

AGENDA ITEM REQUEST

Community Corrections Partnership Executive Committee (CCPEC)

*Note: This agenda item request is due at least six (6) weeks prior to CCPEC meeting.
Email requests to ProbationCommunityPrograms@acgov.org.*

TO: Community Corrections Partnership Executive Committee (CCPEC)
c/o Alameda County Probation Department
Marcus Dawal, Chief Probation Officer
1111 Jackson Street, P.O. Box 2059
Oakland, CA 94604-2059

FROM: **Name:** Juan Taizan
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Agency/Organization/Department: Health Care Services Agency, Alameda County Behavioral Health
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This agenda item is being submitted for consideration by the Community Corrections Partnership Executive Committee (CCPEC) at their meeting on March 18th, 2024.

Title/Subject/Description: AB 109 Mental Health, Substance Use Disorder, Case and Care Management Services and Infrastructure: Providing Services and Sustaining Access for Alameda County Justice Involved Population.

Background Information: Alameda County Behavioral Health's (ACBH) mission is to support and empower individuals experiencing mental health and substance use conditions along their path towards wellness, recovery, and resiliency. ACBH envisions a community where all individuals and their families can successfully realize their potential and pursue their dreams where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past. In fiscal year 2022-2023, ACBH provided services to 3,369 AB 109 eligible clients served by 213 community-based programs across Alameda County. ACBH is requesting approval of continued AB 109 funding in the amount of \$4,707,711 for fiscal year 2024-2025, which includes an increase of \$224,177 from last fiscal year's request that represents a Board approved 5% COLA increase for contracted providers.

Fiscal Impact*, if any: \$4,707,711 in allocation for fiscal year 2024-2025.

Recommended action to be taken: Approve continued allocation of ACBH's AB 109 funding for fiscal year 2024-2025 in the amount of \$4,707,711, to sustain mental health and substance use services for AB 109 eligible clients throughout Alameda County.

**When requesting funding, please answer the questions in either Section 1 or 2 below. If requesting funding for a new program idea, answer the questions in Section 1. If requesting funding for a program with an existing AB 109-funded contract, answer the questions in section 2.*

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Signature: Juan Taizan
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Print Name and Title: Juan Taizan Director, Forensic System

Section 2: Request to Renew, Modify or Extend an Existing Contract

Information About the Program

- What part of the AB 109 population was served under the previous contract? (For example: unhoused individuals, clients disengaged from Probation Services, etc.)
 - Justice involved individuals needing case and care management, housing, food and other immediate needs.
 - Incarcerated individuals who need mental health services.
 - Individuals re-entering the community after incarceration.
 - Clients who require substance use recovery services.
 - Unhoused clients/clients dealing with housing instability.
 - Clients disengaged from Probation services.

- What client needs were addressed? (For example: housing, employment, substance abuse etc.)
 - Community-based mental health services.
 - Referrals, linkages, and case management for housing, employment, and primary health care.
 - Crisis response and intervention.
 - Substance use recovery support services-management.
 - Residential substance use rehabilitation.
 - Sub-acute treatment services.
 - Narcotics treatment programming/opioid medication assisted treatment.

- How many people did your organization serve under the contract?
 - Fiscal year 22/23 – 3,369 AB 109 eligible clients were served.

- How many people was your organization expected to serve under the contract?
N/A

- Please provide a summary of the program.
ACBH and contracted community-based organizations provide mental health and substance use disorder services spanning **213 unique programs county wide for AB 109 eligible clients** within Alameda County. ACBH utilizes AB 109 funding to support community providers to ensure clients have access to quality Mental Health, Substance Use Disorder, Case and Care Management and other critical services.

- Please provide a list of the objectives achieved by the program/activity.
 - **In-Custody Mental Health:** Provide high quality evidence-based Mental Health services to incarcerated individuals within Santa Rita Jail.

