Agency Plan: Behavioral Health Department

I. Headline list of recommendations sent to Behavioral Health Department:

2A: Increased Full Service Partnerships (FSPs)
2B: Interagency communication and collaboration
2C: Expansion of Safe Landing Project (SLP)
3A: Adequate training for peers
3B: Expansion of peer workforce
3D: Public information campaign
3E: Engagement with law enforcement agencies for mental health diversion
3J: Training program with university, community college, and school-based health systems for early identification of mental illness
3K: Assessment of providers' ability to connect youth to housing, workforce, and supportive services
3L: First Episode Psychosis (FEP) Program
3M: On-line directory of services accessibility
4.5A: Create more psychiatric treatment beds
4.5B: Assess unmet need for treatment beds
10D: Enhance mental health services for individuals who are currently or previously incarcerated at Santa Rita
10E: Culturally competent countywide training for first responders in MH crisis services
11A: Case manager or family navigator to any family experiencing an early illness episode
11B: Involve families starting with the first mental health (MH) crisis
11C: Implement an Advice Line

II. Considerations

- The recent passage of Proposition 1, the Behavioral Health Services Act (BHSA) will change the funding landscape for behavioral health services statewide as soon as 2026. The uncertainty around funding structures

brings immediate challenges in planning, particularly to mid- and long-term changes to the service mix.

- Additional data is required from providers to determine capacity for 24/7 coverage of Safe Landing Project, per **Recommendation 2C**
- Additional funding will be needed to increase the number of county positions assigned within the offices of Peer Support Services & Family Empowerment, in order to fulfill peer workforce expansion per **Recommendation 3B**
- BHD already provides training and informational materials to law enforcement agencies, but additional funding would allow for expansion of training and informational materials, per **Recommendation 3E**
- Regarding pay equity across provider organizations, ACBHD can incentivize CBO organizations to increase pay through higher contract allocations, however the department does not have authority to establish pay equity in CBO provider organizations that are individually administered.

III. Omissions

- None found

Alameda County Behavioral Health

Recommendation Template March 2024

- *Recommendations in this plan include the following highlighted thematic groups (in blue):*

1. African American Resource Center	2. Collaboration & Case Management	3. Community-Based Support/Outreach/ Education
4. Crisis Services/5150 & Treatment Beds	5. Diversion	6. Funding & Financial Transparency
7. Housing & Residential Facilities	8. Increase Access to Treatment	9. Space & Services for Youth & TAY
10. Staff Training & Professional Development	11. Family Support	

2. Collaboration/ Case Management/ Reentry

2A: There are several initiatives in motion to increase the number of Full-Service Partnerships (FSP) in Alameda County (Disability Rights California/Department of Justice Settlement, Forensic Plan Implementation, Proposition 1/MHSA reform). The DRC settlement requires assessment of the number of FSPs by November 2024. Based on the DRC mandated assessment, the recommendation to ACBH is to:

- ensure that the **number of FSPs available in Alameda County meet the demand/needs of the community**.
- make any **unused FSP slots available to/filled by individuals who need them**.
- provide a **monthly report to the community on the number and type of available FSPs, including the number that are unused.**

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● CBO Providers ● Housing Services ● Interagency County Partners/Agencies **Consult with**: ● Indigo Consultants ● Department of Health Care Services (DHCS) regarding changes relative to the passage of Proposition 1	● Additional expansion (beyond what is already planned through CARE Courts and other requirements) can provide support to individuals impacted by the expanded LPS Criteria (SB 43) ● Will support individuals with more severe mental illness.	**Data Needed**: None. **Budget Request**: None. **Time to Implement**: 12-24 Months ● No additional funding required. BHD MHSA (BHSA) allocation will serve as basis for increase of FSPs per requirements already established by Proposition 1. ● Full implementation required by December 2024 (CARE Courts) and July 1, 2026 (BHSA).	● Outcomes, fidelity, health equity, and quality reviews are already implemented and planned pursuant to FSP regulation established by the State of California. ● Evaluative comparison of CBO performance measures may be needed in determining expansion protocols (between agency performance assessment). ● Regarding Recommended item "provide a **monthly report to the community on the number and type of available FSPs, including the number that are unused"** – BHD is currently working to improve real-time systemwide access to programs, including "FSP slots." This process will also assist with the timely implementation of CARE Courts by December of 2024 as stipulated by law.	**• Additional FSP Assessment will be completed by July 1, 2026 (in preparation for Proposition 1 implementation).** **• FSP Programs will be listed on ACBH/BHD website within 12 months (per CARE Court and pre-planning for Proposition 1 Implementation). This will be adjusted as needed to reflect program expansion.** **• Program utilization rates (%), by FSP provider may be published as noted above. Real-time tracking will be maintained by the program and county within 24 months (given the intersections of settlement, CARE Court, and Proposition 1 implementation).** ● Real-time tracking of service availability is already maintained by providers and, available to the county. Published monthly reports will not capture accurate information on a real time basis; and will inaccurately provide the public with the impression that availability of program slots by provider will equate direct admission to a program should there be space. Fidelity of FSPs require regular monitoring of caseload assignments which are associated with quality and fidelity measures and may be based upon provider vacancy rates. ● Expansion of FSP slots countywide is already underway. ● FSP system assessment for capacity and community need already completed. Additional planning and assessment will be needed once requirements associated with Proposition 1 are implemented (2026). ● FSP expansion will only serve a particular segment of the community with severe behavioral health needs, additional assessment will be required to ensure others not eligible for this serve are provided with alternative supports and/or referred to other state or local programs given legislative changes.

