

AB109 Mental Health Revamp





Alameda County Probation Department
Community Programs Division





Today's Discussion

- **Logic Modeling Overview**
 - **Overview of Current Mental Health Programs**
 - **Proposed Mental Health Program Revamp**
 - Triage and Response Team
 - Clinical Provider Team
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Brief Overview of Logic Modeling

Programs and Services Workgroup
10/26/23
Janene Grigsby



Why We Do Them



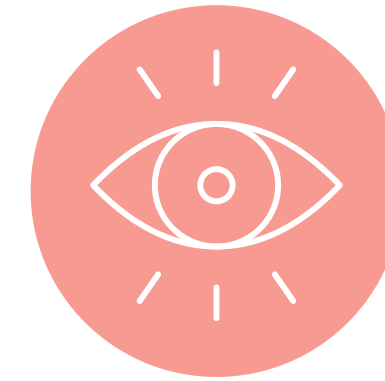
“Nothing About Us Without Us”

Opportunity for the community to help build the programs the CCPEC puts in place for the Realignment community.



Clarity

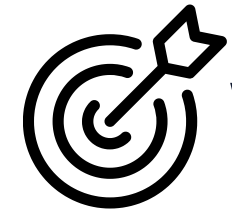
Clear understanding of the program model framework, that can travel through the "road-show" and stand the test of time. They also provide clear structure for development of the SOW for the RFP.



Visual

Clear, visual way to see a complete picture of the program, including it's components, goals and purpose all laid out in one sheet.

The Components



Why: Purpose/Need

What is needed? Who needs it? And how is this program intended to solve that need?



Who: Provider/Activities

What type of provider can provide the services and what services need to be offered to meet the needs of the community of focus?



Where: Resources

Where are the resources needed to support the program going to come from and how much is needed?



What: Outcome/Data

What happened? Did this program fill the need/purpose it was intended to? What data is needed to determine the impact of the program?

Education Program: Provides culturally competent education services, rooted in evidence-based practices and coordinated across multiple systems aimed at increasing basic levels of education and high school graduation rates and assisting clients in reaching their educational goals, while providing a pathway that leads to enrollment in certificate, CTE, higher education programs and/or employment. Program offers various pathways: GED/HISET; Adult Basic Education (ABE); English as a Second Language (ESL); and/or vocational/college prep.

Target Population Who We Invest In	Inputs/Resources What We Invest	Activities What We Do	Outputs/Participation Who We Reach	Outcomes Short to Long Term Results
<ul style="list-style-type: none"> • Adults age 18+ • AB-109 eligible • Focus Areas: <ul style="list-style-type: none"> – Education – Employment – Antisocial Peers – Leisure/recreation – Antisocial cognition 	<ul style="list-style-type: none"> --- Probation --- • DPO referrals of clients • Case management by DPO's • Realignment funding --- Providers --- • Education Curriculum • Teachers and staff • Employ formerly incarcerated staff, mentors & educators • Locations accessible to clients in all regions of Alameda County 	<ul style="list-style-type: none"> • # of referrals from Probation • # of client assessments and Plans completed • # of people receiving pre-enrollment <ul style="list-style-type: none"> – Education Barrier Removal – Supportive Services • # of people enrolled in <ul style="list-style-type: none"> – GED or High School Diploma – Adult Basic Education – ESL Program – Tutoring – Higher Education Enrollment Support – Skill Building Courses • # of education connections and applications to: <ul style="list-style-type: none"> – Career Training – Vocational Training 	<ul style="list-style-type: none"> • # of referrals <ul style="list-style-type: none"> – Accepted – Engaged – Enrolled – Referral declined – Client declined services – Client did not show up for orientation • # of credit hours received, by program • # of people enrolled, by course type: <ul style="list-style-type: none"> – Graduated – Completed – Lack of engagement 	<ul style="list-style-type: none"> • Higher level of education and post incarceration opportunities for the re-entry population • Actively engaged in supervision • Reduced involvement in the criminal justice system <ul style="list-style-type: none"> – New conviction – New jail booking – New supervision violation

