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Family and Human Services: Annual Behavioral Health Services Report

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Director, Behavioral Health Services

November 25, 2024

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A3: Anywhere, Anyone, Anytime

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A3 Community Crisis Initiative: Dashboard Planned for 2024

Crockett: 3
Hercules: 33
Rodeo: 9
Pinole: 40
El Sobrante: 24
San Pablo: 83
Richmond: 286
El Cerrito: 40
Kensington: 9
Bay Point: 19
Pittsburg: 105
Martinez: 229
Pleasant Hill: 97
Clayton: 36
Walnut Creek: 238
Lafayette: 26
Orinda: 17
Moraga: 12
Alamo: 25
Danville: 25
San Ramon: 58
Bethel Island: 3
Oakley: 76
Antioch: 264
Brentwood: 58
Discovery Bay: 21
Byron: 1

# of Calls in CY 2022: 1 - 120, 120 - 240, 240 - 360, 360 - 480, 480 - 600

Demographics Exploration: CITY

Concord
Antioch
Richmond
Pittsburg
Martinez
Walnut Creek
San Pablo
Bay Point
Oakley
San Ramon
Brentwood
Pleasant Hill
Danville

Open Daily 8:30 a.m. – 12:30 a.m.

Expect 4,500+ calls in 2023

25 – 35 Mobile Visits per Week

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A3 Community Crisis Initiative: Dashboard Planned for 2024

Calls by Time of Day

More calls

Less calls

8 a.m.

12:30 a.m.

Daily Staffing Plan

Calls answered in 1 minute or less

11 min. avg. call time

A3: Number of Calls and Number of In-Person Assessments

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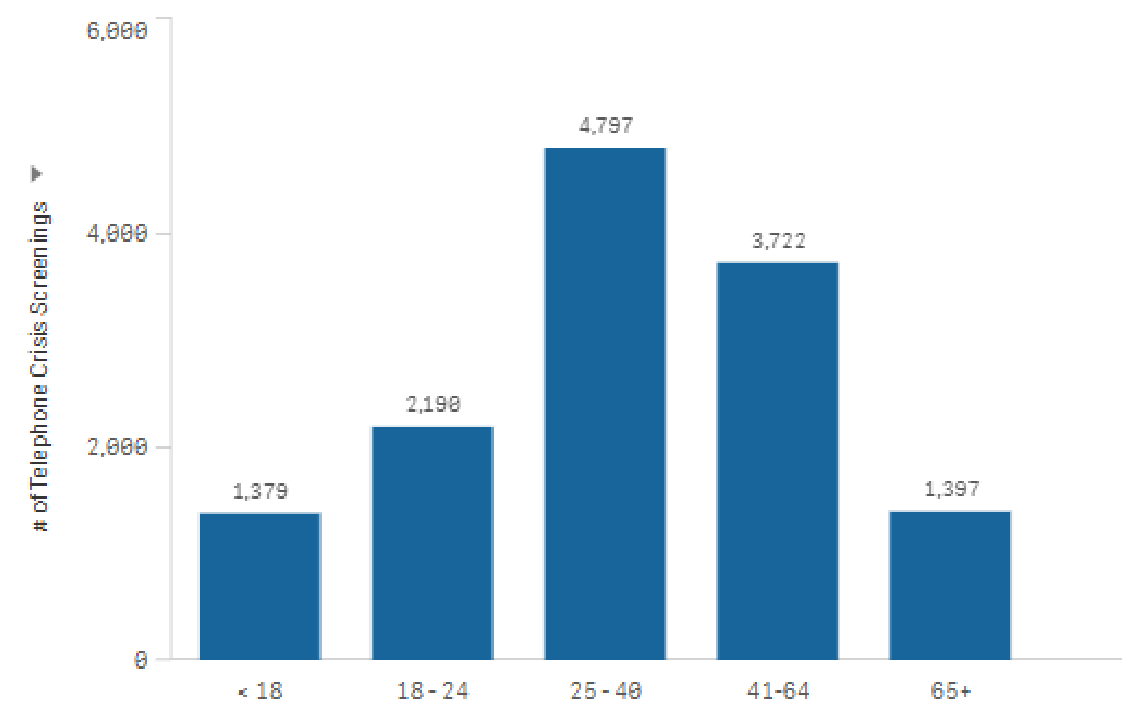
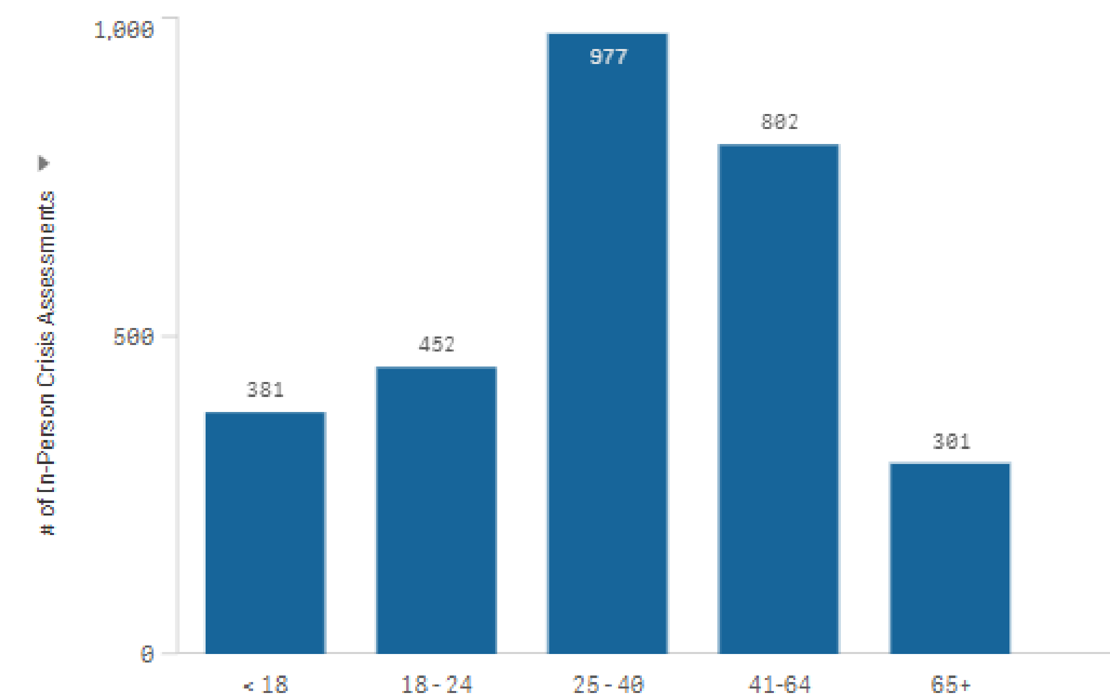
Number of Phone Calls



