



83016

DATE: September 13, 2016

TO: Board of Supervisors

FROM: Garry Herceg, Deputy County Executive

SUBJECT: Implementation Actions for Jail Diversion Program Recommendations

RECOMMENDED ACTION

Consider recommendations relating to the implementation actions for Jail Diversion Program recommendations.

Possible action:

- a. Receive report relating to the specific timeline and strategies for implementation of the behavioral health treatment services under the Jail Diversion Program approved by the Board of Supervisors on August 30, 2016.
- b. Approve Request for Appropriation Modification No. 23 - \$4,894,980 adjusting revenues and expenditures in the Behavioral Health Services Department (BHSD), and Public Safety Realignment (AB109) budgets, and transferring funds from the General Fund Contingency Reserve to the BHSD and the Office of Pretrial Services budgets relating to implementing the Jail Diversion Program recommendations. (4/5 Roll Call Vote)

FISCAL IMPLICATIONS

The Administration anticipates and this action allocates the cost for seven months in FY 2016-17. The total allocation of \$4,894,980, will be funded from multiple sources: \$1,306,055 is funded from General Fund Contingency Reserves, \$1,950,341 is additional Medi-Cal revenue, \$1,341,667 is Public Safety Realignment (AB 109) reserve funds, and \$296,917 is additional Mental Health Service Act (MSHA) funding. There will be significant additional capital costs that cannot be accurately predicted at this point and will require additional appropriations. The cost of the Jail Diversion recommendations approved by the Board are estimated to be a total of \$8.4 million on an ongoing basis. These costs will be partially offset by \$3.3 million in additional Medi-Cal revenues, \$2.3 million in AB 109 funds, and \$500,000 in MSHA funding resulting in a \$2.3 million cost to the General Fund on an ongoing basis.

REASONS FOR RECOMMENDATION

On August 30, 2016 the Board of Supervisors approved the recommendations from the Jail Diversion and Behavioral Health Services Subcommittee and the Administration relating to the Jail Diversion Program and requested that the Administration prepare specific timeline and strategies for implementation of services and resources that can be delivered soon. Also, the Board requested quarterly status reports to the Board on each of the recommended programs including when services come on-line, utilization and efficacy in reducing the number of behavioral health individuals in custody. Additionally, the Board requested a report in December 2016 that determines the current and necessary behavioral health residential, transition, crisis and inpatient capacity of our system, including recommended strategies to right size each point along the continuum of services and strategies to increase Full Service Partnership (FSP) assistance for housing resources.

Task	Update
Strategies for Implementation of Recommendations	Refer to matrix for details
Jail Diversion and Behavioral Health Subcommittee	Next meeting is scheduled for September 23, 2016 2pm
Current Capacity of Behavioral Health Treatment Services and consider FSP Housing Resources	December 6, 2016 BOS Mtg.
Quarterly Status Reports to the Board	Beginning January 2017

The attached matrix highlights the specific timeline and strategies for implementation.

CHILD IMPACT

The recommended action will have no/neutral impact on children.

SENIOR IMPACT

The recommended action will have no/neutral impact on seniors.

SUSTAINABILITY IMPLICATIONS

The recommended action will have no/neutral sustainability implications.

BACKGROUND

The Jail Diversion Program contains five categories:

1. Screening and Assessment
2. Behavioral Health Treatment
3. Housing Services
4. Supervision
5. Administrative Support and Data/Evaluation Resources

Effective jail diversion for individuals with mental illness, substance use disorders and co-occurring (mental illness and substance use) conditions, relies on fully understanding the Behavioral Health Services system and the many stakeholders collaborating with criminal justice system leaders. *As defined by experts, a jail diversion program is one that identifies people with serious mental illness and co-occurring substance use disorders in contact with the justice system and redirects them from jail by providing linkages to community-based treatment and support services. In essence, jail diversion is the avoidance or radical reduction in jail time achieved by linkage to community-based services.* The impact of jail diversion programs largely depends on the availability of effective mental health and substance use treatment services at the community level. Furthermore, it is important to establish guidelines for enrollment of clients; engagement and screening; and assessment of individuals referred to new diversion programs.

