

## FY 2022-23 Community Corrections Partnership Survey

# Contra Costa County

### CCP Membership

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| <b>Esa Ehmen-Krause</b><br>Chief Probation Officer               | <b>Marla Stuart</b><br>Department of Social Services            |
| <b>Rebecca Hardie</b><br>Presiding Judge or designee             | <b>Suzanne Trevano</b><br>Department of Mental Health           |
| <b>Timothy Ewell</b><br>County Supervisor or Chief Administrator | <b>Tamia Brown</b><br>Department of Employment                  |
| <b>Diana Becton</b><br>District Attorney                         | <b>Fatima Matal Sol</b><br>Alcohol and Substance Abuse Programs |
| <b>Ellen McDonnell</b><br>Public Defender                        | <b>Lynn Mackey</b><br>Head of the County Office of Education    |
| <b>David O. Livingston</b><br>Sheriff                            | <b>Pat Mims</b><br>Community-Based Organization                 |
| <b>Mark Bustillos</b><br>Chief of Police                         | <b>Shannon Mahoney</b><br>Victims' Interests                    |

**How often does the CCP meet?**

Quarterly

**How often does the Executive Committee of the CCP meet?**

Quarterly

**Does the CCP have subcommittees or working groups?**

Yes



## Goals, Objectives, and Outcome Measures

### FY 2021-22

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| <b>Goal</b>                 | Implement the County's adopted Reentry Strategic Plan 2018- 2023  |
| Objective                   | Implement a multi-disciplinary, jurisdiction-wide reentry strategy to improve outcomes for individuals coming home from incarceration that incorporates the federally established "Fundamental Principles of Evidence- Based Correctional Practice."  |
| Objective                   | Establish a Reentry Council to oversee the Plan's implementation.   |
| Objective                   | Develop a work plan and process to implement the Plan   |
| Outcome Measure             | Number of objectives from the strategic plan accomplished.  |
| Progress toward stated goal | <p>In 2017, the ORJ undertook the development of a five- year Strategic Plan for the Contra Costa County reentry system. This Plan is an update of the County's first Reentry Strategic Plan, adopted in 2011. Through a public procurement process, the County contracted with Resource Development Associates (RDA) to facilitate a stakeholder-driven planning process and draft an updated reentry Strategic Plan. This Plan expands beyond AB 109 to address the expressed goals and needs of the County's reentry system. The plan was adopted by the Board of Supervisors in July 2018.</p> <p>In addition to the development of an updated Mission Statement, Vision Statement, and Guiding Principles, the Plan includes six areas of focus, each with its own goal, that collectively serve as the plan's central pillars onto which more detailed objectives and activities are built. Additionally, the Plan recommends the development of a "Reentry Council" that would be responsible for shepherding the implementation of the Strategic Plan, to include at least an annual review of the progress made on the Plan's objectives.</p> <p>The Plan's areas of focus and their respective goals are as follows:</p> <p>A. Jail to Community Transition<br/>Implement structures, tools, and procedures necessary to help returning residents achieve successful transitions from jail to community.</p> <p>B. Post-Release Program Access and Linkage Facilitate timely and appropriate connections to services and resources that effectively support the reentry of returning residents.</p> <p>C. Economic Security<br/>Increase the likelihood of post-release success by enhancing opportunities for returning residents to attain economic security.</p> <p>D. Housing Access and Attainment<br/>Improve access to housing matched to the needs of clients.</p> <p>E. Behavioral Health Access<br/>Improve timely access to appropriate behavioral health care services.</p> |

F. Use and Coordination of Data

Enhance the use and coordination of data to ensure quality of services and inform decision-making.

Since last year, there has been progress made on the objectives and activities in each focus area. In the area of Jail to Community Transition, our county's pre-release planning program known as Game Plan for Success (GPS), a collaborative effort administered by the Contra Costa County Office of Education (CCCOE) and the Sheriff's Office, has been working to ensure all individuals incarcerated in the county have the opportunity to access education, skill development, and emotional support to prepare them for successful reentry. In doing so, CCCOE and its GPS staff have leveraged its resources through their "EmployUp" program and federal WIOA funds to provide individualized employment planning and preparation, and greater access to job opportunities and college and/or vocational training through our county's local adult schools and community colleges prior to and upon release. In-custody employment workshops are currently being offered at the Marsh Creek Detention Facility and the in-custody adult school has implemented the Multi-Craft Core Curriculum (MC3) Pre-Apprenticeship Readiness Program, making its overall curriculum focused on career development in modernized industries.

In the area of improving Post-Release Program Access and Linkage, we have continued to improve service delivery for our transition age youth (TAY) populations. The Probation Department has not only created specialized caseloads dedicated to only supervising individuals aged 18 to 25 but has also leveraged SB 678 dollars to begin planning and implementing a networked system of services dedicated to supporting TAY populations. Probation has contracted a community-based service provider with a long history and expertise working with justice-involved young adults to provide case management services and lead coordination of a TAY Services Network that will integrate TAY-focused reentry services and improve local approaches to supporting young adults in the justice system.

In the area of Economic Security, the Strategic Plan expressed a desire to improve reentry population access to public benefits. Since then, the county's Health Services Department, Probation Department, and Sheriff's Office has been engaged in planning efforts and preparing for the implementation of the CalAIM Justice-Involved Initiative which seeks to ensure all eligible individuals are enrolled in Medi-Cal prior to release from county jails and provide enhanced care management and community supports upon reentry.

Through a partnership between our Probation Department and the Health, Housing and Homeless Services Division (H3) of our Health Services Department, considerable progress has been made in the area of Housing Access and Attainment. Specifically, we have been able to leverage over \$500,000 in revenue received through SB 678 to pay for evidence-based housing navigation and barrier mitigation services that ultimately help the County diversify available housing options for justice-involved individuals in the community. Since last year, these resources have substantially increased to specifically serve and target the young adult population as an acknowledgement of the unique housing needs of this age group.