Number of In-Person Assessments



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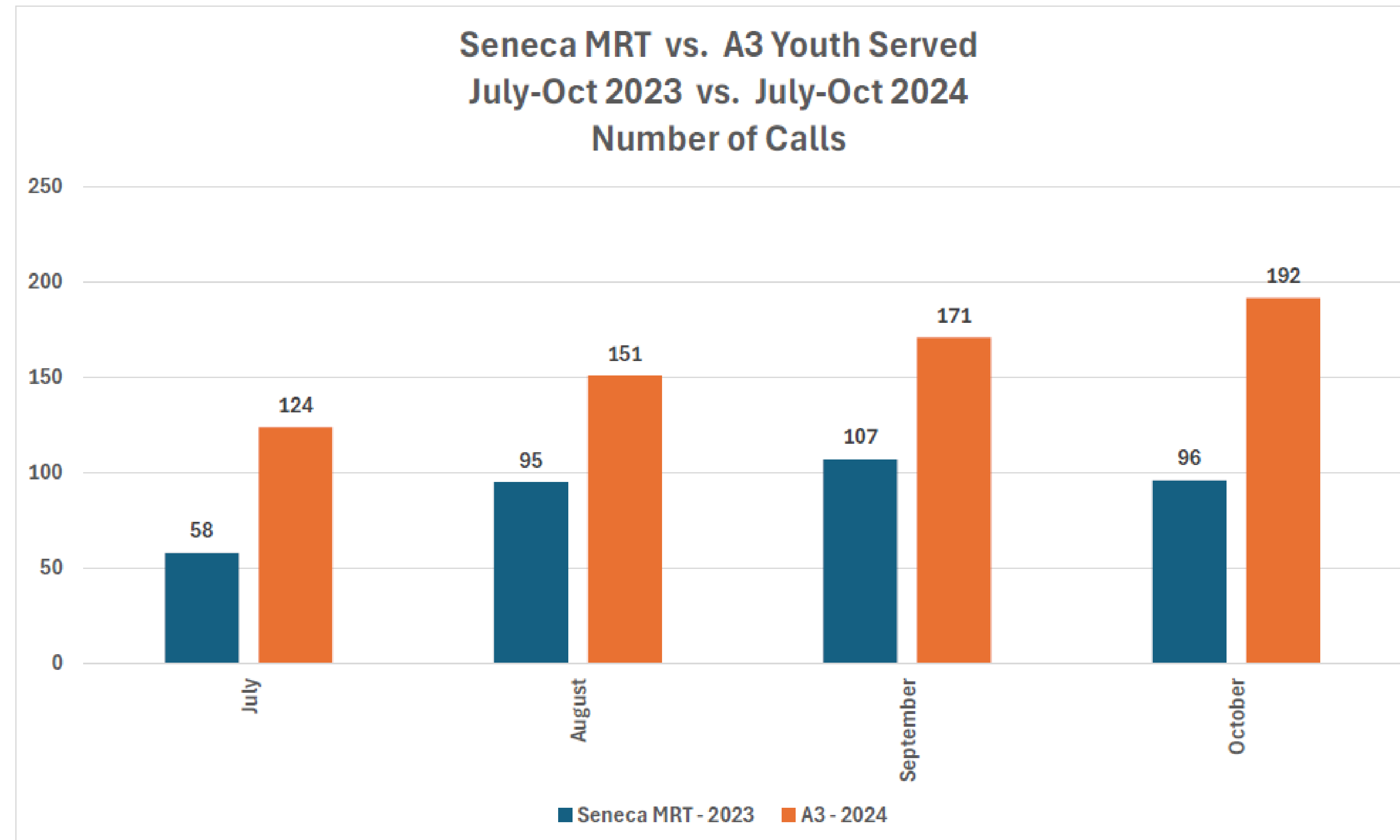
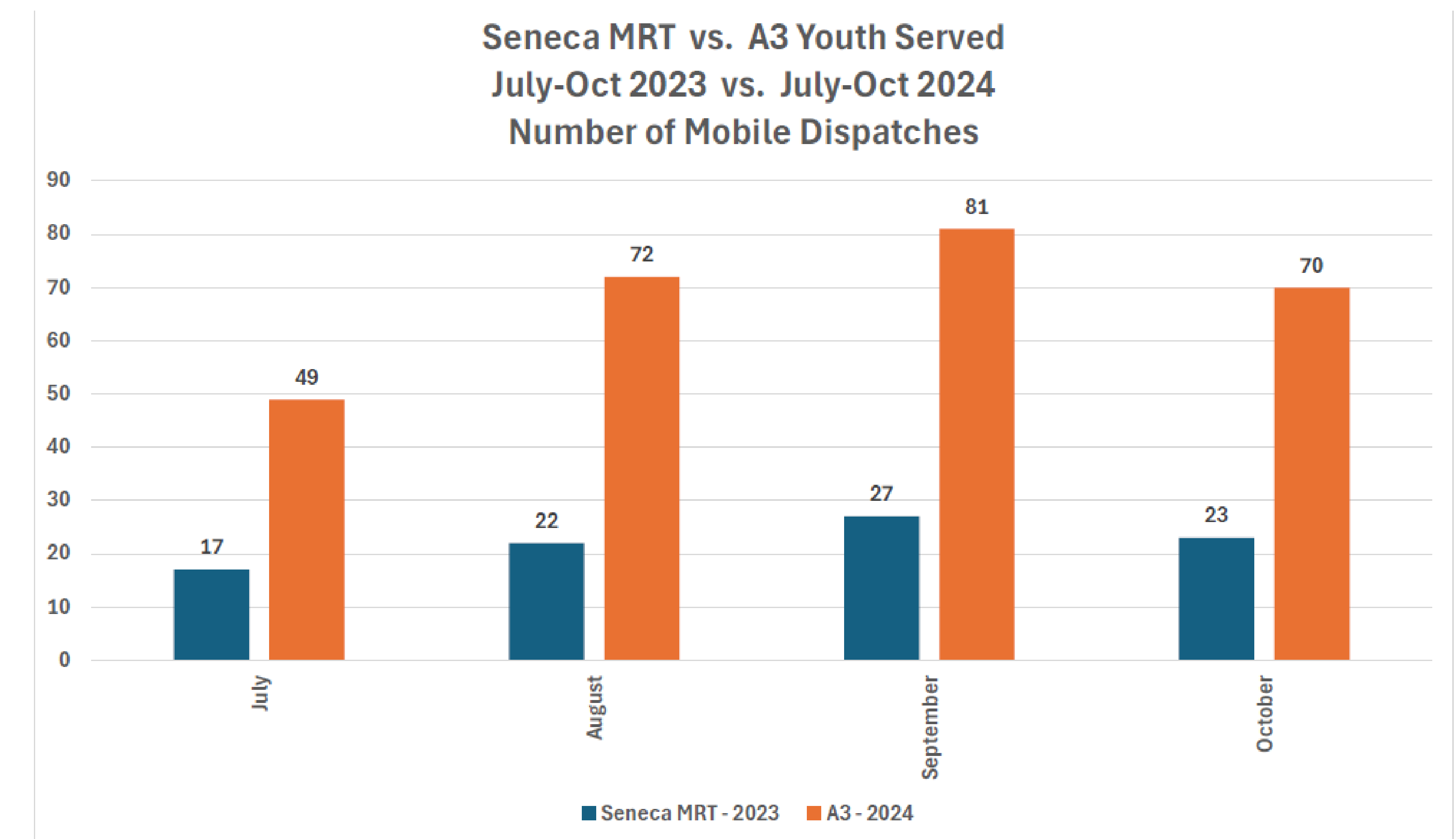
A3: Number of Calls and Number of Dispatches for Youth

Number of Phone Calls



Number of Dispatches



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1034 Oak Grove Road

1034 Oak Grove Road

Exterior Finishes: Option D

1. Respite Center

General Paint
Kelly-Moore
Hush Gray

Trim Paint
Kelly-Moore
Subway

2. Annex Building

Wood Look Siding
AL13 - Cherry

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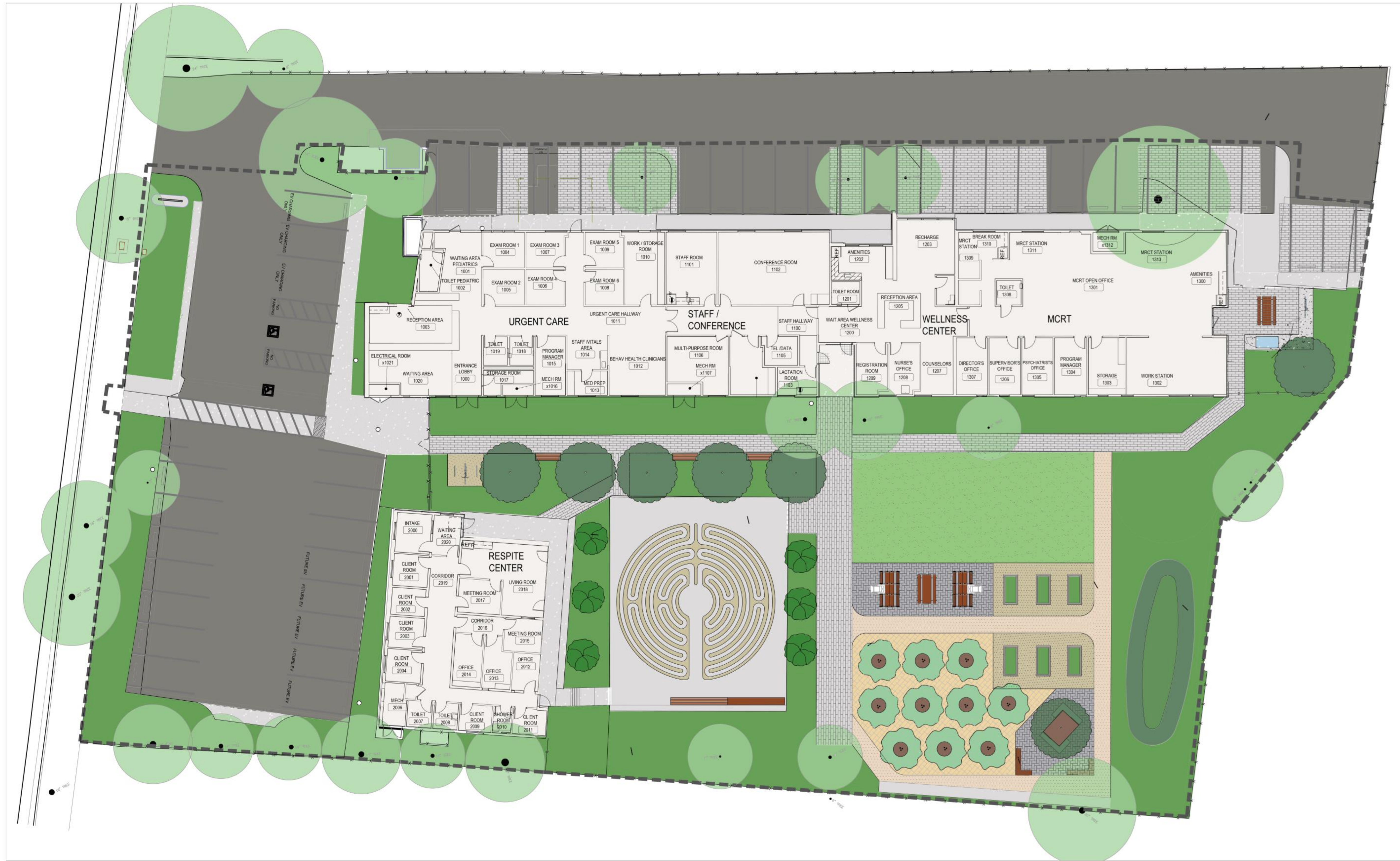
1034 Oak Grove Road



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Youth Stabilization Unit

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Youth Stabilization Unit

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California Advancing and Innovating Medi-Cal (CalAIM)

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CalAIM Implementation Schedule

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

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Reducing Barriers to CARE and Improving Timely Access to Services

Beneficiaries can receive timely services without delay regardless of where they seek care. There is no wrong door.

