Health, Housing & Community Services
Mental Health Commission

ACTION CALENDAR
June 9, 2015

To: Honorable Mayor and Members of the City Council

From: Mental Health Commission

Submitted by: Carole Marasovic, Acting Chairperson, Mental Health Commission

Subject: Support for Recommendations as to Implementation of AB 1421 Alternatives developed by Alameda County Behavioral Health Services Stakeholder's Group

RECOMMENDATION

Adopt a Resolution directing the City Manager to send a letter of support to the Alameda County Board of Supervisors from the City of Berkeley for the recommendations developed by the AB 1421 stakeholder group reviewing the programs identified as addressing the needs of persons with serious mental illness not currently engaged in mental health treatment. These recommendations were submitted by Alex Briscoe, Director, Health Care Services Agency to the Alameda County Board of Supervisors on January 13, 2015.

FISCAL IMPACTS OF RECOMMENDATION

None.

CURRENT SITUATION AND ITS EFFECTS

Recommendations for implementation of AB 1421 alternatives submitted by Health Services Agency Director Alex Briscoe are currently being reviewed by the Alameda County Board of Supervisors. Behavioral Health Care Services is in the process of submitting to the Board of Supervisors appropriation and revenue details as operational plans for the programs are finalized. A decision by the Alameda County Board of Supervisors on AB 1421 implementation is imminent.

BACKGROUND

Since implementation is at the discretion of each individual county, AB1421 has been a subject of discussion for several years in multiple counties across California since it was first passed in 2002. By 2010, Nevada County became the first and only county to implement AB 1421, also known as Laura's Law. More recently, a handful of other counties have voted to implement it. The great majority of counties have not.

In recent years, there has been discussion in Alameda County as to whether or not AB 1421 should be implemented. Persuasive arguments have been made in favor of

voluntary non-coercive models to target the same population, that being those with serious mental illness not currently engaged in mental health treatment. In response, the Alameda County Board of Supervisors established the working group of stakeholders to conduct a comprehensive review of programs targeted towards this population. A thorough study and subsequent report were issued placing Alameda County with the greater majority of California counties who have identified alternatives to AB 1421 based on a voluntary non-coercive model as the best means of working with this population.

As a result of extensive discussion in Alameda County, a stakeholder's group, as described above, was established, at the direction of the Alameda County Board of Supervisors, to conduct a comprehensive review of programs that could serve the AB 1421 population based on a voluntary, non-coercive model. Alternatives were identified by the stakeholder's group which are detailed in the attached report. These recommendations were submitted to the Alameda County Board of Supervisors by Health Services Agency Director Alex Briscoe. Behavioral Health Care Services is in the process of submitting to the Board of Supervisors appropriation and revenue details as operational plans for the programs are finalized.
The Mental Health Commission passed the following motion at its regular meeting on Thursday, February 26. 2015:

M/S/C (Marasovic, Grossman) The Mental Health Commission recommends that the City of Berkeley support the Alameda County Behavioral Health Care Services Task Force's recommendations to implement compassionate and voluntary alternatives to AB 1421, also known as Laura's Law.

Ayes:	Davis, Grossman, Heda, Kealoha-Blake, Kerr, Marasovic, Michel, Posey
Noes:	None
Abstentions:	None
Absent:	Arreguin, Dixon, Fazio

ENVIRONMENTAL SUSTAINABILITY
There are no identifiable environmental effects or opportunities associated with the subject of this report.

RATIONALE FOR RECOMMENDATION
There are multiple programs available to address the needs of persons with serious mental illness and engage them in treatment. Alameda County Behavioral Health Care Services, after careful study, has chosen to adopt these programs for implementation, as an alternative to AB 1421, pending the County Board of Supervisors' approval.

ALTERNATIVE ACTIONS CONSIDERED
The City of Berkeley, as part of Alameda County, is bound, by state statute, to follow the position on AB 1421 that Alameda County chooses to implement.

CITY MANAGER
See companion report.

CONTACT PERSON
Carole Marasovic, Acting Chair, Mental Health Commission (510) 225-5060
Carol Patterson, Mental Health Commission Secretary, HHCS, (510) 981-7721

Attachments:
1: Resolution
Exhibit A: Re-envisioning Engagement: AB1421 Stakeholder Planning BHCS Response and Implementation Plan, November 12, 2014
Exhibit B: January 13, 2015 Briscoe letter to Board of Supervisors

RESOLUTION NO. ##,###-N.S.