The recommendations approved by the Board are intended to expand and implement an array of community services that will meet the behavioral health needs of individuals as they are diverted out of and from jail and provide law enforcement additional tools to redirect individuals to community based services. In addition to the specific recommendations the Board accepted the following Jail Diversion Program goals:

1. Reduce the number of clients/inmates on the Jail Assessment Coordination (JAC) list, which ranges from 80-100 individuals daily, with a goal of eliminating incarceration of individuals who are held only because adequate residential and outpatient services are not available.
2. Expand the community-based continuum of care for clients/inmates to move clients/inmates out of the jail and into community programs.
3. Partner with Custody Health staff to ensure planned care transitions – “warm handoffs” – and effective connections to community-based services, supports and/or treatment for individuals leaving custody.
4. Reduce the number of people with mental illness and/or co-occurring (mental health and substance use) disorders that are booked into jail. Goal: 250 fewer people over two years.
5. Reduce the length of time people with mental illness and/or co-occurring disorders remain in jail. Current length of stay: 159 days for males and 58 days for females. Goal: 80 days for males and 30 days for females.
6. Implement the initial phase of SCVHHS HealthLink Electronic Medical Record System in Custody Health and Behavioral Health Services (current estimated timeline is Fall of 2017) to capture individual client and aggregated service data to assess service utilization patterns, service needs and gaps, and recidivism rates for custody and deep end behavioral health services, such as hospital stays. This initial phase recommendation has already been approved and funded by the Board of Supervisors.
7. Develop metrics to identify and track service utilization and outcomes of individuals diverted from jail.

CONSEQUENCES OF NEGATIVE ACTION

The Board of Supervisors will not receive an implementation plan on the Jail Diversion Program.

ATTACHMENTS:

- Jail Diversion and Behavioral Health Subcommittee_Implementation Plan for Board Approved Recommendations_September 13 2016 (PDF)
- F85-23 Jail Diversion Recommendations (PDF)

**JAIL DIVERSION AND BEHAVIORAL HEALTH SERVICES RECOMMENDATIONS
APPROVED BY THE BOARD OF SUPERVISORS (August 30, 2016)
SPECIFIC TIMELINE AND STRATEGIES FOR IMPLEMENTATION**

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
Screening and Assessment	BHSD to develop and implement a standardized, validated screening tool and assessment process with public safety partners. The goal is to divert individuals from jail into community services when appropriate.	The cost of the entire process is not determinable at this point. The expected revenue source is MHSA and AB109 funding.	An invitation has been sent to stakeholders requesting their participation in a work group co-chaired by the Director of Behavioral Health Services Department (BHSD) and the County Executive's Office. Participants will include criminal justice stakeholders including the Sheriff, Law Enforcement, Public Defender, District Attorney, Pretrial Services, Office of Reentry Services and BHSD senior managers and contract providers. At the first meeting in September, the work group will review existing assessment instruments to explore if any are adaptable to the needs of Santa Clara County, with the goal of identifying an assessment tool, training staff and implementing the tool by March 2017.		Behavioral Health Services	As part of the intake process, staff will include standardizing data collection regarding housing status and assessing individuals for housing needs in a manner that is consistent with the countywide supportive housing system.

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
Behavioral Health Treatment	Expand post-custody mental health and/or co-occurring outpatient services by 40 slots to address a service gap for clients. BHSD currently offers 180 outpatient slots for post-custody clients, however, there is an ongoing wait list for these services. (Static Capacity: 40; Dynamic Capacity: 40; Average LOS Days: 365)	Estimated total cost is \$294,038 per year (Medi-Cal)	BHSD is currently working with the Contracts Unit on advancing the RFP to expedite the selection process, which would result in an earlier implementation than July 2017.		Behavioral Health Services	
Behavioral Health Treatment	Increase the Criminal Justice (CJ) FSP capacity by 20 slots. The JAC list demand is largely for FSP slots, which are currently full due to the limited number of outpatient slots. Some of these individuals cannot be released from jail until stable housing is available, based on their charges. (Static Capacity: 20; Dynamic Capacity: 20; Average LOS Days: 365)	Estimated total cost is \$425,000 per year (Medi-Cal revenue approximately \$191,259, remainder from General Fund and programmatic County funds)	BHSD plans to amend existing agreements and bring them to the Board in November 2016 which will enable an earlier implementation of services.	Agreements to the Board in November 2016.	Behavioral Health Services	
Behavioral Health Treatment	Expand the 90-day Intensive Outpatient Service Team by 50 additional post-custody client slots. This service will support clients as they leave custody, linking them to housing, BHSD services, primary care services and benefit assistance, as well as addressing any other needs. In addition, the team will employ Peer Mentors in order to connect clients to the appropriate BHSD services upon	Estimated total cost is \$1,329,982 per year (Medi-Cal revenue \$598,492, MHSA revenue \$423,675, remainder from General Fund)	BHSD is currently working with the Contracts Unit on advancing the RFP to expedite the selection process, which would result in an earlier implementation than July 2017.		Behavioral Health Services	