2B: Interagency Communication and Coordination: In the interest of non-duplication of efforts and prevention of individuals falling through the cracks of services, the Taskforce recommends the following actions to increase collaboration between agencies:

- **Each county agency to assign a delegate** to be the inter-agency communication liaison. If it is not possible to have a dedicated staff person, then establish a communication strategy. **(All Agencies)**
- **Create a central contact point for triage and communicating** to clients and Public Defenders about services so programs don't get overbooked. **(ACPD)**
- **Community MH providers contacted by custody staff upon intake** and during service coordination to plan for possible referral to service providers for collaborative courts or appropriate discharge and service coordination. **(ACSO)**
- ACBH/AFBH, ACSO/Wellpath to implement **coordinated service assessment and connection** to in custody services and referrals for CBO providers. (**ACBH**, ACSO)
- ACBH/AFBH, ACSO/Wellpath to implement **coordinated discharge efforts** and central point of contact for CBO providers. (**ACBH**, ACSO)
- Assign personnel to **family liaison roles** within ACBH FSC or Alameda County Sheriff's Office (ACSO) in order that family caregivers are able to provide what can be vital information on the medical and psychiatric history and current needs of the incarcerated person. (**ACBH**, ACSO)
- **Service roadmap**: ACBH to develop a roadmap from Santa Rita Jail (SRJ) to the programs and facilities providing treatment and re-entry support. **(ACBH)**
- **Evaluate the implementation of all elements of a No Wrong Door policy**, as required by CalAIM, in Alameda County, and determine needed next steps that ensure access to care. **(ACBH)**
- Conduct a **comprehensive assessment and redesign of ACBH ACCESS line** that ensures access to services consistent with CalAIM, No Wrong Door policy, and clinical need. **(ACBH)**
- **Non-clinical public safety database at county level of high-contact individuals**; LE, DA's Office, Probation/Parole communication too. (**ACSO**)

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County ● ACSO ● ACPD ● Alameda Health System (AHS) ● SSA ● Wellpath **Consult with**: ● DHCS ● Family and Client/Peer based organizations	● Improved care coordination, including a reduction in unnecessary incarceration, hospitalization, unemployment, and homelessness. ● Improved quality of care for clients and families.	**Data Needed**: None. **Budget Request**: None. **Time to Implement**: 6-24 Months ● Use of Health Equity Division dashboard (June 2024) to evaluate trends in serve delivery and care, systemwide. ● No additional funding required as already in progress/budgeted. ● **Service Roadmap**: completed via interagency agreements and newly developed policies and procedures within Santa Rita Jail (SRJ). Visual outward-facing roadmap planned in tandem with new legislative requirements (Proposition 1, CARE Courts, SB 43, CalAIM, etc.). ● **ACCESS Line Comprehensive Assessment & Redesign**:	● Forensic, Diversion, & Re-Entry System of Care, Director/ their designee will serve as the interagency liaison. ● BHD (ACBH) Offices of Clinical Operations (Mental Health, SUD, and Forensics), Integrated Services (Health Care & Crisis Services), and Health Equity Division will continue to monitor system need, capacity, and implementation of regulatory and other requirements informed by county litigation.	**• Forensic, Diversion, & Re-Entry System of Care Director (or their designee) will serve as the interagency representative for BHD (ACBH/AFBH) should it be determined that another interagency group/ process be developed and within 30 days of the establishment of a new county-wide, interagency process.** **• BHD (ACBH/AFBH) will assist ASCO with the development of a process to facilitate greater clarity on how family members/ caregivers may access the contact information for ACBH/AFBH family liaison who may share information regarding their loved one (if authorization is obtained by the client) – or may simply be a resource over the duration of the incarceration within 6 months.** **• ACBH will complete a Quality Improvement (QI) study of the impact of the State of California No Wrong Door policy, as it relates to the impact on care coordination for clients/ beneficiaries within 24 months.** ● Coordinated service assessments and connection with custody services and system already in place. Referrals to other BH systems and providers, including health care providers by county or contracted CBOs implemented. ● Coordinated discharge efforts (ACBH/AFBH, ASCO/Wellpath) already implemented. ● Office of Family Employment Services, within the Division of Health Equity has expanded staff to implement more effective coordination with forensic/ justice-involved system partners and other agencies, including social services, healthcare organizations, and other public/non-profit advocacy groups.

		Assessment November of 2021 Redesign currently underway, including bringing 'in-house' referrals to substance use provider organizations, and improving coordination with Alameda Alliance and other private health care agencies responsible for Mild-Moderate populations. Also evaluating additional methods by which to enable providers to increase real-time access and referral coordination.		

2C: The Safe Landing Project (SLP), located in a recreational vehicle parked on the grounds just outside of Santa Rita Jail and operated by Roots Community Health Center, provides re-entry support services to just-released incarcerated individuals. The SLP seeks to connect individuals leaving Santa Rita with a variety of services, including transportation to appropriate treatment facilities. **ACBH should engage with Roots Health Center and explore how SLP can be expanded** to:

- Provide services 24/7;
- Operate out of a permanent structure; and
- Have a presence inside the jail so staff have an opportunity to engage with incarcerated individuals prior to their release.
- Provide Emergency Medication Screening and Prescription & Physical medications