SUPPORT OF AB 1421 ALTERNATIVES

WHEREAS, the City of Berkeley is committed to serve persons with serious mental illness including those currently not engaged in mental health treatment; and

WHEREAS, the Alameda County Board of Supervisors directed Alameda County Behavioral Health Care Services to form a stakeholder's working group to conduct a comprehensive review of mental health programs and identify recommendations as to AB 1421 and serving the population of persons with serious mental illness not currently engaged in treatment; and

WHEREAS, a thorough review of all programs by the stakeholder's group was conducted and multiple recommendations were made, establishing programs that would serve persons under a voluntary, non-coercive model; and

WHEREAS, the Alameda County Health Services Agency Director has submitted these recommendations to the Alameda County Board of Supervisors and a budget for the implementation of these programs is being formulated.

NOW THEREFORE, BE IT RESOLVED that the Council of the City of Berkeley directs the City Manager to submit a letter of support to the Alameda County Board of Supervisors consistent with the recommendations made by Alameda County Behavioral Health Care Services to implement compassionate and voluntary alternatives to AB 1421.

Exhibits

A: Re-envisioning Engagement: AB1421 Stakeholder Planning BHCS Response and Implementation Plan, November 12, 2014
B: January 13, 2015 Briscoe letter to Board of Supervisors

ALAMEDA COUNTY
Behavioral Health Care Services

Re-Envisioning Engagement: AB1421 Stakeholder Planning

BHCS Response and Implementation Plan

November 12, 2014

Re-Envisioning Engagement: AB1421 Stakeholder Planning

Summary of AB 1421 Stakeholder Planning Process and Recommendations

On February 25, 2014, the Alameda County Board of Supervisors participated in a discussion on AB1421, the State legislation that authorizes and provides guidelines to implement court-ordered Assisted Outpatient Treatment (AOT) for individuals with severe mental illness that are resistant to treatment. The Board directed Behavioral Health Care Services (BHCS) staff to convene and use a working group of key stakeholders, over a 90 day period, to conduct a comprehensive review of the programs that could serve the population targeted by AB1421. The workgroup's purpose was to consider alternatives to AB 1421 that are more compassionate options for accomplishing the goals of AB1421 and to bring back recommendations.

Under the Board's direction, BHCS initiated a stakeholder planning process to explore and identify programs and services that together would meet the mental health care needs of these individuals with the goal of reducing unnecessary hospitalizations and increasing their engagement with mental health treatment.

BHCS identified stakeholders based on the stakeholder groups named in the AB1421 legislation, which provides guidance to planning processes, and to reflect unique aspects of the County's geography, population demographics and services mix. The workgroup included twenty four members, including consumers, family members and service providers, as well as representatives from the County's Social Services Agency, Sheriff's Office and Public Defender.

BHCS engaged Resource Development Associates (RDA) to design and implement the stakeholder workgroup. RDA used a phased, consensus based facilitation approach designed to create a common foundation of understanding about the current system; the target population, its size, level of engagement, and needs; participants' hopes and concerns related to Assisted Outpatient Treatment; and ultimately, a set of program and service recommendations to address these needs.

For the purposes of this planning process, BHCS defined the target population as Adults with 4 or more Psychiatric Emergency Service visits, with at least 2 resulting hospitalizations within a 12 month period. BHCS used data on services for the fiscal year ending June 30, 2012, to identify 205 Alameda County residents in this target population, Of this group, 51% were male, and 79% fell between the ages of 25 and 59; 98 were African American and 64 were Caucasian, with 19 identifies as Asian-Pacific Islander and 16 as Latino. Planning participants were provided with additional details about this population, which are contained in the attached final report.

The workgroup met five times, extending the process from April to June 2014, and agreed upon ten recommendations for Board consideration and approval. They identified recommendations to address system and program issues as described below. The workgroup also considered two additional proposals on Community Conservatorship and AOT before adopting their final recommendations, which resulted in support for a Community Conservatorship pilot. For additional, detailed information, see the BHCS Report on the AB1421 Planning Process.

BHCS Approach to the Recommendations

BHCS reviewed each of the ten system and program recommendations, as well as the Community Conservatorship recommendation, and developed operational next steps, which are outlined in the attached table. The stakeholder recommendations, in addition to the nine initial recommendations approved by the Board in February 2014, focus on increasing capacity across the system and expanding programs, with a sharp focus on creating intentional linkages for consumers and families with BHCS services and community supports. BHCS will launch implementation, following the Board's review and approval of the new recommendations.

The table highlights each of the stakeholder recommendations and provides updates and links to the prior nine Board-approved recommendations. BHCS will return to the Board for approval of appropriation and revenue increases as operational plans are finalized.

As a result of the AB1421 planning processes and the data-driven analysis of crisis needs and current BHCS crisis capacity, the department is launching a Crisis Planning Process, which will formally convene in early December 2015. BHCS has contracted with the RDA consultants to facilitate this process, given their significant knowledge and understanding of the BHCS system and service delivery. This will be a short term, intensive planning process, with a broad variety of stakeholders, resulting in a set of recommendations by the end of February, 2015. BHCS intends to develop RFPs as needed for new or expanded crisis programs, with the goal of having new services in place near the start of FY15/16.