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
	release. (Static Capacity: 50; Dynamic Capacity: 152; Average LOS Days: 120)					
Behavioral Health Treatment	Develop one Behavioral Health Urgent Care Center in East San Jose as a drop-in center for law enforcement. The JDBHS suggests that such a Center could be modelled after “Restoration Centers” that exist in Bexar County, Texas. The goal is that the Urgent Care Center would offer voluntary services 24/7/365 and provide a community drop-off site for law enforcement that would divert individuals to treatment, rather than jail or Emergency Psychiatric Services (EPS). Individuals served in an Urgent Care Center would be assessed for treatment needs and referred to the appropriate level of care in the community. If an individual requires a 5150 involuntary hold, they would be transported to EPS. Administrative staff notes that, although this model appears to be effective in Texas, California laws and regulations are significantly different than Texas. Thus, the planning and implementation for such Center is likely to be complex and take significant time. For example, at this	The cost of this project is very, very, very approximate at this time and involves a number of assumptions that may ultimately be proven incorrect. However, for the purposes of comparison, staff estimates a total yearly operational cost of \$4,269,720 (Medi-Cal revenue \$1,921,374, AB109 revenue \$1,000,000, MHSA revenue \$76,325). Capital costs could vary widely depending upon licensing requirements, size, site, and ownership. At this point, any estimate would only be a guess. However, the capital costs could be very significant.	Because of the regulatory uncertainties, it is estimated that implementation would take at least 24 months. Considerable research and communication with state regulators will be required in order to provide a clear project timeline. BHSD has contacted LA County to learn about the challenges they faced regarding state licensing and the development of their law enforcement drop off center. BHSD is also exploring the possible use of existing facilities for the Urgent Care Center. A Sobering Center was proposed as a Whole Person Care recommendation in the 1115 MediCal Waiver. If approved, HHS intends to start the planning process in Calendar Year 2017.		Behavioral Health Services	

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
	<p>point, in order to accept clients directly from law enforcement or from an ambulance, staffing and licensing requirements for such a center would have to comply with either Title 9 or Title 22 of the California Code of Regulations—effectively making the Center equivalent to either a Psychiatric Health Facility or a Psychiatric Hospital. The potential implications of these regulatory issues cannot be over emphasized. Therefore, Administration recommends that we start with one site with the objective to develop a total of three sites as the challenging issues are solved.</p> <p>Include the current Whole Person Care strategy to resurrect the Sobering Center in the development of the Urgent Care and Restoration Center Models. This will broaden the clients serviced by both programs and further divert behavioral health clients and inebriates from jail.</p> <p>Referral: At the request of Supervisor Chavez, as amended by Vice President Simitian, the Board directed Administration to include the current Whole Person Care strategy to reopen</p>					

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
	<p>the Sobering Center in the development of the Urgent Care and Restoration Center Models, which will broaden the clients serviced by both programs and further divert behavioral health clients and inebriates from jail; and, to plan to open three Urgent Care Centers situated appropriately geographically within the County with the understanding that Administration will focus first on one site, and to conduct site evaluations and report the results during the discussion relating to timelines.</p>					
<p>Housing Services</p>	<p>Add flex funds for CJ FSP to provide housing for 50 clients referred into treatment services. Flex Fund expenditures will be utilized for individuals after it is established that there are insufficient funds available for the client's housing subsidies. These funds will assist clients in successfully meeting their housing goals on their Personal Service Plans related to the Treatment plans listed above.</p> <p>Delegate authority or take other necessary action to increase the per-client FSP assistance in order to ensure clients can access housing and direct staff to return to the Board of</p>	<p>Estimated annual cost is \$500,000 of AB109 revenue</p>	<p>BHSD is currently reviewing recently awarded CJ FSP agreements with vendors to determine housing flex fund costs and expenses to ensure clients can access housing. BHSD plans to amend existing agreements and bring them to the Board in November 2016.</p>	<p>Agreements to the Board in November 2016.</p>	<p>Behavioral Health Services</p>	