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|  | <p>To improve Behavioral Health Access in our jails, the County has created a team of law, justice, and health professionals to participate in a statewide effort to implement medication-assisted-treatment options in our local jails for individuals with opioid based substance use disorders. Through medicines such as buprenorphine, individuals in custody have the option to begin a new treatment option while in custody that can be continued with a provider in the community.</p> <p>This effort has also provided all individuals in custody with access to a substance use disorder (SUD) counselor that can begin screening and treatment of individuals while they are in jail and enhance their connection to community-based treatment services upon the person's release.</p> <p>Significant progress has been made in the area of Use and Coordination of Data over the last year. In recognition of AB 109 Realignment marking 10 years of implementation, the Probation Department's Office of Reentry and Justice (ORJ) – data and evaluation team has been conducting a multi-year trends analysis on the county's AB 109 and general reentry population.</p> <p>This analysis seeks to examine the impact of Realignment on our county's justice and reentry systems and opportunities for system planning for future years. Additionally, our county was selected to participate in the National Association of Counties' (NaCo) Familiar Faces Initiative (FFI) – a nationwide effort to improve outcomes through coordinated health and justice systems. A member of our Board of Supervisors, the Probation Department, and the Health Services Department have been engaged in ongoing technical assistance sessions to build mechanisms for cross-system data sharing in an effort to identify individuals with high-needs and inform local decision making. Further, the Probation Department has adopted a data-driven decision-making approach to investments in programs and services for justice- involved individuals. This has included increasing the use of AB 109 funds for evidence-based reentry programming in housing and employment services, establishing performance-based contracting requirements for service providers to ensure quality, and increasing investments in technology for improving data collection, management, and analysis while laying the foundation for more rigorous intra-departmental evaluations in the future.</p> |
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| <b>Goal</b>     | Reentry: Assist in providing access to a full continuum of reentry and reintegration services, and measure the impact of these efforts   |
| Objective       | Support planning and implementation of an integrated system of services that may include co-located, site- based resources and services. |
| Objective       | Improve access to, and effectiveness of, services for the reentry population.  |
| Objective       | Enhance information sharing among partners and improve access to data needed for effective evaluation and research.                      |
| Outcome Measure | Recidivism reduction   |
| Outcome Measure | Employment and wage rates of the County's supervised population  |
| Outcome Measure | Reduction in the size of County's supervised population  |

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| <p>Progress<br/>Toward<br/>Stated Goal</p> | <p>As our county has been in transition for some time following the height of the COVID-19 pandemic, progress in this area has been slow yet steady as reentry services administered by county agencies and contracted service providers resume program operations in a modified manner. Majority of the county's AB 109-funded contracted service providers are currently offering services through a hybrid of virtual and in-person programming options. This has afforded enhanced connectivity between participants and service providers and expanding programmatic reach among the reentry population. To further support increasing connectivity, the Probation Department has partnered with the Reentry Success Center, one of the county's reentry service hubs, to purchase and distribute laptop computers and wifi internet access to supervised clients. Probation has also invested in the purchasing of three sprinter vans as part of an effort to expand Pre-Trial Services and establish mobile offices to meet clients in the field.</p> <p>Other county agencies such as the Health Services Department's Behavioral Health Services (BHS) Division and Health, Housing, and Homeless Services (H3) Division, as well as the Office of the Public Defender have also adapted their supportive services to include field-based elements that will better serve the reentry population. BHS drug counseling and clinical staff are co-located within the county's West County Detention Facility, the Reentry Success Center, and host office hours by appointment in various community settings. BHS also receives service referrals for mobile crisis response by local law enforcement, community-based service providers, and families in the community. H3, through its Coordinated Outreach Referral and Engagement (CORE) mobile homeless outreach teams, provide access to homeless services for individuals newly released from jail and housing navigation for justice-involved TAY. The Office of the Public Defender expanded its Holistic Intervention Partnership (HIP) program this year through resources from Prop 47 to ensure housing, health, transportation, and legal services were made available at the initial stage of law enforcement contact.</p> <p>While accessible service provision has been continuous in the community over the last year, the Probation Department's Office of Reentry &amp; Justice (ORJ) has been responsible for contract administration of AB 109-funded community-based reentry programs and has offered trainings and technical assistance to service providers as they developed logic models to inform data collection for tracking progress toward specific outcomes. ORJ has also hosted collaborative stakeholder meetings once every other month that include representatives from contracted service providers, county direct service staff, and other community-based providers serving the population through other resources outside of AB 109 to share information about availability and use of reentry services, while also fostering collective problem-solving when system gaps are identified. Additionally, as previously expressed, the county's participation in NaCo's Familiar Faces Initiative is bridging the gaps in sharing information by assessing the legal, regulatory, and privacy barriers to data integration.</p> <p>With the county's increase of AB 109 funding for evidence-based programming, the Probation Department receives ongoing technical assistance from the California State Association of Counties' (CSAC) Criminal Justice Support Hub for supporting implementation of evidence-based programming through</p> |
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|  | performance-based contracting requirements. ORJ has identified and are currently creating tools to adequately monitor the fidelity and implementation of evidence-based reentry housing and employment services. The Probation Department is also developing a new case management system that will support streamlining collection of individualized data and information for effective evaluation of services utilized by supervised populations. These joint efforts will enhance our ability to access quality data for measuring program effectiveness. |
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| <b>Goal</b>                 | Implement the “Stepping Up” initiative and AB 1810 Diversion  |
| Objective                   | Reduce the number of people with mental illnesses in jail   |
| Objective                   | Develop a pre-trial program across a continuum of care for the diversion of individuals who have complex mental health needs  |
| Objective                   | Reduce the number of felony IST referrals   |
| Outcome Measure             | Number of felony IST referrals to Department of State Hospitals   |
| Outcome Measure             | Reduction in number of individuals in jail assessed with a mental illness as compared with baseline data  |
| Progress Toward Stated Goal | <p>On December 8, 2015, the Board of Supervisors affirmed its commitment to reduce the number of people with mental illnesses in our County jails, consistent with the goals of the Stepping Up initiative, by adopting Resolution No. 2015/456. Since that time, County representatives have participated in several convenings and webinars related to the initiative, including participation in the California Stepping Up Initiative Summit held in January 2017. Efforts to implement the initiative in Contra Costa County include:</p> <ul style="list-style-type: none"> <li>• The creation of the Office of Reentry &amp; Justice</li> <li>• The Health Services Department’s Value Stream Mapping and their Rapid Improvement Events</li> <li>• CoCo Lead Plus, a pilot diversion program funded by Prop. 47 intended to break the cycle of criminalization and incarceration for people with mental illnesses or substance use disorders, operated in Antioch, CA</li> <li>• A planned Mental Health Treatment Center at the West County Detention Facility</li> <li>• Development of Comprehensive Outreach, Response, and Engagement (CORE) Teams, which serve as an entry point into the County’s coordinated entry system for unsheltered persons, working to locate, engage, stabilize and house chronically homeless</li> <li>• An electronic Shelter-Bed reservation system and coordinated entry</li> <li>• CARE centers (Coordinated Assessment Referral and Engagement) located in Concord, Richmond, and Walnut Creek, providing a variety of services to the homeless</li> <li>• Mental Health Evaluation Teams (MHET) program</li> <li>• Adult Crisis Response team and Children’s Crisis Response Teams</li> <li>• Alcohol and Other Drugs Medi-Cal Waiver</li> <li>• Assisted Outpatient Treatment program (Laura’s Law Implementation)</li> <li>• The Public Defender’s Failure to Appear Program/Early Rep Program</li> <li>• Expansion of Mental Health Court</li> <li>• A Sequential Intercept Mapping (SIM) workshop conducted September 19-20, 2018, with a final Report to the Board of Supervisors in May 2019 recommending system improvements and a SIM Map to assist the County in</li> </ul> |

