

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
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FROM: **Name:** Juan Taizan
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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 Reentry Services: Sustaining Access and Supporting Success for the Alameda County Justice Involved Reentry Population with Mild to Moderate Mental Illness.

Background Information: Since February 1, 2020, Alameda County Behavioral Health (ACBH) has contracted with Felton Institute (Felton) and ROOTS Community Health Center (Roots) to provide evidence-based programs for clients with mild to moderate mental illness. Felton's Mission to Motivate (M2M, South/East County) and ROOTS Nia Care (North County) programs provide services centered around evidence-based practices to Alameda County Probation Department clients. AB 109 funds have been allocated four times, \$2,500,000 in fiscal year 2017-2018, \$1,577,000 in fiscal year 2021-2022, \$1,577,000 in fiscal year 2022-2023, and \$1,577,000 in fiscal year 2023-2024. Since 2020, the mild to moderate programs have served over 200 clients. Both contracts are set to expire on June 30, 2024. ACBH is requesting a 1-year contract extension and the programs be funded through AB 109 allocation through the end of fiscal year 2024-2025.

Fiscal Impact*, if any: Will require allocation of \$1,615,850 for fiscal year 2024-2025

Recommended action to be taken: Approve a one-year contract extension for Felton's Mild to Moderate and Roots Nia Care reentry programs so there can be continuity and sustainability of services.

**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: _____
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Print Name and Title: Juan Taizan, Forensic, Diversion, and Re-entry Services Director

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.)
 - AB109/AB1950 eligible candidates, clients referred by Probation, clients recently released from jail, clients disengaged from Probation services, unhoused clients, clients on the mild to moderate mental health spectrum.
- What client needs were addressed? (For example: housing, employment, substance abuse etc.)
 - Mental health services, case management/brokerage, crisis intervention, medication support, referrals to housing, employment, and government funding agencies. Emergency financial and food assistance. Skill building, counseling, and groups.
- How many people did your organization serve under the contract?
In FY 22/23, 114 total clients were served.
- How many people was your organization expected to serve under the contract?
 - *Roots Nia Care and Felton Mission to Motivate (M2M) are contracted to serve 100 clients each per year (200 clients in total, per year)*
- Please provide a summary of the program.
 - *Probation Funded*
 - *Clients are AB109/AB1950 Eligible*
 - *Clients on the Mild to Moderate Mental Health spectrum*
 - *Majority of clients seeking Case Management Support with some Mental Health*

A Forensic Assertive Community Treatment (FACT) model is utilized and aimed at providing reentry case management and treatment services for individuals with Mild to Moderate Mental Illness who are justice involved. These three-phase programs first stabilize the client, meet immediate basic needs i.e., mental health services, housing, food, Medi Cal enrollment; second help the client transition into the community by providing linkages to presenting needs; third support the client's sustainability while continuously monitoring services to support and assess the client's ability to independently maintain stability and services within their community.

- Please provide a list of the objectives achieved by the program/activity.
 - FY 22/23, Felton M2M: 1,275 Services Provided, 122 Referrals made, 92 clients served
 - FY 22/23, Roots NiaCare: 111 Services Provided- 81 Referrals made, 22 clients served
 - Resources Provided:
 - Clipper Cards
 - DMV Vouchers
 - Clothes
 - Hygiene Products

