# Alameda County Behavioral Health Department Guidance Clinic & Juvenile Justice Center (JJC) BHD Program Model Re-Design

SB 823 Subcommittee

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**Presented by:** 

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# **Presentation Highlights**



**Context** for Re-Design

- Current Programming Overview
- **A New Model**: Holistic, Client-centered, & Integrated

• **Next Steps**: Program, Partnerships, & Timeline

# Juvenile Justice Center/Guidance Clinic

Ever Evolving Landscape and Current Model

#### Background

- Alameda County Behavioral Health Dept.'s (ACBHD) has been committed to serving detained youth for well over 30 years.
- ACBHD and the Guidance Clinic's role at the Juvenile Justice Center (JJC) was developed over two decades ago.
- Needs and services for the JJC have fluctuated over the years from crisis model to more therapeutic supports.
- Staffing often drove the Guidance Clinic model (e.g., evaluations and sex offender programming), rather than Guidance Clinic having an established model that evolved to meet the needs of our youth.



#### **Evolving Landscape**

- Given ongoing requests for additional support and coverage, ACBHD has been working to define the therapeutic model that best fits within the JJC.
- This process has taken time given the complexities of the JJC:
  - Fluctuating number of detained youth,
  - Unit changes,
  - More youth facing serious charges,
  - Increased length of detention for many youth,
  - Increasing behavioral health needs of youth,
  - Multiple service providers outside of ACBHD network,
  - Staff retention challenges (exacerbated by the COVID-19 pandemic),
  - Fewer local treatment facilities (i.e., STRTPs).



## Historical Mental Health Services provided at JJC

#### Historical Staff Types:

- Psychologists
- Clinicians
- Mental Health Specialist
- Psychiatrists
- Director and Manager

#### Service Challenges:

- Multiple requests for crisis support resulted in triage over therapeutic model.
- Prioritized report writing meant staff often unable to meet the increasing acuity given the changes in community and legislative landscapes.
- Limited ongoing referral tracking or collaboration with clients post release.



# **Guidance Clinic Schedule (2024)**

Unit/Total Youth	MON	TUE	WED	THU	FRI	SAT	SUN
Unit 1							
AVG 12							
Unit 4 AVG 22	3 BH Clinicians in the AM	4 BH Clinicians in the AM	5 BH Clinicians in the AM	5 BH Clinicians in the AM	3 BH Clinicians in the AM	Clinicians	1 BH Clinician 9am-5pm
Unit 5 AVG 25	1 BH Clinician in the PM	2 BH Clinician in the PM	1 BH Clinician in the PM	1 BH Clinician in the PM	2 BH Clinician in the PM	, ann opnn	, and opin
Unit 6 AVG 9							
Camp AVG 5						x	x



## **Additional Guidance Clinic Services**

- Psychiatrists on site Monday-Friday 7am-4pm
- Mental Health Specialist and re-entry support in the Transition Center 9:30am-5pm
- Continuity of Care via BHD Contracted Providers:
  - Lincoln Project Permanence (wrap services)
  - Lincoln Multidimensional Family Therapy
  - Seneca Intensive Case Management
  - Seneca Multi-Systemic Therapy



# **Guidance Clinic Staffing Model Limitations**

- Weekend coverage results in *reduced staffing* twice a week (M/F).
- Clinicians *split multiple units each day*.
- *Minimal staffing strains coverage plans* when Clinicians are out unexpectedly.
- Lack of a dedicated crisis team results in Clinicians being pulled from scheduled appointments.
- Clinicians are unable to dedicate times to critical services such as groups, family engagement, or re-entry support.



# Juvenile Justice Center: A New Vision

A New Model that incorporates program to address acuity, need, and system or legislative changes.

#### Three (3) Critical Component Areas

#### A New Model, A New Vision.





# **System Collaboration**





#### **Proposed Collaboration Improvements - Highlights**

- Brown-Bag Lunch Trainings & Consultation.
- Multi-Disciplinary Team Participation & Communication
- Mental Health (aka Collaborative) Court Assignments & Support
- In-Reach & Specialized Services (Education, Healthcare, Social Services, Court Reports, etc.)
- Cross Agency Data Review & Trouble-Shooting (Program Level)



# In-Custody Treatment & Crisis Intervention





#### **Acuity-Based Approach to Treatment & Care**

- Levels of Behavioral Health Care Assignment & Screening (Prompt initial screening and follow-up assessments).
- Formalized Policy & Protocols (Including interagency agreements, roles, and approaches used across county/ non-county providers).
- Integrated & Collaborative Model of Medical/ Psychiatric Care for youth (Rounding & Treatment Planning).
- Continuum of Care Options for Treatment (Based upon acuity)
- Crisis Response Teams