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● ACSO ● Roots Community Health Center ● County General Services Agency (GSA) ● Wellpath – Medications ● Courts, ACPD, DA **Consult with**: ● Department of State Hospitals (DHCS)	● Continuity of Care & Improved Outcomes ● Decrease recidivism to SRJ & Locked Facilities (i.e., John George Psychiatric Hospital - JGPH)	**Data Needed**: Additional operating data required from provider (Roots) to determine capacity for 24/7 coverage, beyond 100% increased program expansion already authorized by BHD (ACBH). **Budget Request**: None. **Time to Implement**: 6 months	● The Forensic, Diversion, and Re-Entry System of Care will complete an assessment for the potential for expansion with all noted providers by December 31, 2024 (pursuant to the availability of Proposition 1 funding and county approved budget process.	**• Although a program $increase (100%) has already been allocated, BHD (ACBH/AFBH) will request that Roots Health Center provide to the county a proposal to expand services on a 24-hour basis within 6 months (given the status of space discussions with County GSA.** ● BHD has already allocated funding to increase the SLP program by 100%. ● Roots & ACSO are currently working with support by BHD to identify SRJ location inside the jail as planned. Facilities. Additional data from GSA needed in consultation with ASCO to formally develop permanent, internal SRJ space required. ● Emergency Medication Screening has already been implemented (Wellpath/Adult Forensic Behavioral Health - AFBH). AFBH is unable to provide additional commentary regarding Wellpath operations. ● Emergency Psychiatric Medications administered by Wellpath and prescribed by County AFBH have already been implemented. BHD (ACBH) has increased support to SRJ through the purchase of additional non-reimbursable to Medi-Cal medications to treat Opioid Overdose and treatment. Expansion of Medical Assisted Treatment (MAT) already in progress through provider contracted by BHD (AFBH/BHD -ACBH). ● AFBH/ BHD-ACBH is currently planning to implement EASS program (Early Access and Stabilization Program) to improve coordination and availability of care for SRJ clients. County also exploring use of Involuntary Medications to support individuals DSH treatment plans (restoration), decrease periods with lack of needed psychiatric medication, and brief/cycling trips to JGPH.

3. Community Based Support/Outreach/ Education

3A: Peers must be provided with adequate training, support, and compensation to serve in front line, promotional, decision-making, and leadership positions.

Training/support should include:

- Specialty and diversion programs, resources, and outreach information to improve grassroots coordination including linkages in threshold languages (**all Agencies**);
- Court operations, legal language, and making decisions (**Court, PD/DA**);
- interventions to facilitate peer support groups, family collaboration, street outreach, and de-escalation services (**ACBH**);
- Jail services, in-reach, and advocacy (**ACSO,** ACBH);
- access to decision-making meetings and validate (uplift?) peer expertise (**all Agencies**);
- Medi-Cal billing and other charting to expand peer tasks/positions (**ACBH**);
- Support/subsidies to help peers obtain certifications, credentials, and on the job experience (**all Agencies**);
- Fair pay for lived expertise as equitable to professional and educational experience (**County and Agencies**)

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County ● ACSO **Consult with**: ● DHCS ● California Mental Health Services Authority (CalMHSA) ●	● Improves quality of care ● Increases application of more intentional culturally, linguistic, and experiential care provided by individuals and family members with lived experience.	**Data Needed:** Health Equity Division Data to be utilized to coordinate more effectively across locked setting, including SRJ & JGPH. **Budget Request**: None. **Time to Implement**: 18 Months	● CBO Contracts, currently employing Peer Workers, will have the opportunity to bill MediCal (MH & SUD) services to expand system wide services. ● County Progress will be monitored by full implementation of Data Dashboard (no later than December 2024).	**• BHD (ACBH) Workforce, Education, & Training Unit will implement a toolkit for providers/county to improve peer service delivery, integration, specialty recognition (compensation and program integration), with coordination with the department's Peer Support Services and "Office of Family Empowerment" within 6 months.** • Peer & Family Member System Expansion & Assessment to be completed no later than 3rd Quarter of Fiscal Year 2025-2026. ● BHD (ACBH) has already increased staffing to its office of Family Empowerment. The increased staffing and new leadership will offer the county an opportunity to pivot towards the full implementation of MediCal Billing through Peer services.

				● BHD's (ACBH) Workforce, Education, & Training Unit is also being transferred to the department's Health Equity Division to better improve the department's expansion of peer specialist designated positions able to bill Medi-Cal. Existing county positions (Mental Health Specialists) will be enhanced by the addition of a professional position/designation of Peer Specialists as defined by DHCS and recent legislation (SB803). NOTE: Alameda County (BHD/ACBH) was the first county statewide to opt in to SB803.

3B: **Expansion of peer workforce** must include placement in key spaces and uplifting of their expertise in front-line and leadership roles. These positions/locations include:

- **School liaison to support families**, provide respite, and mitigate conflicts (**ACBH** and Center for Healthy Schools);
- **Family case manager/liaison for John George and Cherry Hill** to respond to early MH episode situations (**ACBH** in partnership with AHS);
- **Outreach in high-contact areas** (e.g., hospitals, respite, etc.), community, and community hubs (HCSA**, ACBH**, AHS, ACSO, ACPD);
- **Jail in-reach** inside intake, units, and releasing (**ACSO** and AFBH);
- **Peer-led interventions in housing program**s and other spaces to address vicarious trauma and practice restorative practices (**ACBH** and OHCC);
- **Placement within the court systems** to help families understand processes, navigate, and connect to service (Court and **PD**);
- **Clinical peers to conduct street health** and on first responder teams (HCSA, **ACBH**, LEA);
- **Peer inclusion at County and Agency decision-making**, policy, and funding meetings (**all Agencies**).

