



  
**CONTRA COSTA  
MENTAL HEALTH COMMISSION**

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MENTAL HEALTH  
COMMISSION**

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[cchealth.org/mentalhealth/mhc](http://cchealth.org/mentalhealth/mhc)

**Mental Health Commission  
Justice Systems Committee Meeting  
Tuesday, February 21<sup>st</sup>, 2023, 3:30-5:00 PM**

**Via: Zoom Teleconference:**

**<https://zoom.us/j/5437776481>**

**Meeting number: 543 777 6481**

**Join by phone:**

**1 669 900 6833 US**

**Access code: 543 777 6481**

**AGENDA**

- I. Call to order/Introductions**
- II. Public comments**
- III. Commissioner comments**
- IV. Chair comments**
- V. APPROVE minutes from the January 19<sup>th</sup>, 2023 Joint Finance/Justice Systems Committee meeting**
- VI. RECEIVE Presentation on the Custody Alternative Facility (CRF) and the Classification Unit by the Contra Costa County (CCC) Sheriff's Department, Robert Jimenez, Lieutenant, CCC Sheriff Department**
- VII. DISCUSS Possible use of data collection of Mental Health Diagnoses and Substance Abuse from the Detention Centers**
  - **DISCUSS Ideas for Pro-Bono attorneys to represent the Mental Health Commission (MHC) to access this data and work with the County Council and Behavioral Health Services (BHS) to avoid a conflict of interest between BHS and the MHC**
- VIII. Announcement of Pamela Perls becoming Co-Chair of the Justice Committee**
- IX. Adjourn**

**ATTACHMENTS:**

**A. Alameda County BHCS Initiative & System Update 10/24/22**

*Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Executive Assistant to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 200, Martinez, CA 94553, during normal business hours.*

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.



# **Alameda County Behavioral Health Care Services: Initiatives & System Update**

**Alameda County Board of Supervisors' (BOS) Presentation  
Joint Health & Public Protection Committee – October 24, 2022**

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



Alameda County  
Health Care Services Agency

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

# ACBH: Initiatives & System Update

## Contents Summary:

- A. Departmental Overview, Significant Changes & Key Initiatives**
- B. Forensic, Diversion, & Re-Entry System**
- C. State Initiatives (BHCIP, “988”, & CalAIM)**
- D. Next Steps & Future Planning**

# Departmental Overview:

Structure, Significant Changes, and Key Initiatives

# Departmental Infrastructure

- Contracting Organizations deliver approximately **87%** of all Mental Health Services and **100% of all Substance Use Services** for the Department.
- **Fiscal Year (FY) 2021-2022 Budget:**
  - \$572 Million Dollars
  - 742+ FTE County Civil Service Positions
  - 19,210 Individuals served in Outpatient Mental Health Programs
  - 5,837 Individuals served in Substance Use Programs
- **CURRENT Fiscal Year (FY) 2022-2023 Budget:**
  - \$653 Million Dollars
  - 797+ FTE County Civil Service Positions
  - Final client-level encounter data pending



# Guiding Principles...

- Framework (The “How”):

- Alignment; Communication; & Organizational Structure*

- True North Metrics (The “What”):

