

Alameda County Behavioral Health Department AB 109 Funding Recommendation Fiscal Year 2025-2026

Presented by:

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Alameda County Behavioral Health Community-Based MH/SUD Providers

Annual Funding Recommendations:

- Recovery Residence Services-\$429,447
- Felton SMI-\$1,531,440
- Alameda County Behavioral Health Dept. (ACBHD)-\$4,707,711
- Alameda County Behavioral Health Dept. (ACBHD), Mental Health & Wellness (MHW)- \$3,500,000

Recovery Residence Services Total Investment: \$429,447



Recovery Residences

- Recovery Residences provide a safe place that supports a client's potential for healthy sober living.
- These sober living environments support clients by providing treatment, developing a strong support system, and helping achieve full time employment.
- The residences provide 5-hours of low intensity treatment per week.



Recovery Residences Objectives

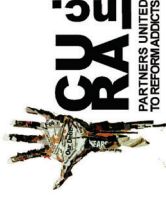
- Recovery residences assist clients in accomplishing the following goals:
 - Establish and maintain recovery from substance use and attain stabilization.
 - Increase self-sufficiency and improve quality of life.
 - Adopt a voluntarily-maintained lifestyle characterized by sobriety, personal health, and personal responsibility.



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Recovery Residences Services

- In FY 2023-2024, 460 clients were served by Recovery Residence Services
 - 117 in FY 22/23 (increase of 343 clients)
- Currently 160 clients are being served, FY 24/25
- Program target is 275 clients served per year.



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Recovery Residences Success Stories

A 34-year-old recovering addict, who has been homeless and involved in the criminal justice system for 9 years, found support at Options Recovery Services in September 2024. With the help of counselors, housing staff, and a Case Manager, they regained their driver's license, secured transportation for appointments, and reconnected with their children. Active in Narcotics Anonymous, they've been sober for the longest time since age 13 and have been crime-free since September. They're about to complete their felony probation, with only one county left to clear. They are grateful for the support and progress they've made in their recovery. – Options Client



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Recovery Residences Success Stories

At 41, after years of struggling with substance use disorder, this individual found a life-changing opportunity at CURA Inc. Despite many previous treatment attempts, he felt immediately welcome and supported at CURA. Through group sessions, relapse prevention, and CBT, he gained crucial coping skills that he still uses today. CURA also introduced fun activities in recovery, helping him build a solid foundation.

After five months in the Therapeutic Community, he transitioned to CURA North, a sober living environment that helped him focus on meetings, school, and rebuilding his life. Now, he's studying to become a Substance Use Disorder counselor and works as a Clinical Monitor, grateful for how CURA has not just saved his life but given him a purpose. – CURA Client



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Success: Movement from Incarceration (SMI) Intensive Case Management Services Total Investment: \$1,531,440



SMI Mental Health Case Management



- Intensive case management services for clients with serious mental illness.
- Felton staff engage clients multiple times a week and are responsive to client needs including responding during crisis.
- The program engages clients for 18 months and extensions are approved on a case-by-case basis.

SMI Mental Health Case Management



- Services started in FY 2020-2021.
- 232 clients have been served from FY 2020-2024
- 77 total clients served in FY 23/24
 - 82 total clients served in FY 22/23
- 808 services provided in FY 23/24
- 63 clients served to date this FY 24-25*
- Program target was 120 clients per year for FY 23-24

* As of 01/22/25

SMI Mental Health Case Management Programmatic Updates

- Felton's Anger Management Group has taken significant steps to support the Seriously Mentally Ill (SMI) population by facilitating specialized anger management sessions at CORE (Center of Reentry Excellence). This initiative aims to provide targeted emotional regulation strategies, fostering healthier coping mechanisms and improving overall mental health outcomes for individuals facing these challenges.
- Objective of the initiative: To offer tailored anger management resources to the SMI population.
- Enhance Accessibility: To ensure that individuals have easy access to critical services within their community.
- Promote Emotional Well-Being: To equip clients with the skills necessary to manage anger and improve their overall mental health.

SMI Mental Health Case Management Outcomes

Quality Measures	
Percent of clients who progress through all three Program Model Phase within the designated time period.	70%
Percent of clients who receive two or more mental health services per month in the first three months of enrollment	80%
Percent of clients admitted into the program who are retained for at least two months or are transitioned to a more appropriate program	80%
Percent of clients who complete all three phases of the program who have an individualized sustainability plan upon program exit	90%

SMI Mental Health Case Management Outcomes

Impact Measures	
Percent of clients who have a medical home within the first two months of enrollment	80%
Percent of clients who have an appointment with their primary care physician within the first four months of enrollment	65%
Percent of clients who are eligible for Medi-Cal who are enrolled in Medi-Cal within two months on enrollment	90%
Percent of clients who are eligible for Medi-Cal who are enrolled in Medi-Cal within <u>four months</u> on enrollment	95%

SMI Client Challenges

- SMI clients often have co-occurring substance use disorders, complicating treatment
- Challenging to coordinate treatment across various disciplines
- Unable to contact and retain clients due to life challenges (e.g., non-operational phone numbers, unstable housing, etc.)
- Stigma related to SMI and clients are often reluctant to seek help
- Difficult to keep clients engaged in treatment, especially if symptoms impair motivation or insight

SMI Staffing Challenges

- Difficulty finding qualified candidates who want to work with our reentry community members.

