

# **Alameda County Behavioral Health Services & Forensic System Redesign Plan Update**

**Alameda County Board of Supervisors' (BOS) Presentation  
Health Committee – Monday, May 10, 2021**

**Karyn Tribble, PsyD, LCSW, Director  
Alameda County Behavioral Health Care Services (ACBH)**

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



Alameda County  
Health Care Services Agency

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

# A Systems Approach & Plan to Reduce Forensic Involvement with Behavioral Health Clients – Update 1

## PURPOSE:

- 1) To provide an overall Planning Update
- 2) To provide a Programming & Hiring Update
- 3) To summarize Departmental Next Steps



# Departmental Considerations:

- BOS support for Interim Planning Efforts & Objectives.
- BOS support for ACBH to request the completion of a “Feasibility Study” for the Glen Dyer location.
- BOS support for Medium-Term Goals & Long-Term Goals; and support for additional discussion surrounding funding strategies & leverage opportunities.



# Context

- On **May 12, 2020**, Alameda County Board of Supervisors (BOS) authorized additional staffing and related costs at the Santa Rita Jail for the Sheriff's Office and Health Care Services Agency/Behavioral Health (BOS Agenda, Item 72).
- Alameda County Behavioral Health (ACBH) was directed to develop a plan **to reduce the number of incarcerated individuals** with behavioral health conditions within the jail.
- As a result of this action, ACBH recalibrated it's 2019 Forensic System Redesign & Stakeholder work to include a **comprehensive plan to respond to this direction from our County BOS**.
- On **October 27, 2020**, Alameda County BOS expressed general support for Forensic Plan; authorized ACBH to implement the *Short-Term Goals* and directed ACBH to provide a more detailed summary of the Medium-Term Goals (and Planning update) at a future BOS meeting.



# ACBH Forensic Planning Update

## Estimated Cost Summary – By Intercept

<u>Intercept -2</u> Prevention	<u>Intercept -1</u> Early Intervention	<u>Intercept 0</u> Hospital, Crisis Respite, Peer & Community Services	<u>Intercept 1</u> Law Enforcement & Emergency Services	<u>Intercept 2</u> Initial Detention & Initial Court Hearings	<u>Intercept 3</u> Jails & Courts	<u>Intercept 4</u> Reentry	<u>Intercept 5</u> Community Corrections & Community Supports
\$3.045M	\$4.882M	\$27.3M	\$555K	\$141K	\$524K	\$4.68M	\$9.5M

**Total Estimated Costs \$50,627,000**



# ACBH Forensic Planning Update: *Estimated Cost Summary*

ESTIMATED DURATION	COST -
<p><b><u>Short-Term</u></b>  <b>(&lt;6 Months)</b>                      5 Recommendations</p>	<p><b>\$150,000</b></p>
<p><b><u>Medium-Term</u></b>  <b>(6-12 Months)</b>                      9 Recommendations</p>	<p><b>\$8,565,000</b></p>
<p><b><u>Long-Term</u></b>  <b>(12+ Months)</b>                      12 Recommendations</p>	<p><b>\$41,912,000</b></p>
<p><b>TOTAL ESTIMATED COSTS →</b></p>	<p><b>\$50,627,000</b></p>



# **Context:** *Community Stakeholders*

- **Peers & Family Members; Peer & Family Organizations;**
- **Faith-Based Institutions, Coalitions & Advocacy Groups;**
- **Justice Involved Mental Health (JIMH) Taskforce;**
- **Community Based Organizations (CBOs);**
- **Alameda County Mental Health Advisory Board (MHAB);**
- **Federally Qualified Health Centers (FQHCs);**
- **Mental Health Services Act (MHSA) Community Program Planning (CPP); and**
- **Courts, Public Defender, District Attorney, Probation, & Law Enforcement**



# **Guiding Principles:** *To reduce the number of Incarcerated Individuals with Serious Mental Illness, a Plan Must...*

## **Address All Phases of the System (All Intercepts) –**

- Prevention
- Diversion
- In-Custody Services and Efficient Release
- Reentry Services