### **Proposed Guidance Clinic Coverage & Support**

- Clinician Crises coverage morning through evening hours, seven days a week.
- Treatment Clinician coverage morning and afternoon M-F
- Mental Health Support (MHS) staff afternoon and evening hours seven days a week.
  - Can support milieu activities, groups, and client support (e.g., deescalation, mental health first aid, etc.)
- **Care Coordination** (Referrals, follow up, linkage, and family connection)



#### Additional Expanded Services & Coverage

- 2 MHS staff on site during standard business hours to support re-entry.
- Dedicated Clinician time to **staff Mental Health Court** (aka Collaborative Court).
- 1 Clinician assigned to courts to provide client support & consultation during delinquency hearings.
- **Post-release care coordination team** to ensure linkages to community-based behavioral health providers.
- 2 Clinical Supervisors to support evening coverage.



## Additional Expanded Services & Coverage

#### Clinical Psychologist:

- Consultation to clinical staff, Probation staff, and Judges.
- Treatment assessments/recommendations for high acuity youth.

#### • Training for Probation:

- Mental Health 101
  - Identifying and addressing common mental health issues among juveniles, e.g., depression, anxiety, and conduct disorders.
- Substance Use Disorders 101
  - Signs, effects, impacts, withdrawal symptoms, etc.
- Trauma-Informed Care
- Crisis Intervention and De-escalation (and prevention)
- Behavioral Management of Complex Behavioral Health Issues



Intensive Behavioral Health Support for In-Custody Youth

# JJC Youth: A New Model of Support

- Guidance Clinic Clinical Manager will play a critical role in:
  - Ensuring Behavioral Health and Probation collaboration on the units;
  - Monitoring and reporting clinical services/outcomes;
  - Clinical consultation and direct support for higher acuity youth; and
  - Collaboration with other county providers, e.g., ACBHD outpatient clinics, Willow Rock, John George, etc.
- Juvenile Justice Health Services Director will play a critical role in:
  - Ensuring integrated behavioral health and primary care services;
  - System level partnership with Probation leadership;
  - Collaboration with contracted providers-Lincoln, Seneca, TAY Full-Service Partnerships, etc.; and
  - Tracking and reporting CalAIM deliverables;



Intensive Behavioral Health Support for In-Custody Youth

#### JJC Youth: A New Model of Support

- New staffing/services will allow the Guidance Clinic to implement the following changes to enhance services:
  - Intake screening for all youth (CalAIM mandate)
  - Secondary assessments for all youth (CalAIM mandate)
  - Increased groups seven days a week
  - Increased treatment planning
  - Increased collaboration (unit daily huddles, unit care coordination, MDTs)
  - Enhanced reentry planning and behavioral linkages (CalAIM mandate)
  - Increased clinician back-up support
  - Support for JJC to meet CalAIM pre-release mandates



## **Additional Expanded Services & Coverage**

#### **Current Allocated Positions:**

- 8 Clinician positions
- 1 Mental Health Support staff
- 2 Psychiatrists
- 1 Clinical Manager
- 1 Health Services Director

#### Total: 13 FTE

- Updated Allocated Positions: 9 Clinician positions
- 4 Mental Health Support Staff
- **1 Clinical Psychologist**
- 2 Psychiatrists
- 2 Clinical Supervisors
- 1 Clinical Manager
- 1 Health Services Director
- Total: 19 FTE



#### **System Wide Connections and Support to JJC**

- Longtime partners (Lincoln and Seneca)
- Transition Age Youth (TAY) full-service partnership
- REFUGE Kimbilio 13 bed residential treatment program for TAY
- Continuum of juvenile justice behavioral health services will expand with the Transition Age Youth (TAY) Wellness Center, which will provide:
  - 16 bed Crisis Residential Treatment program that focuses on social rehabilitation and treatment needs; and
  - Multiple outpatient support services to address mental health, substance, and criminogenic needs.
  - Additional forensic inpatient services (e.g., crisis residential, MH rehab center, etc.)