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
	Supervisors if additional flex funding is necessary given the increase in per client assistance.					
Housing Services	<p>Establish a Permanent Supportive Housing (PSH) program. Initially, we believe that we should plan for up to 90 chronically homeless clients with SMI. This PSH program would consist of two integrated components. First, a Multi-disciplinary team that is capable of providing mental health services, substance abuse services, housing services and vocational/education support. The team would be able to leverage specialty mental health and, working with the SUTS team, may also be able to leverage drug Medi-Cal. The second, and most difficult, component would be a “bricks and mortar” housing plan that would move clients to housing permanency. These plans would be individualized for each client and could include deep permanent housing subsidies or deeply subsidized housing units. This component of the plan would also be very challenging because of land use and neighborhood issues. Because of these challenges, administration would recommend that we first target 90</p>	<p>Estimated cost of the entire project is highly speculative at this point. However, we recommend an initial increase in contracts with CBO’s in the total amount of \$1,300,000 (Medi-Cal revenue \$500,000, AB109 revenue \$800,000). There is some possibility that MHSA could provide some additional funding for this project. However, at this point, administration does not believe that we can recommend that the Board rely upon that source.</p> <p>Some of the housing subsidies for the program would come from HUD Continuum of Care Program (CoC) grants. The OSH would be able to direct CoC subsidies to this program if the Housing Authority approves the County’s request for additional Section 8 subsidies as part of the Chronic Homelessness Direct Referral Program. The County’s request will go to the Housing</p>	<p>Administration would see this projects as an incremental effort. We can project that there will be a number of unexpected hurdles that will need attention in the process.</p> <p>We suggest starting with increased contributions to community partners who currently provide PSH services. This would require amending one or more of the six recently awarded BHSD agreements with PSH providers that provide intensive outpatient services and permanent supportive housing. This augmentation should allow for improved services starting in July of 2017. This is the only part of this project that can be costed out with some accuracy.</p> <p>Next, presuming that the County Housing Bond passes</p>	<p>Early January 2017 the Board will consider amending one or more of the six recently awarded BHSD agreements with PSH providers that provide intensive outpatient services and permanent supportive housing</p>	<p>Office of Supportive Housing</p>	<p>The program could reach full enrollment by December 31, 2017. If relying solely on tenant-based rental assistance, it could take up to two years for all 90 clients to be housed. For PSH programs it is an average of 162 days from date of program enrollment to date of housing placement.</p>

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
	<p>persons, with the intention to expand as resources and sites become available. This program would be a part of the countywide coordinated entry system and would build operational relationships to coordinate services and receive referrals from ORS, Custody Health Services, the specialty courts and other system partners.</p>	<p>Authority at the end of September 2016.</p>	<p>in November, we would develop a “bricks and mortar” plan to site permanent housing. There are so many variables in this part of the plan, it is impossible to project operationally or financially at this point. The Administration expects that the Board will ask for a housing strategic plan once the Housing Bond passes. We anticipate that we will need to hire outside expertise in order to help with this effort.</p>			
<p>Supervision</p>	<p>Enhance an existing Pretrial Mental Health Supervision Program with Superior Court and integrate the program with future Behavioral Health Services Court and Transitions Team by adding a Pretrial Service Officer.</p>	<p>Estimated cost is \$100,000 per year.</p>	<p>This program began in December 2015 and is currently taking supervision referrals from Superior Court. The program will continue to take supervision referrals until the position is filled. Unfortunately Pretrial Services does not have an active hiring list for this position and therefore a recruitment effort would need to be conducted by ESA. (After the second reading of the salary</p>	<p>Salary Ordinance to Board for first reading on 9/30/16 BOS mtg.</p>	<p>Pretrial Services</p>	

Category	Recommendation	Cost Estimate	Timing and Strategies for Implementation	Next Steps for Board Action	County Dept. Responsible	Notes
			ordinance) Pretrial Services will work closely with ESA to try to expedite this process however December 2016 or January 2017 is the best case time frame scenario for this position to be filled.			
Administrative Support & Data and Evaluation Resources	Add a Health Care Program Manager at Behavioral Health Services Department to assign Jail Diversion referrals to Clinical Social Worker/Marriage and Family Therapists for screening, referral, and treatment placements of clients. (Leverage staff at Office of Reentry Services to coordinate program operations and data/evaluation support & staff the Jail Diversion Subcommittee).	Estimated cost is \$175,000 annually.	BHSD has a current hiring list for this position that is available until September 22, 2016. BHSD will conduct candidate interviews as quickly as possible in the hope of selecting a candidate for the position.	Salary Ordinance to Board for first reading on 9/30/16 BOS mtg.	Behavioral Health Services Office of Reentry Services	