- Gift Cards
 - Linked to SSI and Vital Document Establishments
 - Linked to Psychiatry Services
 - Linked to local PCP
- Did your organization invest any resources to make the program/activity successful? (For example: staffing, development of workshops etc.)
 - Both Mild to Moderate programs invested heavily in staff training to improve client engagement and clinical skills these trainings included:
 - Gender Affirming Trainings, Cultural Humility Trainings, Training on commercially sexually exploitation, Justice Services Participation in the George Mason Enhance Academy, Eye Movement Desensitization and Reprocessing Training, Motivational Interviewing Training, Groups of Stages of Change, Trauma-Informed Integrated Behavioral Health, and Black Music and Movement The Power To Heal.
 - The programs also invested in resources for their clients. These included:
 - Art groups, Black History Month Celebration, Hispanic Heritage month celebration, Team Building Activities, and resources such as DSM-5TR and DSM-5.
 - M2M programs have also invested into some of their staff that are not fully funded by AB 109 dollars, in order to keep them as full-time employees that support the program. Such roles include a Clinical Director of Innovation and Development, Division Director, Medical Director, & Psych Nurse Practitioner, BH Clinicians, and Health Navigators.
 - Did you do any outreach to the target population, outside of referrals by Probation? If so, what were the results of your outreach?
 - Both programs conducted outreach to various county agencies (e.g., the Public Defender's Office, Santa Rita Jail, and other community-based program). Outreach was also conducted to individuals who walked-in to the program sites seeking services and to individuals who were already members of the respective programs. Client enrollment from these efforts was not as high as anticipated.
 - Felton M2M, also participated at CORE (Center of Reentry Excellence) tabling events coupled with other outreach events have resulted in a robust and fruitful collaboration with community partners that help to identify resources for clients that are tailored directly to their needs. As a result, staff can feel more confident in their ability to support their client and clients are not having to be stagnant on their path to recovery and reintegration which often shared by the client.
 - Describe how successfully your organization achieved your contract milestones and the other contract deliverables?
 - Although it has been challenging to make contact with clients due to lack of ability to check AB109 status in real time and to retain clients, typically due to client's having multiple life challenges (e.g., non-operational phone numbers, unstable housing, etc.), the programs have been working hard to extend their outreach efforts and specialize treatment to fit justice impacted individuals and families.
 - Members have been connected to extensive resources, including but not limited to;

housing, food assistance, primary care, behavioral health care, clothes for interviews, benefits (Cal Fresh, Medi-Cal, & General Assistance), hotel vouchers, transportation, employment assistance, ID vouchers, hygiene kits, and diapers. NiaCare staff have utilized telehealth case management services, telehealth individual sessions, and virtual Zoom support groups, in addition to in-person visits. Client-supportive expenditures have also been essential in providing food, clothing, and emergency housing.

Background Research

- Is the program/activity evidence based or a promising new idea?
 - Interventions and modalities used by the programs are evidence-based and best practices in mental health and substance use treatment. These include:
 - The FACT Model
 - Cognitive Behavioral Therapy/Interventions (CBT)
 - Motivational Interviewing
 - Narrative Therapy
 - Systems Theory
 - Solution Focused Therapy
 - Harm Reduction
 - Cognitive Mapping
 - Peer-Based Mentoring Model

- If the program/activity is an evidence-based program, what does the research say about it?
 - Motivational Interviewing is a type of counseling approach that helps our clients resolve feelings of ambivalence and anxiety, empowering our clients in recognizing the stages of change and taking ownership of their transitional journey.
 - FACT Model is a service delivery model intended for folks with serious mental health issues and who are involved in the criminal justice system.
 - CBT allows for the client to evaluate and examine their own thoughts, behaviors, and emotions helping them to recognize escalating negative thoughts and emotions and how to regulate using strategies to change their thinking.
 - Harm reduction assists in working with clients with dual diagnoses through compassionate approaches to managing mental health without necessarily having to achieve sobriety first.
 - 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?
 - Yes, there is existing research on the evidence-based practices, and the research shows these practices are used on reentry population with Substance Use Disorder and Mental Health issues.

- How do milestones/contract deliverables compare to the outcomes of similar work in other jurisdictions?
 - The milestones and contract deliverables that were set for the mild to moderate programs are comparable to other behavioral health and case management programs in other jurisdictions that are serving the mild to moderate population. These include intensive outreach and services, connecting clients to critical benefits and resources, and stabilizing the client until a longer-term program can provide services.
 - Keeping in mind that Alameda County's homeless population (9,747 in 2022) continues to grow and outpace neighboring counties:
 - San Francisco County, 4,397 in 2022
 - Contra Costa County, 3,000 in 2022
 - M2M programs have identified the following challenges:
 - working with transient clients who are often homeless affects the ability to communicate (disconnected phone numbers) and no permanent housing address to meet with clients face to face
 - not receiving enough referrals to meet the goal of a target caseload of 120 SMI unduplicated cases per fiscal year
 - when receiving referrals, they do not have an address or identifying picture, therefore approximately 50% of the referrals refuse services/are unable to be found/and or move out of state
 - Lack of funds to remove barriers from participants
 - Lack of funds and resources to provide temporary and/or permanent housing to the participants
 - Lack of funds to hire competent employees to work on the re-entry programs. Competitive pay for staff to increase retention and reduce turnover

- Is Probation funding any similar activities?
 - AC Probation is not funding similar activities targeting the justice involved community.

- If Probation is funding similar activities, what is unique about this program/activity, why is it necessary?
 - N/A

- 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.