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County ● CBO Providers ● AHS ● ACSO ● ACPD ● OHCC (Alameda County Health Housing Services) ● Center for Healthy Schools (Alameda County Health) **Consult with**: ● DHCS ●	● Improves systemwide care coordination, particularly through individuals with lived experience. ● Improves quality and outcomes.	**Data Needed:** TBD. **Budget Request**: ~$650K. Additional funding will be needed to increase # of county positions assigned within the offices of Peer Support Services & Family Empowerment (Health Equity Division) given that funding to these areas is limited following the passage of Proposition 1 (and funding for preventative work is no longer an eligible service through county behavioral health departments). **Time to Implement**: 24 Months	● CBO provider contracts are currently expanding system wide to enable (and encourage the use of Peer-based coordination). ● The Workforce, Education, & Training (WET) Unit will also monitor and establish system wide goals for the implementation of this recommendation (including the establishment of actionable metrics).	**• BHD (ACBH) Workforce, Education, & Training Unit will implement a toolkit for providers/county to improve peer service delivery, integration, specialty recognition (compensation and program integration), with coordination with the department's Peer Support Services and "Office of Family Empowerment" within 12 months.** **• The Workforce, Education, & Training (WET) Unit will also monitor and establish system wide goals for the implementation of this recommendation (including the establishment of actionable metrics) within 24 months.** ● Departmental leadership within BHD (ACBH) already includes peers (self and family member) who participate in policy, funding, and operational decision-making. ● The county (BHD/ACBH) is committed to maintaining current funding levels. Expansion will require alternative funding sources, beyond departmental resources. Should additional resources not be provided, the department will need to identify other existing clinical positions to reallocate (resulting in a decrease in billing revenue capacity). ● Expansion of CBO provider contracts will also require fiscal analysis given reductions to this area, c/o the restrictions in funding associated with Proposition 1. Individuals currently enrolled or eligible for enrollment in FSPs will most readily be able to access this support, without required funding/additional CBO contractual expansion. ● Alameda Health System currently employees Social Worker and other Case Management staff to support family members. BHD (ABCH) also supports Patients' Rights Advocates (Mental Health Association of Alameda County - MHAAC) onsite at JGPH. ● Current CBOs terms and conditions (contractual terms) will require review by the Office of Health Equity to determine ability to implement.

3D: Alameda County Public Information Campaign with loved ones, caretakers, school personnel and neighbors being the primary audience. Information must be provided about:

- Peers, the work of peers, where/how to find them, and how to become a peer;
- Community centers, local resources, and how to find them;
- Alternatives to calling police and crisis intervention teams;
- Community meeting and advisory boards.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County ● BHD (ACBH) Systems of Care, Office of Health Equity **Consult with**: ● Indigo Consultants ● Alameda County Health, Communications Office	● Increase community education and awareness of existing programs, pathways for access to care, as well as navigation of systems (complex mental health/ substance use systems established by legislation). ● Potentially decreases unnecessarily/repeated hospitalization and incarceration of individuals with mental health and substance use conditions.	**Data Needed:** Health Equity Division Data to be utilized to coordinate more effectively across locked setting, including SRJ & JGPH. **Budget Request**: None. $0.5 Million dollars annually (over 5 years) has already been identified by BHD (ACBH) to secure a Public Media Campaign, specifically targeting individuals at risk for Substance Use (Opioid addiction, risk, and overdose). This campaign will target and outreach to individuals and family members, specifically. Additional funding will need to be identified, beyond resources also allocated to improving outreach, information, and engagement with peers and Family members (and WET) around system navigation and access to care ($0.5M in Fiscal Year 2025-2026). **Time to Implement**: 6 Months	● The Health Equity Division (BHD – ACBH) will continue to work within and across the department; and across CBO and county agencies.	**• The Office of BHD Director; and Alameda County's Health's Communications Office to identify ways in which to expand public awareness within 6 months.** ● An extensive Crisis Intervention Training (CIT) program already exists and has been enhanced and now assigned to the BHD (ACBH) Crisis System of Care for ongoing oversight and quality improvement.

3E: ACBH/HCSA to identify a **staff or team responsible for engaging with Law Enforcement Agencies regarding MH diversion** and interventions. The team will:

- Develop, update, and disseminate literature to law enforcement agency (LEA);
- Facilitate training/informational meetings with LEA about available options;
- Evaluate LEA on their crisis intervention team (CIT) training.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County **Consult with**: ● DHCS (Proposition 1)	● Improved awareness, outreach, training, and engagement.	**Data Needed**: None. **Budget Request**: None. **NOTE:** BHD (ACBH) will maintain current funding levels to support training and educational materials already supported through the Crisis System of Care and Health Equity Division/ WET Units. Additional funding opportunities may enhance the additional dissemination of training and informational materials in alignment with Proposition 1 (available funding opportunities). **Time to Implement**: 12-24 Months	● The Crisis System of Care will continue to serve as lead for Crisis work and coordination with law enforcement regarding education and the dissemination of literature (Crisis and utilization of outreach, and treatment centers/programs). ● The Forensic, Diversion, and Re-Entry System of Care will also coordinate directly with law enforcement to increase availability of training and accessible information.	**• The BHD (ACBH) Workforce, Education, & Training Manager will spearhead the dissemination of updated and expanded materials (including system navigation tools) available to providers, agencies, county organizations, clients, and family members. An initial phase of updated materials will be disseminated no later than December 2024 (within 6 months).** ● An extensive Crisis Intervention Training (CIT) program already exists and has been enhanced and now assigned to the BHD (ACBH) Crisis System of Care for ongoing oversight and quality improvement. **• The BHD (ACBH) Crisis System of Care will complete a reassessment of the newly developed CIT Training within 24 months.** ● The BHD (ACBH) Forensic system currently participates across county systems and will continue to increase visibility and participation to promote increased awareness.

- **3J:** Develop a **service training program and collaboration between ACBH & local university, community college, and school-based (middle & high) health systems for early identification of mental illness** among older youth and transitional age youth (TAY). This service training program would train school-based mental health counselors on proper family notification, expedited referral pathways from school-based health systems to ACBH programs, and awareness about early warning indicators for other campus staff (residential advisors, educators, etc.).