Re-Envisioning Engagement: AB1421 Stakeholder Planning

System Level Recommendations

Recommendations	Implementation Next Steps & Timeline	Links to Initial 9 Recommendations Approved by Board of Supervisors
#1 Hire an Administrator Description: this position will oversee the implementation of new programs, serve as a resource and technical advisor to managers, staff, community providers, and clients and family members/caregivers; participate in the development of client level and aggregate outcomes, in partnership with the Quality Management Unit; and track and respond to outcomes, working with direct care providers. Needs Addressed: will provide oversight and coordination for the engagement of and service for people with a recent history of recurrent psychiatric room visits and hospitalizations who are significantly deteriorating and unwilling/unable to engage in voluntary services to support their recovery. This position will use utilization and outcome data to drive individual and systems-level decision making.	BHCS has identified the management classification Program Services Coordinator for this position, which will report to the Adult System of Care Director. BHCS plans to fill this position and will open recruitment in January 2015. The salary range for this classification is $86, 117 to $91,062 plus employee benefits. Estimated annual cost is $132,840; this position will be funded by MHSA.	BHCS has hired a **Critical Care Manager for John George Psychiatric Pavilion (JGPP)**, who started work in October 2014. This manager will work with JGPP staff to identify BHCS services and community resources for clients/consumers in Psychiatric Emergency Services (PES) or the hospital and divert individuals from the PES to community settings.

Re-Envisioning Engagement: AB1421 Stakeholder Planning

#2 Increase Data-Sharing Capacity Description: Increase the capacity for data sharing between BHCS, the network of providers and the Alameda County Sheriff to support client care. Recognizing legal impediments to data-sharing must be addressed; this may include a centralized database, data warehouse or other mechanisms to share data. Needs Addressed: Will improve coordination of care for clients and provide data for systems-level evaluation to address the overlap of people with recurrent psychiatric emergency room visits and hospitalizations and involvement with the criminal justice system.	BHCS Information Technology and Decision Support are working to enhance data integration, within the department's regulatory, privacy and data security requirements and current information technology programs. Planning is underway for the implementation of a new BHCS Electronic Health Record, which will streamline data integration and access to information.	
#3 Develop Provider and Staff Capacity Description: Offer a training series on six evidence-based practices (EBPs) to expand the system's capacity to serve the target population regardless of their point of engagement. Needs Addressed: Increase the knowledge and capacity of providers and staff to utilize the appropriate practices for clients' specific needs.	In January 2014, the BHCS Training Unit will complete an RFP process and develop a training schedule for the following three trainings: • Motivational Interviewing (MI) • Seeking Safety • Cognitive Behavioral Therapy (CBT) The stakeholder recommendations also included: • Dialectical Behavioral Therapy (DBT) – BHCS will contract with a DBT trainer • Wellness Recovery Action Planning (WRAP) – BHCS currently funds WRAP training through a contract with PEERS, an Alameda County consumer provider, and plans to adjust the contract to offer additional provider trainings • Co-Occurring (Mental Health and Substance Use Disorders) Conditions – BHCS Operational Leadership is reviewing evidence-based trainings related to co-occurring conditions, with the goal of expanding and strengthening provider and staff capacity across the system. The Training Unit, working with the System of Care Directors and Operational Leads, will offer trainings on DBT and Co-Occurring	

	Conditions, following the development of a targeted, Provider Training Plan.	
#4 Engage Families Description: Seek mechanisms, as permitted under the 42 Code of Federal Regulations (42CFR), California Medical Information Act (CMIA) and Health Insurance Portability and Accountability Act (HIPPA), to allow family members/caregivers to support consumers and participate in their care, to the extent that their loved one allows. Needs Addressed: Family members serve as critical resources to their loved ones, when they are accessing services, and can provide information that would support their loved ones.	BHCS recognizes that caregivers' ability to provide support to clients is enhanced when they have pertinent information. In addition, the capability of BHCS service providers to effectively treat clients can be increased by information received from family caregivers. BHCS supports a collaborative model of practice, which promotes the voluntary sharing of information among clients, BHCS and contract agency staff, and caregivers to the greatest extent feasible in order to facilitate the rehabilitative/recovery process for clients. California and federal laws and statutes require adult consumers to provide written consent to share information with their family members/caregivers. In an effort to promote a more open exchange of information among clients, their caregivers and providers, BHCS has developed a set of Confidentiality Guidelines that protect the statutory rights of clients to privacy and focus on the importance of support systems and open dialogue between clients and their caregivers, keeping in mind the client's privacy rights. BHCS Leadership, working with the Family Group, approved these guidelines and will launch a provider training series in the First Quarter of 2015. The goals are to increase provider awareness of the importance of family involvement, help providers understand the needs of families and create opportunities for family input, recognizing the legal confidentiality requirements and the role they can play in supporting their loved ones.	The BHCS Transition Age Youth System of Care plans to expand **Multifamily Groups** to support family members of youth who are not engaged or participating in their treatment.