Felton M2M

The M2M staff that have a shared lived experience with clients are able to dismantle any feelings of distrust and/or anxiety that are connected to the client's uncertainty around their immediate and long-term future. Moreover, staff with lived experience can genuinely share their own experiences and how they were able to successfully navigate the reentry process and overcome their obstacles. Staff with lived experience undergo training to enhance their mentoring skills, including active listening, conflict resolution, and providing emotional support. They also receive information about available community resources.

Roots NiaCare

During FY 22/23, NiaCare Behavioral Health Clinicians and Health Navigators provided comprehensive, high-quality support to members, working to create individualized plans for “whole health.” Roots Navigators have lived experience with the criminal justice system and are trained in health coaching and as community health workers. One to two clinicians remain on-site every day to accommodate walk-in appointments. Navigators are on-site every day and available to conduct visits in the field.

Program Data

- How many people were referred to the program/activity by Probation?
 - 141 clients were referred and 18 were re-referred to Felton M2M - FY 22/23
 - 62 clients were referred to Roots NiaCare - FY 22/23

Challenges

Determining AB-109 eligibility remains an obstacle even when M2M Clinicians and Navigators are able to make contact with a client. Lacking the ability to check AB-109 status in real time extends the process of enrolling individuals who are walk-ins or who have been referred internally or via other community organizations.

The challenge of both maintaining contact with existing M2M members and enrolling new members remains consistent, as many individuals do not respond to communication attempts or no longer have operational phone numbers. It continues to be difficult to keep members engaged for a steady amount of time—as illustrated by the percentage of members who progress through all program phases or continue to see a clinician twice a month in the following three months on enrollment. This is also reflected in the high rate of no-shows for clinicians, which is approximately 30 to 40%.

In order to increase contact with referrals to M2M during FY 22/23, program staff have worked to develop and clarify internal procedures for following up with referrals more efficiently. Having gift cards on hand for food, clothing, and transportation has also been a helpful option to quickly provide funds to members in need

- Why should the contract be extended/renewed/modified rather than going out to bid?
 - The contract should be extended/renewed because the population served under this program experiences immediate, short- and long-term challenges and barriers as a result of being justice-involved, including accessing health care, employment, housing, education, benefits, food, and other support. M2M programs and services increase access to these critical services by making them available in a familiar and trusted community setting offering a broad array of support services including primary care, legal barrier removal, and employment and training services. M2M programs specifically address individuals with mild-moderate mental health symptoms, which is a population that usually falls through the cracks of the system due to lack of services and programs targeted toward this population.
 - The program should be modified to include any individuals who have criminal justice/incarceration history because that would be helpful for Roots & Felton to meet the

contract objectives and assist more individuals who are coping with mild-moderate mental health signs and symptoms.

- The program could be modified by eliminating the 3 stages that are incorporated in the contract because healing and removing barriers isn't linear and the stages aren't a good measure on where the individual is in their journey with the mild to moderate program.
- Please provide program milestones and other contract deliverable data.
 - Felton M2M- FY 22/23
 - 1,275 Services Provided
 - 122 Referrals made
 - 92 clients served
 - Roots NiaCare- FY 22/23
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 - Linked to local primary care providers
 - Linked to Psychiatry Services
 - Resources Provided:
 - Clipper Cards
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 - Clothes
 - Hygiene Products
 - Gift Cards
 - Linked to SSI and Vital Document Establishments
- Has this contract been extended or adjusted before? If so, how many times and why?
 - The original allocation was provided in fiscal year 2017-2018. The mild to moderate contracts were extended through fiscal year 2020-2021 with no fiscal impact due to remaining funds.
 - The second allocation was provided in fiscal year 2021-2022 and the contracts were extended through fiscal year 2022-2023.
 - The third allocation was provided in fiscal year 2022-2023 and the contracts were extended through fiscal year 2023-2024.

Fiscal Impact

- What is the total proposed budget for the requested program/activity?
 - The total budget requested for fiscal year 2024-2025 allocation is \$1,615,850.
- What was the total budget for the program/activity under the previous contract?
 - The last AB 109 allocation was \$1,577,000.
- If the proposed budget is higher than that of the previous contract, please justify the increase.
 - The Felton M2M requested budget for FY 24/25 has increased due to a 5% COLA that has been approved by the Board. However, this COLA is not being requested for the Roots Nia Care program, their budget will be the same as last fiscal year, \$800k.

- If the proposed budget is lower than that of the previous contract, please explain.
 - N/A

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