## **Work Across Multiple Planning and Implementation Timelines –**

- Short-Term (*< 6 Months*)
- Medium-Term (*6-12 Months*)
- Long-Term (*12+ Months*)





# ACBH Forensic Planning Update: *Accomplishment Highlights*

- Incompetent to Stand Trial Program (IST; Napa State Hospital Pilot)
- MHSA INNOVATIONS Fund Planning & Financial Leveraging
- Mental Health Services for Collaborative Courts
- 5150/5585 Pilot
- Forensic, Diversion, & Reentry Services System of Care



# ACBH Forensic Planning Update: *Hiring Status*

- Hiring Plan over (3) Years:
  - FY20-21 (Year 1); 27.0 FTE
  - FY21-22 (Year 2); 42.0 FTE
  - FY22-23 (Year 3); 38.0 FTE
- 26 New Positions Hired since January 1, 2020
- 10/26 New Positions – Hired c/o 107 New SRJ Positions
- **SYSTEM**: Forensic, Diversion & Re-Entry System Director Hired April 4, 2021



# ACBH Forensic Planning Update – Short-Term Goals (5)

\$150K

Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<p><b>Direct In-Home Outreach Team (IHOT) &amp; Assisted Outpatient Treatment (AOT) Referrals by Law Enforcement Departments</b> (\$0 Cost; Int 1) – <b>Completed</b></p> <p><b>Regional Approach to South &amp; East County Services</b> (\$0 Cost; Int -2) – <b>Completed</b> “South County” = Union City, Fremont, and Newark “East County” = Pleasanton, Dublin, and Livermore CURRENT DISCUSSIONS: Axis Community Health (Pleasanton, East County) &amp; Washington Hospital (Fremont, South County)</p> <p><b>Re-Tool Crisis Intervention Training (CIT)</b> (\$100K; Int -1) – <b>In progress</b></p>	<p><i>See Medium and Long-Term Goals</i></p>	<p><b>High fidelity Assertive Community Treatment (ACT) &amp; Forensic Assertive Community Treatment (FACT) Teams</b> (\$50K Cost; Int 4) – <b>Assessment Completed</b> (Forensic – focused training pending &amp; additional consult in progress)</p>
<b>Cross-System</b>		
<p><b>Create Director of Forensic, Diversion, &amp; Re-Entry Services Position</b> (\$0 Cost; Int -2) – <b>Completed</b> (Provisional appointment completed; Permanent recruitment pending Summer/Fall 2021)</p>		



# ACBH Forensic Planning Update – Medium-Term Goals (9)

\$8.56M

Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<p><b>Expand 5150 &amp; 5585 capacity to place/release countywide</b> (\$0; Int -1) – <b>Completed &amp; In progress</b> (Countywide; Pilot Providers Selected: Seneca, La Clinica, Asia Health Services, Pathways to Wellness, &amp; Roots Community Health Center)</p> <p><b>Expand Satellite Urgent Care Clinic Hours &amp; Services</b> (\$2M; Int 0) – <b>Planning</b> (Countywide)</p> <p><b>Overnight Mobile Crisis Services &amp; Crisis Calls</b> (\$2.2M; Int 0) – <b>Planning</b> (Countywide)</p> <p><b>Overnight Crisis Support Services Program Model Planning</b> – (\$2.2M; Int 0) (Countywide)</p>	<p><b>Pre-Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts</b> (\$141K; Int 2) – <b>Completed &amp; In progress</b> Pending Board Approval for CBO Funding augmentation to Collaborative Courts, Oakland. <b>(UPDATE +\$13K = \$154K)</b></p> <p><b>Expand Forensic Linkage Program at Santa Rita</b> (\$524K; Int 3) – <b>Program Model Planning</b> (Dublin, Countywide)</p>	<p><b>Develop TAY Full-Service Partnership (50 Client FSP)</b> (\$1.5M; Int 4) – <b>Currently program planning</b> (Countywide)</p>
<b>Cross-System</b>		
<p><b>Design Forensic, Diversion, &amp; Re-Entry Services System of Care</b> (\$0) – <b>Complete</b></p> <p><b>Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment (General &amp; Forensic)</b> (\$TBD) – <b>Completed &amp; In progress</b> (Consultation report completed. BOS support required for GSA Feasibility Study requested; Oakland, Countywide.)</p>		