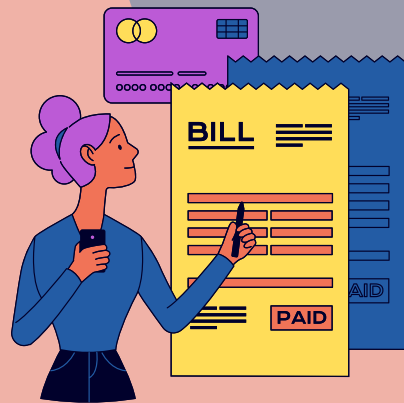


WAYS TO SEEK/RECEIVE CARE

Approximately 5,000+ individuals active to probation; plus folks eligible for AB109 Funded services



PRIMARY HEALTH



**PRIVATE PAY/
COMMUNITY PROVIDER**



**ACCESS/
ALCO
SPECIALTY MH**

~20+%

**1,000+
CLIENTS**

Generally
estimated SMI

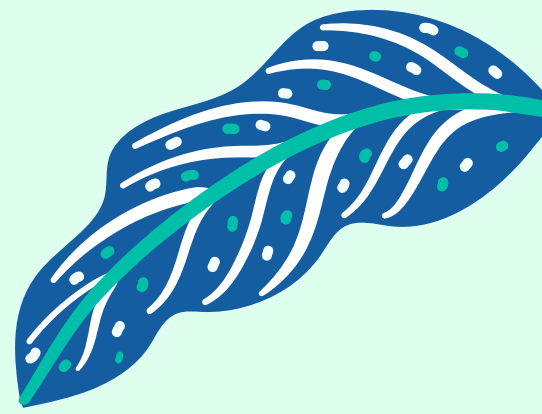
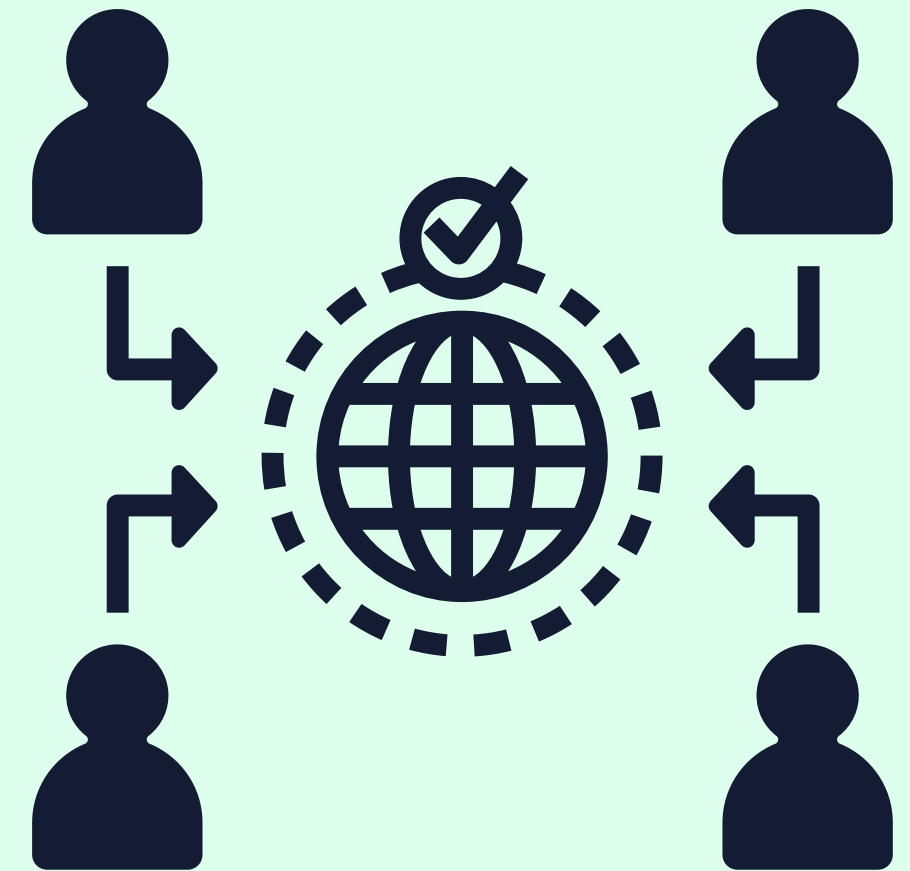
100%