County Of Santa Clara
Request For Appropriation Modification
Fiscal Year =2017

F-85 # 023

<u>Line#</u>	<u>Fund</u>	<u>Budget Unit</u>	<u>Cost Center</u>	<u>GLA</u>	<u>Description</u>	<u>Job Code</u>	<u>Funded Program</u>	<u>Revenues</u>	<u>Expenditures</u>
1	0001	0210	3590	5101000	Permanent Employees	V53		0.00	43,255.00
2	0001	0210	3590	5110100	Retiree Medical Insurance	V53		0.00	4,119.00
3	0001	0210	3590	5110200	Health Insurance	V53		0.00	9,967.00
4	0001	0210	3590	5110300	Unemployment Insurance	V53		0.00	44.00
5	0001	0210	3590	5110400	FICA - Employer Share	V53		0.00	2,682.00
6	0001	0210	3590	5110500	Medicare Tax - Employer Share	V53		0.00	627.00
7	0001	0210	3590	5110600	PERS-Employer Paid Employer Contribution	V53		0.00	6,941.00
8	0001	0210	3590	5110601	PERS-Employer Paid Employee Contribution	V53		0.00	3,170.00
9	0001	0210	3590	5110610	PERS - UAAL Contrib - Misc	V53		0.00	563.00
10	0001	0210	3590	5110700	Workers' Compensation	V53		0.00	659.00
11	0001	0217	3217	4920135	IC - Transfers In-AB109			(1,341,667.00)	0.00
12	0001	0217	3217	5255500	Contract Services			0.00	(1,341,667.00)
13	0001	0415	4350	4530700	FED - Medi-Cal Administration			1,950,341.00	0.00
14	0001	0415	4350	4920110	IC-Transfers In-Prop 63			296,917.00	0.00
15	0001	0415	4350	4920135	IC - Transfers In-AB109			1,341,667.00	0.00
16	0001	0415	4384	5255500	Contract Services			0.00	3,540,670.00
17	0001	0415	4551	5101000	Permanent Employees	C83		0.00	58,529.00
18	0001	0415	4551	5110100	Retiree Medical Insurance	C83		0.00	4,119.00
19	0001	0415	4551	5110200	Health Insurance	C83		0.00	10,907.00
20	0001	0415	4551	5110300	Unemployment Insurance	C83		0.00	66.00
21	0001	0415	4551	5110400	FICA - Employer Share	C83		0.00	3,629.00
22	0001	0415	4551	5110500	Medicare Tax - Employer Share	C83		0.00	849.00
23	0001	0415	4551	5110600	PERS-Employer Paid Employer Contribution	C83		0.00	6,419.00

County Of Santa Clara
Request For Appropriation Modification
Fiscal Year =2017

F-85 # 023

<u>Line#</u>	<u>Fund</u>	<u>Budget Unit</u>	<u>Cost Center</u>	<u>GLA</u>	<u>Description</u>	<u>Job Code</u>	<u>Funded Program</u>	<u>Revenues</u>	<u>Expenditures</u>
24	0001	0415	4551	5110610	PERS - UAAL Contrib - Misc	C83		0.00	761.00
25	0001	0415	4551	5110700	Workers' Compensation	C83		0.00	1,731.00
26	0001	0415	4551	5255500	Contract Services			0.00	1,195,273.00
27	0001	0910	1010	5701000	Reserves			0.00	(1,306,055.00)
28	0433	0217	9868	5610135	IC-Transfer Out-AB109			0.00	1,341,667.00
29	0433	0217	9868	5610135	IC-Transfer Out-AB109			0.00	(1,341,667.00)
30	0446	0415	9846	4410100	State - Short-Doyle Funds			296,917.00	0.00
31	0446	0415	9846	5610110	IC - Transfers Out			0.00	296,917.00
Grand Total :								2,544,175.00	2,544,175.00

Form ID# Included:

,11495,11696,11692,11695