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



# ACBH Forensic Planning: *Ongoing Strategies & Assumptions*

- Health Equity Lens
- Quality Improvement Strategies & Data Driven Metrics with Concrete system goals
- Sequential Intercept Map (SIM) Framework for all Forensic Services
- Clearly Identify Target Populations
- Case Management & Interagency Coordination
- Universal Assessment & Risk Needs Responsivity (*RNR; at intersection of mental health, criminogenic risk, and substance use*)
- Structured Decision-Making Tool for RNR Implementation



# ACBH Forensic Planning: *Next Steps*

- Ongoing System Redesign & Implementation** (*Program Planning; Leverage Opportunities; Program Prioritization & System Review*)
- Departmental Implementation Planning & Consultation** (*3, 5, 10 Year Workplan*)
- Forensic Services System Redesign:**
  - Intradepartmental Forensic Services Redesign Taskforce
  - JIMH Taskforce – Stage 2 (Interagency Planning thru June 30, 2021)
  - Alameda County Mental Health Advisory Board (Ongoing Regulatory Oversight)
- Ongoing Stakeholder Engagement (Community & County)**
- Ongoing BOS & MHAB Progress Updates**



*Thank you*





# Alameda County <sup>ac</sup> <sup>bh</sup> Behavioral Health Care Services

MENTAL HEALTH & SUBSTANCE USE SERVICES

<b>ACBH Implementation &amp; System Change Initiative</b>	<b>Executive Sponsor(s): Deputy Director, Clinical Operations</b>
System/Division/Unit(s): <b>Forensic Services (Primary);</b> Clinical Operations & Crisis Services	
START DATE: 05/12/2020	Next REVIEW Date: 07/2021
	TARGET COMPLETION DATE: Multi-Year

	Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<b>Short-Term Goals (5) - &lt; 6 Months</b>	<p><b>Direct In-Home Outreach Team (IHOT) &amp; Assisted Outpatient Treatment (AOT) Referrals by Law Enforcement Departments</b> (\$0 Cost; Int 1) – <b>Completed</b></p> <p><b>Regional Approach to South &amp; East County Services</b> (\$0 Cost; Int -2) – <b>Completed</b></p> <p><b>Re-Tool Crisis Intervention Training (CIT)</b> (\$100K; Int -1) – <b>In progress</b></p>		<p><b>High fidelity Assertive Community Treatment (ACT) &amp; Forensic Assertive Community Treatment (FACT) Teams</b> (\$50K Cost; Int 4) – <b>Assessment Completed</b> (Forensic – focused training pending &amp; additional consult in progress)</p>
	<p><b>Cross System:</b>  <b>Create Director of Forensic, Diversion, &amp; Re-Entry Services Position</b> (\$0 Cost; Int -2) – <b>Completed</b>                      (Provisional appointment completed; Permanent recruitment pending Summer/Fall 2021)</p>		
	Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<b>Medium-Term Goals (9) – 6-12 Months</b>	<p><b>Expand 5150 &amp; 5585 capacity to place/release countywide</b> (\$0; Int -1) – <b>Completed &amp; In progress</b></p> <p><b>Expand Satellite Urgent Care Clinic Hours &amp; Services</b> (\$2M; Int 0) – <b>Planning</b> (Countywide)</p> <p><b>Overnight Mobile Crisis Services &amp; Crisis Calls</b> (\$2.2M; Int 0) – <b>Planning</b> (Countywide)</p> <p><b>Overnight Crisis Support Services</b> (\$2.2M; Int 0) – <b>Program Model Planning</b> (Countywide)</p>	<p><b>Pre-Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts</b> (\$141K; Int 2) – <b>Completed &amp; In progress</b></p> <p><b>Expand Forensic Linkage Program at Santa Rita</b> (\$524K; Int 3) – <b>Program Model Planning</b> (Dublin, Countywide)</p>	<p><b>Develop TAY Full-Service Partnership (50 Client FSP)</b> (\$1.5M; Int 4) – <b>Currently program planning</b> (Countywide)</p>
	<p><b>Cross System:</b>  <b>Design Forensic, Diversion, &amp; Re-Entry Services System of Care</b> (\$0) – <b>Completed</b></p> <p><b>Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment (General &amp; Forensic)</b> (\$TBD) – <b>Completed &amp; In progress</b> (BOS support required for GSA Feasibility Study requested; Oakland, Countywide.)</p>		
	Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<b>Long-Term Goals (12) – 12+ Months</b>	<p><b>Expand Crisis Services</b> (\$7.155M)</p> <p><b>Expand 24/hour Crisis Services Call Center</b> (\$682K)</p> <p><b>Develop (2) Substance Use Mobile Outreach Teams</b> (\$1.2M)</p>	<p><b>Develop (2) Multi-disciplinary Re-Entry Teams (MRTs)</b> (\$1.08M)</p> <p><b>Competency Restoration &amp; Diversion</b> (\$9.5M)</p>	<p><b>Co-locate TAY behavioral health services &amp; Develop Forensic TAY Programming targeting African American Youth</b> (\$2.245M)</p> <p><b>Significantly increase the capacity of residential treatment beds countywide</b> (\$16.5M)</p> <p><b>Six (6) Bed Forensic Peer Respite</b> (from Santa Rita Jail, on Probation, or at-risk) (\$1M)</p> <p><b>Re-design &amp; Create New Outpatient Service Team(s) Model</b> (\$1.5 M)</p>
	<p><b>Cross System:</b>  <b>Prioritize the care of “high utilizers” of county behavioral health and forensic services to ensure that they are connected to appropriate treatment and facilities</b> (\$0 Cost)</p> <p><b>Expand Short Term &amp; Permanent Housing; Board &amp; Care Facility Options</b> (\$2.2M)</p> <p><b>Adult Residential Co-Occurring Forensic Treatment facility with direct linkage from Santa Rita</b> (\$1.05M)</p>		