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County, Local colleges, universities. ● Oakland Unified School District ● Alameda County Health, Center for Health Schools **Consult with**: ● DHCS	● Improved client access, capacity & skill-building, and community engagement.	**Data Needed**: None. **Budget Request**: None. **Time to Implement**: 24 Months.	● BHD (ACBH) has several existing contracts with local universities and community colleges; and works through the BHD (ACBH) child and young adult; and Office of Family Empowerment for youth and families of youth grades K-12 schools countywide ● The WET Unit (within the Office of Health Equity) will coordinate with the MHSA Division's Prevention & Early Intervention Unit to identify currently funded programs; and the capacity to programming that aligns with current (and Proposition 1) proposed regulatory requirements.	**• Given required departmental changes to be implemented with the passage of Proposition 1, the Workforce, Education, & Training (WET) Unit will work with BHD (ACBH) systems of care to evaluate the new delivery system (changes to provider services and programs associated with the Behavioral Health Services Act-BHSA) to establish training protocols that may be implemented within 24 months.** ● BHD has already assigned the WET unit to perform and monitor training and other system need tasks. ● Elements related to primary or expanded prevention are no longer eligible through BHSA. These resources will be officially re-aligned to DHSA effective July 1, 2026 (when BHSA begins). The Department can identify new ways to recalibrate its training to address coordinated care and training of county and providers to improve care. See also previous sections.

- **3K: Assess the capacity of providers who work with TAY** (such as at-risk 16–17-year-olds) who are homeless or at risk of homelessness on their **ability to connect youth to housing, workforce, and supportive services**, and fund them as appropriate to increase and scale services to meet any unmet needs.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County Child and Young Adult System of Care – contracted CBOs ● BHD (ACBH) Vocational Services Division ● SSA ● BHD (ACBH) Financial Services ● Alameda Health, Housing Services **Consult with**: ● Indigo Consultants	● Quality Improvement	**Data Needed**: Survey of existing programs will be needed following systemwide changes associated with Proposition 1. **Budget Request**: None. **Time to Implement**: 24 Months (pre); and 36 months (post).		**• The BHD (ACBH) Child & Young Adult System of Care will complete this assessment within 24 months and again in 36 months (to allow for adequate time to evaluate the system post-implementation of Proposition 1).** ● BHD (ACBH) regularly completes performance and quality reviews for all service providers (and TAY providers), including tracking outcomes related to housing, employment, treatment, and collateral referrals. Quality-based (performance-based) payments are already implemented with respect to FSP programs. Pay for performance is also currently underway for most treatment plans as required for CalAIM implementation.

3L: First Episode Psychosis: The standard of care for treatment of first episode psychosis (FEP) is Coordinated Specialty Care (CSC) – a team based, person-centered approach offering case management, recovery-oriented psychotherapy, medication management, family support and education, and supported education and employment.[1] Felton Institute runs two integrated CSC-FEP programs serving TAY-aged youth who have Alameda County MediCal or are MediCal eligible. The re (Mind) program specializes in schizophrenia-spectrum disorders, the BEAM program in bipolar and other mood disorders. Located in the City of Alameda, these programs have a combined capacity of 100 individuals. By one estimate, the need for specialty FEP care in Alameda County's MediCal-served population is 1,000 individuals per year [2] -- 10 times Felton's capacity. Felton's targeting of youth aged 15 - 25, while well-justified, misses a large number of individuals whose initial presentation of psychosis appears later. Their location in the City of Alameda likely poses barriers to potential participants.

Recommendations:

A. **Program evaluation –** Felton participates in U.C. Davis' statewide evaluation of FEP programs. Evaluation of Felton's Alameda program is expected toward the end of the year.[3] Felton and ACBH should make this evaluation public and available to the group designated to monitor the CFJL implementation.

B. **Public awareness -** Develop a public information campaign to promote awareness of Felton's FEP programs. Rationale: The program is currently under-enrolled by 50 percent and among the general groupings of experienced volunteer family advocates and family organizational leaders, there's little awareness of families who've utilized its services.

C. **Expand participation** - Age restriction and program location should be studied as limits or barriers to participation. The possibility of opening a second location, closer to areas of greatest need, should be considered .

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● BHD (ACBH) Child and Youth System of Care ● DHCS **Consult with**: ● Contracted Community Based Organization (CBH) providers serving Youth	● Evidenced-based model. This state-endorsed program that Alameda County has implemented since the initial implementation of the Mental Health Services Act, has proven to be successful locally and statewide.	**Data Needed**: The Health Equity Division service delivery map, and existing data will help to validate needed locations for implementation of this or other service delivery programs, countywide. Existing data sets, relative to provider performance may also be analyzed. **Budget Request**: None. **Time to Implement**: 12-24 Months	● BHD (ACBH) will ensure its compliance with county processes, related to procurement and the selection of potential providers to support the Transitional Age Youth (TAY) system.	**•The Office of BHD Director; and Alameda County's Health's Communications Office to identify ways in which to expand public awareness within 6 months.** **•Additional media campaigns will be required given the magnitude of service delivery change associated with the passage of Proposition 1 (within 24 months).** ● Early intervention services have been approved for inclusion, following the passage of Proposition 1. However, BHD (ACBH) will require additional consultation with DHCS to ensure what is proposed will be aligned with the new legislative approach to service delivery. **• As is described, current programming may/not be in alignment with this newly approved legislation. As such, ACBH (BHD) will have completed its assessment for the expansion of first episode – and other treatment programs per the funding and guidelines associated with BHSA by 24 months.** ● Transitional Age Youth age range is informed by state guidance, and not solely dependent upon Alameda County preference. ● BHD is currently calculating the # of FSP slots that will be required per new State regulation (Prop 1); and has already formalized plans for expansion based upon CARE Court and other legal requirements.