Would Benefit from
trauma-responsive
healing and self-care
strategies

The system is too complex for many ACPD clients and DPO's to navigate on their own

Reaching Clients at Critical Service Points

- ACPD Offices and the CORE
- Santa Rita Jail
- John George, Hospitals, Acute Facilities, and Crisis Residential (CRT)
- SUD Treatment and Residential Programs
- Out of County Facilities and Programs
- ACPD Housing Programs and other AB 109 locations
- BART and Community Hubs



Current Programs

Roots NiaCare

- Program Admin
- Clinical Services Manager
- Navigators
- Clinicians

Felton M2M

- Clinical Manager
- Clinicians
- Peers
- Medical Provider/
Prescriber

Felton SMI

- Clinical Manager
- Clinicians
- Peers
- Medical Doctor/
Psychiatric Nurse
Practitioner

BLUE staff currently work directly with ACPD

FY21/22 Performance Data

VIA ACPD Enterprise Supervision



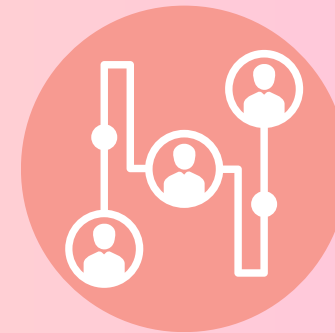
344 REFERRALS 45 RE-REFERRALS

- 59 M2M
- 66 SMI
- 219 Roots



103 ACTIVE CLIENTS

- 23 M2M
- 50 SMI
- 30 Roots



10 SUCCESSFUL COMPLETIONS

- 8 M2M
- 1 SMI
- 1 Roots



37 PARTICIPANTS DECLINED/QUIT

- 7 M2M
- 27 SMI
- 3 Roots

FY22/23 Performance Data

VIA ACPD Enterprise Supervision



414 REFERRALS

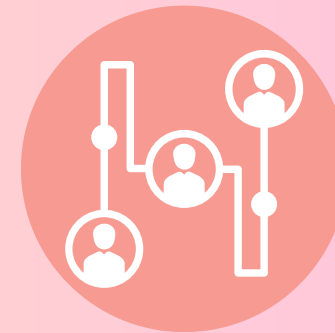
- **65 RE-REFERRALS**

- 141 M2M
 - 17 Re-referral
- 111 SMI
 - 15 Re-referral
- 162 Roots
 - 33 Re-referral



109 ACTIVE CLIENTS

- 51 M2M
- 46 SMI
- 12 Roots



5 SUCCESSFUL COMPLETIONS

- 0 M2M
- 5 SMI
- 0 Roots





19 PARTICIPANTS DECLINED/QUIT

- 12 M2M
- 3 SMI
- 4 Roots



Identified Service Gaps

- Client MH needs in ACPD housing programs
 - Supporting families to keep clients housed and connected; family tools and safety
 - Client outcomes and AB109 discharge planning
 - Data capturing and reporting
 - Collaboration with ACPD and CORE to connect with clients
 - Client outreach and engagement strategies
 - Transition and d/c plan from SRJ, John George, CRT, etc.
 - Connection to CRT, other residential including SUD, higher/lower level of care
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Additional MH Programs in Place

- Residential Mental Health (MH)
- Residential Substance Use Treatment
- MH crisis or respite housing
- Family therapy options
- Peer talk/text line