Practitioners can provide and claim for clinically appropriate treatment without prohibition of "correct" delivery system (MHP vs MCP)

Complex conditions (co-occurring mental health and substance use conditions) can be addressed where the client seeks care

Clients can receive mental health services from both the MCP and the MHP if treatment is coordinated and non-duplicative

Clients concurrently can receive mental health and substance use disorder treatment services

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Payment Reform

- Payment reform transitioned counties from cost-based reimbursement funded via Certified Public Expenditures (CPEs) to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs.
- Specialty mental health and SUD services transitioned from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible.
- DHCS set the rates for services rendered by each county. Each county has a different set of rates.
- Rates depend on provider type and service type

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Therapeutic Residential Sites

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Therapeutic Residential Sites-Summary

- Permanent Supportive Housing – Permanent residence that may combine on-going rental assistance with supportive services such as health or mental health care.
- Shelter Beds – Short-term housing options for unsheltered individuals. Managed by H3 in Contra Costa County
- Crisis Residential - Temporary alternative for people experiencing an acute psychiatric episode or intense emotional distress who might otherwise face voluntary or involuntary commitment
- Transitional Residential – longer-term social rehabilitation models in a community living environment.
- Board and Cares – Community Care licensed facilities for individuals who may need assistance with daily living but do not require on-going nursing care.
- Mental Health Rehabilitation Center (MHRC)/Skilled Nursing Facility - Special Treatment Program (SNF-STP) – a locked, 24-hour, program which provides intensive support and rehabilitative services designed to assist persons, 18 years or older, with mental disorders who would have been placed in a state hospital or another mental health facility to develop skills to become self-sufficient and capable of increasing levels of independence and functioning.

On-Going Budgeted Housing Expenditures		
MHSA Master Lease Housing	86 Units (to expand to 100)	$2,863,135
MHSA FSP Housing Flex Funds	Variable Use	$700,000
Shelter Beds	95 Beds	$3,299,180
Crisis Residential	16 Beds	$2,338,279
Transitional Residential	16 Beds	$1,319,840
Board and Cares	304 Beds*	$10,279,690
MHRC/SNF-STP	108 Beds*	$9,971,805
TOTAL	**639 Beds**	**$29,455,723**
One-Time Capital Investments and State Loan Programs		
MHSA Housing Program/SNHP	52 Units	$8,832,724
No Place Like Home	53 Units	$22,612,009
TOTAL	**105 Units**	**$31,447,733**
* Current approximate count of beds		

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Behavioral Health Continuum Infrastructure Program (BHCIP)- Round 5

Brookside Mental Health Rehabilitation Center

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Behavioral Health Bridge Housing

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Behavioral Health Bridge Housing – Total Award: $20,488,721

Program Summary: Funding to operate bridge housing settings to address the immediate and sustainable housing needs of people experiencing homelessness who have a serious behavioral health condition. Beds must be online within a year of funding. Must prioritize Care Act participants when operational.

BHBH FUNDING EXPENDITURE PLAN						
ELIGIBLE USE CATEGORY	**FY22/23**	**FY23/24**	**FY24/25**	**FY25/26**	**FY26/27**	**TOTAL**
Bridge Housing - Shelter/Interim Housing Programs	$ -	$ -	$ 2,223,765.00	$ 3,757,525.00	$ 3,757,525.00	$ 9,738,815.00
Bridge Housing - Rental Assistance Program	$ -	$ 9,750.00	$ 860,100.00	$ 860,100.00	$ 860,100.00	$ 2,590,050.00
Bridge Housing - Auxillary Services for Assisted Living	$ -	$ 92,719.00	$ 928,303.50	$ 928,303.50	$ 928,304.00	$ 2,877,630.00
Housing Navigation (including Participant Assistance & Owner Outreach/Mitigation)	$ -	$ 43,833.00	$ 700,562.50	$ 1,096,812.50	$ 1,096,813.00	$ 2,938,021.00
County Behavioral Health Agency BHBH Program Implementation	$ -	$ 38,039.00	$ 50,000.00	$ 50,000.00	$ 50,000.00	$ 188,039.00
Bridge Housing - Outreach and Engagement	$ -	$ -	$ 204,167.00	$ 350,000.00	$ 350,000.00	$ 904,167.00
Start-up Infrastructure		$ 1,252,000.00				$ 1,252,000.00
Total	$ -	$ 1,436,341.00	$ 4,966,898.00	$ 7,042,741.00	$ 7,042,742.00	$ 20,488,722.00
Total Number of Bed-Nights	0	15,250	41,245	41,245	41,245	138,985
Cost per Bed-Night (excluding Infrastructure)	#DIV/0!	$ (12.09)	$ (120.42)	$ (170.75)	$ (170.75)	$ (138.41)

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Proposition 1 Bond Measure for Facilities and Housing

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Behavioral Health Infrastructure Bond Act

$6.38 billion general obligation bond – Treatment Sites and Housing

- Total Funding will be used to construct, acquire, and rehabilitate more than an estimated:
  - 6,800 treatment beds and 26,700 out-patient treatment slots
  - 4,350 permanent supportive housing units, with 2,350 of those set-aside for veterans
- $4.4 Billion for grants to public or private entities for BH treatment and residential settings.
  - Includes $1.5 billion to be awarded only to counties, cities and tribal entities, with $30M set aside for tribes.
- $1.065 billion in housing investments for veterans experiencing or at risk of homelessness who have behavioral health challenges.
- $922 million in housing investments for persons experiencing or at risk of homelessness who have behavioral health challenges.
- Modelled on successful Behavioral Health Community Infrastructure Project (BHCIP)

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BH Infrastructure Bond Funding – Supportive Housing

- Modeled after HCD's existing Homekey Program
- Extremely low income (30% AMI or less).
- Experiencing or at-risk of homelessness **+** behavioral health challenge
- HCD and CalVet to coordinate on Veterans program

Eligible Use of Funds:

- Acquisition, rehabilitation of motels, hotels, hostels, or other sites and assets that could be converted to permanent housing.

Eligible Entities:

- Cities, Counties, regional and local public entities
- Development Sponsor (loans only)

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Identified Needs and Prop 1 Bond Measures

Facility Need	Source of Need	Location	Status
45 bed MHRC	BHCIP Needs Assessment	847 Brookside	Funded, BHCIP Round 5
16 bed MHRC	BHCIP Needs Assessment	Delta Rd	BHCIP Bond R1 Application
16 bed ART in East County	BHCIP Needs Assessment	Delta Rd	BHCIP Bond R1 Application
16 bed CRT in West County	BHCIP Needs Assessment	El Portal	BHCIP Bond R1 Application
16 bed ART in West County	BHCIP Needs Assessment	El Portal	BHCIP Bond R1 Application
East County Crisis Triage	BHCIP Needs Assessment	Los Medanos	BHCIP Bond R1 Application
Sobering Center	Oak Grove Planning	Los Medanos	BHCIP Bond R1 Application
Withdrawal Management in East County	OSF Listening Sessions	Los Medanos	BHCIP Bond R1 Application
16 bed ART in Central County	BHCIP Needs Assessment	Sherman Dr	BHCIP Bond R1 Application
85-90 B&C beds	BHCIP Needs Assessment	Delta Road	Funded, BHBH Round 1; *Homekey+, Large B&C*
Supportive Housing	BHCIP Needs Assessment	Delta Rd/Sherman Dr	Funded, BHBH Round 1; *Homekey+, Add'l Units*
Multi-level AOD Recovery Center	BHCIP Needs Assessment	TBD	Need location
Congregate Interim Beds	CARE Court	Procurement	Funded, BHBH Round 1, 40 beds
Recovery Residences/SLE	BHCIP Needs Assessment	Contracted	Funded, BHBH Round 1, 22 beds
~40 JIMH B&C and/or transitional housing	BHCIP Needs Assessment	TBD	Funded, 93 DSH-IST Residential Beds
Adolescent Community Treatment Facility	BHCIP Needs Assessment	TBD	Need location
Adolescent AOD Residential Treatment	OSF Listening Sessions	TBD	Need location
16 bed CRT in East County	BHCIP Needs Assessment	TBD	Need location