Re-Envisioning Engagement: AB1421 Stakeholder Planning

#5 Involve Peers and Family Members in Meaningful Ways Description: Continually seek ways to include peer and family support specialists throughout the BHCS service system. Needs Addressed: Increasing peer and family specialists, offering their own lived experience, benefits both consumers receiving care and their loved ones.	BHCS recognizes the value of consumers and family members working across the system, and actively seeks new roles and opportunities to incorporate peer and family supports. During the 1421 Planning Process, BHCS recognized the need to increase support for family members of adult consumers, especially to family members experiencing a crisis with their loved one. Two of the 1421 Planning Process Program Recommendations include peer and family supports to help clients and families navigate the system. They are described in more detail in the program section.	

Re-Envisioning Engagement: AB1421 Stakeholder Planning

Program Level Recommendations

Recommendations	Implementation Next Steps & Timeline	Links to Initial 9 Recommendations Approved by Board of Supervisors
#6 Expand Crisis Residential Treatment (CRT) Description: Locate additional CRT beds in Northern Alameda County to supplement the existing program capacity in the Castro Valley/San Leandro area. Develop the capacity at the CRT to accept referrals directly from Behavioral Health Services and to avoid Psychiatric Emergency Services (PES) utilization, as permissible by Titles IX and XXII and when clinically appropriate. The CRT will also develop increased co-occurring competency to serve individuals recovering from complex mental health and substance use conditions. Need Addressed: Provide alternatives to hospitalization by expanding Crisis Residential Treatment (CRT) capacity in Alameda County.	Incorporate this recommendation into the Crisis Planning Process, which will start in November/December 2014 and finalize recommendations no later than February 2015. BHCS intends to develop a 16 bed Crisis Residential program. An additional recommendation from the workgroup was to create a 24-hour Crisis Stabilization Unit. BHCS is already planning to include this recommendation as part of the broader Crisis Planning Process in November/December 2014.	The MHSA Plan Update, coming before the Board's Health Committee in November 2014, and the full Board in December 2014, contains funding augmentations for the following programs: The **STEPS Adult Intensive Case Management Program** to address a broader target population that includes clients/consumers experiencing early episodes of mental illness in the hospital and to increase the flow of clients/consumers to less restrictive community-based services. $250,000 augmentation/will be included in annual MHSA funding The **Forensic Assertive Community Treatment (FACT) Team** to address a broader target population that includes clients/consumers experiencing early episodes of mental illness while incarcerated and to increase the flow of clients/consumers to less restrictive community-based services. FACT serves persons who have a history of excess utilization of mental health, substance abuse and criminal justice systems in Alameda County and utilizes the ACT model. $375,000 augmentation/will be included in annual MHSA funding In addition, **two Transition Age Youth (ages 18-24) programs**, included in the initial recommendations, received funding from the State's MHSA Oversight and Accountability Commission Crisis Triage Grants. The $2.6 million award will cover the costs of these programs for three years. BHCS recently completed the RFP process, selected a provider for these programs and is submitting a letter to the Board of Supervisors seeking funding approval for the programs outlined below. The **Street Youth Outreach Team** will meet and engage young people "where they're at" in the community or in the hospital, and will help link them to services and treatment. The **TAY Intensive Case Management Program** will work with youth who are difficult to engage, require assistance with maintaining their activities of daily living and would benefit from these services.