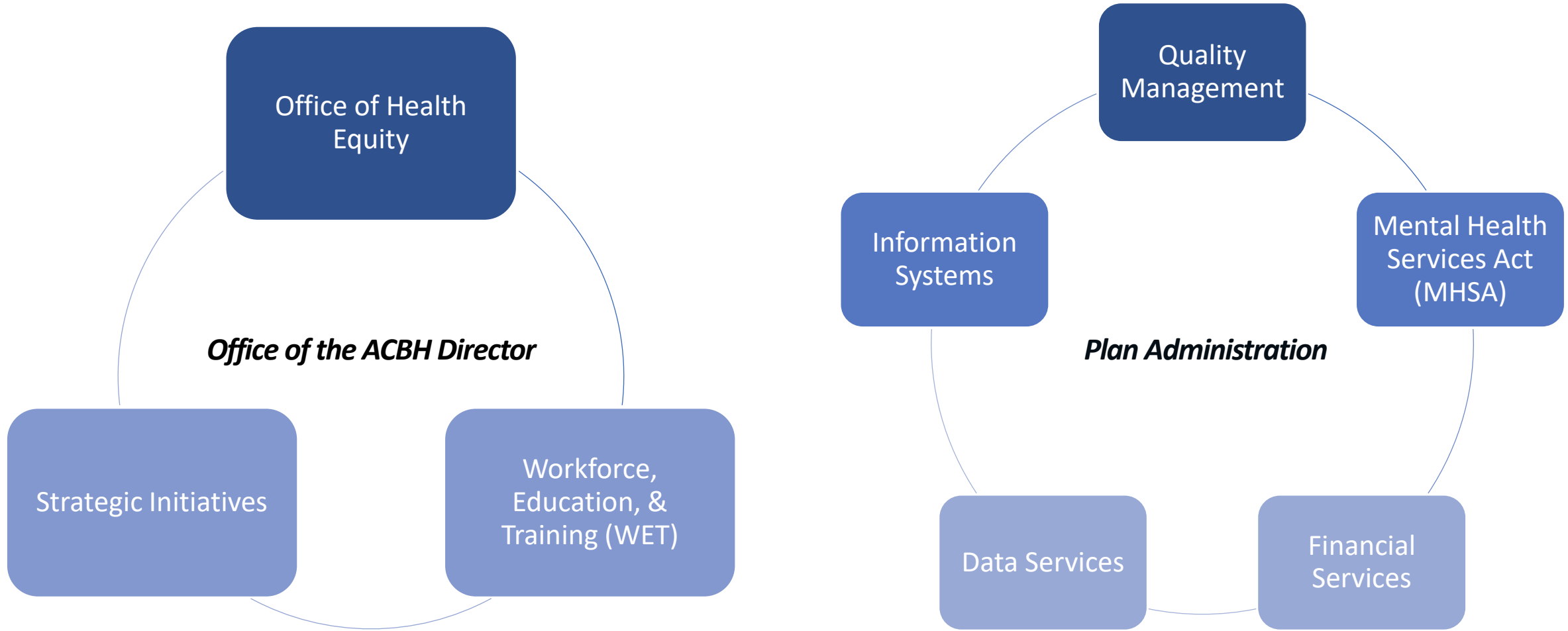
- Quality; Investment in Excellence; Accountability; Financial Sustainability; & Outcome-Driven Goals*

- True North Metrics (Our Path):

- ACBH System Goals; Results Based Accountability (RBA); and Stakeholder Engagement*



# Oversight & Administration



# Care Delivery System

**Adult & Older Adult System**  
*Serving Adults 18 Years & Older*



**Child & Young Adult System**  
*Serving Children & Youth from Birth – 24 years*

**Substance Use System**  
*Continuum of Care with Gender and Age-Specific Programs*



**Forensic, Diversion, & Re-Entry System**  
*Supporting Youth & Adults In Custody and within the Community*



**New Update**  
**Crisis Services System**  
*Across the Life Span & Community*





# Care Delivery System

## Adult & Older Adult System of Care

*Serving Adults 18 Years & Older*

- County & Community Outpatient Services
- Wellness Centers
- Medication Clinics
- Early Intervention Services
- Conservatorship Programs
- In Home Outreach Teams
- Long-Term Residential Care
- Case Management & Care Coordination Programs

## Child & Young Adult System of Care

*Serving Children & Youth from Birth – 24 years*

- County & Community Outpatient Services
- Educationally-Related Mental Health Services
- Early Childhood Services (0-8 Years)
- Services to Transition Age Youth (TAY)
- Residential Treatment
- Foster Youth Services
- Coordination with School Health Centers

## Substance Use Continuum of Care

*Continuum of Care with Gender and Age-Specific Programs*

- Outpatient & Intensive Outpatient Treatment
- Drug & Alcohol Prevention
- Residential Treatment
- Opioid Treatment Programs
- Sober Living & Recovery Support
- Sobering Centers & Withdrawal Management
- Perinatal & Parenting
- Drug Courts
- Medication Assistant Treatment

## Forensic, Diversion, & Re-Entry System of Care

*Supporting Youth & Adults in Custody and within the Community*

- Probation Based Services
- Forensic Behavioral Health
- Conditional Release Programs
- Juvenile Justice Center & Santa Rita Jail Behavioral Health Services
- Justice Involved Conservatorships
- Mental Health Courts & Court Mandated Treatment
- Re-Entry & Diversion Services