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Prop 1: Facilities

El Portal Social Rehabilitation Facilities

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New BHCIP Proposals

East County – Los Medanos (Pittsburg):

Program Development
- Crisis Triage Center
- Sobering Center
- Withdrawal Management
- Satellite space for A3
- Adolescent AODS Outpatient Treatment
- Additional administrative space

East County- Delta Rd (Oakley):

Program Development
- 16 bed MHRC
- 16 bed ART

Homekey+ Project Development
- Large B&C Facility
- Additional supportive housing

Central County – Sherman Dr (Pleasant Hill):

- Program Development
  - 16 bed ART
- Homekey+ Project Development
  - Supportive housing

West County- El Portal (San Pablo):

- Program Development
  - 16 bed CRT
  - 16 bed ART

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Proposition 1 System Change

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Changes to Mental Health Services Act (MHSA)

- MHSA ⟶ BHSA (Behavioral Health Services Act) – funds both mental health and substance use treatment
- MHSOAC ⟶ BHSOAC (Behavioral Health Services Oversight and Accountability Commission) – state level oversight of MHSA. Expanded membership and oversight.
- Accountability and Transparency – New reporting on <u>all</u> Behavioral Health (BH) funding sources
  - County Behavioral Health Outcomes, Accountability and Transparency Report
  - Integrated Plan for BH Services and Outcomes
- Community Program Planning – expands stakeholder list to include managed care plans, private insurance and other sectors
- Doubles the State's allocation (from 5% currently to 10%): shifts $140 million annually for Population-based prevention programs, statewide BH workforce initiative and existing Administrative costs
- No change to tax rate for millionaires
- New components – emphasizing Full-Service Partnership programs and Housing

MHSA Current Funding Categories

76%

Community Services & Supports (CSS)

Direct treatment and recovery services for serious mental illness or serious emotional disturbance

51% Full Service Partnerships

19%

Prevention & Early Intervention (PEI)

Interventions prior to the onset of mental illness and early onset of psychotic disorders

5%

Innovation (INN)

New approaches and community-driven best practices

Workforce Education and Training (WET)

Education, training and workforce development to increase capacity and diversity of the mental health workforce

Capital Facilities and Technology Needs (CFTN)

Buildings and technology used for the delivery of MHSA services to individuals and their families.

Behavioral Health Services Act (BHSA) New Funding Categories

35%

Full-Service Partnerships

Intensive community-based care for people with complex BH needs

Fidelity to evidence-based models: ACT/FACT, ISP Supported Employment, Wraparound

35%

BH Services and Supports (BHSS)

Early Intervention Programs

Outreach and Engagement

Adult and Childrens' System of Care services and staffing

WET, CFTN

>50% toward Early Intervention with majority toward Youth

30%

Housing

Building development, construction and renovation

May include: Capital development (up to 25%), rental & operating subsidies, housing supports

>50% toward "chronically homeless"

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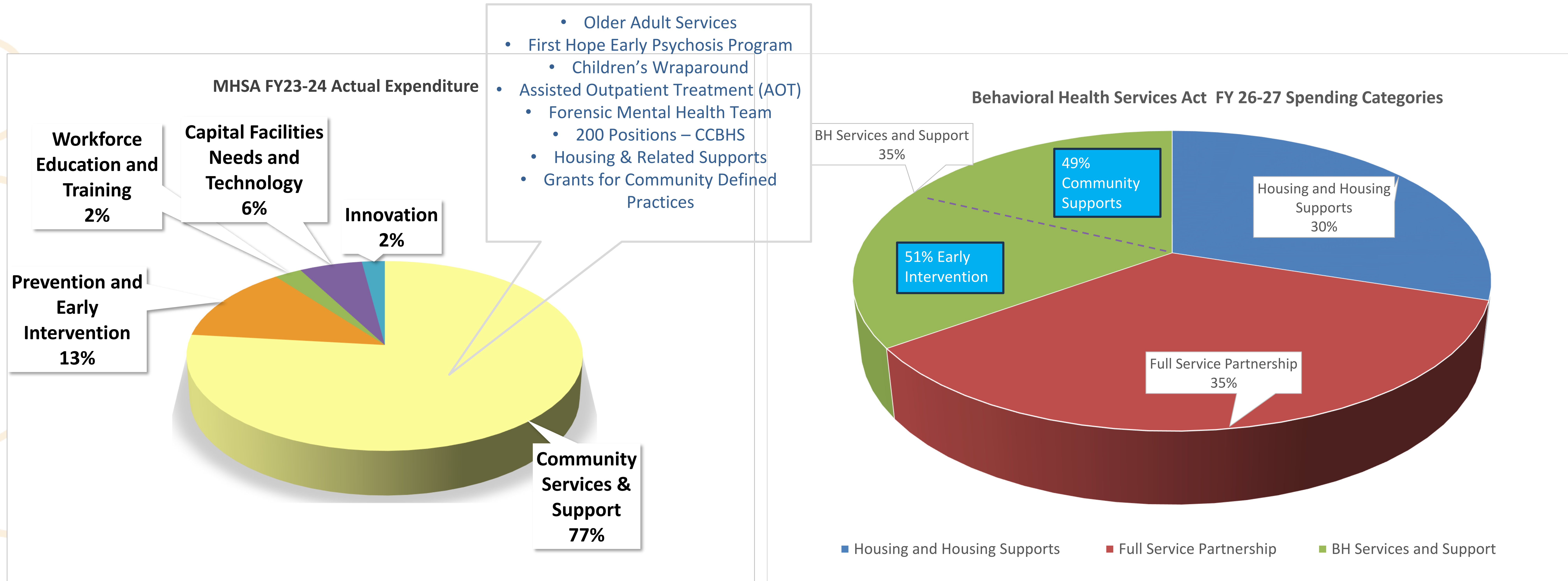
Potential Impact to Local Programs

MHSA FY23-24 Actual vs BHSA 26-27 Projected



Cultural Communities Served through MHSA-PEI Funding

	African American / Black	Latino/e/x	AAPI	Children & Youth	Older Adults	LGBTQ	Recent Immigrants	Faith-Based
Asian Family Resource Center			X		X		X	
Center for Human Development	X	X		X		X		
Child Abuse Prevention Council				X				
Contra Costa Crisis Center	X	X						
COPE	X	X		X				
Fierce Advocates	X	X		X				
First Five	X	X	X	X				
Hope Solutions	X	X		X				
James Morehouse Project	X	X	X	X				
Jewish Family & Community Services				X			X	
La Clinica de la Raza		X		X				
Lao Family Development			X				X	
Lifelong Medical Care	X				X			
NAMI Contra Costa	X	X	X					X
People Who Care	X	X		X				
Rainbow Community Center				X	X	X		
RYSE	X	X	X	X		X		
Stand!	X	X		X				
The Latina Center		X		X			X	
Vicente Martinez High School				X				
We Care Services for Children	X	X		X				

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New Organizations Funded Through MHSA Innovation Project: Grants for Community Defined Practices

	African American / Black	Latino/e/x	AAPI	Children & Youth	Older Adults	LGBTQ	Recent Immigrants	Faith-Based
Being Well				X				
Center for Human Development				X		X		
Contra Costa AAPI Coalition			X					
CoCo Family Justice Alliance	X	X	X					
Early Childhood Mental Health Program	X	X		X				
East Bay Center for Performing Arts	X	X	X	X				
Genesis Church	X							X
International Rescue Committee							X	
James Morehouse Project		X					X	
La Clinica de la Raza		X					X	
La Concordia		X						
NAMI Contra Costa	X	X	X			X		X
One Day at A Time		X		X				
One Accord	X							X
PEERS	X		X					X
Richmond Community Foundation	X	X	X	X				
Village Community Resource Center		X						

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Priority Populations for BHSA

» **Eligible adults and older adults who are:**
- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or are at risk of being in, the justice system.
- Reentering the community from prison or jail.
- At risk of conservatorship.
- At risk of institutionalization.

» **Eligible children and youth who are:**
- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or at risk of being in, the juvenile justice system.
- Reentering the community from a youth correctional facility.
- In the child welfare system.
- At risk of institutionalization.