# Guidance Clinic Schedule (Feb 2025)

Unit/Total Youth	MON	TUE	WED	THU	FRI	SAT	SUN
Unit 1 AVG 12							
Unit 4 AVG 22	<mark>6</mark> BH Clinicians in the AM	<mark>5</mark> BH Clinicians in the AM	5 BH Clinicians in the AM	5 BH Clinicians in the AM	<mark>4</mark> BH Clinicians in the AM	Clinicians	<mark>2</mark> BH Clinician 9am-5pm
Unit 5 AVG 25	1 BH Clinician in the PM	2 BH Clinician in the PM	1 BH Clinician in the PM	1 BH Clinician in the PM	<mark>1</mark> BH Clinician in the PM	7 din opin	yanı opin
Unit 6 AVG 9							
Camp AVG 5						х	x



# **Care Coordination**





#### Care Coordination Improvements – Highlights & Proposed Change System Integration & Behavioral Health Linkages



#### Care Coordination Improvements – Highlights & Proposed Change System Integration & Behavioral Health Linkages



# Short, Medium, & Long-Term Goals & Estimated Timeline

#### Short-Term (within 6 months):

- Hire psychologist to evaluate higher acuity youth
- Hire JJ Health Services Director
- Hire GC Manager
- Recruit new GC staff
- Train Guidance Clinic staff TF-CBT
- Provide training for Probation staff on Behavioral Health Services
- Participate in Brown Bag collaborative meetings
- Increase linkage to TAY FSP
- Implement CalAIM BH linkages



# Short, Medium, & Long-Term Goals & Estimated Timeline

#### Medium-Term (within 12 months):

- Hire new GC staff
- Dedicate clinical staff to each unit
- Dedicate clinical support to delinquency Courts and Collaborative Court
- Develop therapeutic housing model on units
- Continue training GC clinical staff on evidence-based practices.

#### Long-Term (beyond 12 months and/or ongoing):

- Increase AM/PM support 7-days a week
- Expand groups to AM/PM 7-days a week
- Augment primary care services to improve integrated care



# ACBHD JJC Re-Design Updates (Nov and Dec 2024)

- Juvenile Justice Health Services Director started 11/10
- Guidance Clinic Manager started 11/25
- <u>3 New</u> Behavioral Health Clinicians started 12/16 (temp)
- 5 Clinicians completed Trauma-Focused CBT trainings.
- **2 New** Behavioral Health Clinicians are finalizing county offers
- Ongoing recruitment for 2 additional Behavioral Health Clinicians.
- New recruitment opened for **2 Clinical Supervisors**.



#### **ACBHD JJC Re-Design Updates**

- <u>New</u> Guidance Clinic Brief Initial Assessment created (meets CalAIM mandates)
- <u>New</u> Guidance Clinic Reentry Plan created (meets CalAIM mandates)
- <u>New</u> treatment planning is occurring with clients.
- January: ACBHD is hosted a training for the Judges, DA, PD, and Probation on psychiatric medication for adolescents/young adults.
  - Additional training will be scheduled for county and contracted partners.

## **ACBHD JJC Re-Design Updates**

- UCSF Children's Hospital/JJC Medical:
- ACBHD and JJC Medical collaboration. ACBHD's Chief Medical Officer and Associate Medical Director met with Dr. Ross and Dr. Burrough to plan for increased collaboration between our MDs. Our teams agreed to create a standing bi-weekly MD meeting to discuss client care.
- ACBHD is obtained approval for UCSF Children's Hospital current contract. Current contract will provide a 5% funding increase plus additional \$1 million to maintain current services.
- ACBHD is working on an expanded contract for UCSF Children's Hospital for FY 25/26. Expanded contract will double the funding for UCSF Children's Hospital contract to increase staffing for critical services including overnight coverage, additional clinic days, and other staff to support CalAIM mandates.

#### System Next Steps, and Beyond...





# All short-term goals were completed in 4 months:

- Hire psychologist to evaluate higher acuity youth X
- Hire JJ Health Services Director  $\bigstar$
- Hire GC Manager 🛧
- Recruit new GC staff 🔆
- Increased training for staff \$\frac{1}{\lambda}\$
- Re-started CalAIM planning with Probation <del>\(\lambda\)</del>



## System Next Steps, and Beyond...

- Medium-Term (within 12 months):
- Continue to hire new GC staff (2 additional candidates finalizing offers)
- Develop therapeutic housing model on units (newly created clinical documents will support this effort)
- Dedicate clinical support to delinquency Courts and Collaborative Court
- Continue training GC clinical staff on evidence-based practices (training on treatment planning in process)
- Long-Term (12+ months or ongoing):
- Increase AM/PM support 7-days a week
- Expand groups to AM/PM 7-days a week
- Augment primary care services to improve integrated care (expanded contract will support)
  Behavioral Health Department Aurred County Health

#### System Next Steps, and Beyond...



- County Staff Expansion: Expanded Teams and Additional Classifications.
- Population Specific Focus: System Mapping, Access & Care Delivery Changes, Program Changes.
- Community Engagement: Listening Sessions, Workgroups, Community and Stakeholder Forums, Education, Media & Messaging.
- Strategic Planning: Implementation & Impact Analyses.









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