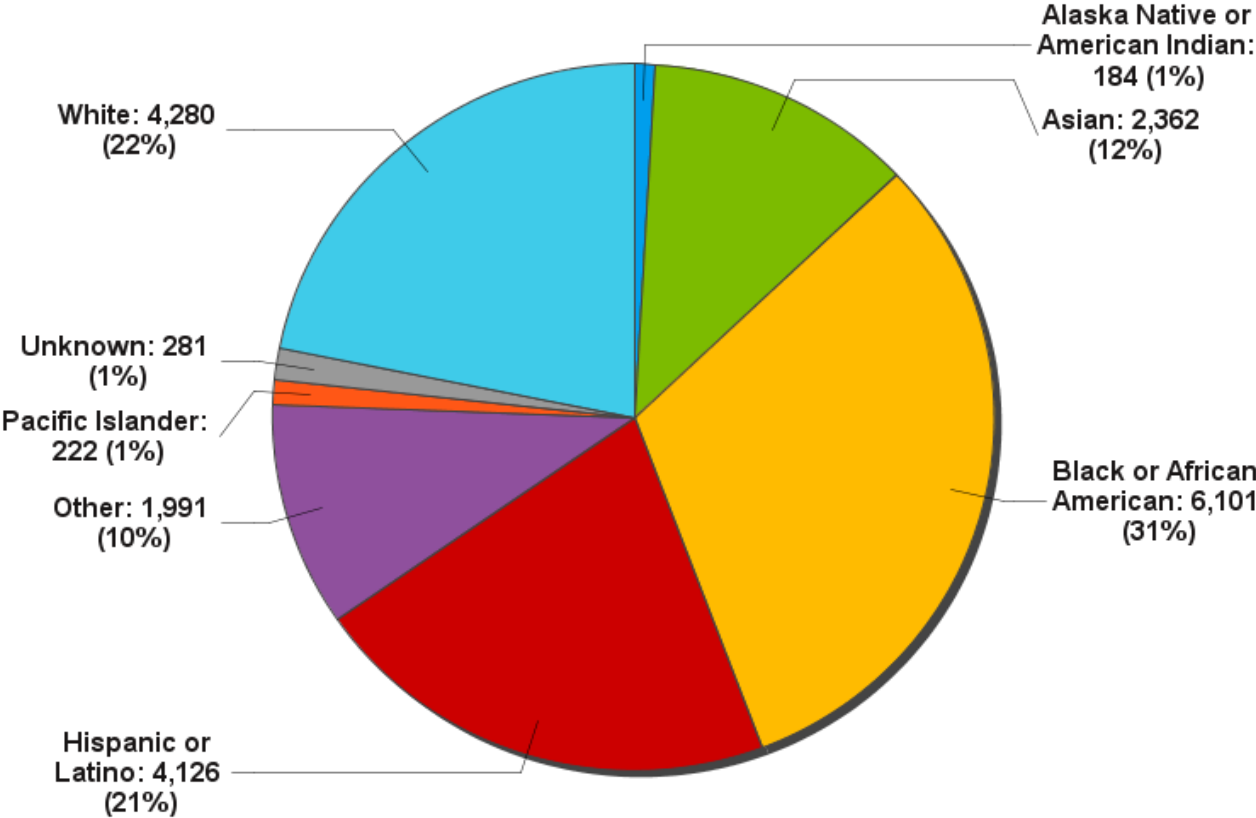
↓ **Services Across the System & Continuum** ↓

***Client Access | Employment Services | Housing Services via Health Care Services Agency | Acute & Crisis Services | Psychiatry & Nursing Services | Integrated Primary Care Services | Pharmacy Services***



# FY 2021-2022 Mental Health (MH) Services Demographics:

Who did we serve in our MH programs?