3M: ACBH should review its on-line directory of services for its accessibility to an average citizen, reading at a 6 grade level. Change language and description of services as needed for ease of navigation for both those with elementary reading skill and those who are reading proficient. Also, while ACCESS and the on-line directory are current and important services, the general public, and some providers, report being unaware of them. Initiate a public awareness campaign to make visible these critical resources.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● County ITD ● BHD (ACBH) WET Unit, Health Equity Division, Systems of Care ● BHD (ACBH) Plan Administration ● AC Health, Communications Unit **Consult with**: ● DHCS as needed. ● BHD (ACBH) Quality Management ● External Quality Review (EQR) Organization/ DHCS.	● Increasing access and improving health equity.	**Data Needed**: None. **Budget Request**: None. **Time to Implement**: 12 Months	● BHD (ACBH) is required to regularly assess readability, including ensuring that public facing materials are published at a 5-grade reading level and translated, minimally, into the County's threshold languages (established by DHCS).	**• The department's Quality Management Program will review content and work in tandem with related offices. This review is ongoing but will center on the directory (6 months).** **• BHD (ACBH) Office of Plan Administration will review contents of new web development content page(s) consistent with DHCS requirements no later than 12 months.**

4.5 Treatment Beds

4.5A: The Task Force recommends that Alameda County **create more psychiatric treatment beds**, especially at the sub-acute level, to reach the numerical levels set forth above.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: • Alameda Health System • County Contracted CBOs **Consult with**: • DHCS	• Potential service delivery benefit for clients requiring hire level of treatment and support.	**Data Needed**: None. **Budget Request**: None. **NOTE:** BHD (ACBH) has already identified funding to increase the system's current capacity of acute psychiatric care and has increased the number of beds at Villa Fairmount. BHD (ACBH) is also pursuing capital funding through the Behavioral Health Continuum Infrastructure Program (BHCIP) via DHCS to secure additional beds that may be dedicated to individuals suffering both from Acute psychiatric and medical needs. This opportunity is subject to CA State Budget and DHCS release of these funds (and subsequent approval of Alameda County). **Time to Implement**: 24-48 Months **Time to Implement**: Round 6 BHCIP Submissions TBD and c/o DHCS.	• BHD (ACBH) has already competed a system assessment regarding the beds required (including sub-acute) for the system and will be monitoring the implementation of the Villa Fairmont Expansion, and the expansion of beds already funded (aside from the prior column) and those planned. Current capital facility plans are anticipated for completion by 2028 (subject to state, local, and construction related requirements/ deliverables).	**• Alameda County has already been successfully awarded BHCIP Grant funds which will allow for the development of an additional 50-100 sub-beds through a local CBO provider. Exact bed number to be validated through approval, construction, and site certification guidelines. The completed structure is expected to be completed by 2028.** **• BHD (ACBH) has already planned to submit for additional capital expansion dollars for BHCIP Round 6, to further expand the number of sub-acute beds to support the system given the implementation of SB43, expanded LPS definition and likely expected treatment; CARE Court, and the addition of more intensive services that may be delivered to the SUD population through the passage of Proposition 1. A Target date is unable to be determined until the Round 6 Funding applications are opened by DHCS. TBD.** • Given the importance of patient's/client's right to the care at the lowest level, BHD (ACBH) will also continue to monitor system expansion in this area to ensure that it operates according to legislative and litigation agreements approved through the court process. As such, the department will continue to ensure compliance with these areas while navigating the need for increased serve options for individuals suffering from several mental illness and substance use conditions.

4.5B: The Task Force recommends that the County assess the unmet needs of individuals with serious mental illness to determine how many psychiatric treatment beds, at all levels of acuity, are needed in the County. Because the issues are so interrelated, this "Bed Assessment" should happen at the same time as the County is already doing the Full-Service Partnership Assessment and the Mobile Crisis Assessment pursuant to the settlement of the Disability Rights lawsuit.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● DHCS ● CBO **Consult with**: ● Indigo	● Continuity of Care	**Data Needed**: None. **Budget Request**: None. **Time to Implement**: 12-24 Months No Data/ Funding required. Already in process.	● Already in process. TBD	**• BHD (ACBH) has already initiated a systemwide assessment of bed need, countywide. This action is already in process pursuant to county planning for CARE Court, SB43, CalAIM, and Proposition 1 landscape/ funding changes. Expected completion date will range between 12-24 months given a need to evaluate the implementation of CARE Courts (to begin December 2024), SB43 (by 2026), and Proposition 1 (systemwide changes to begin in Fiscal Year 2026-2027).**

10. Staff Training & Professional Development

10D: ACBH should **enhance the availability and delivery of mental health services for individuals who are currently or previously incarcerated at Santa Rita.** Enforce mandatory and consistent service standards for individuals with diagnoses, both during custody and after release, incorporating triggers for elevated service levels for those with recurrent incarceration instances. Strengthen the collection of diagnosis types and severity, as well as clinical and service data on clients' jail-based services, to ensure appropriate support and connection to housing, psychiatry, medical care, and other supports during reentry.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● ACSO ● Wellpath ● Community-based providers ● Alameda County Social Services Agency (SSA) ● AC Health, Housing & Homeless Services **Consult with**:	● Improved outcomes for individuals	**Data Needed:** None. **Budget Request:** None. **NOTE:** BHD has allocated $5.3M over the next two fiscal years to support individuals' need for Medication Assisted Treatment at SRJ (not billable to or covered by Medi-Cal). BHD (ACBH/AFBH) providers will continue to prescribe medications and work in coordination with ASCO contracted provider (Wellpath) to ensure improved quality of care and outcomes. **Time to Implement**: Complete & Ongoing.	● Implemented and ongoing. ● BHD (ASCO/AFBH) has modified and developed policies to improve care, clinical treatment, and coordination with county/ contracted providers – including those contracted by ASCO (Wellpath).	● Implementation of process and clinical standards highlighted here are already in progress. ● Established trainings, Care coordination teams, and increased coordination with SSA also aligned with this recommendation. ● Care coordination team(s) have already been established by the BHD Forensic, Diversion, and Re-Entry System of Care via AFBH to enhance care delivery and coordination outside of incarcerated settings as well.

