

Solano County

Mental Health Treatment for AB 109 clients implementation plan

**Implementing risk and needs based client
placement and level of care for AB 109 Mental
Health Services**

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Summary

1. Purpose

Mental Health Treatment for AB 109 clients must be provided through a Continuum of Care based on a rapid referral and triage process. Medication needs and medication level monitoring must be identified within a few days from initiating the referral. Currently, Solano County Health and Social Services (H&SS) focuses mental health treatment for offenders on reducing recidivism. This focus must be maintained to include AB 109 clients in the current service delivery system. To date, the number of referrals of AB 109 clients has been in the 2 percent range for high need placements. Solano County H&SS and Probation Departments partner to achieve rapid referrals for mental health clients, placing them into same day appointments at the County Federally Qualified Health Center (FQHC). Such rapid referral and strong aftercare through case management has proven to reduce recidivism. Evidence-based tools such as the Level Of Care Utilization System (LOCUS) allow H&SS to assess clients and place them into the least restrictive treatment environment. At the same time, treatment is linked to the CCP Sanctions Grid. It is important to use an assessment-driven progressive treatment-and-sanctions model that leverages clients' voluntary participation but also ensures that sentences and orders are followed with the aim at reducing recidivism.

2. Background

Mental Health needs of the realigned populations still need to be fully characterized, however, it is likely that in addition to substance abuse treatment, many will require moderate to intensive mental health services. There are three main levels of care that would be required by individuals:

1. short term outpatient treatment to support clients in a short mental health episode,
2. long term treatment and supportive housing for chronically ill clients (augmented Board and Care), and
3. inpatient treatment for high risk clients.

While it is predicted that a significant number of individuals falling under realignment will have mental health issues, it is not known what acuity and chronicity they will display. For that reason, H&SS recommends to place clients for six months and attempt to absorb initial placement costs, then return to the CCP in June 2012 with a funding recommendation that is based on actual client data of the past eight months. For this eight month period, H&SS will utilize a case manager and clinician to provide assessments and post-release referrals while

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clients are in jail. For new AB 109 referrals, the Probation Department will refer clients to the case manager so that clients receive adequate services after the triage at the H&SS FQHC.

3. Proposal

This team of two individuals would be adequate to serve some of the more basic needs of the newly realigned populations, and to triage and link individuals with more complex needs to other services with the Solano County Continuum of Care (Specialty Contract). The 'Navigator' function is a function proven through research to enhance access by individuals with mental illness to a larger system of care and to promote stability within the community at the least restrictive level of care.

One of the staff on this team (MH Specialist) would be charged with helping newly released or diverted individuals to access critical mental health and social services that could positively influence their success in the community, such as psychiatric medication, insurance, benefits, shelter, etc.

The other staff (Lic'd Clinician) would deliver assessment and brief treatment services to individuals who could benefit from such short term or intermittent, lower intensity services. For individuals with much more complex needs, those who are homeless, and severely mentally ill, etc., referral to the COUNTY's FACT Team, Crisis Stabilization Unit, Crisis Residential Services, or Wellness Centers will be facilitated and assured through monitoring.

Some of the services that will be directly provided by this team:

Brief Assessment and Triage, then:

- Linkage to and enrollment in critical services required for stabilization of individuals with mental illness (psychiatric services, housing, benefits, etc)
- Monitor and troubleshoot issues with the same services
- Coordination with Probation and Law Enforcement to promote treatment engagement and reduce recidivism
- Serve as a liaison to the County Mental Health System, promote the flow of information back and forth between the Justice system and Mental Health resources and contractors, including the Crisis Stabilization Unit, FACT and community contractors.
- Provide clinical and resource consultation to Probation staff

By choosing a contractor experienced with the forensically mentally ill population, (or alternatively situating these positions within FACT), an evidence based approach can be assured that takes into account the special needs of this population.

In addition to helping the individual understand and manage their mental illness better, these approaches will include services that revolve around a framework of personal accountability, that helps individuals identify triggers and antecedents to their criminogenic behavior, and offers them a means of better coping with these as they arise, enables them to make better choices.

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Typically, these approaches are cognitive behavioral and often use a group format to facilitate learning and mutual support and accountability. To the extent that these services are delivered as part of a multi-disciplinary team, their efficacy may be even greater.

- Level of Service / Case Management Inventory: LS/CMI
- Addiction Severity index: ASI
- Women's Risk and Needs Assessment: WRNA
- Level Of Care Utilization System: LOCUS

4. Outcome indicators

Outcome indicators should address the following:

- Recidivism rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who recidivated
- Probation violation rates of the Solano County served population compared to the Solano County unserved population and the California-wide served population of AB 109 clients who violated probationary terms
- Completion rates for outpatient services
- Completion rates for inpatient services
- Percentage of Solano AB 109 clients with a mental health disorder diagnosis signing up for voluntary participation compared to all Solano AB 109 clients
- Percentage of community – based treated AB 109 clients who are homeless compared to percentage of untreated released and alternatively sentenced AB 109 clients who are homeless
- Percentage of treated AB 109 clients who gained employment compared to percentage of untreated AB 109 clients who gained employment
- Percentage of treated AB 109 clients who completed vocational training compared to percentage of untreated AB 109 clients who completed vocational training

5. Case load and funding

Current referral volume for mental health services falls within the range of expectations: of 150 clients, five needed mental health services. Of those, two needed high level placements.

After review of the current referrals, the original funding request submitted to CCP in the amount of \$138,000 (\$92,667 for six months) is adequate.

In addition, H&SS plans to leverage AB 109 funds for Intergovernmental Transfers from the federal government. For that purpose, H&SS recommends that the Board of Supervisors allocate \$100,000 for high level client placements (long term outpatient and supportive housing, Augmented Board and Care) to draw \$180,000 in federal funds. Clients placed in Augmented Board and Care would receive intensive case management services to avoid costly hospitalizations and recidivism to jail

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incarceration. The AB 109 IGT funds would be appropriated in FY 2011/12. Unused AB 109 IGT funds would carry forward into FY 2012/13. This will afford CCP the opportunity to readily draw from an account to place clients in needed care and reduce recidivism rates. This will bring the total amount of funding request to \$192,667.

6. Sanctions imposed after treatment violations

Treatment success is supported by swift and certain sanctions. Treatment providers must effectively communicate with the authorizing H&SS staff to report treatment violations and jointly determine consequences, including a re-assessment of adequate placement. This function will be provided through the “Navigator”.

7. Program rollout

If approved by the CCP Executive Committee, H&SS will ask the Board of Supervisors for a funding allocation in the amount of \$192,667. A detailed schedule of placements cannot be produced at this time, since the volume of referrals has not yet yielded data that can be used as forecast. However, the need for a Navigator (as outlined in the CCP Implementation Plan) is imminent and has been requested by the Probation Department, the CAO and the Public Defender. For that reason, H&SS recommends to fast track the recruitment for this person. In addition, H&SS will provide CCP and the Board of Supervisors as part of the Board’s Third Quarter Report a list of expenditures that shows client placements and treatment outcomes. During this report, H&SS will provide a funding needs update based on the level of referrals over the past six months.