**Alameda County Forensic and Reentry Services  
Forensic Recovery Center @ the Glenn Dyer Jail  
Programmatic Options and Considerations**

**Submitted by:**

Roberta Chambers, PsyD

Kira Gunther, MSW

**Prepared for:**

Alameda County Behavioral Health

**Date:**

January 28, 2021

**Alameda County Behavioral Health  
Forensic and Reentry Services**

**Forensic Recovery Center - Programmatic Options and Considerations**

The Glenn Dyer facility provides a large, multi-level building that could be explored to determine the feasibility of rehabilitating the property into a state-of-the-art forensic mental health facility with a variety of co-located forensic mental health programs and services. Based on the needs of the County and its residents with mental health issues who have become involved with the criminal justice system, the following types of programs and levels of care could provide additional options to divert individuals from the justice system as well as provide treatment that would decrease the likelihood of further criminal justice system involvement and promote recovery and rehabilitation. Many of these programs would require some exception to the regulations from the licensing and certifying agencies to be considered for this space; however, other counties have obtained exceptions to the regulations in order to provide these types of services within the constraints of existing property.

The options described below offer an idea of the types of programs that could be provided at the Glenn Dyer facility. The County could choose to explore all of them or pursue a select few. Some of these programs could be co-located on a single floor; entry-level programs, such as a Crisis Stabilization Unit and Sobering Center could both be housed on the first floor. Other programs, specifically the more restrictive options, would likely require their own floor for implementation and would likely be best placed on the higher floors. The below table represents an example of how the facility could be structured; please note that there are a number of other ways in which programs could be organized.