identifying resources (or gaps) in certain points within the service delivery system.

Since then and over the course of last year, the county's Health Services Department's Behavioral Health Services (BHS) Division has created an innovative approach to community crisis response known as A3 (Anyone, Anytime, Anywhere) Community Crisis Response. Funded through multiple federal and state sources, the county also allocated Measure X funding (a local 1/2 cent sales tax increase approved by voters in 2020) to develop the A3 Miles Hall Crisis Call Center, increase the number of mobile response teams, provide follow-up care, and the construction of the A3 Campus, a crisis stabilization facility scheduled for opening in December 2023.

Additionally, the Probation Department's Office of Reentry & Justice (ORJ) hosted a virtual symposium on June 7, 2021 titled "Turning the Curve in Criminal Justice" with approximately 65 participants in attendance. The purpose of the symposium was to share knowledge of emerging challenges and opportunities within the county's local criminal and juvenile justice systems, and to better understand the impact of existing intervention models and system improvements. As part of the event, facilitators led an interactive activity to review the county's Sequential Intercept Map (SIM) created in 2018 and receive feedback on needed updates to accurately capture year- to-date information. While engaged in the NaCo FFI, discussions are underway to leverage FFI participation to ground and further the work initiated by the Stepping Up Initiative through the use of accurate cross-system data and information.

Our county's Forensic Mental Health (FMH) Services unit of the BHS Division continues to provide court- involved services such as Mental Health Diversion (AB 1810) and Assisted Outpatient Treatment (AOT), also known as Laura's Law. The FMH team receives diversion referrals from the Public Defender and other attorneys. Each referral is assessed for suitability and amenability for outpatient diversion services. Recommendations are made to the court and if granted diversion, an individual receives intensive outpatient services. Forensics clinicians receive referrals to AOT from qualified requestors, complete an investigation to determine eligibility for AOT, make appropriate referrals to AOT services for those who meet criteria and refer to other services for those who do not meet criteria. In the past year there was a change in the law that allows judges to be qualified requestors for AOT services. AOT now receives requests from the MH Diversion court and the IST court.

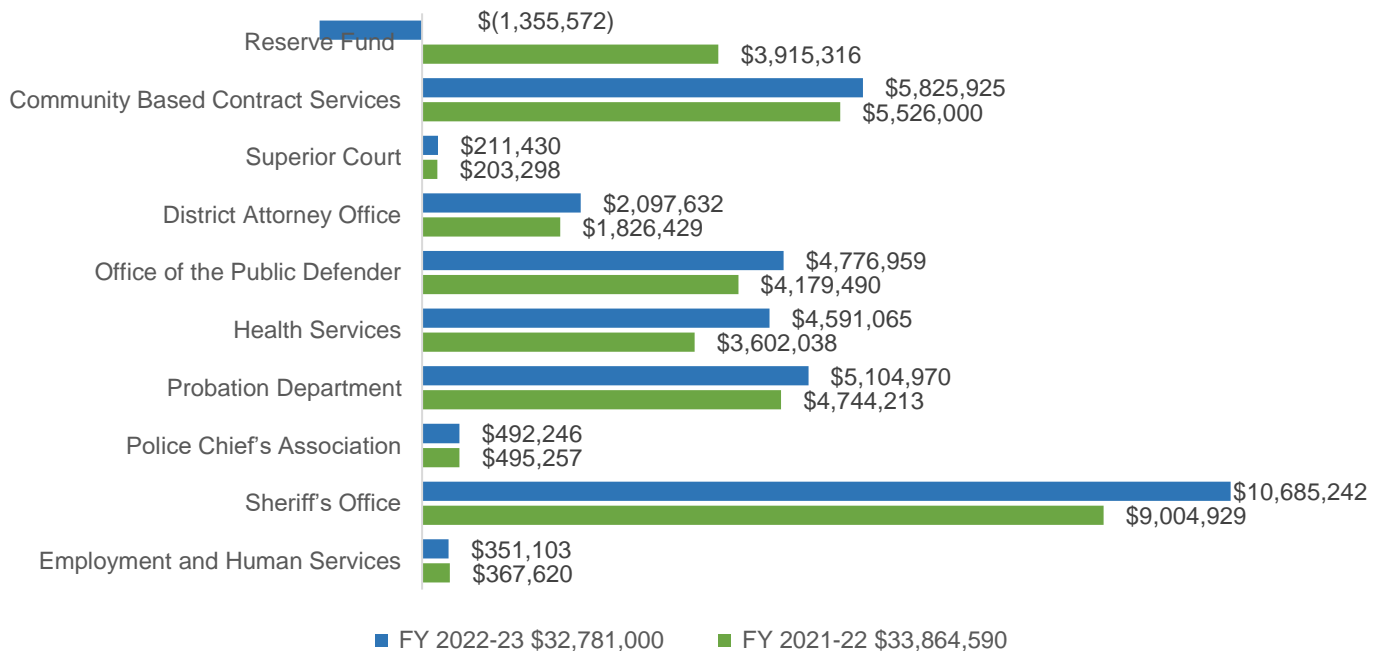
The county also continues to support the implementation of its Holistic Intervention Partnership (HIP) led by the Office of the Public Defender. This program provides multidisciplinary case management and navigation services to indigent individuals, many with physical and/or behavioral health needs, to ensure timely and coordinated access to a client-centered services that provide access to housing, health, transportation and legal services. These services are made available at the critical time of initial law enforcement contact and continue to be accessible to clients after the conclusion of their criminal case. This project is intended to reduce the overall burden on local social services caused by those that are among the highest levels of recurring utilizers. HIP first began as a three-year pilot project in 2020. The project was recently