Re-Envisioning Engagement: AB1421 Stakeholder Planning

#7 **Develop a Peer Respite Program** Description: Peer Respite is a peer-led, community-based crisis model that may or may not include a clinical or health care consultant. Peer Respite provides pro-active diversion to assist people in crises and offers support to them. Need Addressed: Provides an additional alternative to hospitalization with short-term residential services that consumers can access during times of crisis in order to divert Psychiatric Emergency Service (PES) visits and hospitalizations.	BHCS will incorporate this recommendation into the Crisis Planning Process, which will start in November/December 2014 and finalize recommendations no later than February 2015. BHCS recognizes the value of adding a peer respite program to the array of community-based crisis services. BHCS staff have researched peer respite models in California and across the country. This information will be shared and discussed in greater detail in the Crisis Planning Process.	
#8 Develop a "Rapid Engagement Team" Description: RET is based on the fidelity model of Assertive Community Treatment and is comprised of a multi-disciplinary, mobile staff that includes clinical, peer and family supports. RET is designed to "meet people where they are at" and provide field-based, flexible services to support individuals as they move through the stages of recovery. Need Addressed: RET is designed to engage individuals while they are still in the hospital, subacute facility, and/or jail to begin the relationship-building process and enroll them in the RET team.	The Adult System of Care views RET as a targeted, short-term approach to engaging clients and assisting them with benefits, housing and a "warm handoff" to the appropriate community-based service. The team can support individuals who are new to the system and those who have not been engaged in services and may be having difficulty managing their lives and wellness. These services mirror components of existing ACT, Intensive Case Management and crisis programs, with the addition of consumer and family supports and mobile staff. The Adult System of Care suggests that this recommendation be incorporated into the Crisis Planning process to determine the best programmatic fit and structure. These services may be provided through expanding or shifting staff roles in existing programs. Any additional program costs will be determined during the Crisis Planning process and would be funded by MHSA.	

Re-Envisioning Engagement: AB1421 Stakeholder Planning

#9 **Develop a Co-Occurring Conditions Full Service Partnership (FSP)** Description: FSPs provide a full range of outpatient wellness and recovery services, including housing. Need Addressed: Enhance services and improve outcomes for clients with both mental health and substance use disorders.	While the stakeholder group recommended development of an additional FSP, BHCS Leadership recommends expansion of co-occurring capacity across all nine FSPs, to improve outcomes for clients with both mental health and substance use disorders. BHCS Executive and Operational Leadership are reviewing nationally recognized evidence-based practices (EBPs) that support individuals with co-occurring disorders and working with FSP providers to identify training and capacity needs in these programs. Incorporating co-occurring capacity across the FSPs represents a significant system change effort and will require significant planning with BHCS System of Care Directors, Operational Leads and providers.	
#10 Develop a "Bridges" System Navigation Team Description: "Bridges" is a multi-disciplinary team that would provide outreach and engagement services as well as systems navigation support. This program would engage those who are not currently receiving mental health services and maintain relationships with these individuals as they move through the various levels of care. Need Addressed: The "Bridges" Team would serve as a consistent source of support regardless of how and where an individual moves within the mental health system.	BHCS sees similarities between the "Bridges" Team and the In Home Outreach Team, one of the initial Re-Envisioning Engagement/1421 recommendations. BHCS recommends that the "Bridges" Team pilot is incorporated into MHSA Innovations Grants Round 4, which will focus on Outreach and Engagement strategies. Innovations Round 4 will be launched in January 2015, and will provide 18 months of funding to selected grantees. At the end of the grant period, BHCS will evaluate results and identify implementation opportunities.	The **In Home Outreach Team (IHOT)** will provide home or community-based support and education to clients/consumers, family members and caregivers. Modeled after San Diego County's successful pilot, IHOT focuses on outreach, engagement and support and links participants to services and community resources. Estimated MHSA grant funding: $275,000 (2 teams) to $400,000 (3 teams) The **Peer Navigator Program** will offer individual peer support to clients/consumers during care transitions between different levels of care and provide linkages to primary and behavioral health services and to community resources. Estimated MHSA grant funding: $200,000 These two pilot programs will be included in the MHSA Innovations Grants Round 4, focused on Outreach and Engagement. BHCS plans to release a Request for Proposal (RFP) for a **Post Crisis Peer Support Program** (called a Mentors on Discharge Program in the initial nine recommendations) for consumers being discharged from John George Psychiatric Pavilion, based on promising practices from MHSA Innovation Grants Round 1. Expected RFP date: First Quarter 2015 Estimated program cost: $187,500, funded by MHSA

Re-Envisioning Engagement: AB1421 Stakeholder Planning

Community Conservatorship and Assisted Outpatient Treatment (AOT)

Summary

The AB1421Planning Process workgroup considered two additional proposals on Community Conservatorship and AOT before adopting their final recommendations. There was no expectation that the group would reach consensus regarding these potential service options.

Led by the consultants, the group engaged in a planned exercise to determine which of these two programs had stronger overall support from the stakeholders. Following a facilitated discussion, the group demonstrated stronger consensus for San Francisco's Lanterman-Petris-Short Act (LPS) Community Independence Placement Program (CIPP) model with adaptations to the special needs in Alameda County. The group then voted to request that BHCS develop and implement a hybrid model of community conservatorship.

San Francisco's LPS CIPP provides conservatorship, medication, and case management services to clients who have a history of psychiatric hospitalizations and non-compliance with treatment, and who are at risk of re-hospitalization of admittance to a longer-term locked psychiatric facility in the future without proper care. The goal of the LPS CIPP program is voluntary and participation requirements are explained to the individual by the treatment provider and their appointed counsel.