Alameda County Behavioral Health Mental Health & Substance Use Treatment Services

Total Investment: \$4,707,711

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ACBHD Mental Health & SUD Services*

- In FY 23/24, ACBHD was able to provide **\$23.1 million** of services to AB 109 clients.
- \$13.3 million of Medi-Cal and other revenue.
- \$5.1 million in costs are covered by ACBHD.
- \$4.7 million is covered by AB 109 funding.
- Renewal of the ACBH AB 109 allocation will continue to off-set the costs and ensure AB 109 clients can continue to receive critical services.

*CalAIM Payment Reform caused claiming delays. SUD services are not included yet.

ACBHD Mental Health & SUD Services

Investment funds 117 county operated and community-based programs.

Services include:

- In-custody mental health services at Santa Rita Jail
- Community-based mental health services
- Out-of-Custody Substance Use Services
- Case and Care Management
- Crisis Services
- Psychiatric emergency in-patient services
- Crisis residential treatment programs
- Subacute treatment programs

* CalAIM Payment Reform caused claiming delays. SUD services are not included yet.

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ACBH Mental Health & SUD Services

SUD specific services include:

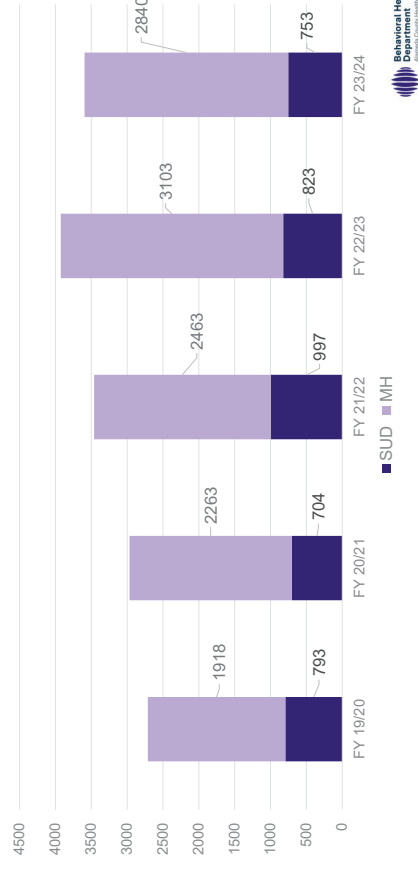
- Withdrawal Management/Sobering Services
- Narcotics Treatment Program
- Outpatient SUD Services
- Intensive Residential SUD Treatment

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ACBHD Mental Health & SUD Services

- In FY 23-24, ACBHD provided services to 3,117 AB109 clients.
- AB109 clients received 59,489 mental health service visits in FY 23-24.
- AB109 clients received 41,153 SUD visits in FY 23-24.

AB 109 Clients Receiving ACBH Services FY 19/20 to FY 23/24



ACBHD Mental Health & SUD Outcomes

- After engaging in ACBH mental health services, AB109 clients had substantial declines in incarcerations, and increased engagement in out-of-custody ACBH services and non-emergency primary care.
- From Fiscal Year 20-21 through Fiscal Year 23-24, in the 12-months following initial mental health visit, there was a 20% decline in AB109 clients who were incarcerated.

ACBH Mental Health & SUD Outcomes

- After engaging in ACBH SUD services, AB109 clients had substantial declines in incarcerations, and increased engagement in out-of-custody ACBH, sobering, and non-emergency primary care services.
- From Fiscal Year 20-21 through Fiscal Year 23-24, in the 12-months following their initial SUD visit, there was a 23% decline in AB109 clients who were incarcerated.

ACBH Mental Health & SUD Outcomes

➤ AB109 clients connected to ACBH intensive outpatient services (e.g., full-service partnerships or treatment teams), also have significant positive outcomes:

- **20% decrease in incarceration**
- **28% decrease in psychiatric hospital admissions**
- **17% decrease in days in psychiatric hospital days**
- **34% increase in primary care physical exams**

CCPEC FY 25/26 REQUEST

Approve funding for AB 109 MHW

Program to:

- Build out scope of work to address client needs and service gaps
- Procure provider(s) for new program model
- Launch new MHW Program model in FY 25/26

Amount Requested:

\$3.5M

AB 109 Mental Health & Wellness Program

New Program Model & Funding Request

Alameda County Behavioral Health Department &
Alameda County Probation Department