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County Allocations: BH Housing Interventions

30% for BH Housing Interventions

- For children and families, youth, adults, and older adults living with SMI/SED and/or SUD who are experiencing or at risk of homelessness.
- Includes rental subsidies, operating subsidies, shared and family housing, capital, and the non-federal share for certain transitional rent.
- 50% is prioritized for housing interventions for the chronically homeless with BH challenges.
- Up to 25% may be used for capital development.
- Allows small county exemption for 2026-29 planning cycle.
- Not limited to Full Service Partnerships partners or persons enrolled in Medi-Cal.
- Provides flexibility for the remaining counties commencing with the 2032-2035 planning cycle on the 30% requirement based on DHCS criteria for exemptions.

MHSA: Housing is currently allowable as well as BHBH Housing

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County Allocations: Behavioral Health Services and Supports (BHSS)

35% for Behavioral Health Services and Supports (BHSS)

- Includes early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.
- A majority (51%) of this amount must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse.
    - A majority (51%) of these Early Intervention services and supports must be for people 25 years and younger.

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County Allocations: Full-Service Partnerships

35% for Full Service Partnership (FSP) Programs

- Includes mental health, supportive services, and substance use disorder treatment services.
  - Medication-Assisted Treatment (MAT)
  - Community-defined evidence practices (CDEP)
- Assertive Community Treatment /Forensic Assertive Community Treatment, Supported employment, & high fidelity wraparound are required.
  - Small county exemptions are subject to DHCS approval.
- Establishes standards of care with levels based on criteria.
- Outpatient behavioral health services, either clinic or field based, necessary for on-going evaluation and stabilization of an enrolled individual.
- On-going engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing.

MHSA: 50% of Community Services and Supports is dedicated to FSP

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County Allocations: BHSS Early Intervention

- Emphasize Reductions on Negative Outcomes:
  - Suicide, self harm, overdose
  - Incarceration, unemployment, homelessness, prolonged suffering,
  - School (including early childhood 0-5 age, inclusive, TK-12, and higher education) suspension, expulsion, referral to an alternative or community school, or failure to complete,
  - Removal of children from homes,
  - Mental illness in children and youth from social, emotional, developmental, and behavioral needs in early childhood. Including outreach to education, including early care and learning and TK-12.
- Reduce disparities.
- Expand community-defined evidence practices and evidence-based practices.

MH and SUD services may be provided to individual children and youth when:

- At high risk for a behavioral health disorder due to trauma, via the ACEs screening tool, involvement in the child welfare system or juvenile justice system, who are experiencing homelessness, or who are in populations with identified disparities in behavioral health outcomes.

State Directed Funding: Prevention

4% of total funding for Population-Based Prevention

- Population-based programming on behavioral health and wellness to increase awareness about resources and stop behavioral health problems before they start.
- A majority of Prevention programming (51%) must serve people 25 years and younger. Early childhood population-based prevention programs for 0-5 shall be provided in a range of settings.
- California Department of Public Health is lead, in consultation with DHCS and BHSOAC.
- Provides for school-based prevention supports and programs. Services shall be provided on a schoolwide or classroom basis and may be provided by a community-based organization off campus or on school grounds.

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State Directed Funding: Workforce

3% of total funding for BH Workforce Expansion

- The Department of Health Care Access and Information, in collaboration with CalHHS, will implement a behavioral health workforce initiative to expand a culturally-competent and well-trained behavioral health workforce.
- Assist in drawing down federal funding ($2.4 Billion over 5 years) through the Medi-Cal BH-CONNECT demonstration project.
- A portion of the workforce initiative may focus on providing technical assistance and support to county and contracted providers to maximize the use of peer support specialists.

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State Directed Funding: Innovation

3% of total funding for BH Workforce Expansion

- The Department of Health Care Access and Information, in collaboration with CalHHS, will implement a behavioral health workforce initiative to expand a culturally-competent and well-trained behavioral health workforce.
- Assist in drawing down federal funding ($2.4 Billion over 5 years) through the Medi-Cal BH-CONNECT demonstration project.
- A portion of the workforce initiative may focus on providing technical assistance and support to county and contracted providers to maximize the use of peer support specialists.

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Community BH Advisory Board and Stakeholder Process

County Behavioral Health (BH) Advisory Boards

- Consists of 10-15 members, including one member from local governing body.
- Also includes: consumers, or the parents, spouses, siblings, or adult children of consumers, who are receiving or have received behavioral health services (at least one aged 25 or younger).
  - In counties with a population of 100,00 plus, also include a veteran or veteran advocate.

Community Stakeholder Process: Integrated Plan for Behavioral Health Services and Outcomes

- Meaningful stakeholder engagement throughout the process.
- County BH Advisory Board required to conduct a public hearing on the draft Integrated Plan at the close of a 30-day public comment period.
- County BH Advisory Board shall review adopted plan and make recommendations to local MH/SUD/BH Agency.
- Local MH/SUD/BH Agency must provide written explanations to local governing body and DHCS for County BH Advisory Board recommendations not included in final integrated plan.

BHSOAC

- New perspectives added to BHSOAC, with 27 voting members (up from 16 members):
  - Two persons who have or have had a SUD.
  - One person who is 25 years of age or younger and has or has had a MH/SUD/or cooccurring disorder.
  - Family member of an adult or older adult who has or has had a SUD and family member of a child or youth who has or has had a SUD.
  - Current or former county behavioral health director.
  - Professional with expertise in housing and homelessness.
  - Representative of an aging or disability organization.
  - Person with knowledge and experience in community-defined evidence practices and reducing BH disparities.
  - Representative of a children and youth organization.
  - Veteran or a representative of a veterans organization.

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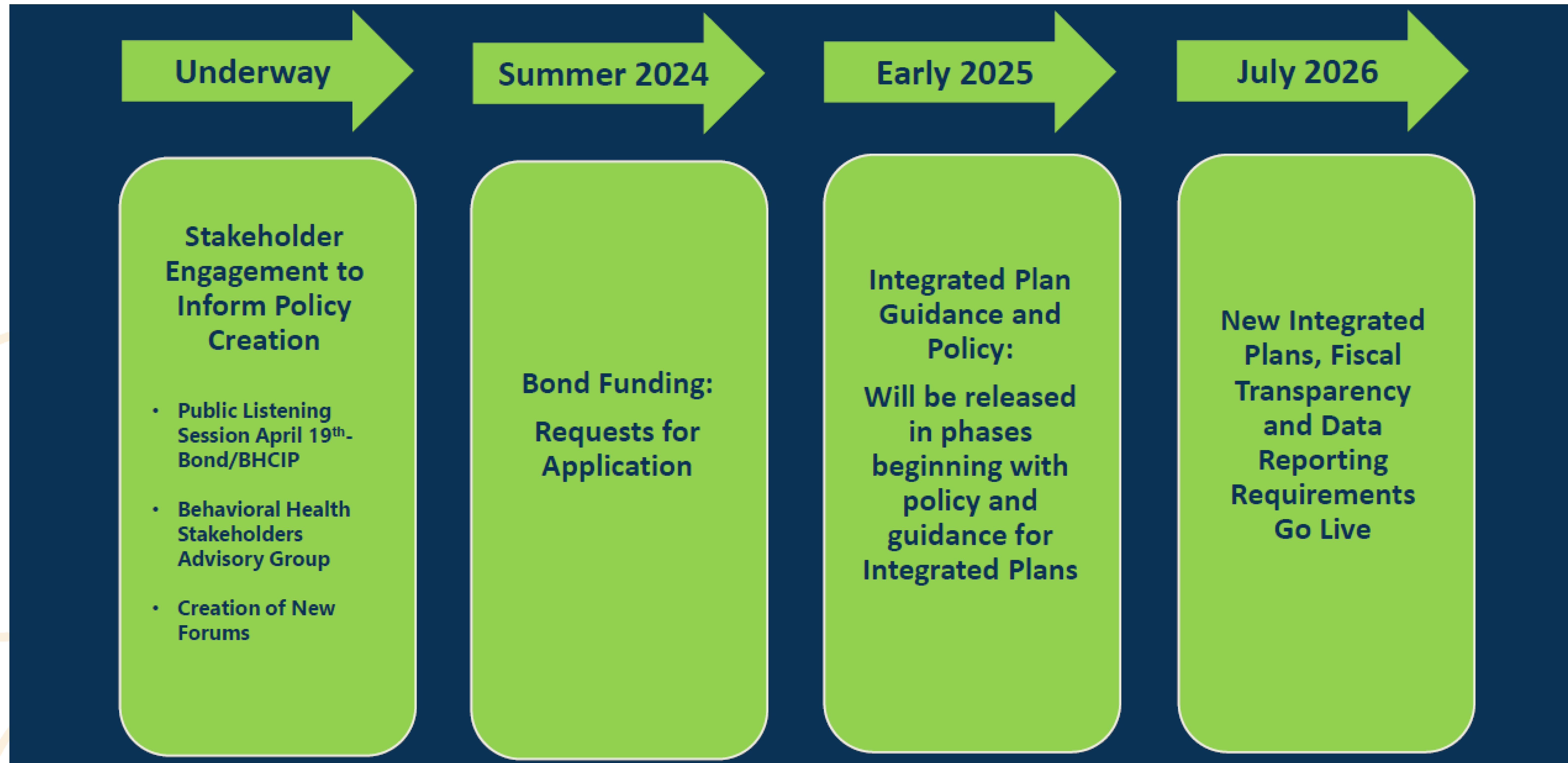
California Department of Healthcare Services (DHCS) BHT Anticipated Timelines