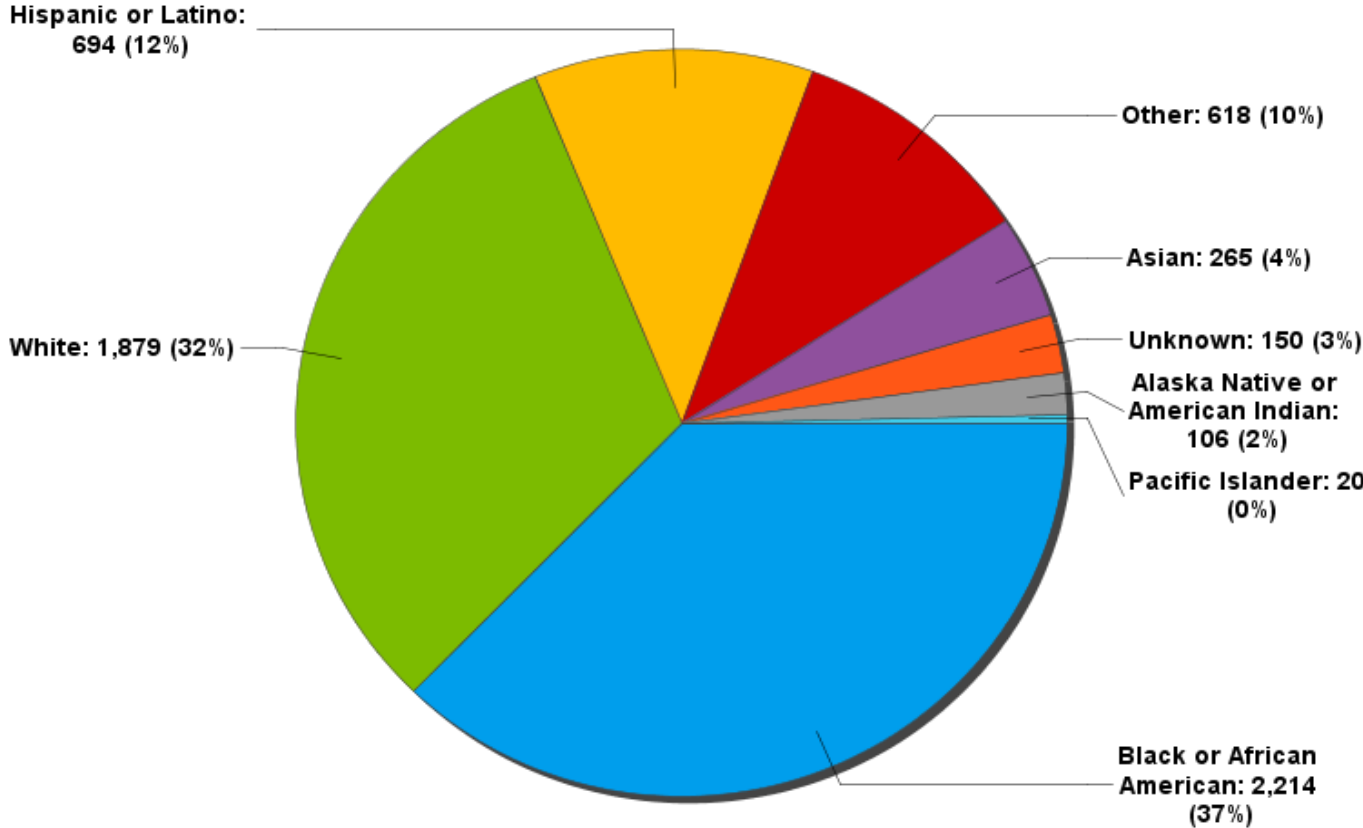


- Approximately 50% of clients were Adults between the ages of **18 and 59 years**.
- 39% of clients represented Children and Youth between the ages of **0 and 17 Years**.
- Approximately 10% of clients were over **60+ Years**.
- Gender:
  - 52% Female (10,181)
  - 48% Male (9,357)
  - >1% Unknown/Missing (9)

BOS Joint Health & Public Protection (10\_24\_2022) - ACBH Update

# FY 2021-2022 substance use disorder (SUD) Services Demographics:

Who did we serve in our sud programs?



- Approximately 79% of clients were Adults between the ages of **26 and 59 years**.
- 11% of clients represented Adults over the ages of **60+ Years**.
- Approximately 8% of clients were **under 25+ Years in age**.
- Gender:
  - 65% Female (3,871)
  - 35% Male (2,046)
  - >1% Unknown/Missing (1)

BOS Joint Health & Public Protection (10\_24\_2022) - ACBH Update

# Key Initiatives, Ongoing Planning & Updates

- **MHSA Input and Community Input Alignment**
- **Community Access & Operational Improvement Initiatives**
- **Ongoing Departmental Quality Improvement, Health Equity Transformation Initiatives, & Forensic Plan Implementation**
- **ACBH Strategic Planning**
- **Additional Leverage Opportunities;**
  - **Including BHCIP & CCE Funding, Grants, and Billable Service Delivery Expansion**
- **Care First, Jails Last Taskforce & System Coordination**



