**SUBSTANCE ABUSE AND MENTAL HEALTH SERVICE**

**Work Group Progress Report to CCP**

**August 8th, 2012**

Background.

The CCP MH and Substance Abuse Subcommittee was formed to assure planning for the treatment of individuals affected by Governor Brown’s Justice Realignment under AB109 would be evidence-informed, draw from proven models, capitalize on existing community strengths, and result in a cost-effective program that would reduce recidivism. This subcommittee is co-chaired by Patrick Duterte, Health and Social Services (H&SS) Director, and Donna Robinson, Solano County Assistant Director of Probation. Attendees include representatives from the Sheriff’s Office, Solano County Jail, the District Attorney’s office, the County Administrator’s Office, the Public Defender’s Office, H&SS Substance Abuse Division, H&SS Mental Health Division, H&SS Administration, and community representatives.

Transitional Services Occurring Simultaneous with the SA/MH Planning Process.

Early on in December, 2012, H&SS began providing services to individuals referred by Probation under AB109. These services included outpatient and residential mental health and substance abuse services as well as on-site multi-disciplinary evaluation at Probation Department Offices in Fairfield, established March 2012. Jail substance abuse mental health services have been offered to inmates throughout the AB109 planning process, by a community provider under contract to the Sheriff.

Research and Planning Efforts to Support the Design of an Effective Treatment System.

To date these efforts have included the following activities:

1. Over the span of several months earlier this year, a number of individuals from this Subcommittee visited programs in San Mateo, San Francisco and Fairfield which are serving the same population or similar populations. The following facilities were visited by some or all of the members of the Subcommittee:
	1. Walden House, San Francisco
	2. Unity Hall, Solano County
	3. San Mateo County Jail Programs
	4. Jail 5, San Francisco
	5. Adult Probation, San Francisco
2. In March and April 2012, a survey was performed of community resources available to establish the availability of substance abuse, mental health, and other rehabilitative services in the community, as well as the degree to which these approaches were evidence-based, evidence-supported, or promising practices. It showed that substance abuse and mental health providers are getting booked rapidly for AB 109 services throughout the region. Many providers are already using Evidence Based Practices for re-entry, with the majority located in San Francisco, San Mateo and Solano counties.
3. The survey also included questions on existing best-practices, identifying a range of recommended approaches that could be employed to serve this population.
4. Data analysis was performed to describe the profile of the individuals covered under AB109 and to identify prevalent criminogenic needs, including substance abuse and other dimensions.
5. Because of converging interests and to promote coordinated effort, it was decided that the SA/MH Sub-committee should merge with the Day Reporting Center Sub-committee.
6. The first such joint meeting took place on June 29, 2012, resulting in 7 recommendations for services
7. On July 11, 2012, this comprehensive vision of a delivery service system was presented by Co-Chairs Duterte and Robinson, and supported by the CCP members (See ‘Attachment 3’). CCP members decided that four specialized task-oriented workgroups would dedicate themselves to bringing the vision of the Sub-committee to fruition in short order:
	1. a SA/MH Treatment Workgroup,
	2. a Probation Services Workgroup,
	3. an Employment/Education Workgroup, and
	4. a Facilities Workgroup.

Report on Substance Abuse / Mental Health Workgroup progress:

1. The first two hour meeting of the Substance Abuse and Mental Health Workgroup occurred on July 23rd, 2012. A variety of community providers of substance abuse services were invited to inform the implementation process and identify concrete next steps. At this meeting, the following was discussed, among other topics:
	1. Assuming an appropriate facility could be identified and made available, substance abuse services by regional community contractors could be offered from the Day Reporting Center site in October using existing contracts.
	2. Substance abuse services will encompass three principal elements:
		1. Treatment and Peer connection within the Jail setting for those emerging from incarceration under AB109
		2. Peer support and coaching upon release.
		3. Substance abuse services on-site at the Day Reporting Center for those at high risk for relapse, by one or more community vendors
		4. A comprehensive Request for Proposals needs to be written and issued, that recognizes the value of local community provider organizations as well as the ability of these organization(s) to deliver the very best, evidence-based clinical treatment services.
2. The workgroup identified current services in place for AB 109 clients and tasked the Mental Health Director with a gap analysis to show what is needed to perform planned services. Current and planned services are described in the matrix below:

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| --- | --- | --- | --- | --- |
| **Service Type** | **Frequency** | **Provider** | **Site** | **~Annual Cost** |
| **Multidisciplinary Assessment (Both Mental Health and Substance needs)** | **.5 FTE at each site** | **Substance Abuse Division** | **Currently: Probation/FACT.****Effective October: DRC-Vallejo****DRC-Fairfield TBD** | ***Board-approved* position: 110,308/yr** |
| **Mental Health Services** | **Linkage, light counseling and groups throughout the week; intensive case mngmnt (FACT); Off-site Medication Services.** | **Mental Health Division/Public Health Division** | **Currently: Probation/FACT.****Effective October: DRC-Vallejo****DRC-Fairfield TBD** | ***Board Approved*****$131,000/yr** |
| **Substance Abuse Services** | **Intensive Outpatient Treatment: 5-7 Treatment Groups/week; some individual support; Peer-led 12-step groups if rec’d as well. Treatment is initiated at a higher level (more group meetings, more monitoring) then frequency decreases per model requirements.**  | **FY12-13****(Prior to RFP); existing community programs already offering services under contract in that region.** **(After RFP): one or more selected contractors working in regional DRC’s.** | **Currently: services offered at Program location by community provider; in October, at DRC-Vallejo. DRC-FF, to be determined (latest: July 13-14).** | **450,000/yr****(assuming ~45 enrollees/yr. at each site).** ***Not yet approved*.** |
| **Peer Support Services** | **Peer Recovery Coaching: individual and group contact; community follow-up** | **TBD with RFP** | **Will be working with both DRC Vallejo, DRC-Fairfield, possibly Jail.** | **~100,000/yr*****Not yet approved*.** |
| **Jail Services** | **Services are being offered in jail by Sheriff through contract with Anka: Matrix programming, 12 step groups, peer mentor program. 30-45 days in duration. Currently these are not exclusive to AB109 clients** | **Anka is the current contracted provider.** | **Jail.** | **Not currently part of SA/MH Cost Structure. However, if programming is enhanced to AB109 clients, $$ will be needed** |
| **Eligibility and Benefits Services** | **Eligibility for Medi-Cal, CSMP, GA, SSI, Medi-Care will be determined to help underwrite treatment expenses** | **Solano County** | **Once recruited, this .5 position will divide its time between the DRC’s** | ***Board Approved*: 38,000/yr @.5** |
| **Substance Abuse Residential Placement Services**  | **Residential placement in a substance abuse recovery setting, 90-180 days.** | **Existing HSS Contractors** | **Residential Centers** | ***Board approved* placement funding (up to 250,000); actual costs appear closer to $150,000** |
| **Psychiatric inpatient hospitalization/placement** | **Involuntary hospitalization/placement to ensure individual does not harm self or others and is helped to return to community at a lower level of care** | **Existing HSS Contractors** | **Hospital and Institutes for Mental Disease already under contract.**  | ***Board approved* placement funding.****(up to 250,000); actual costs appear closer to $150,000** |

(Draft) Timeline for Implementation of All Substance Abuse and Mental Health Services

December 2012 through October 2012: planning meetings, coordination of non-site based MH and SA services improved, off-site services offered by Substance Abuse and Mental Health, Multidisciplinary Assessments at Probation.

July—Workgroup met. Existing Contractors will be approached based on demonstrated EBP service delivery in the area to be served, and asked to provide additional services on-site at DRC.

August—Begin recruitment for Patient benefits Specialist; begin RFP planning using workgroup members to inform RFP; request expansion of existing SA Outpatient providers serving Vallejo to Vallejo DRC; Amend contracts accordingly;

September—Finalize hiring for Patient Benefits Specialist; prepare County MH and SA staff for onsite service at DRC-Vallejo; intensive coordination and ramp-up activities with Probation. RFP content is sketched out by workgroup.

October—Services to AB109 Vallejo/Benicia population begin at DRC Vallejo site: MH/SA assessments, MH services, SA Intensive Outpatient services, Eligibility. RFP is finalized by Purchasing/HSS. Fairfield site is identified.

November—RFP process begins.

December—RFP process concluded. Services continue at DRC Vallejo.

January – RFP Award made to Applicant(s); begin date is contingent on FF DRC opening date.

February –June 2013: DRC—Fairfield is opened asap. Meanwhile, DRC Vallejo services continue and are continuously evaluated by program evaluator (tbd). Off-site services in Fairfield continue as well while the FF site is readied. At the latest, contract services for intensive outpatient substance abuse services, peer mentorship program begin on July 1st, 2013 at Vallejo and Fairfield sites.

July 1, 2013-June 30, 2014: All SA/MH services in place at DRC Fairfield and DRC Vallejo.