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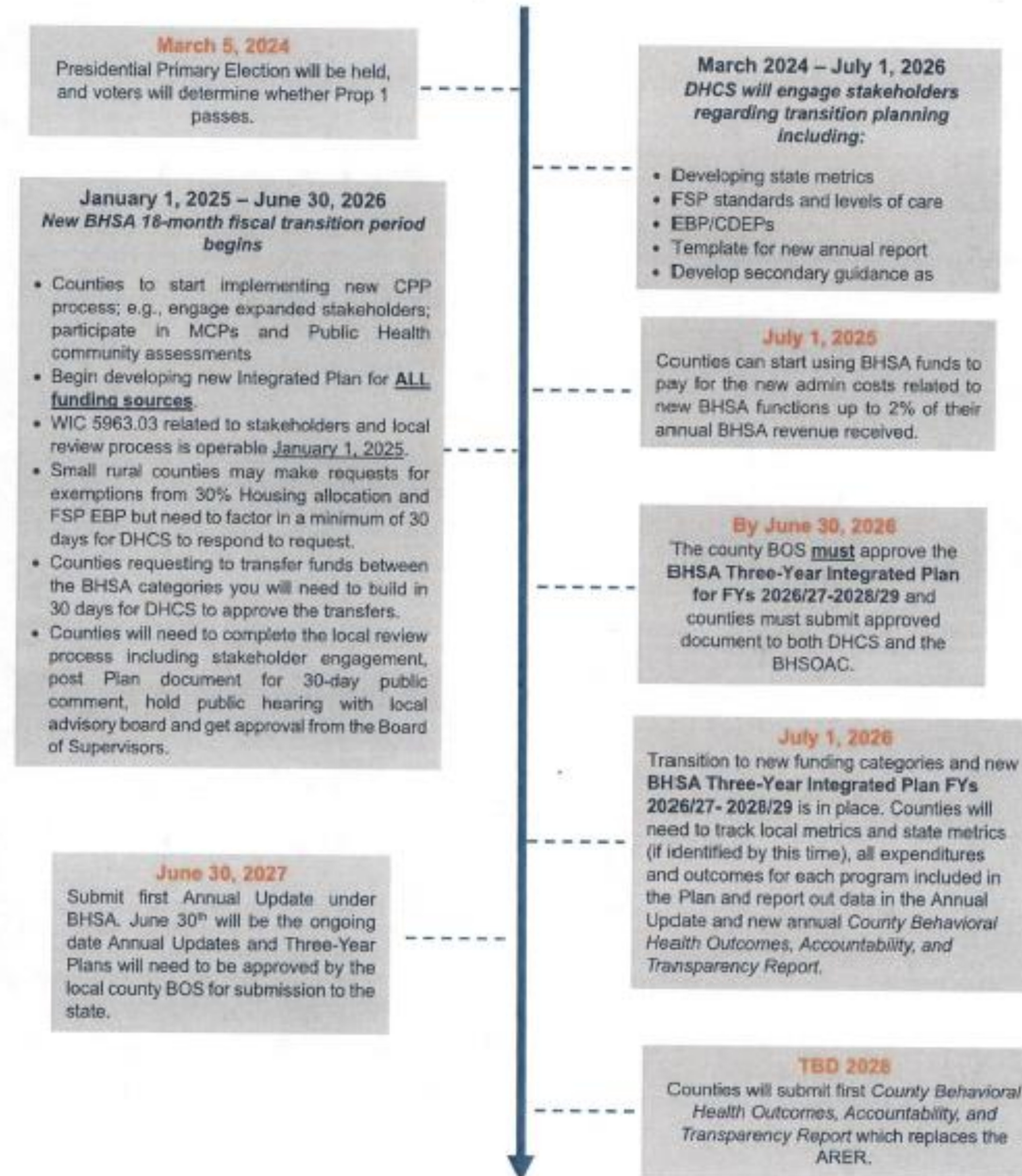
Senate Bill 326 (Eggman) BHSA Timeline



March 5, 2024
Presidential Primary Election will be held, and voters will determine whether Prop 1 passes.

March 2024 – July 1, 2026
DHCS will engage stakeholders regarding transition planning including:

- Developing state metrics
- FSP standards and levels of care
- EBP/CDEPs
- Template for new annual report
- Develop secondary guidance as

January 1, 2025 – June 30, 2026
New BHSA 18-month fiscal transition period begins

- Counties to start implementing new CPP process; e.g., engage expanded stakeholders; participate in MCPs and Public Health community assessments
- Begin developing new Integrated Plan for **ALL funding sources**.
- WIC 5963.03 related to stakeholders and local review process is operable January 1, 2025.
- Small rural counties may make requests for exemptions from 30% Housing allocation and FSP EBP but need to factor in a minimum of 30 days for DHCS to respond to request.
- Counties requesting to transfer funds between the BHSA categories you will need to build in 30 days for DHCS to approve the transfers.
- Counties will need to complete the local review process including stakeholder engagement, post Plan document for 30-day public comment, hold public hearing with local advisory board and get approval from the Board of Supervisors.

July 1, 2025
Counties can start using BHSA funds to pay for the new admin costs related to new BHSA functions up to 2% of their annual BHSA revenue received.

By June 30, 2026
The county BOS **must** approve the **BHSA Three-Year Integrated Plan for FYs 2026/27-2028/29** and counties must submit approved document to both DHCS and the BHSOAC.

July 1, 2026
Transition to new funding categories and new **BHSA Three-Year Integrated Plan FYs 2026/27- 2028/29** is in place. Counties will need to track local metrics and state metrics (if identified by this time), all expenditures and outcomes for each program included in the Plan and report out data in the Annual Update and new annual *County Behavioral Health Outcomes, Accountability, and Transparency Report*.

June 30, 2027
Submit first Annual Update under BHSA. June 30th will be the ongoing date Annual Updates and Three-Year Plans will need to be approved by the local county BOS for submission to the state.

TBD 2028
Counties will submit first *County Behavioral Health Outcomes, Accountability, and Transparency Report* which replaces the ARER.

Justice Related Initiatives

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CalAIM Justice Involved Initiative

PROGRAM

- Continuity of care and Medi-Cal coverage from prerelease to post release from state prisons, county jails, and youth correctional facilities.
- Contra Costa Behavioral Health Services (CCBHS) go live October 1, 2024, Contra Costa County (CCC) custody facilities go live October 2026.
- Medi-Cal applications completed in custody and active the day of release.
- Access to key services for successful re-entry into the community 90 days prior to release and post release.

CRITERIA for BEHAVIORAL HEALTH SERVICES

- Adults with ONE of the following: confirmed or suspected mental health or substance use disorder (SUD) diagnosis.
- Youth who are in custody of a youth correctional facility are all eligible.
- All services are voluntary

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CalAIM Justice Involved Initiative

POST RELEASE SERVICES BY BEHAVIORAL HEALTH SERVICEs

- Coordination between pre- and post-release providers begins at least 90 days prior to release.
- Begin to develop a treatment plan for post release.
- Consultations with CCC facilities will be in person or telehealth.
- Warm handoffs with CCC facilities will be in person.
- Consultations and warm handoffs with California Department of Corrections and Rehabilitation (CDCR) facilities and out of county facilities will be telehealth.

PRE-RELEASE SERVICES by DETENTION HEALTH

- Diagnose, treat, and stabilize health conditions both physical and behavioral.
- Provide prescriptions and clinical documentation for all medications and services that will be needed post release.
- Support re-entry coordination amount professionals and facilitate connections with post release providers.

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Community Assistance, Recovery and Empowerment (CARE) Act/Court

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What is the CARE Act/Court?

- The CARE Act is a legislation that authorizes CARE court, a new civil court process to ensure that individuals most impacted by mental health challenges receive the services that they need.
- CARE court establishes a civil court process whereby the courts an order eligible individuals to participate in a CARE plan provided by a CARE team for up to 12 months with the possibility to extend for an additional 12 months.
- The CARE Act changes other rules and regulations, including LPS law, the penal code, and health insurance code.
- CARE Court is being implemented in phases.
  - The first cohort of counties to implement the CARE Act include the counties of Glenn, Orange, Riverside, San Diego, Stanislaus, Tuolumne, and San Francisco. This cohort will be required to implement the CARE Act by October 1, 2023. Los Angeles is working to implement by December 1, 2023.
  - All remaining counties are required to begin implementation by **December 2024**, unless the county is granted additional time by DHCS.