Facility Programming Example		
7 <sup>th</sup> Floor	Acute Psychiatric Hospital	
6 <sup>th</sup> Floor	Psychiatric Health Facility	
5 <sup>th</sup> Floor	Co-Occurring Residential Treatment	
4 <sup>th</sup> Floor	Adult Residential Treatment	Competency Restoration
3 <sup>rd</sup> Floor	Crisis Residential Treatment	Detoxification Services
2 <sup>nd</sup> Floor	Forensic Wellness Center/Outpatient Clinic	
1 <sup>st</sup> Floor	Crisis Stabilization Unit	Sobering Center

## Alameda County Behavioral Health Forensic and Reentry Services

### Assessment, Triage, and Stabilization

Crisis Stabilization Unit: A Crisis Stabilization Unit (CSU) is a medical certified outpatient clinic that meets the staffing criteria and ratios for the billing of the crisis stabilization service code. It generally provides assessment and stabilization services for people experiencing a mental health crisis. The length of stay is intended to be under 24 hours. CSUs may be voluntary or involuntary, if designated as a 5150 receiving facility. CSUs may also be designated, if they meet criteria, to accept and provide evaluation and treatment for those placed on a 5170 hold. Both PES at John George Psychiatric Pavilion and Amber House are both examples of a CSU.

Sobering Center: A sobering center is a dedicated location where individuals can self-refer or be transported to by others. It is a non-medical facility that provides a safe place for people to sober and receive information, referrals, and linkages to services that may help address issues related to substance misuse and other confounding issues (i.e. housing, health and mental health, poverty). Sobering centers are typically used as a part of a coordinated diversion program where police transport eligible individuals to the sobering center in lieu of jail. Alameda County currently has one sobering center at Cherry Hill.

### Short-Term Programming

Social Model Detoxification: Social model detoxification provides short term services typically lasting up to 72 hours. Social model detoxification is non-medical and provides recovery supports in order to support a person to detoxify from whatever substances they have been using. While social model detoxification is a stand-alone service and can be used as an alternative to incarceration, it is also used to prepare someone for substance abuse treatment if they were preparing for admission at a treatment facility. Social model detoxification is a covered service under the Drug Medi-Cal Waiver. Cherry Hill provides an example of a social model detoxification program.

Forensic Crisis Residential Treatment: Crisis Residential Treatment (CRT) is a voluntary, short-term program to support individuals who do not require services in an involuntary setting to recover from a recent crisis event. The typical length of stay is 7-14 days with a 30-day maximum. CRTs are licensed by the State of California through the Department of Social Services, Community Care Licensing Division and certified through Medi-Cal. Jay Mahler Recovery Center and Woodroe Place are both examples of CRTs in Alameda County.

## Alameda County Behavioral Health Forensic and Reentry Services

### Outpatient Programming

Forensic Wellness Center/Outpatient Clinic: There is a need for additional capacity to serve people with forensic mental health needs through level 1 services, including service and full service partnership teams. Rather than spreading individuals throughout existing teams, it may be useful to create clinical programs and programming space that are specifically designated for forensic mental health consumers. This minimizes the risk to non-forensically involved individuals by reducing the intermingling and promotes increased forensic specialization for those with higher criminogenic risk and need.

Assertive Community Treatment and/or Forensic Assertive Community Treatment: Any additional ACT or FACT teams, specifically those designated as FACT teams, would also require office and treatment space for enrolled consumers.

### Residential Programming

Forensic Adult Residential Treatment: There is currently a need for additional residential capacity for people with forensic mental health needs. Adult Residential Treatment (ART) facilities are transitional in nature with an average length of stay of one year. They are also voluntary and serve people who do not require services in an involuntary environment. ARTs are licensed by the State of California through the Department of Social Services, Community Care Licensing Division and certified through Medi-Cal. Bonita House is an example of an ART in Alameda County.

Co-Occurring Treatment: The Drug Medi-Cal Waiver program through DHCS also provides an additional covered benefit for residential treatment for people who require substance misuse treatment and concurrent, integrated mental health treatment.

### Competency Restoration

Competency restoration is a set of services and/or interventions for those who have been determined to be incompetent to stand trial (e.g., 1370). They can be provided in an inpatient facility, jail environment, or community setting. It may make sense for the County to consider developing a competency restoration program that could be made available to individuals in each of these programs, as well as a part of a community competency restoration program. For example, the facility could provide groups that intermingled individuals from the community with consumers in voluntary programs at this site as well as provide competency restoration groups within the secure treatment environments at this center. Currently in Alameda County, most competency restoration occurs in the state hospitals, which requires long wait times in the jail pending bed availability. This would provide a much-needed resource and would likely decrease the length of incarceration for many individuals at the jail who are awaiting placement at a state hospital and decrease admissions to the state hospital for those who could be restored locally.