Total Investment: \$4,707,7

FEEDBACK FROM KEY STAKEHOLDERS

Clients, Participants, & Families

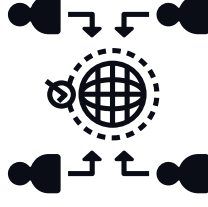
- Continuous feedback & gap analysis
- Utilization rates, continuity

Probation Staff

- Continuous feedback & provider navigation
- Persisting barriers to services

Community Members, Providers, & Partners

- Continuous feedback & resource connection
- Client crisis, de-escalation, and community MH



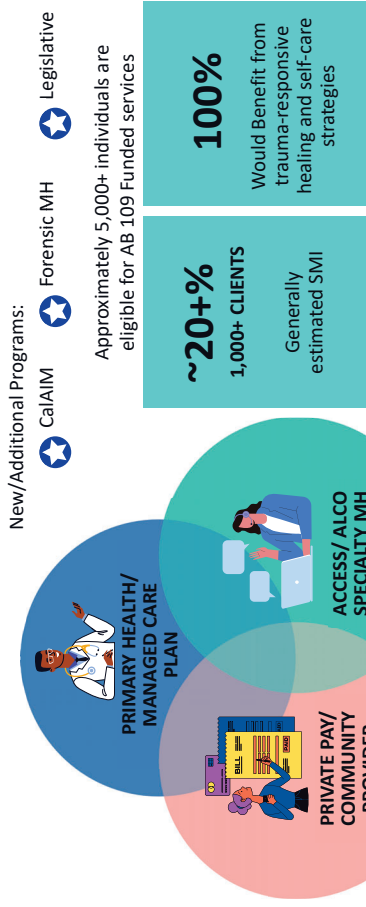
CCPEC Program & Services Workgroup: October

26, 2023

CCP MH Subcommittee:

January 18, 2024

WAYS TO SEEK/RECEIVE CARE



The system is too complex for many ACPD clients and DPOs to navigate on their own

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Service Population

Navigation	Intervention	General
- o Clients with known MH needs or hospitalization - o SRJ/CDCR releases - o Medi-Cal service connection - o Family resources & supports	- o Clients requiring de-escalation support - o Under insured/not covered by Medi-Cal - o MH Peer support & group needs	- o Probation Officers/ ACPD Staff - o Center of Reentry Excellence (CORE) - o AB 109 Housing Sites - o AB 109/Reentry Providers

Clients, families, and community supporters

MHW PROGRAM ACTIVITIES

NAVIGATION

Singular Referral Point - o Easy access and communication - o Data transparency & consistency - o Point of contact for Community MH providers/coordination	Best-fit Provider Triage - o Navigate County health system for immediate and long term services - o ACCESS referrals, Forensic MH teams, Court programs, etc.
Co-location in Key Spaces - o Consultation for prevention and prompt service connection - o SRJ Pre-release/CalAIM linkages - o ACPD office, CORE, and outreach	Service Navigation - o Peer support, case management, medication support and connection - o Family coaching and support - o Warm hand-offs and direct linkage

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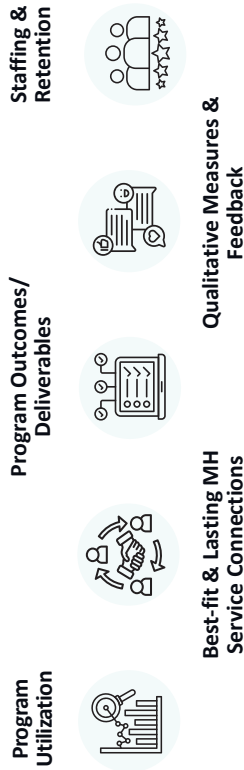
MHW PROGRAM ACTIVITIES

INTERVENTION

Wellness Response - o De-escalate MH situations at key ACPD and AB 109 provider locations - o Coordinate with crisis response teams, John George, etc.	Community Wellness - o Groups and no barrier MH resources - o Psychoeducation, community MH workshops, MH outreach/promotion - o Healing circles, vigils, celebrations
Mental Health for All - o MH service barrier removal - o Direct/immediate services via triage or Program Provider(s) - o Connection regardless of MH acuity	Specialty Services - o Flexible funding to address client-driven needs, cultural practices, and/ or other specialized interventions - o Innovations and unique services

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PROGRAM OUTPUT & DATA



Best-fit & Lasting MH Service Connections

Referral outcomes; Services received; Types of community MH connections; Utilization/Immediate care at key locations; Community wellbeing

Qualitative Measures & Feedback

PROGRAM OUTCOMES



Short Term (Learnings)

- Consultation and linkage
- Crisis de-escalation
- Needs and accessibility of services



Mid-Term (Action Changes)

- Connection to appropriate level of care and gain tools
- Improve community's ability to support JI people with MH needs
- Coordination and access



Long Term (Condition Change)

- Maintained community MH treatment and symptom management
- Mitigate community trauma and burnout
- Decrease in recidivism