Are counties required to implement CARE court?

Yes. Counties must implement CARE court.

If a county does not implement CARE court, they can be fined.

If a County continues to not implement CARE court, the courts can appoint a special master to secure CARE court evaluation and treatment services at the County's expense.

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Who is eligible for CARE Court?

The CARE act does not apply to everyone experiencing a mental health issue or homelessness.

The State estimates that 7,000-12,000 people may be eligible statewide (est. 206- 354 ppl in Contra Costa County), but this is likely a large underestimate.

CARE court is specifically for individuals who are at a high risk of placement in a locked setting, such as a jail or psychiatric hospital.

The purpose of CARE court is to engage those individuals in the community and reduce the need for conservatorship/ confinement.

5972. An individual shall qualify for the CARE process only if all of the following criteria are met:

a) The person is 18 years of age or older.

b) The person is currently experiencing a severe mental illness…and has a diagnosis identified in the disorder class: schizophrenia spectrum and other psychotic disorders, including substance induced psychosis.

c) The person is not clinically stabilized in on-going voluntary treatment.

d) At least one of the following is true:

(1) The person is unlikely to survive safely in the community without supervision and the person's condition is substantially deteriorating, *and/or*

(2) The person is in need of services and supports in order to prevent a relapse or deterioration that would be likely to result in grave disability or serious harm to the person or others, as defined in Section 5150.

e) Participation in a CARE plan or CARE agreement would be the least restrictive alternative necessary to ensure the person's recovery and stability.

f) It is likely that the person will benefit from participation in a CARE plan or CARE agreement

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The CARE Act Process

Case Initiation → Engagement → Court Process/Service Connection → Service Delivery/Assess for Next Steps

Case Initiation

FORMS:
CARE -100
CARE – 101
FILED IN E-FILE SYSTEM OR MTZ CLERK'S OFFICE

Court Referral
County BH as petitioner
Other petitioner

FORMS:
CARE-50-INFO
CARE-60-INFO
Available thru all Agencies

Legend:
- Base path
- Additional steps for certain types of cases

Engagement

Meets criteria?
Prima Facie Determination
NO — May...
LOCAL FORM: CA-001 – COURT TO PREPARE
YES, and... Meets criteria, and order County BH to investigate, file CARE report
FORM: 105 COURT TO PREPARE
Court Review of CARE Report
Voluntary Engagement?
YES — Dismissal

FORMS:
CARE 106
BEHAVIORAL HEALTH TO PREPARE. MUST SEND WITH CARE 105 CARE-100 AND CARE-060 INFO

Court Process/Service Connection

YES → Petitioner present? Initial Appearance → YES → Meets criteria? Hearing on Merits* → NO → Dismissal
Meets criteria? NO → Dismissal; YES

FORMS:
CARE-110
PREPARED BY BEHAVIORAL HEALTH
MUST SEND WITH CARE 110, CARE 60 INFO & CARE 113
INCLUDE CARE 111 PROOF OF SERVICE

YES → Enter/likely to enter CARE Agreement? Case Management Hearing
Does not accept CARE Agreement (work to CARE Plan)
Clinical Evaluation Hearing
Meets criteria? NO → Dismissal; YES
CARE Plan Review Hearing

Service Delivery/Assess for Next Steps

YES → Progress Review Hearing
Status Review Hearing (every 60 days)
1-Year Status Review Hearing (at Month 11)
Ready to graduate? Graduation Hearing (at Month 12)
Reappointed? Voluntary / Involuntary
Can only be reappointed once

FORMS:
CARE – 115
CARE – 116 PROOF OF SERVICE
COURT, CC, BH OR PD CAN SUBMIT

Revised 9/15/23

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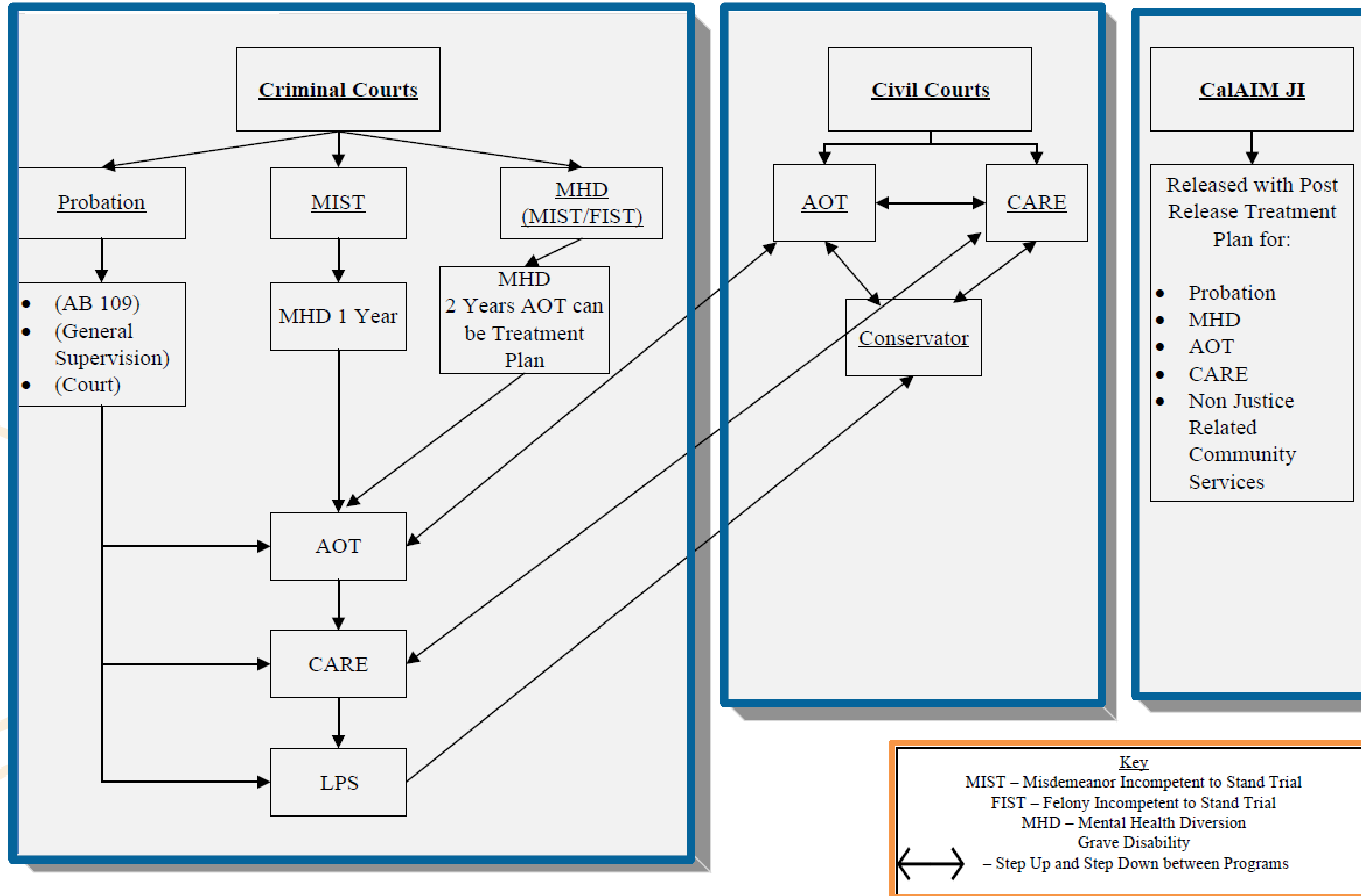
Justice Involved Mental Health Services



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Department of State Hospitals – Infrastructure Grant

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Department of State Hospitals – Infrastructure Grant

PURPOSE

- Decrease arrests due to BH needs and the number of individuals with felony charges found incompetent to stand trial (FIST) with referral to the Department of State Hospitals (DSH).
- Provides support for counties to develop housing in the community for clients receiving Mental Health Diversion services or Competency Restoration training (CRT).
- Expands the continuum of care in the community found FIST.
- Funds up to 93 beds, not to exceed $8,718,750.00
- Effective date through June 30, 2028.