There was a separate, facilitated discussion around the implementation of AOT. Stakeholders had the opportunity to discuss their concerns and questions in order to fully engage in the consensus process. While participants expressed an understanding of the inherent challenges in engaging the target population, there was a lack of consensus around the inclusion of AOT in the recommendations. Ultimately, AOT did not receive the same level of support as the Community Conservatorship model and therefore cannot be considered a consensus recommendation.

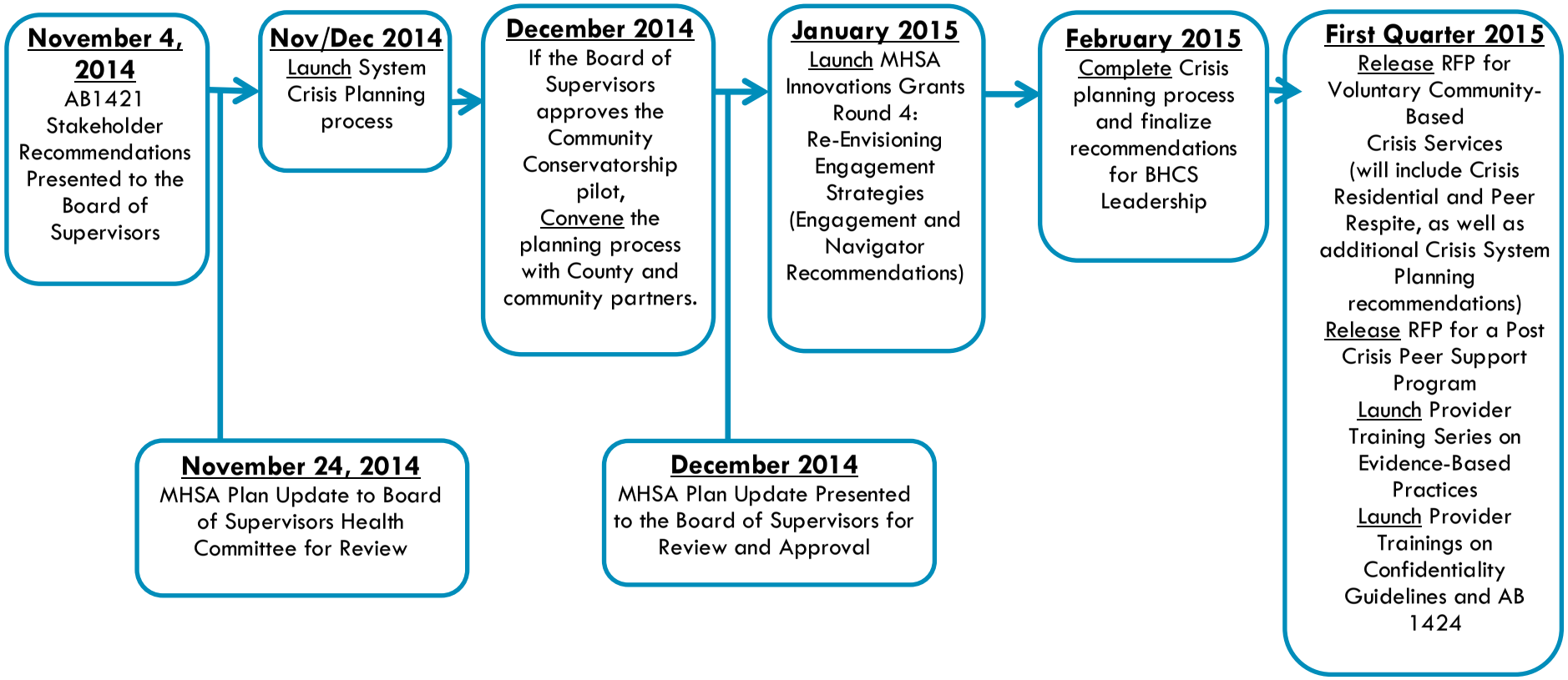
Please see the BHCS Report on the AB 1421 Planning Process for a more detailed description of the facilitated process and stakeholder comments.

Program Recommendation #11 Consider a Hybrid Model of Community Conservatorship

BHCS Leadership, the Social Services Agency Director and Office of the Public Guardian, the Public Defender, and County Counsel have held initial meetings to review and explore the community conservatorship recommendation and to discuss what might work in Alameda County. As these discussions progress, information will be shared.

