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)
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
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

ACBH Initiatives & System Update (April 25, 2022)
### Assisted Outpatient Treatment (AOT) & Community Conservatorship (CC) Programs:

<table>
<thead>
<tr>
<th>AOT</th>
<th>CC</th>
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<tbody>
<tr>
<td>• AOT uses the arm of the court to encourage treatment through a civil, <strong>not criminal</strong>, process</td>
<td>• Goal is to provide people on LPS Conservatorship with an opportunity to live in the community versus a locked setting</td>
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<tr>
<td>• Must meet eligibility criteria and be referred by an approved referral sources as outlined in the statue</td>
<td>• Must voluntarily agree to participate in the program, and be referred by a qualified mental health professional from Villa Fairmont or any Acute Facility</td>
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<td>• Full Service Partnership (FSP) treatment for 6 moths, with possibility of an additional 6-month extension (NTE 18 months)</td>
<td>• FSP treatment, where individuals must reside in a setting where medications are monitored</td>
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<td>• Consent for medication is required; cannot force medication adherence</td>
<td>• Medications may be required; and non adherence to program requirements may result in a return to a locked setting, per LPS guidelines</td>
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<td>• No enforcement mechanism</td>
<td>• Limited housing/community living options</td>
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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
## Short-Term Goals (5)

<table>
<thead>
<tr>
<th>Community (Intercepts-2 to 1)</th>
<th>Diversion/In-Custody (Intercepts 2 and 3)</th>
<th>Reentry (Intercepts 4 and 5)</th>
</tr>
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<tbody>
<tr>
<td>Direct In-Home Outreach Team (IHOT) &amp; Assisted Outpatient Treatment (AOT) Referrals by Law Enforcement Departments ($0 Cost; Int 1) – Completed</td>
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<tr>
<td>Regional Approach to South &amp; East County Services ($0 Cost; Int -2) – Completed</td>
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<tr>
<td>→ NEW: Axis Community Health Pilot (Pleasanton, East County – $300K FY21-22; $300K FY22-23) – Completed</td>
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<tr>
<td>→ NEW: Washington Hospital (Fremont, South County – $1M RFP Pending, 2-Year Innovative Program) – Completed</td>
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</tr>
<tr>
<td>Re-Tool Crisis Intervention Training (CIT) ($100K; Int -1) – In progress</td>
<td>See Medium and Long-Term Goals</td>
<td>High fidelity Assertive Community Treatment (ACT) &amp; Forensic Assertive Community Treatment (FACT) Teams ($50K Cost; Int 4) – Assessment Completed</td>
</tr>
</tbody>
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**Cross-System**

Create Director of Forensic, Diversion, & Re-Entry Services Position ($0 Cost; Int -2) – Completed  
(Provisional appointment completed; Permanent recruitment pending Summer/Fall 2021)
## Forensic Plan Implementation – Medium-Term Goals (9)

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<tr>
<th>Community (Intercepts 2 to 1)</th>
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<td><strong>Expand 5150 &amp; 5585 capacity to place/release countywide</strong> ($0; Int -1) – Pilot Completed</td>
<td><strong>Pre-Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts</strong> ($141K; Int 2) – Completed <em>(154K Final Cost)</em></td>
<td><strong>Develop TAY Full-Service Partnership (50 Client FSP)</strong> ($1.5M; Int 4) – In Progress <em>(Countywide)</em></td>
</tr>
</tbody>
</table>
| **Expand Satellite Urgent Care Clinic Hours & Services** ($2M; Int 0) – Planning *(Countywide)*  
→ **NEW**: ACCESS Outpatient System Referrals & Admissions Redesign Initiative ($20K) – *In Progress* | **Expand Forensic Linkage Program at Santa Rita** ($524K; Int 3) – In Progress *(Dublin, Countywide)* |  |
| **Overnight Mobile Crisis Services & Crisis Calls** ($2.2M; Int 0) – Planning *(Countywide)*  
→ **NEW**: 988 System Planning & Coordination – *In Progress* |  |  |
| **Overnight Crisis Support Services** ($2.2M; Int 0) – Program Model Planning *(Countywide)* |  |  |
| **Cross-System** |  |  |
| **Design Forensic, Diversion, & Re-Entry Services System of Care** ($0) – Complete |  |  |
| **Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment (General & Forensic) ($TBD)** – Completed  
*(BOS support required for GSA Feasibility Study requested; Oakland, Countywide.)* |  |  |

**$8.56M**
## Forensic Plan Implementation – Long-Term Goals (12)

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<tr>
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<th>Diversion/In-Custody (Intercepts 2 and 3)</th>
<th>Reentry (Intercepts 4 and 5)</th>
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<tr>
<td>Expand Crisis Services ($7.155M; Int 0 &amp; 1) – Program Model Planning</td>
<td>Develop (2) Multi-disciplinary Re-Entry Teams (MRTs) ($1.08M; Int 4) – Program Model Planning</td>
<td>Co-locate TAY behavioral health services &amp; Develop Forensic TAY Programming targeting African American Youth ($2.245M; Int -2 &amp; -1) – In Progress</td>
</tr>
<tr>
<td>Expand 24/hour Crisis Services Call Center ($682K; Int -1) – In Progress</td>
<td>Competency Restoration &amp; Diversion ($9.5M; Int 5) – Program Model Planning</td>
<td>Significantly increase the capacity of residential treatment beds countywide ($16.5M; Int 0 &amp; 4) – Program Model Planning (BHCIP &amp; CCE)</td>
</tr>
<tr>
<td>Develop (2) Substance Use Mobile Outreach Teams ($1.2M; Int -1) – In Progress</td>
<td></td>
<td>Six (6) Bed Forensic Peer Respite (from Santa Rita Jail, on Probation, or at-risk) ($1M; Int 0) – Program Model Planning (BHCIP)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Re-design &amp; Create New Outpatient Service Team(s) Model ($1.5 M) – Program Model Planning</td>
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### Cross-System

- 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
- Expand Short Term & Permanent Housing; Board & Care Facility Options ($2.2M; Int 4) – Program Model Planning (BHCIP & CCE)
- Adult Residential Co-Occurring Forensic Treatment facility with direct linkage from Santa Rita ($1.05M; Int 4) – Program Model Planning (BHCIP & CCE)
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: ($42,992,000)

Total Funded Including $1.3M ABOVE Estimate*: $9,428,000  
(Includes Short-Term Goals Expanded Investment of $1,300,000)
Alameda County
Care First, Jails Last Taskforce

Updates & Next Steps
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](http://www.AlamedaCountyCFJLTaskforce.org)
- Email address: [CFJLTaskForce@acgov.org](mailto: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
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

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!