# ACBH Strategic Planning

- Launched in February 2022 in partnership with *California Institute for Behavioral Health Solutions (CIBHS)* and the *Equity and Wellness Institute (EqWI)*
- **Systemwide Survey**  
(Available in threshold languages)
- **Community Listening Sessions**
- **External Focus Groups & Key Influencer Interviews**
- **System Wide Stakeholders & Equity Lens & Planning**
- **Next Steps: ACBH Departmental Interviews, Data Analysis, and Findings Synthesis**



# **Forensic, Diversion, & Re-Entry System**

CARE Courts; Care First, Jails Last (CFJL) Taskforce;  
and Forensic Plan Updates

# CARE Courts

- Proposed in early March 2022 by California State Governor Newsom; ultimately described by the *California Health & Human Resources Agency (CHHS)* as an “upstream diversion to prevent more restrictive conservatorships or incarceration.” CARE Courts signed in to law on September 14, 2022 (SB 1388).
- **Seven (7) CA Pilot Counties:** *Glenn, San Diego, San Francisco, Tuolumne, Stanislaus, Orange & Riverside* beginning July 2023; full statewide implementation is set to start in July 2024.
- Appropriate service referrals include, but not limited to, Assisted Outpatient Treatment (AOT) programs and Full-Service Partnership (FSP) level of services.
- State Funding to Judicial Council, Trial Courts, DHCS Technical Assistance & Consulting.



# Care First, Jails Last Taskforce



Care First,  
Jails Last

- Monthly Convening
- System Coordination & Eco-Systemic and Equity Framework: Departmental Plans by Intercept, Duration, and Cost → Data-Informed Recommendations
- JIMH Recommendations Updates by Agency



## Task Force Big Picture

Phase 1:  
Launch Task Force  
Review data  
Define system  
changes

Phase 2:  
Map ideal system  
(SIM)  
Develop  
Countywide Plan

Phase 3:  
Develop agency/  
department plans

Phase 4:  
Finalize and  
deliver  
implementation  
plans

Mar-22

Sep-22

Mar-23

Apr-24





# Forensic Plan Implementation (Highlights)

- Targeting state funding Opportunities through \*Behavioral Health Continuum Infrastructure Program (BHCIP) and Community Care Expansion (CCE) Grants.
- Long-Term focus areas designed to support implementation of Medium-Term Goal implementation (County Awarded ~\$14M BHCIP)
- Staff and Program Model Considerations (including expanded and after-hour shifts for county personnel).
- Funded To Date:
  - Short-Term (\$150K/ \$150K; \$0 Remaining
  - Medium-Term (\$2.2M/\$8.56M); \$6.36M Remaining
  - Long-Term (\$682K/\$41.9M); \$41.2M Remaining
- **TOTAL Plan Items Funded To Date - \$3.03M**
- Additional Investments Beyond Forensic Plan to Date:
  - Short-Term \$1.3 Million – *Already Funded*
  - Medium-Term \$0
  - Long-Term \$Additional \$4.3 Million – *Pending MHSOAC Approval*
- **TOTAL OVERALL Investments to Date (Plan & Beyond) - \$8.63M**



# Forensic Plan Implementation – 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> →<b>NEW</b>: Axis Community Health Pilot (Pleasanton, East County – \$300K FY21-22; \$300K FY22-23) – <b>Completed</b> →<b>NEW</b>: Washington Hospital (Fremont, South County – \$1M RFP Pending, 2-Year Innovative Program) – <b>Completed</b></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></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>		



# Forensic Plan Implementation – 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>Pilot Completed</b></p> <p><b>Expand Satellite Urgent Care Clinic Hours &amp; Services</b> (\$2M; Int 0) – <b>Planning (Countywide)</b> → <b>NEW: ACCESS Outpatient System Referrals &amp; Admissions Redesign Initiative</b> (\$20K) – <b>Completed &amp; Ongoing</b></p> <p><b>Overnight Mobile Crisis Services &amp; Crisis Calls</b> (\$2.2M; Int 0) – <b>Program Planning (Countywide)</b> → <b>NEW: 988 System Planning &amp; Coordination</b> – <b>Completed &amp; In Progress</b></p> <p><b>Overnight Crisis Support Services</b> (\$2.2M; Int 0) – <b>In Progress (Countywide)</b></p>	<p><b>Pre-Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts</b> (\$141K; Int 2) – <b>Completed (\$154K Final Cost)</b></p> <p><b>Expand Forensic Linkage Program at Santa Rita</b> (\$524K; Int 3) – <b>In Progress, Permanent Space Planning (Dublin, Countywide)</b></p>	<p><b>Develop TAY Full-Service Partnership (50 Client FSP)</b> (\$1.5M; Int 4) – <b>In Progress (Countywide)</b></p>
<b>Cross-System</b>		
<p><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</b> (Feasibility Study requested c/o GSA; Oakland, Countywide.)</p>		



