

# **A Systems Approach & Plan to Reduce Forensic involvement with Behavioral Health Clients**

**Alameda County Board of Supervisors (BOS) Presentation  
Board Retreat – October 27, 2020**

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# A Systems Approach & Plan to Reduce Forensic Involvement with Behavioral Health Clients

## Contents Summary:

- A. ACBH Departmental Overview
- B. Forensic Services Redesign & Planning
- C. Emerging Findings & Themes
- D. Formal Recommendations
- E. Next Steps



# ACBH Departmental Overview

- **Mental Health Managed Care Plan**
- **Substance Use Managed Care Plan**
- **Care Delivery System, Contractual Organization, & Behavioral Health Jurisdiction for safety net beneficiaries (MH & SUD)**



# ACBH Departmental Overview

- Contracting Organizations deliver approximately 86% - 87% of all Mental Health and 100% of all Substance Use Services for the Department.
- **Fiscal Year (FY)19-20 Budget:**
  - \$540 Million Dollars
    - Adult Forensic Behavioral Health (AFBH) \$16M
  - 693.45 FTE County Civil Service Positions
  - 20,414 individuals served in Outpatient Mental Health Programs.
  - 5317 Individuals served in Substance Use Programs.
- **Fiscal Year (FY)20-21 Budget:**
  - \$563 Million Dollars
    - Adult Forensic Behavioral Health (AFBH) \$16M + 22M (*Approved by BOS May 2020*)
  - 700.00 FTE+ County Civil Service Positions
  - *Client-level encounter data pending*



# Service Delivery:

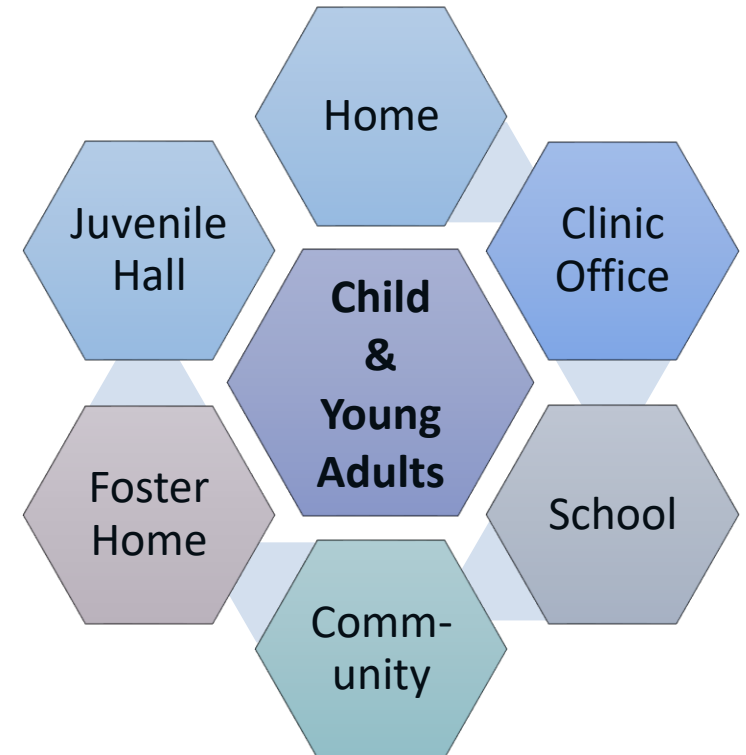


## Child and Young Adult System of Care

*Serving Children & Youth from Birth – 24 years*



- Adolescent Substance Use Treatment & Prevention
- Community Outpatient Services
- Educationally Related Mental Health Services
- Early Childhood (Birth – 8)
- School Based Behavioral Health
- Full Service Partnerships (FSPs)
- Psychiatric Emergency Services
- Intensive Case Management
- First Episode Psychosis
- Housing
- Juvenile Justice Center & Santa Rita Jail
- Vocational & Employment Support
- In-Home Outreach Team