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Department of State Hospitals – Supportive Services

PURPOSE

- Funding for Mental Health Diversion (MHD) wrap around services and community based CRT. MHD also prevents charges on one's criminal record.
- 5-year contract, total of $45,640,000.00 including justice partners funding.
- BHS breakdown:
  - $32,620,000.00 for Wrap Around Services
  - $1,625,000.00 for Violence Risk Assessment
  - $1,500,000.00 for Diversion Court Liaison position
  - $4,895,000.00 for County Administrative Overhead
- Effective date through June 30, 2029

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Department of State Hospitals – Supportive Services

PROGRAM CRITERIA

1. FIST status and ordered to treatment in a State Hospital,
2. Diagnosed with a qualifying serious mental illness: Bipolar Disorder, Schizophrenia, Schizoaffective Disorder.
3. Excludes primary diagnosis of Antisocial Personality Disorder, Borderline Personality Disorder, and Pedophilia.
4. Mental health diagnosis is a significant factor in commission of the offense.
5. Does not present a unreasonable risk to public safety in treated in the community.
6. Excludes charges for: rape, murder or involuntary manslaughter; sexual abuse of a child or lewd or lascivious act on a child; assault with intent to commit rape, sodomy, or oral copulations; offense for which if convicted requires to register pursuant to PC 290, with exception of indecent exposure (PC 314).

SERVICES

1. Evidenced based violence risk assessment.
2. Substance use screening.
3. Suicide risk screening.
4. 4-10 hours group treatment weekly.
5. Individual weekly therapy
6. Substance use treatment as determined by assessment.
7. Medication management (minimum monthly meeting with prescribing provider)
8. Care management and wraparound support services.
9. Discharge planning to ensure successful community reintegration and coordination of care.

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Behavioral Health Connect

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BH-Connect Key Components & Authorities

Section 1115 Authorities

- Workforce Initiative
- Access, Reform, and Outcomes Incentive Program
- Cross-Sector Incentive Program
- Activity Stipends
- Transitional Rent Services
- FFP for IMDs
- Community Transition In-Reach Services
- Room & Board in Enriched Settings

State Plan Amendment (SPA)

- Assertive Community Treatment (ACT)
- Forensic ACT
- Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)
- Individual Placement and Supports (IPS)
- Community Health Worker (CHW) services
- Clubhouse services

Existing Medicaid Authorities

- Centers of Excellence (COEs)
- Clarification of coverage of EBPs under EPSDT
- Initial Child Welfare/Specialty Mental Health Assessment
- Foster youth liaison in MCPs
- Alignment of the Child and Adolescent Needs and Strengths (CANS) Tool

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BH-Connect Statewide Component

Statewide
***Required to be implemented by County Behavioral Health**

- Workforce Initiative
- Centers of Excellence (COEs)
- **Other CMS milestones***
  - **Utilization review process, predischarge coordination, and follow-up requirements***
  - Bed registry
- Activity Stipends
- **"Clarification" of Coverage under EPSDT***
  - **Multisystemic Therapy (MST)***
  - **Functional Family Therapy (FFT)***
  - **Parent-Child Interaction Therapy (PCIT)***
  - **High Fidelity Wraparound***
- **Initial Child Welfare/Specialty Mental Health Assessment***
- **Alignment of CANS Tool***
- Foster youth liaison in MCPs

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BH-Connect Optional Components

Optional for all County Behavioral Health Plans	Required to be implemented if opting to draw down FFP for short-term IMD stays
• Access, Reform, and Outcomes Incentive Program • Cross-Sector Incentive Program • ACT/FACT • CSC for FEP • IPS for Supported Employment • Peers with Justice Involved Specialization • Community Health Workers • Clubhouse services • Community Transition In-Reach Services • Room and Board in Enriched Settings	• Access, Reform, and Outcomes Incentive Program • ACT/FACT • CSC for FEP • IPS for Supported Employment • Peers with Justice Involved Specialization • Community Health Workers

Federal Financial Participation (FFP) for Short-Term Stays in IMDs

FFP is only available for short-term stays, ***60 days or less***, and CA must maintain a statewide average of 30 days

To participate, counties must cover ACT/FACT, CSC for FEP, IPS, Peers with Justice Involved specialization, CHWs, and participate in the Access, Reform, and Outcomes Incentive Program

$958.8 million in FFP expected over the course of the Demonstration

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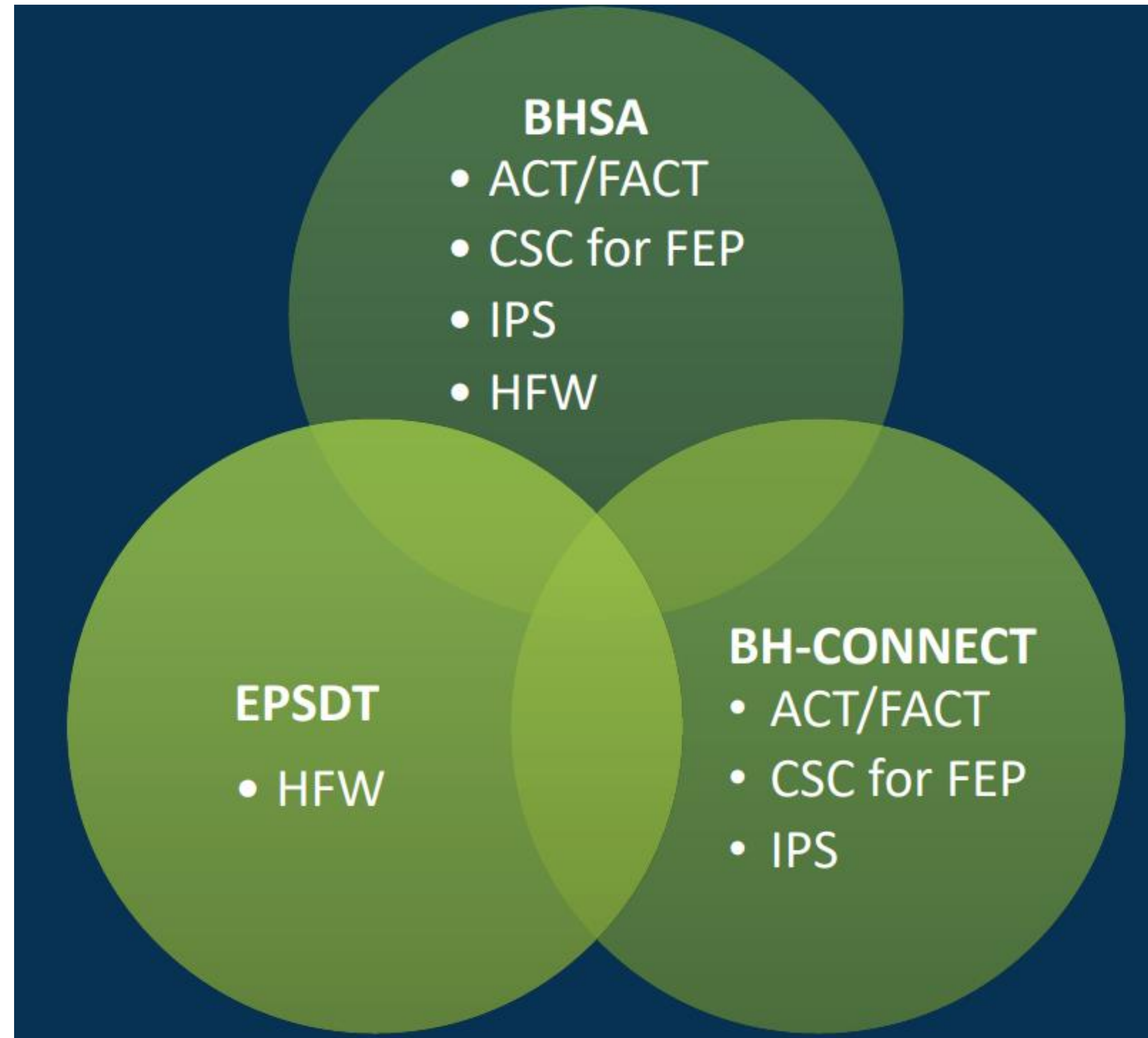
BH-Connect & BHSA

ACT/FACT (BHSA & BH-CONNECT)	**CSC for FEP** (BHSA & BH-CONNECT) **DHCS using statutory authority to require**	**IPS for Supported Employment** (BHSA & BH-CONNECT)
High Fidelity Wraparound (BHSA & *EPSDT*)	**Peers with Justice Involved Specialization** (BH-CONNECT)	**Community Health Workers** (BH-CONNECT)

EBP Intersection



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Senate Bill 43 (SB43)

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SB 43

- Makes changes to the Lanterman-Petris-Short (LPS) Act – a California law governing involuntary treatment, and conservatorship of people with behavioral health conditions
- This new law expands the definition of "gravely disabled" to include:
  - people with a mental disorder, **a severe substance use disorder, or a co-occurring mental health disorder and a severed substance use disorder**
  - and, who are unable to provide for their basic needs for food OR clothing OR shelter OR access to necessary medical care OR personal safety
- Also makes the following changes:
  - expands the array of testimony that can be submitted into conservatorship proceedings without requiring in-person cross examination
  - requires counties consider less restrictive alternatives in conducting conservatorship investigation
  - expands State reporting requirements

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