approved to receive a BSCC Prop 47 grant award of \$6 million to expand its services including earmarking nearly half of grant funds toward short-term and permanent housing options for HIP participants.

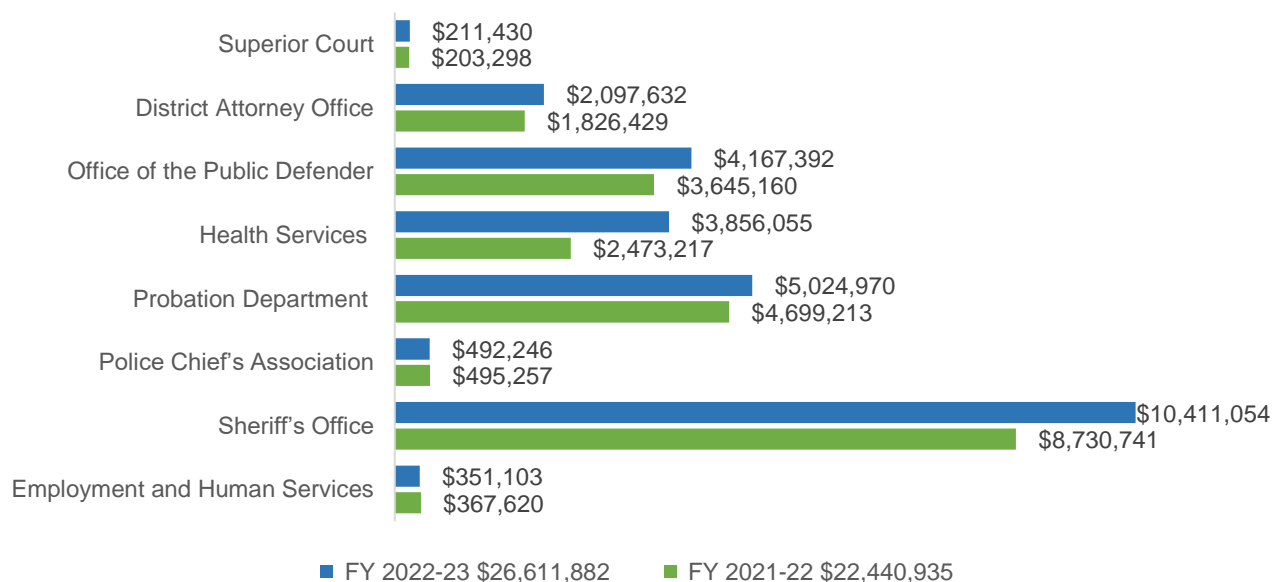
**The Contra Costa County CCP reports it will use the same goals, objectives, and outcome measures identified above in FY 2021-22.**