10E: Culturally competent countywide training for first responders in MH crisis services and 5150 assessments: In order to address equity gaps and race-based discrimination in first crisis response, the Taskforce recommends multiple actions specifically for crisis and first responders countywide.

1. **Conduct an evaluation of the current Crisis Intervention Training (CIT) curriculum to identify levels of inclusivity** in regard to racial realities and cultural responsiveness. Based on this analysis, the Task force recommends:
   - Any assessment to include a criteria checklist (including a racial equity lens, a concern for decarceration, and success metrics).
   - **ACBH to make quarterly reports to the Health Committee** of the Board of Supervisors on the progress (capacity of treatment and training).
2. **Pay Equity throughout the county**
   - Align pay to staff and contractors for mobile behavioral health crisis team (CATT and MCT) staff with County compensation structures
   - Ensure fair compensation for mobile behavioral health crisis team (CATT and MCT) staff and expand 24/7 city and county crisis response teams to all parts of Alameda County. Several reports indicate that persons who staff the County's crisis response teams are not paid adequately and work in unsustainable conditions.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: • BHD (ACBH) Crisis Services System of Care • BHD (ACBH) Workforce Education, & Training Unit (Health Equity Division) • County Contracted CBOs • Healthcare Facilities	• Health Equity Driven approach to care, systemwide.	**Data Needed**: None. **Budget Request**: None. **NOTE:** No additional data or funding required. Evaluation of CIT already completed. Currently operated and managed by the BHD (ACBH) Crisis System of Care, Office of Integrated Services. **Time to Implement**: 24 Months	• CIT Training Re-tool & System Progress completed. • Regarding **"ACBH to make quarterly reports to the Health Committee** of the Board of Supervisors on the progress (capacity of treatment and training)" – subject to BOS approval.	**• The BHD (ACBH) Crisis System of Care will complete a reassessment of the newly developed CIT Training within 24 months.** • An extensive Crisis Intervention Training (CIT) program already exists and has been enhanced and now assigned to the BHD (ACBH) Crisis System of Care for ongoing oversight and quality improvement. **• BHD (ACBH) Financial Services is currently working to identify the funding available for Fiscal Year 2025-2026, which will include approved rates already submitted for review by the County. It is expected that the possibility for BHD to increase rates (subject to county guidelines and approval) will be established no later than July 30, 2024.** • The county is not responsible for the administration of pay schedules within organizations; nor is it able to intervene with personnel matters (including salaries) not directly impacting client or family-member care.

Consult with: ● DHCS ● Crisis Support Services				**NOTE:** Regarding "… Pay Equity throughout the county" – BHD (ACBH) can incentivize CBO organizations to increase pay through higher contract allocations, however the department is unable to establish pay equity as they are individually administered through CBO organizations. CalAIM pay for performance, and changes with payment structure (to Fee for Service) will also require CBOs to implement programs to have an opportunity to draw down increased funds to the organization (and thereby, offer higher pay schedules). ● Incentive payments for innovative recruitment and retention strategies have been implemented in recent fiscal years and will be explored (subject to funding availability and the implementation of Proposition 1) in the future. ● As the local Alameda County Mental Health and Substance Use Plans, BHD (ACBH) is already required to regularly evaluate provider capacity and performance, including rates available for payment as a community-based provider. ● CalAIM supports pay for performance, and other quality metrics that will also inform reimbursement.

11. Family Supports

11A: Assign a case manager or family navigator to any family experiencing an early illness episode. This applies to anyone with Severe Mental Illness or Co-occurring Disorder (designated number 3 or 4 level of care in the jail) and/or exiting hospital on a psychiatric hold.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● CBO Providers ● BHD (ACBH) Systems of Care ● BHD (ACBH) Health Equity Division **Consult with**: ● BHD (ACBH) Systems of Care ● California Institute for Behavioral Health Solutions (CIBHS) ● Individual Consultant	● Improved quality of care for client and family members.	**Data Needed:** None. **Budget Request:** None. **NOTE:** No additional funding required. Programs providing services to individuals with severe mental illness or co-occurring disorders are already providing services through case managers and care coordinators. **Time to Implement**: Completed.	● BHD (ACBH) Health Equity Officer currently partnering with CIBHS, CalMHSA, and an outside Consultant to initiate systemwide changes to improve the active participation of the Office of Family empowerment (and Peer Support Services) to expand and retool the County's current capacity for this support. The Assessment and Integrated Plan (Workforce & Health Equity) is expected to be completed during the 3rd quarter of Fiscal Year 2025-2026. ● Individuals referred by the Health Plan (Alameda Alliance) are also receiving automatic case management services upon intake, through nursing staff to support any health-related need or referral to other health providers.	**• Peer & Family Member System Expansion & Assessment to be completed no later than 3rd Quarter of Fiscal Year 2025-2026.** ● BHD (ACBH) has already increased staffing to its office of Family Empowerment. The increased staffing and new leadership will offer the county an opportunity to pivot towards the full implementation of MediCal Billing through Peer services. ● BHD's (ACBH) Workforce, Education, & Training Unit is also being transferred to the department's Health Equity Division to better improve the department's expansion of peer specialist designated positions able to bill Medi-Cal. Existing county positions (Mental Health Specialists) will be enhanced by the addition of a professional position/designation of Peer Specialists as defined by DHCS and recent legislation (SB803). NOTE: Alameda County (BHD/ACBH) was the first county statewide to opt in to SB803.