BHCS Implementation Timeline

Re-Envisioning Engagement: AB1421 Stakeholder Planning Recommendations



ALAMEDA COUNTY
HEALTH CARE SERVICES
AGENCY
Alex Briscoe, Director

AGENDA _____January 27, 2015

ADMINISTRATION & INDIGENT HEALTH
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San Leandro, CA 94577
TEL (510) 618-3452
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January 13, 2015

The Honorable Board of Supervisors
Administration Building
1221 Oak Street
Oakland, CA 94612

Dear Board Members:

SUBJECT: APPROVAL OF PLANNING AND IMPLEMENTATION OF RECOMMENDATIONS FROM THE KEY STAKEHOLDER WORKGROUP REVIEWING THE PROGRAMS THAT COULD SERVE THE POPULATION TARGETED BY AB 1421

RECOMMENDATION:

Approve the planning and implementation of the ten recommendations developed by the AB 1421 Stakeholder Workgroup to address the needs of individuals with serious mental health issues who have not been engaged in ongoing treatment through the current array of behavioral health services

SUMMARY:

On February 25, 2014, your Board participated in a discussion on AB 1421, the State legislation that authorizes and provides guidelines to implement court-ordered Assisted Outpatient Treatment (AOT) for individuals with severe mental illness that are resistant to treatment. Your Board directed Behavioral Health Care Services (BHCS) staff to convene and use a working group of key stakeholders, over a 90 day period, to conduct a comprehensive review of the programs that could serve the population targeted by AB 1421. The workgroup's purpose was to consider alternatives to AB 1421 that are more compassionate options for accomplishing the goals of AB 1421 and to bring back recommendations. BHCS is requesting that the Board approve moving forward with the final planning and implementation of those recommendations.

DISCUSSION:

Under the Board's direction, BHCS initiated a stakeholder planning process to explore and identify programs and services that together would meet the mental health care needs of these individuals with the goal of reducing unnecessary hospitalizations and increasing their engagement with mental health treatment.

BHCS identified stakeholders based on the stakeholder groups named in the AB1421 legislation, which provides guidance to planning processes, and to reflect unique aspects of the County's geography, population demographics and services mix. The workgroup included twenty-four members, including consumers, family members and service providers, as well as representatives from the County's Social Services Agency, Sheriff's Office and Public Defender.

BHCS engaged Resource Development Associates (RDA) to design and implement the stakeholder workgroup. RDA used a phased, consensus-based facilitation approach designed to create a common foundation of understanding about the current system; the target population, its size, level of engagement, and needs; participants' hopes and concerns related to AOT; and ultimately, a set of program and service recommendations to address these needs.

For the purposes of this planning process, BHCS defined the target population as Adults with 4 or more Psychiatric Emergency Service visits, with at least 2 resulting hospitalizations within a 12 month period. BHCS used data on services for the fiscal year ending June 30, 2012, to identify 205 Alameda County residents in this target population. Of this group, 51 percent were male, and 79 percent fell between the ages of 25 and 59; 98 were African American and 64 were Caucasian, with 19 identified as Asian-Pacific Islander and 16 as Latino. Planning participants were provided with additional details about this population, which are contained in the attached final report.

The workgroup met five times, extending the process from April to June 2014, and agreed upon ten recommendations for your Board's consideration and approval. They identified recommendations to address system and program issues as described below. The workgroup also considered two additional proposals on Community Conservatorship and AOT before adopting their final recommendations, which resulted in support for a Community Conservatorship pilot. For additional, detailed information about the 1421 Stakeholder Planning Process, see the attached final report.

System-Level Recommendations

1. **Hire an Administrator:** This position will provide oversight and coordination for the engagement and service of people with a recent history of recurrent psychiatric emergency room visits and hospitalizations that are significantly deteriorating and unwilling/unable to engage in voluntary services to support their recovery. This position will use utilization and outcome data to drive individual and systems-level decision making.
2. **Increase Data-Sharing Capacity:** Increase the capacity for data-sharing between Behavioral Health Care Services, the network of providers and the Sheriff to support client care and systems-level evaluation to address the overlap of people with recurrent psychiatric emergency room visits and hospitalizations and the criminal justice system.
3. **Develop Provider and Staff Capacity:** Offer the following trainings to expand the system's capacity to serve these individuals regardless of their point of engagement:
   a. Cognitive Behavioral Therapy for Psychosis
   b. Dialectical Behavioral Therapy
   c. Motivational Interviewing
   d. Seeking Safety
   e. Wellness Recovery Action Planning
   f. Co-Occurring (Mental Health and Substance Use) Disorders
4. **Engage Families:** Look for mechanisms, as permitted under the 42 Code of Federal Regulations (42CFR) and Health Insurance Portability and Accountability Act (HIPAA), to allow family members to support consumers and participate in their care, to the extent that their loved one allows. Family members serve as critical resources to their loved ones when accessing services.
5. **Involve Peers and Family Members in Meaningful Ways:** Continue to seek ways to include peer and family support specialists throughout the service system.