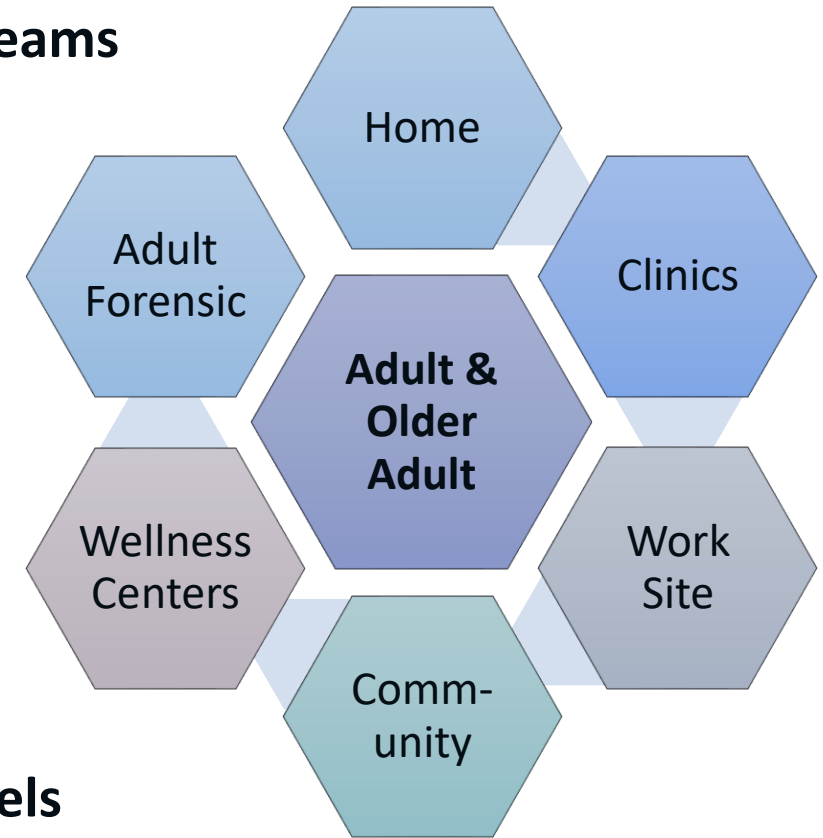
# Service Delivery:

## Adult and Older Adult System of Care

*Serving Adults  
25 Years & Older*



- County and Non-profit service teams
- Full Service Partnerships
- Forensic behavioral health
- Vocational support
- Supportive housing
- Medication clinics
- Wellness Centers
- Harm reduction skill building
- Mobile Teams
- Early Intervention Services
- Evidence Based Treatment Models
- Co-Occurring Mental health & Substance Use services



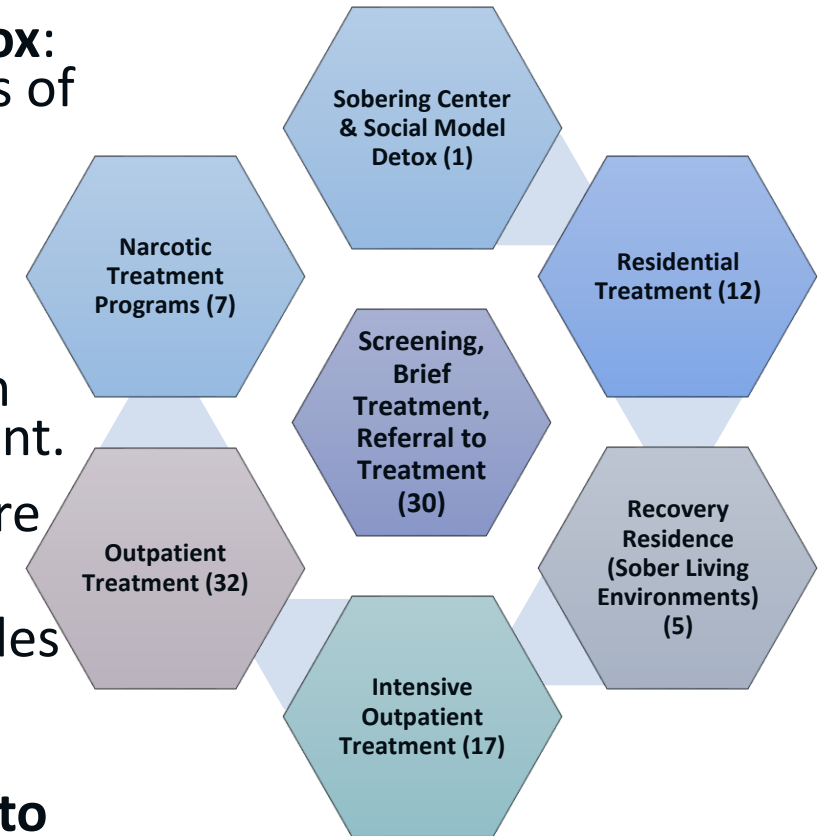
# Service Delivery:

## Substance Use Treatment

*Continuum of Care  
with Gender &  
Age-Specific Programs*



- **Sobering Center & Social Model Detox:** Receives clients for less than 24 hours of safe sobering.
- **Residential Treatment:** 20+ hours of programming per week.
- **Recovery Residence (Sober Living Environments):** Temporary housing in combination with outpatient treatment.
- **Intensive Outpatient Treatment:** More than 9 hours per week.
- **Narcotic Treatment Programs:** Provides methadone and individual drug counseling.
- **Screening, Brief Treatment, Referral to Treatment:** Integrated in primary care teams across Federally Qualified Health Centers (FQHCs).