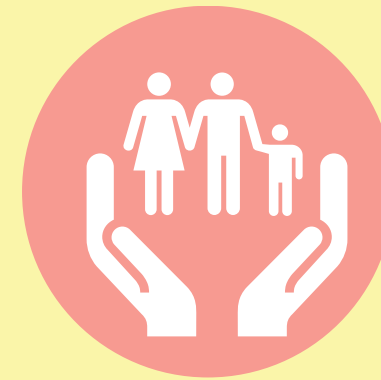


New Model: Two Program Types



Triage and Response Team

- Workstations at ACPD office and CORE for consultation
- Crisis response to ACPD housing programs
- Triage to appropriate services
- Need Clinician's Gateway and CHR access
- Peers



Clinical Provider Teams(s)

- Direct MH service provision
- Community MH services
 - Teaching MH tools
 - AB109 provider support
- Support to connect with longer-term care as needed
- May be CBO agency, therapy group, or private provider

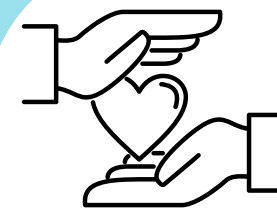


Triage and Response Team



DPO Consultation

- Provide direct consultation and MH resource information on-site at (or otherwise available to) ACPD offices and CORE during the work day



Best-fit Provider Triage

- Navigation into appropriate treatment team
- Contact ACCESS and complete referrals
- Gather information from other Counties and health service entities
- Facilitate MDT's and MH Case Conference



Crisis Response

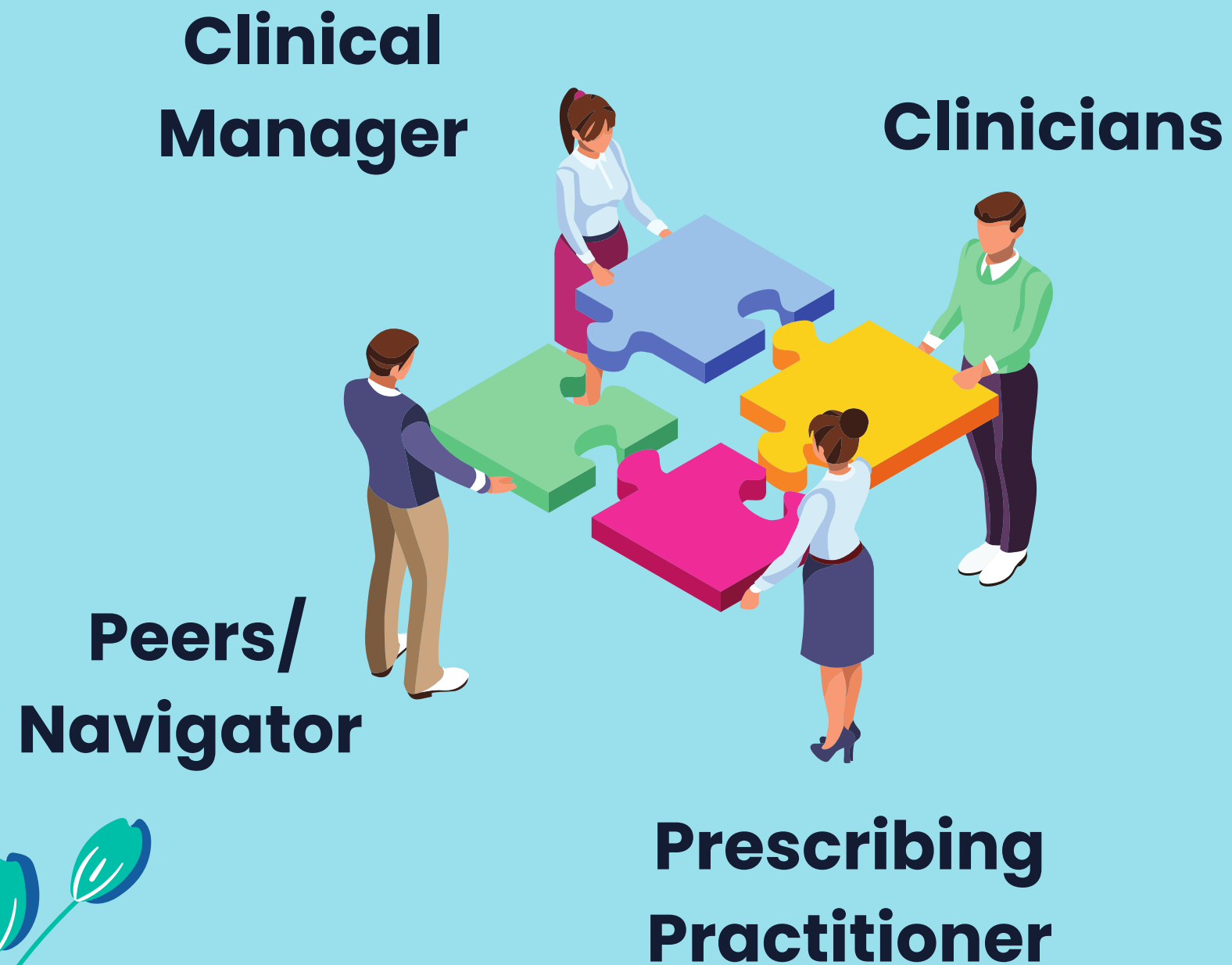
- Dedicated Crisis Response team that outreaches to ACPD sites including housing and ACPD offices
- Potential for extended hours of care and/or 24/7 phone on-call support