- **Out-of-Custody Mental Health:** Provide high quality evidence-based Mental Health and wrap-around services to community members impacted by the justice system.
 - **Out-of-Custody Substance Use Disorder:** Provide assessment, referrals, and case and care management to facilitate ongoing treatment and services.
 - **Case and Care Management:** Provide Intensive reentry-focused case management program incorporating pre-release and post-release planning.
- Did your organization invest any resources to make the program/activity successful? (For example: staffing, development of workshops etc.)
 - ACBH invests staffing resources to support AB109 clients, including:
 - Program Specialists who help AB109 providers navigate Probation and Behavioral Health systems to improve follow-up and care coordination for AB109 clients
 - Behavioral Health Clinical Supervisors who support AB109 clients with re-entry supports and care coordination.
 - A post-release Behavioral Health Clinician to follow-up with AB109 clients after release from Santa Rita Jail to ensure connections to community-based providers, as needed.
 - A System of Care Director to facilitate the AB109 Substance Use Sub-Committee.
 - A System of Care Director to facilitate AB109 Mental Health Sub-Committee, with the support of a Program Specialist.
 - ACBH invests in trainings and workshops that are open to all contracted Community-Based Organization (CBO) providers on an on-going basis.
 - During monthly/bi-monthly operational meetings ACBH program leads provide assistance to CBOs including but not limited to:
 - Training.
 - Technical support (e.g., billing support, data support, etc.).
 - Collaboration and coordination with other county agencies/departments.
 - Coordinating care for clients.
 - Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach?

ACBH has established a continuum of services and providers focused on the justice involved population. This includes in-custody services, re-entry services, community-based services, crisis response/intervention services, and care coordination. These direct services and connections to our justice involved community members allows for direct outreach to AB 109 eligible individuals. Additionally, ACBH coordinated training and information sharing between community-based providers that receive AB109 funds and our behavioral health program at Santa Rita Jail.
 - Describe how successfully your organization achieved your contract milestones and the other contract deliverables?

Fiscal Year 2022/2023

 - Mental Health – **3,103** AB 109 eligible clients received mental health services, an increase of 640 clients from last fiscal year.
 - SUD – **823** AB 109 eligible clients received services in the following modalities: Outpatient, Residential, Sobering/Detox, Opioid/Narcotic

Background Research

 - Is the program/activity evidence based or a promising new idea?

ACBH requires contracted CBOs to provide evidence-based practices and modalities. Many contracted providers use specific evidence-based modalities while others may refer to a variety of modalities to inform their work with community members/clients. See below for additional information.

- If the program/activity is an evidence-based program, what does the research say about it?
Below is a list of some of the common evidence-based modalities used by ACBH community-based providers.
 - **Cognitive Behavioral Health Therapy (CBT)** – helps the client recognize their own negative behavioral and emotional health patterns and aims to teach regulating skills.
 - **Trauma Informed Treatment** – seeks to acknowledge the impact of widespread impact of trauma and develop coping strategies for clients and families.
 - **Psycho-Education**-integrates emotional and motivational aspects that enable clients to cope with mental illness.
 - **Critical Time Intervention**- CTI was originally validated on the Criminal Justice and Houseless population and has a steady body of data and research.
 - **Wellness Recovery Action Plan (WRAP)**: A self-management intervention that empowers individuals to plan for how best to support their own recovery and improve hopefulness.
 - **Dialectical Behavior Therapy (DBT)**: Originally developed to treat chronically suicidal clients, it has been found to help people cope with distressing thoughts, feelings, and behaviors.
 - **Mindfulness-Based Stress Reduction (MBSR)**: A meditation therapy designed to foster stress management among other benefits.
 - **Seeking Safety**: Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse.
 - **CBT for Psychosis**: CBT for psychosis aims at modifying dysfunctional beliefs by helping the person understand the link between perceptions, beliefs, and emotional and behavioral reactions. CBT also helps the person question the evidence supporting his beliefs (whether they are psychotic or not).
 - **Peer-Based Mentoring Model**- establishes a structured mentoring system where individuals who have had a successful reentry experience serve as mentors to those recently released from incarceration. Peer mentors undergo training to enhance their mentoring skills, including active listening, conflict resolution, and providing emotional support. They also receive information about available community resources. Peers are matched with mentees based on factors such as shared experiences, interests, and specific reentry needs. This matching process is designed to foster a sense of understanding and relatability between the Peer and the Client.