## FY 2021-2022 and FY 2022-23 Allocation Comparison

### FY 21-22 and 22-23 Allocations

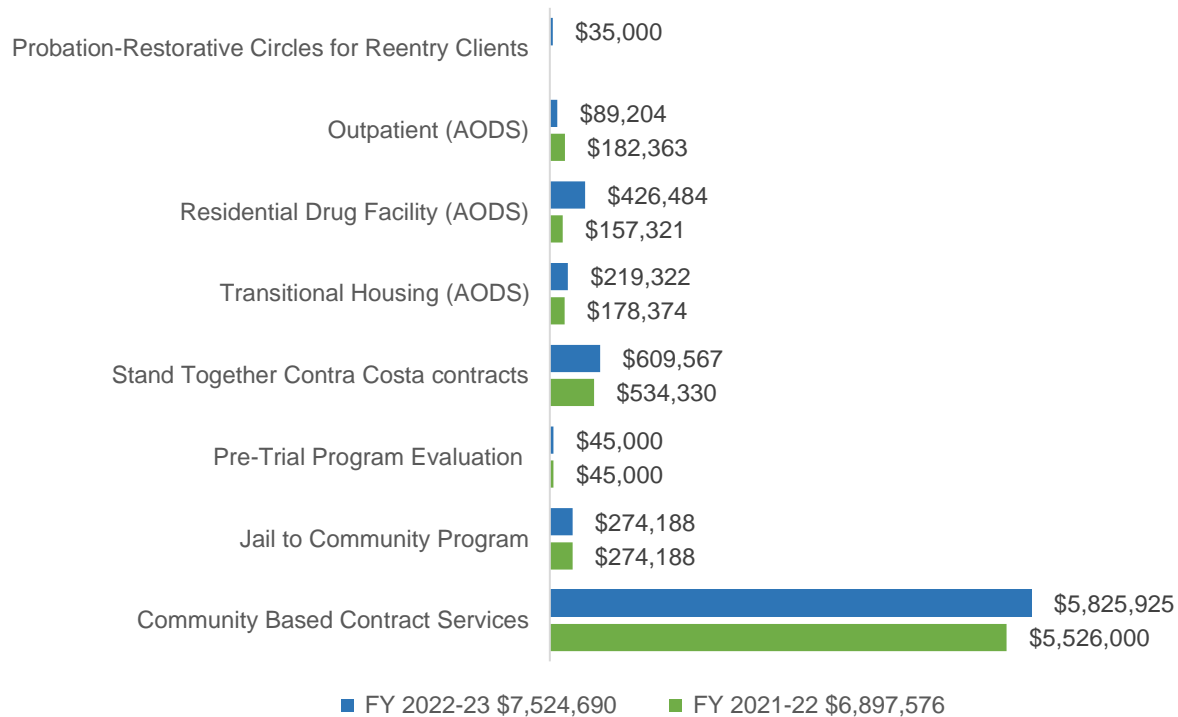


### FY 21-22 and 22-23 Allocations to Public Agencies for Programs & Services





## FY 21-22 and 22-23 Allocations to Non-Public Agencies for Programs & Services



## Optional Questions

### Describe the process the CCP uses to determine potential programs and/or services for local implementation using Realignment funds?

The CCP regularly receives input from its Community Advisory Board (CAB) on potential programs and/or services for its AB 109 Community Programs based on responses from AB 109 funded agencies in a survey annually administered by the Office of Reentry & Justice (ORJ). The ORJ provides updated information on reentry and diversion services as they become available. The CCP's Quality Assurance Committee meets quarterly to discuss program needs and operational challenges. The CCP conducts a Budget Workshop in November of each year to consider the budget requests for AB 109 Realignment Funds before making recommendations on the awarding of these funds the following month (December). The CCP also directs the distribution of the funding for community-based services through competitive procurement processes.

### Does the county evaluate the effectiveness (as defined locally) of programs and/or services funded with its Public Safety Realignment allocation?

Yes

#### If yes, how?

The County requires and receives regular data and narrative reports from all agencies receiving AB 109 Realignment revenue at least twice a year, and this information has been compiled into an annual report for the past six years. For FY 22-23, a 10-year trends analysis report will be released culminating prior years reporting where available. The County has

also used AB 109 revenue to fund the creation and operation of a Salesforce-based platform called “SAFE” for the collection and sharing of reentry service provision data provided by the County’s AB 109 funded community partners.

**Does the county consider evaluation results when funding programs and/or services?**

Yes

**If yes, how?**

The CCP has received annual reports of its AB 109 expenditures and activities for its consideration during budget related discussions since the 2014-15 fiscal year. The ORJ has been working with contracted providers to develop data collection tools to better support effective evaluation of services at the conclusion of the contract cycle. Analysis of this information will be provided to the CCP for its consideration in making funding recommendations.

**Does the county use BSCC definitions (average daily population, conviction, length of stay, recidivism, and/or treatment program completion rates) when collecting data?**

| Yes | No |                                    |
|-----|----|------------------------------------|
| X   |    | Average daily population           |
| X   |    | Conviction                         |
| X   |    | Length of stay                     |
| X   |    | Recidivism                         |
|     | X  | Treatment program completion rates |

**What percentage of the Public Safety Realignment allocation is used for evidence-based programming (as defined locally)?**

21% to 40%

**We would like to better understand your county's capacity to offer mental health, substance use disorder, behavioral health treatment programs, and/or other services. What type and level of services are now available?**

Contra Costa County's behavioral health system provides an array of services. Descriptions of each service are as follows:

The Behavioral Health Access Line:

A call center serves as the entry point for integrated mental health and substance use services across the county providing phone screenings, risk assessments, referrals and resources to clients seeking mental health and/or substance use services. It is staffed with licensed mental health clinicians and certified substance abuse counselors. The Access Line works in tandem with the Behavioral Health Financial Counseling unit which allows for easy Medi-Cal verification or enrollment in Medi-Cal prior to referral to behavioral health services. Additionally, upon referrals from AB109 Probation Officers, the financial

counselors enroll clients for Medi-Cal at the jail prior to release. Clients in need of SUD services are linked to services via warm hand-off through a 3-way call with dates and times for appointments. Similarly, clients in the 3 detention facilities are able to call directly to the Access Line by using a speed-dial number.

#### Mental Health Treatment Programs, and/or Other Services for Adult/Older Adult:

Behavioral Health's Adult/Older Adult System of Care provides services to individuals with the highest degree of functional impairment due to serious mental illness in the least restrictive manner possible, in order to improve the quality of their lives. Acute services are provided at the psychiatric in-patient unit of Contra Costa Regional Medical Center and other contracted hospitals. If community placement is not yet appropriate for clients leaving acute care, referrals to contracted Mental Health Rehabilitation Centers (MHRCs) and, more rarely, to the State Hospitals, are made. The goal of Behavioral Health Division's System of Care is that stays in these facilities be no longer than clinically necessary and that ongoing services and supports be provided in clients' communities. To enhance coordination of care and facilitate a smooth transition from in-patient psychiatric hospitalization to community settings, BHS operates one county crisis residential facility, Hope House. This program plays a pivotal role in the coordination of care within our system of care in supporting the successful transition of seriously mentally ill clients from restrictive settings to more open independent community settings. The objective is to provide intensive support to clients, while a coordinated plan of care to community settings is developed and implemented. The Transitional-Aged Youth Crossover committee addresses the service needs of young adults aging out of the Child and Adolescent system of care who may not be clients traditionally served in the adult system of care and are needing linkage to services in the adult system or with community providers. This committee has not been in operation since before COVID.

#### Regional Outpatient Clinics:

Adult Services is organized regionally to facilitate community access. West, Central, and East County are each served by a complete and locally managed range of services provided by County staff at our Regional Outpatient Clinics. Additionally, Behavioral Health Services (BHS) contracts with multiple Full-Service Partnership (FSP) providers to provide a higher level of support to some of our more complex clients. Services provided include psychiatric and psychological counseling, medication management, individual therapy, group counseling, intensive case management, substance use counseling, family support, vocational assistance, supported housing and housing assistance, socialization programs, and peer counseling and support. As an important feature, integrated Behavioral Health Services are provided to individuals with Co-Occurring Disorders (COD) at all mental health clinics, which include internal workflows for screening and referral to a substance abuse counselor co-located at all of the adult and children's clinics. In the older adult clinic, there is staff dually trained to meet the needs of older adults with COD.