# Context

- On **May 12, 2020**, Alameda County Board of Supervisors (BOS) authorized additional staffing and related costs at the Santa Rita Jail for the Sheriff's Office and Health Care Services Agency/Behavioral Health (BOS Agenda, Item 72).
- Alameda County Behavioral Health (ACBH) was directed to develop a plan **to reduce the number of incarcerated individuals** with behavioral health conditions within the jail.
- As a result of this action, ACBH recalibrated it's 2019 Forensic System Redesign & Stakeholder work to include **a comprehensive plan to respond to this direction from our County BOS.**



# Forensic Services System Redesign & Planning:

## *A 3-Tiered Methodology*

- 1) External Stakeholder Process
- 2) Extensive Department-wide Internal Research, Planning & Direct Stakeholder Engagement (In-reach/ Outreach)
- 3) Consultation



# External Stakeholder Process: Community Stakeholders



# Forensic Services System Redesign & Planning:

## *Community Stakeholders*

- **Peers & Family Members; Consumer & Family Member Organizations**
- **Justice Involved Mental Health (JIMH) Taskforce\***
- **Community Based Organizations (CBOs)**
- **Mental Health Advisory Board**
- **Federally Qualified Health Centers (FQHCs)**
- **Mental Health Services Act (MHSA) Community Program Planning (CPP)**
- **Courts, Public Defender, District Attorney, Probation, & Law Enforcement**



# External Stakeholder Process: Community Stakeholders

*Justice Involved Mental Health (JIMH) Taskforce \**  
*c/o Jeweld Legacy Group (JLG)*



# External Stakeholder Process:

## *Justice Involved Mental Health (JIMH) Taskforce*

- **Inclusive Stakeholder Process**
- **Expansive Membership:**
  - Community Members & Families
  - County Departments/ Agencies
  - Advocacy & Equity Groups
  - Mental Health, Substance Use, & Health Care Organizations
  - Faith Community
  - Law Enforcement
  - Local & State Affiliated Organizations
  - Court & Legal System
- **JIMH Taskforce Steering Committee**



# Sequential Intercept Map

**Intercept 0**  
Hospital, Crisis Respite, Peer & Community Services

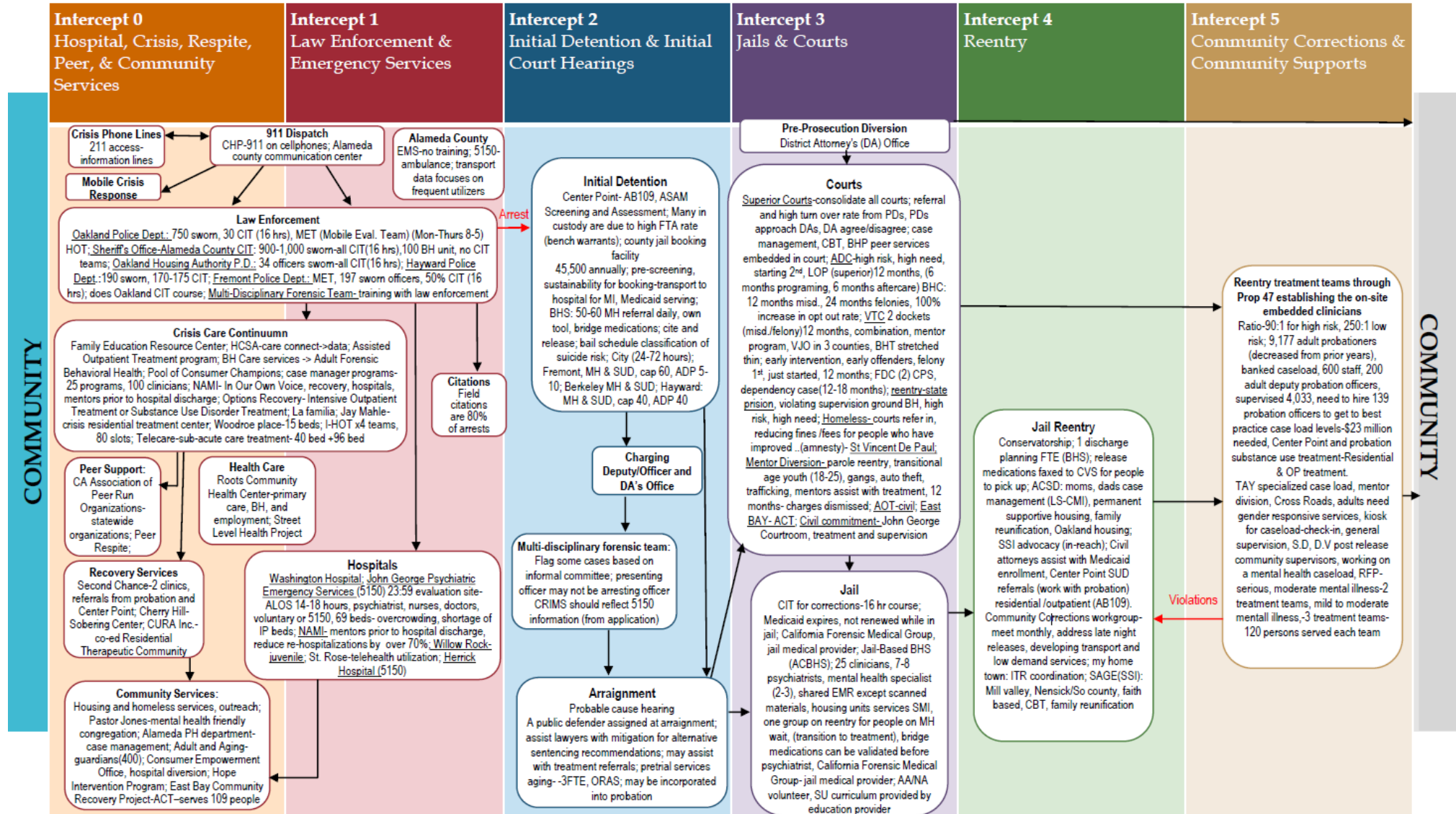
**Intercept 1**  
Law Enforcement & Emergency Services