Program Level Recommendations

6. **Expand Crisis Residential Treatment:** Provide alternatives to hospitalization by expanding Crisis Residential Treatment (CRT) capacity. Locate additional CRT beds in Northern Alameda County to supplement the existing program capacity in the Castro Valley/San Leandro area. Develop the capacity at the CRT to accept referrals directly from Behavioral Health Services and to divert Psychiatric Emergency Services (PES) utilization, as permissible by Titles IX and XXII and when clinically appropriate. The CRT will also develop increased co-occurring competency to serve individuals recovering from complex mental health and substance use conditions.

7. **Develop a Peer Respite Program**: Provide an additional alternative to hospitalization with short-term residential services that consumers can access during times of crisis in order to divert avoidable PES visits and hospitalization. Peer Respite is a peer-led model and may or may not include a clinical consultant.

8. **Develop a "Rapid Engagement Team (RET)":** RET is based on the fidelity model of Assertive Community Treatment and is comprised of a multi-disciplinary, mobile staff that includes clinical, peer, and family supports. The RET is designed to engage individuals while they are still in the hospital, sub-acute facility, and/or jail to begin the relationship-building process and enroll them in the RET team. The RET is also designed to "meet people where they're at" and provide field-based, flexible services to support individuals as they move through the stages of recovery.

9. **Develop a Co-Occurring Conditions Full Service Partnership (FSP)**: While the stakeholder group recommended development of an additional FSP, BHCS Leadership recommends expansion of co-occurring capacity across all nine FSPs, to improve outcomes for clients with both mental health and substance use disorders. FSPs provide a full range of outpatient wellness and recovery services, including housing. FSP providers will increase their competency in working with people with co-occurring disorders, and the FSP teams will include a certified substance abuse counselor.

10. **Develop a "Bridges" System Navigation Team**: Bridges is a multi-disciplinary team that would provide outreach and engagement services as well as systems navigation support. This program would engage those who are not currently receiving mental health services and maintain relationships with these individuals as they move through the various levels of care. They would serve as a consistent source of support regardless of how and where the person moves within the mental health system.

An additional recommendation from the workgroup was to create a **24-hour Crisis Stabilization Unit.** BHCS is already planning to include this recommendation as part of a broader Community Crisis Planning effort that will launch in February 2014.

Community Conservatorship and Assisted Outpatient Treatment (AOT)

The workgroup considered two additional proposals on Community Conservatorship and AOT before adopting their final recommendations. There was no expectation that the group would reach consensus regarding these potential service options.

Led by the consultants, the group engaged in a planned exercise to determine which of these two programs had stronger overall support from the stakeholders. Following a facilitated discussion, the group demonstrated stronger consensus for San Francisco's LPS Community Independence Placement Program (CIPP) model with adaptations to the special needs in Alameda County. The group then voted to request that BHCS develop and implement a hybrid model of community conservatorship.

There was a separate, facilitated discussion around the implementation of AOT. Stakeholders had the opportunity to discuss their concerns and questions in order to fully engage in the consensus process.

While participants expressed an understanding of the inherent challenges in engaging the target population, there was a lack of consensus around the inclusion of AOT in the recommendations. Ultimately, AOT did not receive the same level of support as the Community Conservatorship model and therefore cannot be considered a consensus recommendation.

11. **Convene a "plan to plan" process to develop and pilot a Community Conservatorship model based on San Francisco's LPS CIPP with adaptations to the special needs in Alameda County.** San Francisco's LPS CIPP provides conservatorship, medication, and case management services to clients who have a history of psychiatric hospitalizations and non-compliance with treatment, and who are at risk of re-hospitalization or admittance to a longer-term locked psychiatric facility in the future without proper care. The goal of the LPS CIPP is to provide sufficient supports to enable these clients to live independently and maintain stability. The LPS CIPP program is voluntary and participation requirements are explained to the individual by the treatment provider and their appointed counsel.

    The BHCS "plan to plan" process will include BHCS Leadership, Social Services Agency Office of the Public Guardian; the Public Defender; County Counsel; the Court; John George Psychiatric Pavilion Administration; Patient Rights Advocate; BHCS service provider(s) and consumer and family representatives. Using San Francisco's CIPP model as a guide, the goal is to develop a community conservatorship model that addresses the needs of Alameda County's clients and is supported by the County partners.

SELECTION CRITERIA AND PROCESS:

BHCS will obtain goods and/or services according to county procurement guidelines.

FINANCING:

BHCS will return to the Board of Supervisors for approval of appropriation and revenue increases as operational plans are finalized.

Respectfully submitted,

Alex Briscoe, Director
Health Care Services Agency

AB:TT