#### Behavioral Health's Vocational Services:

Vocational Services provides comprehensive vocational preparation and job placement assistance. Services include job search preparation, job referral, job coaching, benefits management, and employer relations. These services are provided through a contract with the California Department of Rehabilitation under a cooperative agreement with the State Department of Health Care Services.

Besides the three regional adult clinics and the county-wide vocational services program, Behavioral Health operates the following services designed to support a wide continuum of care.

#### Client Run Community Centers:

Centers in Pittsburg, Concord, and San Pablo provide empowering self-help services based on the Recovery Vision, a concept that individuals can recover from severe mental disorders with peer supports. The centers are client operated and provide one to one peer support, social and recreational activities, stress management, money management, and training and education in the Recovery Vision.

#### Forensics Mental Health (FMH) Services:

This unit is comprised of three areas of service delivery through:

1. Adult Felony Probation involvement (AB 109 and General supervision),
2. Court ordered services, and
3. Co-responding with local law enforcement agencies (Mental Health Evaluation Team – MHET)

Forensic clinicians are co-located at the Probation Department and law enforcement agencies for field-based outreach, mental health screening and linkage to the adult mental health system of care. Court involved services include Mental Health Diversion (AB1810) and Assisted Outpatient Treatment (AOT), also known as Laura's Law. The FMH team receives diversion referrals from the Public Defender and other attorneys. Each referral is assessed for suitability and amenability for outpatient diversion services. FMH sends a report and recommendation to the court and the court determines if an individual will be granted diversion. If granted diversion an individual receives intensive outpatient services. Forensics clinicians receive referrals to AOT from qualified requestors, complete an investigation to determine eligibility for AOT, make appropriate referrals to AOT services for those who meet criteria and refer to other services for those who do not meet criteria.

In the past year there was a change in the law that allows judges to be qualified requestors for AOT services. AOT now receives requests from the MH Diversion court and the IST court. FMH also receives referrals from Deputy Probation Officers county wide. These referrals are assessed for Specialty Mental Health Services. If the person on probation meets the criteria, they are opened for intensive care management services with the goal to help them successfully complete probation and develop a prosocial stable life in the community.

FMH also provides clinicians that partner with AB 109 funded officers from local police agencies and deputies from the Department of the Sheriff, to form Mental Health Evaluation Teams (MHET). MHET exists in each region of the county as part of the County's holistic AB 109 response. The purpose of these teams is to respond to

referrals from law enforcement for individuals who have had multiple law enforcement contacts and/or recent Psychiatric Emergency Services (PES) stays, due to behavioral health needs. Each MHET team consist of a clinician and a law enforcement partner. The teams co-respond in the community to help stabilize the situation, safety plan and support families, and develop a plan to link individuals to follow-up services for long term care management to prevent future law enforcement contacts and/or visits to PES. In addition,

the teams provide resources to support family members and loved ones that are part of a person's behavioral management plan.

Pre-trial diversion services via implementation of AB 1810 is provided across a continuum of care settings for justice involved individuals who have significant mental health challenges and have been found or at risk to be found incompetent to stand trial on felony charges.

#### Rapid Access:

Rapid Access provides drop-in services at the regional mental health clinics to clients who have recently been admitted to and subsequently discharged from Psych inpatient, Psychiatric Emergency Services (PES), or Detention. These include assessments, short term case management, referrals, and linkage to appropriate services.

#### Older Adult Program:

Provides mental health services to seniors, 60 years and older, including preventive care, linkage, and outreach to underserved and/or at-risk communities. Services include: Senior Peer Counseling, IMPACT, Intensive Care Management. Three multi-disciplinary teams support a respective region of the county and provide in-home mental health services as well as advocacy, linkage, and referral. Transition Team. Provides short term intensive case management services and linkage to ongoing services for severely and persistently mentally ill adults ages 18-59 in need of MHS. Referrals come primarily from inpatient psychiatric hospitals, PES, homeless services and occasionally law enforcement. Clients range from individuals who are experiencing their first psychiatric symptoms to those who have had long-term psychiatric disabilities but have been unable or unwilling to accept mental health treatment on their own.

#### Augmented Board and Cares:

The Adult/Older Adult Behavioral Health Division's Adult System of Care contracts with a network of licensed board and care providers and facilities to provide additional funds to augment the rental amount received by the facility from a client's SSI rental allowance. These funds pay for facility staff care to enable those with serious mental illness to avoid institutionalization and enable them to live in the community.

#### First Hope:

This program provides early intervention in the treatment of early psychosis. Since 2013 First Hope has worked with youth, ages 12 – 25, at "clinical high risk" for developing a psychotic disorder to prevent progression. In June 2019 First Hope expanded their program to offer services to young people, ages 16 to 30, who have had a first episode of psychosis to support their recovery and functioning. First Hope offers comprehensive outpatient services to youth experiencing early psychosis, and their families using a Coordinated Specialty Care multidisciplinary team-based model. Services include individual, family and group therapy, case management, multifamily groups, employment and education support, occupational therapy, peer support, substance use counseling, and psychiatric management.

## Mental Health Homeless Outreach/Advocacy Services:

The Don Brown shelter, in Antioch, serves up to 20 clients who are open to one of our BHS Clinics. They assist seriously mentally ill homeless clients to secure counseling, transportation, clothing, vocational training, financial/benefit counseling, and housing.

## A3 - Anyone, Anywhere, Anytime - Behavioral Health Crisis Response:

When someone experiences a crisis – a fire, crime or medical emergency – they call 911 with the expectation of getting immediate emergency services. However, when that emergency is a behavioral health crisis, there is currently no timely and clinically appropriate response, which too often results in unnecessary suffering, loss of life, criminalization or incarceration. A3 addresses this enormous need by making behavioral health part of the emergency response system. Contra Costa Health Services (CCHS) Department is working to address the unmet behavioral health needs in Contra Costa County through A3. A3 provides timely and appropriate behavioral health crisis services to Anyone in Contra Costa County Anywhere at Anytime. The A3 Miles Hall Crisis Call Center is the central component of the A3 model. This is the front- door to access mobile crisis services. Once fully rolled out, the high-tech call center will be open 24/7 and staffed by both licensed behavioral health clinicians and peer staff. This staff will answer calls, triage the situation, and deescalate over the phone or dispatch a mobile crisis response team to respond. Currently, the A3 Miles Hall Crisis Call Center operates Monday – Friday, 8 a.m. to 6:30 p.m.