# Forensic Plan Implementation – Long-Term Goals (12)

\$41.9M

Community (Intercepts-2 to 1)	Diversion/In-Custody (Intercepts 2 and 3)	Reentry (Intercepts 4 and 5)
<p><b>Expand Crisis Services</b> (\$7.155M; Int 0 &amp; 1) – Program Model Planning</p> <p><b>Expand 24/hour Crisis Services Call Center</b> (\$682K; Int -1) – <b>Completed</b></p> <p><b>Develop (2) Substance Use Mobile Outreach Teams</b> (\$1.2M; Int -1) – Program Redesign in Progress</p>	<p><b>Develop (2) Multi-disciplinary Re-Entry Teams (MRTs)</b> (\$1.08M; Int 4) – Program Model Planning</p> <p><b>Competency Restoration &amp; Diversion</b> (\$9.5M; Int 5) – Program Model Planning →<b>NEW: Alternatives to Incarceration - Forensic Crisis Res., Arrest Diversion/Triage, Reducing Parole Violations</b> (\$3.2M; Int 2) – <b>MHSA Innovations, MHOAC State Approval Pending</b></p>	<p><b>Co-locate TAY behavioral health services &amp; Develop Forensic TAY Programming targeting African American Youth</b> (\$2.245M; Int -2 &amp; -1) – BHCIP Grant Awards, in Progress</p> <p><b>Significantly increase the capacity of residential treatment beds countywide</b> (\$16.5M; Int 0 &amp; 4) – BHCIP &amp; CCE Grant Awards, in Progress</p> <p><b>Six (6) Bed Forensic Peer Respite</b> (from Santa Rita Jail, on Probation, or at-risk) (\$1M; Int 0) – (BHCIP) – not awarded; MHSA Innovations pending MHSOAC Approval →<b>NEW: Peer-Led Re-Entry Coaches, WRAP, and Family Navigation &amp; Support</b> (\$1.1M, Int 4) – MHSA Innovations, MHSOAC State Approval Pending</p> <p><b>Re-design &amp; Create New Outpatient Service Team(s) Model</b> (\$1.5 M) – Program Model Planning</p>
<b>Cross-System</b>		
<p><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; Int 4) – <b>Completed &amp; Ongoing</b></p> <p><b>Expand Short Term &amp; Permanent Housing; Board &amp; Care Facility Options</b> (\$2.2M; Int 4) – CCE Grant Awards, (BHCIP not funded) in Progress</p> <p><b>Adult Residential Co-Occurring Forensic Treatment facility with direct linkage from Santa Rita</b> (\$1.05M; Int 4) – BHCIP Grant Awards, In progress</p>		



# State Initiatives:

Behavioral Health Continuum Infrastructure Program (BHCIP),  
“988” System Planning, & California Advancing and Innovating MediCal  
(CalAIM)

# BHCIP Awards Info

- **Round 1: Mobile Crisis Planning \$937K**
- **Round 2: Did not Submit (Planning Award)**
- **Round 3: “Launch Ready”**
  - Forensic Crisis Residential Treatment (Oakland, Telecare)
  - Crisis Stabilization Units/Crisis Residential Treatment in Hayward (La Familia)
  - Transitional Age Youth Residential and Outpatient Program in Oakland (La Familia)
- **Round 4 (Current): Child & Youth Programs**
- **Round 5: Crisis Continuum**
- **Round 6: Gaps and Needs identified in Rounds 3-5**
- **Additional Information:**  
Community Care Expansion Update: Alameda Point Collaborative \$15.5M;  
BACS \$19.48 M (\$35M Awarded to Alameda County /\$47M Statewide)

# BHCIP Awards Summary (To Date)

- **Round 1: Mobile Crisis Planning \$937K**
- **Round 3:**
  - **\$14M**
  - **Capacity Expansion:**
    - +48 Crisis Residential Treatment Beds (107% Increase for County System)
    - +16 Crisis Stabilization Unit Beds (133% Increase for County System)
- **Pending:**
  - Round 4 for Youth (Submitted); Round 5 Crisis (TBD); & Round 6 System Gaps (TBD)