System Navigation

- Access to Crisis Residential and Acute centers
- Support clients in discharge and connect with community health providers including ABI09
- Hand holding until client securely connects regardless of insurance type

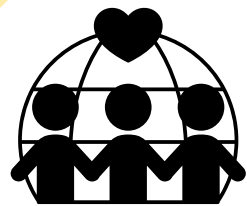
Triage and Response Team Structure and Deliverables



- Referrals made active
- Successful hand-off and type
- Crisis response time, service units, and outcomes
- Case conferencing provided
- Clients at key service points and connection to community MH service teams



Clinical Provider Team(s)



Community MH Treatment

- Regardless of insurance type, diagnosis, or acuity (e.g., no distinction of M2M/SMI)
- Services and outreach provided in the community; barrier removal and support for access and retention



Culture and Community

- Emphasize community healing
- Use of cultural healing practices/perspectives
- Use of: somatic, culturally rooted, trauma-responsive, multigenerational, and other healing practices



Psychoeducation

- MH edu./tools for DPO's and AB109 providers to destigmatize MH and mitigate concerns
- Psychoeducation and wellness groups at CORE and/or housing programs
SIM Int. -2 through 0



Service Hand-offs

- Hand off to longer-term providers and elevate care when needed
- Community MH peer advancement options
- In-house prescriber and/or direct support in accessing evaluation/medication

Clinical Provider Team Structure

Potential to maximize funding by using AB109 to hire dedicated clinicians in existing County MH contracted programs or private practice providers



Community Treatment Teams

Community MH with availability at ACPD regional offices, housing providers, community clinic/office, CORE, and virtual



Service Provider Outreach & Training




Community MH team that travels; collaboration with crisis teams as needed; psychoeducation and trauma support



Pool of Specialty Practitioners



Both Program Types Must:

- Offer community MH Services
 - Outreach and coaching family on tools/treatments
 - Initiate case conferencing with the DPO's and CM teams
 - Transition to longer-term MH provider (warm hand-off)
 - Support DPO's with trauma-responsive tools and cultural change
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- Have data management (HIPAA)
 - Initiate feedback and outreach
 - Be proactive with locating clients and communicating with DPO's, collaborative partners, SRJ and AFBH staff, housing providers, CORE staff, Reentry providers, etc.
 - Be flexible to respond to crisis
 - Support peer workforce development for interested clients
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Thank You

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