## Substance Use (SU) Treatment - Adults:

Contra Costa Behavioral Health's Alcohol and Other Drugs Services (AODS) operates the Drug Medi-Cal Organized Delivery System (DMC-ODS) since 2017. AODS provides a continuum of services through contracts with Community Based Organizations (CBO) that are modeled after the American Society of Addiction Medicine (ASAM) Criteria for individuals with substance use disorders (SUD). Currently, SU treatment access and availability has expanded the following ASAM Levels: Basic Outpatient (level 1), Intensive Outpatient (level 2), Low Intensity Residential (level 3.1), High Intensity Residential (levels 3.5 and 3.3), Withdrawal

Management (level 3.2). Medication Assisted Treatment (MAT) is delivered both through CBOs but also robustly integrated with medical services under Health Services ambulatory care, including Detention facilities, which makes it extremely accessible to clients. Subsequently, in 2019 Recovery Services, Care Management and Recovery Residences were gradually launched to meet the needs of the clients. Contra Costa is also uniquely positioned to serve Spanish speaking monolingual men and women who may need low intensity 3.1 residential services. SU treatment services are provided to all Contra Costa residents, who meet medical necessity for SU and are eligible for Medi-Cal.

As projected, in September 2020, AODS restored residential treatment and detoxification services in West County. The Richmond Health and Wellness Center is a new 25-bed facility for men bringing much needed services to the community. While still insufficient, the Richmond Health and Wellness Center has undoubtedly increased service capacity.

## Outpatient SUD Services & Recovery Residences:

ASAM level 1 and level 2 are provided throughout the community, at hours and times convenient for clients, this includes gender specific services for pregnant, parenting, and

post-partum women. A few Recovery Residences (RR) also known as (Sober Living Environments) were incorporated into the DMC-ODS in late 2019. RR are alcohol and drug free living environments that support the recovery process by allowing clients who are stepping down from residential treatment and continuing outpatient services, as they gain more stability and become successfully employed. Recovery Services are available for anyone at risk of relapse, in crisis or need linkages to employment, family support, etc. Since 2020, Contra Costa added to the network of Recovery Residences, 5 Oxford Houses (<https://www.oxfordhouse.org>), which are a very unique model of democratically run houses for individuals in recovery of substance use. This model has been highlighted as an evidence-based practice to effectively support the unique needs of individuals who have completed SU treatment and who are in recovery.

Depending on funding availability clients who are actively participating in Intensive Outpatient treatment are eligible to receive housing grants for placement into a RR, the system is based on self-responsibility and accountability, and ensure that clients continue treatment for longer periods of time until they meet their treatment goals, obtain employment and reunify with their families. Although Recovery Residences are MAT and BH-friendly, treatment is not provided and there is minimum support. Because Behavioral Health understands that individuals involved in the criminal justice system may also have a SUD, Contra Costa AODS conveniently offers ASAM screenings at various touchpoint locations including courts, Psych Emergency Services, etc. AB 109 funding has provided 2FTE certified substance abuse counselors who screen clients in the jail and at the West County Reentry Center as referred by Probation.

#### Crossroad SUD Treatment in the Jail:

In 2021, AODS received a grant from the State Board of Corrections for the implementation of treatment in the West County jail, out of this grant the Crossroads program emerged which quickly integrated with Detention Health Services. In addition, the Office of Education supported AOD efforts to meet the treatment gap in the jail, by adding a 1FTE counselor who is embedded with the School (DEUCE) and the Game Plan for Success (GPS) program. Crossroad counselors assess and pre-plan the transition of clients into residential programs including Medi-Cal enrollment. Prior to release, transportation is arranged and coordinated with the West County Reentry Center or provided by one of the Crossroad counselors to ensure continuity of care. Clients not scheduled for release, continue to receive SU treatment and/or orientation to treatment in the jail. Services include coordination with Detention Health for MAT.

#### Coordination of Care:

In general, all health services in Contra Costa are coordinated through a single Electronic Health Record (EHR) system, all patients have one chart. Because of restrictions related to the confidentiality and protection of records of patients with SUD also known as 42 CFR part 2, AOD information is currently not available on EHR. To satisfy requirements of care coordination AOD implements written consents for the Release of Information (ROI) and biweekly meetings to discuss client mobility through case managers and coordinate with other individuals or systems involved such as: jail, whole person care, mental health, etc., this also allows for mobility within and across the DMC-ODS plan.

## Medication Assisted Treatment (MAT):

As indicated earlier, MAT services are widely available on demand in the community, primarily for Medi-Cal eligible residents. The County Health Services Department is an integrated health system and as such services are provided across divisions; there are approximately 60 Buprenorphine-waivered physicians and a few psychiatrists who are considered waived prescribers. Within the jail environment, and with the exception of Vivitrol, Methadone is available for pregnant women; other populations are tapered then switched to Buprenorphine by the medical team. Narcan is distributed as needed when clients are released, this is particularly important in light of the fentanyl crisis which soared during the COVID pandemic.

### **What challenges does your county face in meeting these program and service needs?**

1) Transportation challenges provide a constant barrier to accessing behavioral health services. A comprehensive study was completed via the County's community planning process and a number of needs and strategies were documented. Findings indicated a need for multiple strategies to be combined in a systemic and comprehensive manner. Strategies include training clients to navigate public transit, providing flexible resources to assist with transportation costs; and creating a centralized staff response to coordinate efforts and respond to transportation needs.

When clients with BH needs are released from jail and reenter the community, a transportation system with support would effectively ensure that clients continue care.