# BHCIP Awards (Planning & Grant Overview)

Property	Location	Applicant	BHCIP Round	Uses	Capacity	Capital Funds	Status	Annualized Costs
Galindo	Oakland	La Familia	3	CRT and Outpatient	CRT: 16	\$5,132,883	Awarded	\$5M
Gladman	Oakland	Telecare	3	CRT	CRT: 16	\$4,348,706	Awarded	\$3M
Mocine	Hayward	La Familia	3	CSU/CRT	CSU: 16 CRT:16	\$3,853,298	Awarded	\$7M
Fuller Campus	Hayward	La Familia	4	CSU, CCRP	CSU: 6 CRT: 6	<i>*pending response</i>	Submitted	\$2.5M
Greater New Beginnings	Oakland	Greater New Beginnings	4 & CCE	Community Wellness Center, STRTP, Transitional Housing	STRTP: 16	\$22M	BHCIP submitted, CCE in development	\$2M
Willow Rock	Oakland/ San Leandro	ACBH	4	CCRP, PHF	PHF: 20 CCRP: 16	\$36M	Submitted	\$1.5M
Telegraph Ave	Oakland	Horizon Services	5	Sobering, Detox, Residential	Up to 25	TBD	In development	\$4M
San Leandro Hospital	Oakland/ San Leandro	AHS	5	Med/Psych Hospital	12 to 14	TBD	In development	TBD
St. Regis	Hayward	BACS	5	MHRC, SUDS	MHRC: 42 SUD 35	\$14.6M	In development	\$8.6M
Livermore	Livermore	La Familia	5 / 6	TBD	TBD	TBD	In development	\$5M



# 988 System Planning & Departmental Operations

- **Suicide Prevention & Call Center**
- **System Coordination**
- **Community Access, Crisis Response, and Outpatient Care Coordination**
- **Detailed presentation to follow**



# CalAIM Departmental Planning

- **Behavioral Health Quality Improvement Program (BHQIP)**
  - Incentive payment program to County Behavioral Health Plans as they prepare for changes in the California Advancing and Innovating Medi-Cal (CalAIM) initiative and other approved administration priorities.
  - Successful ACBH BHQIP Incentive Awards
- **Payment Reform**
  - Cost-Based to Fee for Service Model & Incentive Payments
- **Enhanced Care Management**
  - Coordination with Health Plan & Service Delivery
- **Coordination with other HCSA CalAIM Planning and Initiatives**

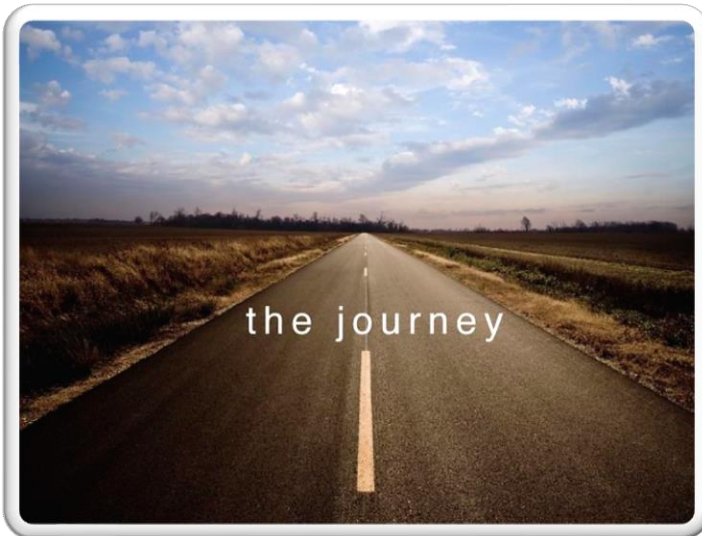


# **Next Steps & Future Planning:**

Opportunities & Challenges Moving Forward

# Moving Forward:

Important Factors & Opportunities to Consider...



- **New and Evolving Projects, Initiatives, and Regulatory Requirements**
- **Community Needs Assessment & Planning**
- **Fiscal Forecasting & Landscape Analyses**
- **Legal & Regulatory Impacts**
- **Workforce Crisis & Shortages**
- **Employee Wellness, Training, & Retention**
- **Continuous Quality Improvement & Health Equity Commitments**





Thank  
you  

