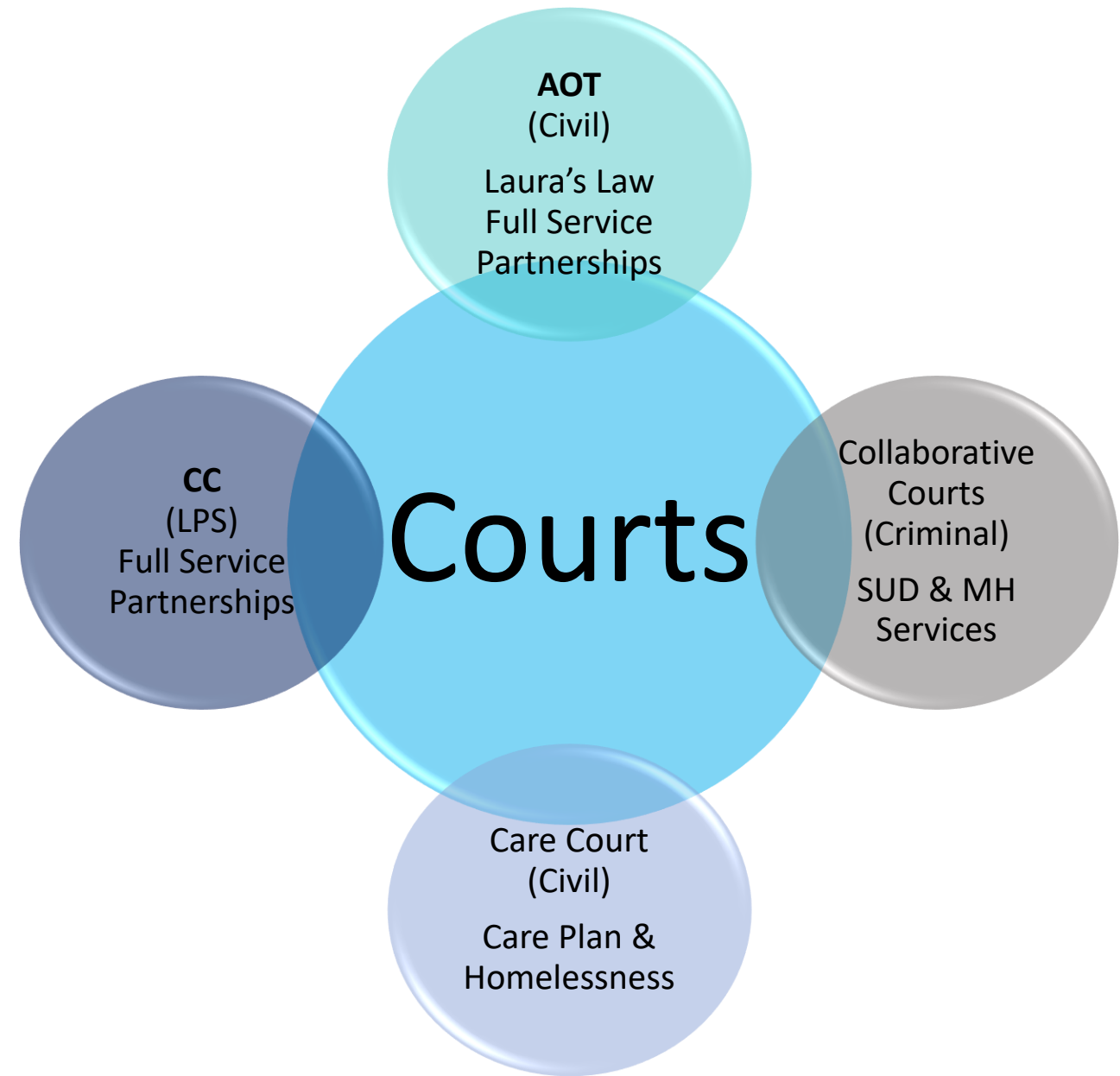
- Collaborative courts have a dedicated calendar and judge for specific types of offenders
- Multidisciplinary Court, non-adversarial team approach with involvement from the court, attorneys, law enforcement, and community treatment and service agencies to address offenders’ complex social and behavioral 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)

25

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

Task Force Timeline



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!