11B: Involve families starting with the first mental health (MH) crisis (for example, at John George or Santa Rita) by doing the following:

a. Assigning a caseworker or advocate to the family;
b. Requesting a broad HIPAA Release of Information from the client as early as possible;
c. Recruiting family advocates for crisis and outreach teams;
d. Recruiting family advocates and giving them peer certification training;
e. Having an office for family advocates (*for example Bev Bergman's office at John George*);
f. Providing a culturally informed advice line for families and clients;
g. Endeavoring to assign a psychiatrist and therapist to follow a client throughout their experience with the system and with medications.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● BHD (ACBH) Health Equity Division ● BHD (ACBH) Crisis and Adult/Older Adult Systems of Care; Forensic, Diversion, and Re-Entry System of Care ● AHS ● BHD (ACBH) WET Unit ● ASCO **Consult with**: ● County Counsel ● MHAAC	● Systemwide Care coordination; ● Reduces recidivism across locked settings; and ● Increases quality and care outcomes, overall wellness.	**Data Needed**: None. **Budget Request**: None. NOTE: Additional funding may be required should additional county system increase its need for Family Advocates beyond the planned expansion of **a CBO provider already providing this service, whose program augmentation has been approved by the County's BOS**. **Time to Implement**: 12-24 Months	● BHD (ACBH) Health Equity Officer currently partnering with CIBHS, CalMHSA, and an outside Consultant to initiate systemwide changes to improve the active participation of the Office of Family empowerment (and Peer Support Services) to expand and retool the County's current capacity for this support. The Assessment and Integrated Plan (Workforce & Health Equity) is expected to be completed during the 3rd quarter of Fiscal Year 2025-2026.	**• Peer & Family Member System Expansion & Assessment to be completed no later than 3rd Quarter of Fiscal Year 2025-2026.** ● All BHD (ACBH) funded programs serving individuals with severe mental illness currently provide psychiatric medications should those be clinically indicated. Additional analysis of whether this recommendation requires system enhancements to provider/county operations is warranted as "endeavoring to assign a psychiatrist (and therapist) to follow a client throughout their experience with the system and with medications has already been implemented and is a required component of the county's services to those with severe mental illness. Similarly to above, clients receiving the most intensive care are consistently assigned care managers who may provide therapy (therapist) should that be indicated; or clients with less severe symptomology are assigned individual therapists across the community should that be warranted instead. ● All services are individually tailored to client need, legal requirements, programming, and must adhere to regulatory requirements/ ethical standards for levels of care.

11C: Implement an Advice Line, broadly available (hours to be determined) and modeled after the Kaiser Advice Nurse line, and available to family caregivers, concerned family members, friends and consumers of psychiatric and substance abuse services. Success of service will depend on well-organized public introduction of its availability.

- **Site of Service**: Recommend ACBH Psychiatry Department, under Chief Medical Officer, Aaron Chapman, MD, and Department's Deputy Director, Angela Coombs, MD, an African American psychiatrist with a specialty in first episode psychosis. The ACBH Psychiatry Department also houses Mobile Crisis Services.
- **Rationale**: The Department of Psychiatry is arguably the best equipped to train and oversee an Advice Line staff, which will require a range of competencies in signs and symptoms of serious mental illness, psychiatric medications and the range of its side effects, equity issues including tendencies to over-medicate African American men and the complex service system.
- **Expected Impact**: This service should be particularly helpful in supporting a wide range of families and consumers who invariably face challenging circumstances and decisions in supporting family members or themselves in search of recovery.

Partner(s)	Problem that it Solves	Data needed? Budget request? Time to Implement?	Progress/ Outcome, and Racial Equity measures	Notes
Key Partners: ● CalMHSA ● CBO Providers ● **Consult with**: ● BHD (ACBH) Office of Health Equity	● Improve timely access, support, and the initiation of treatment	**Data Needed:** An assessment by the BHD (ACBH) Executive Team will be required to first couple results from the 2021 ACCESS Division assessment of service offerings, current contractual agreements with existing contractors and engagement of the Office of the Medical Director are needed. This assessment will help determine cost needed – to expand and/or re-tool current service delivery models to provide a "warm line/advice line" for family members or caregivers – as opposed to client- centered care delivery lines. **Budget Request:** TBD. **Time to Implement:** 12 Mos	● Timeliness standards across the system are currently being monitored both by BHD (ACBH) and the DHCS. Ongoing review will ensure that outcomes are sustained and improved should any operational changes be made in this area (pursuant to MH Plan and SUD Plan requirements).	**• The BHD (ACBH) Director's office will coordinate with executive leaders to identify internal/ external (consultative) resources needed to create and implement an Advice Line available for use by family members and caregivers within 12 months. Results from this assessment will validate alignment with Proposition 1 Funding and/or existing staffing or contracts or identify expansion needs and costs.** ● Warm Lines in general require multidisciplinary coordination, including those who may coordinate urgent consults/care with MD providers. As such, BHD (ACBH) will work to support systemwide coordination of psychiatric care via the Office of Integrated Services (Chief Medical Officer/ Medical Director's office) and not exclusively require that psychiatry/pharmacy services be the primary support to any potential warm-line services offered.

Total Projected Costs* *(*NOTE: Excluding costs which are unavailable or not yet determined at the time of this report)*: **~$650,000.**

Total # of Strategies & Deliverables* *(*NOTE: Some strategies & Deliverables may be similar/duplicated across multiple recommendations.)*: **29**

Maximum Expected Duration to Complete: **48 Months.**