2) There is a noticeable increase in the number of BH clients struggling with co- occurring disorders; in particular, an increase in use of methamphetamine among the seriously mentally ill clients we serve. A comprehensive aggressive approach in treating co-occurring complexity would benefit programs and services. Institutional sobriety approaches provide a temporary solution; they do not represent a long-term solution as many of these clients are released from locked long-term care, return to the community, and quickly relapse to using methamphetamine again.

3) Contra Costa is facing a housing crisis- an affordable housing crisis for low-income individuals. While Behavioral Health maintains a network of augmented Board and Care beds for our clients, these are not enough to meet the growing demand for housing among the people we serve. Many Behavioral Health clients struggle with homelessness and the stresses caused by lack of housing. This is also true for Recovery Residences, the funding available to support employment-ready clients is limited.

4) Behavioral Health staff in the community is working in an ongoing fashion with Mental Health in County Detention to improve coordination of care for seriously mentally ill patients needing clinic support upon release from detention.

5) While all SUD services are now covered by Medi-Cal, Medi-Cal coverage ends for those who remain long periods of time in custody. Barriers to treatment occur anytime that clients do not have Medi-Cal, are not eligible for Medi-Cal, or have a Medi-Cal from another county. Ideally, Medi-Cal should be used regardless of county of residence without having to transfer, which may take up to 60 days or longer.



6) Justice Involved Medi-Cal populations often report untreated SU for long periods of time and are often diagnosed with severe SU. Not only it is critical to ensure that all systems involved properly refer clients with SU to treatment while in jail so that treatment starts immediately, but it is also important to recognize that due to acuity returning citizens may require longer time in structured treatment settings and multiple treatment admissions. The county must continue to expand and integrate SU services available in custody at the same level as other necessary services.

7) In contrast to men, women by far constitute an underrepresented population in SU treatment. Despite efforts to increase referrals to treatment, the number of women placed in treatment is extremely low. Particularly concerning is the significant decline of pregnant and post-partum women with SUD referred to treatment. Should the trend continue, not only will it deepen gender disparities, but it will also decrease opportunities for women to regain custody of their children and negatively impact the SUD perinatal/postpartum/parenting infrastructure that was developed by many dedicated advocates in the state over the years.

8) Contra Costa faces an increased demand for behavioral health services in the community, both mental health and substance use. Exacerbated by the Opioid/Fentanyl crisis, more complex mental health needs combined with an increase on alcohol abuse, clearly support the need for more services. Compounding a dire need for services, historically high workforce shortages represent a major challenge as we try to meet the ever-changing needs of our residents in an equitable, coordinated, and efficient manner.

**What programmatic changes and/or course corrections have you made in the implementation of Public Safety Realignment that you believe other counties would find helpful?**

We recognized that over the course of the last decade, we have invested substantial resources across the county to ensure the most critical services needed to support successful reintegration was made available through AB 109 funding and cross-system collaborations among community-based service providers and county agencies. Though huge strides have been made to establish a system of services, we believed it was imperative to begin aligning funding to research and evidence of effective programming throughout the county. Having a much more robust data-driven approach to service provision that would ultimately assist in decision-making and measuring both quality and efficacy of services was paramount to upholding the values as stated in the Reentry Strategic Plan. With this in mind, we adjusted our procurement process to increase investments in evidence-based reentry programming and requiring all contracted service providers to adopt a data-driven approach to service delivery through the administration of performance-based contracts. In doing so, we are confident that our community investments support effective programming, provides us with quality data collection and analysis, and enhances our ability to track progress and understand our impact in the community at the individual, programmatic, and system- levels. We intend in the near future to work with our county agency partners to apply this same approach for greater alignment across the system.

**Describe a local best practice or promising program that has produced positive results. If data exists to support the results, please share.**

The Probation Department has leveraged SB 678 funding for the Contra Costa Office of Education's Game Plan for Success (GPS) jail pre-release planning program. GPS looks to

build each participant's individualized, and data-driven, reentry success plan from the results of individual assessment tool from the Criminal Justice Targeted Research and Application of Knowledge (CJ-TRAK) suite created by the George Mason University Center for Advancing Correctional Excellence (GMU Ace!). This evidence-based approach to reentry planning not only helps sequence service delivery by separating criminogenic and critical needs from other needed services, but also ranks programs by how well they fit a participant's profile, and the dosage needed for the best results. By having this information while the person is in custody, GPS can advise the person as to the types of in custody programs they should seek out while simultaneously referring the person to those programs in the community that are most likely to have the greatest recidivism impact. This way the person can begin developing relationships with community-based providers while in custody with the hopes of increasing the likelihood the individual will engage in these needed services upon their release.

Another project that has grown substantially from past efforts is the County's Holistic Intervention Partnership (HIP) led by the Office of the Public Defender. Initially leveraging Justice Assistance Grant funding from the Board of State Community Corrections (BSCC) and AB 109 Revenue to now expanding services utilizing Proposition 47 grant funds through the BSCC, this program seeks to build on the success of the County's Early Representation Program (EarlyRep) that has achieved astonishing rates of reductions in the proportion of individuals that fail to appear for their first court date after being cited for a misdemeanor law violation. Through this EarlyRep work advocates in the Public Defender's Office recognized that detailed social histories of their clients often identified recurring episodes of chronic homelessness, unresolved trauma, and debilitating mental and physical health diagnoses as underlying reasons for repetitive justice system involvement. If through a coalition of partners, the Office could work to address these underlying conditions, the efforts of lawyers to address legal cases related to the symptomatic behaviors that arise from these conditions could more effectively lead to a permanent exit from the cycle of justice system involvement. In addition to providing HIP clients with access to coordinated housing, civil legal, and health related services, clients will also be assisted by the Reentry Success Center to navigate and access the other supportive services in the county they may need. Lastly, this project intends to utilize EarlyRep's successful text messaging court reminder platform built by Uptrust to HIP partners so that service providers can send reminders and communicate with clients through this same phone texting app. In its expansion through BSCC's Prop 47 grant funds, HIP will provide nearly half of its award to dedicated housing support through short-term and permanent housing services and a goal to provide other substantially expanded array of resources, including immediate legal representation, civil legal advocacy, and community-based services for at least 900 people by June 2026.