- If there is existing research, was the research done on a population similar to the population served?
Some of the modalities mentioned above have research/evaluations that is inclusive of populations similar to the target population served by ACBH. Research shows that several of the above-mentioned evidence-based practices have been used successfully with Reentry, Substance Use Disorder and Mental Health populations.

- How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions?
Compared to other jurisdictions Alameda County offers a robust and comprehensive network of providers dedicated to serving our justice involved community members. Additionally, ACBH's community-based providers often reflect the communities that they serve, and many providers are

dedicated to employing individuals with lived experience with the justice or mental health systems. This an extremely diverse program.

- **Is Probation funding any similar activities?**
Probation funds some of the same community-based providers as ACBH to provide similar case management services and re-entry supports. However, ACBH has access to an extensive community-based provider network to provide a greater spectrum of treatment services.
- **If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?**
Only ACBH has the extensive community-based provider network to provide comprehensive mental health and substance use treatment and recovery services to AB 109 eligible individuals across Alameda County.
- **Lived experience can often provide a layer of knowledge often not captured by traditional research methods. Please provide any anecdotal knowledge based upon lived experiences that contributes to or strengthens your proposed program/activity.**
ACBH is committed to working with our county partners to ensure our justice-involved clients are connected to critical services. ACBH county and program staff work closely to coordinate care for AB 109 eligible clients including connecting clients to crisis housing, inpatient treatment, and community-based services after release from jail, discharge from another community-based program, or due to housing instability.

“The Health Equity Division understands that it is crucial to involve clients, family members, and community members in the decision-making process for mental health care delivery, as they have firsthand experience and knowledge of the challenges and needs of their communities. By integrating these committees within the county mental health system, we can ensure that the perspectives and voices of those most impacted by mental health issues are heard and integrated into the development of policies and practices. We are committed to actively promoting the involvement and participation of these committees in all aspects of mental health care delivery, and to creating a system that is truly responsive to the needs of the communities we serve”. - *Excerpt from the Cultural Competency Plan, Stephanie Montgomery*

Program Data

- **How many people were referred to the program/activity by Probation?**
ACBH does not track AB 109 specific referrals. Instead, ACBH gathers data from Probation to determine the number of AB 109 clients served by mental health and substance use providers. In the fiscal year 2022-2023, AB 109 programs served 3,369 clients.
- **Why should the contract be extended/renewed/modified rather than going out to bid?**
ACBH contracts with 213 community-based programs who are content experts in mental health and substance use disorder services. Including ACBH staff, ACBH-operated clinics, and contracted providers, **in FY 22/23, ACBH was able to provide \$26.6 million of services to AB 109 clients** by leveraging \$13.8 million of Medi-Cal and other revenue. The balance of \$12.8 million was funded by the county with ACBH absorbing \$8.3 million and charging \$4,483,534 million to AB 109. Renewal of the ACBH AB 109

allocation (\$4,707,711) will help off-set the cost of these services and ensure AB 109 clients can continue to receive critical services.

- Please provide program milestones and other contract deliverable data.
ACBH served 3,369 AB 109 eligible clients in Mental Health and Substance Use Disorder Rehabilitation modalities, including but not limited to, crisis, hospital, residential, narcotics treatment, subacute and recovery residences providing **over 126,000 client services county-wide**.
- Has this contract been extended or adjusted before? If so, how many times and why?
Yes, ACBH has received an annual allocation since fiscal year 2016-2017. This annual allocation allows ACBH to continue to leverage additional state funds and provide critical and essential mental health services to our community.

Fiscal Impact

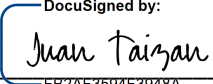
- What is the total proposed budget for the requested program/activity?

The total budget for AB 109 related services provided by ACBH MH & SUD providers is \$4,707,711.

- What was the total budget for the program/activity under the previous contract?

The budget from the previous contract for fiscal year 2023-2024 was a total of \$4,483,534.

- If the proposed budget is higher than that of the previous contract, please justify the increase.
ACBH is requesting only a COLA for the years that have elapsed since the existing allocation was approved and will allocate the increased funding (\$224,177) to program(s) that do not have other ACBH funding sources.
- If the proposed budget is lower than that of the previous contract, please explain.
N/A

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