## Alameda County Behavioral Health Forensic and Reentry Services

### **Inpatient Services**

Psychiatric Health Facility: Psychiatric Health Facilities (PHF) are an alternative to an acute hospital. They are licensed and certified through the California Department of Public Health as well as the medi-cal program through Department of Health Care Services. There are some regulations specifically that address co-location that would need to be reviewed with CDPH prior to proceeding with this level of care; PHFs are intended to be “freestanding.” However, other counties have obtained an exception to this set of regulations in order to co-locate a PHF within an empty hospital wing at an existing facility. Heritage Psychiatric Health Center is an example of a PHF within Alameda County.

Acute inpatient Unit: This refers to an acute, inpatient psychiatric hospital for individuals who require services in a confined setting and have been determined to be a danger to themselves or others. In this context, this would need to be a partnership between the Sheriff’s Office and Behavioral Health Care as it would likely serve individuals who were in custody and were experiencing an acute mental health episode that presented a significant and imminent safety risk to themselves or others.

## FORENSIC MENTAL HEALTH AND RECOVERY CENTER - SUMMARY OVERVIEW

Alameda County Behavioral Health Care Services is exploring the feasibility of rehabilitating the Glenn Dyer facility into a **state-of-the-art forensic mental health facility** with a variety of co-located forensic mental health and recovery programs and services for **adults with mental health issues who have become involved with the criminal justice system**. The following types of programs and levels of care would provide services that **divert individuals from the justice system** into medically necessary treatment, **decrease the likelihood of further criminal justice system involvement**, and **promote recovery and rehabilitation**.

Assessment, Triage, and Stabilization: This includes 23-hour programs such as a Crisis Stabilization Unit to receive individuals placed on an involuntary hold (e.g., 5150) to assess, stabilize and connect people to needed services as well as a sobering center to provide a safe space for sobering. Short-Term Programming: Social model detoxification and crisis residential treatment would support individuals through mental health crisis or withdrawal while connecting them to longer term mental health and recovery options. Outpatient Programming: A Forensic Wellness Center/ Outpatient Clinic combined with space for a Forensic ACT team would provide a supervised treatment space for those who do not require 24/7 monitoring. Residential Treatment: Adult residential treatment for mental health and/or co-occurring disorders would provide longer-term supports for those who do require 24/7 monitoring. Competency Restoration: This includes services and/or interventions for those who have been determined to be incompetent to stand trial (e.g., 1370) and would decrease the length of incarceration and decrease admissions to the state hospital for those who could be restored locally. Inpatient Services: This includes locked settings that provide psychiatric services for those who are unable to engage in services on a voluntary basis and present a personal or public safety risk.

The below table represents an example of how the facility may be structured; please note that there are a number of other ways in which programs could be organized.

Facility Programming Example		
7 <sup>th</sup> Floor	Acute Psychiatric Hospital	
6 <sup>th</sup> Floor	Psychiatric Health Facility	
5 <sup>th</sup> Floor	Co-Occurring Residential Treatment	
4 <sup>th</sup> Floor	Adult Residential Treatment	Competency Restoration
3 <sup>rd</sup> Floor	Crisis Residential Treatment	Detoxification Services
2 <sup>nd</sup> Floor	Forensic Wellness Center/Outpatient Clinic	
1 <sup>st</sup> Floor	Crisis Stabilization Unit	Sobering Center

**NOTE:** The summary above represents potential options for Alameda County to explore through its General Services Agency or other architectural/ engineering resources. As such, cost estimates have not been included in this report. Many of these potential programs would require some exception to the regulations from licensing and certifying agencies to be considered for this space; however, other jurisdictions have obtained exceptions to the regulations in order to provide these types of services within the constraints of existing property.