**Intercept 2**  
Initial Detention & Initial Court Hearings

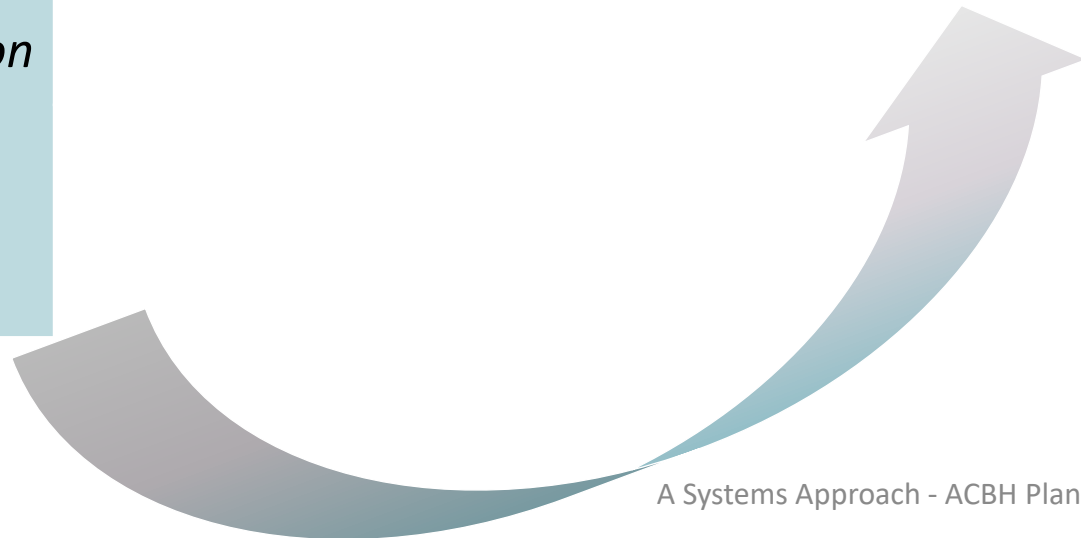
**Intercept 3**  
Jails & Courts

**Intercept 4**  
Reentry

**Intercept 5**  
Community Corrections & Community Supports



# Sequential Intercept Map → *Additional Intercepts added by JIMH Taskforce*



# **External Stakeholder Process: Justice Involved Mental Health (JIMH) Taskforce**

*Ad-Hoc Steering Committee Proposed Prioritizations for Consideration*

- 1) The plans and programs that are adopted must be data-driven**
- 2) Set concrete goals to reduce number of people with serious mental illness in SRJ to zero**
- 3) Focus attention and resources on negative and initial stages**
- 4) Establish an independent, Brown-Acted task force to move plan forward**
- 5) The County should appropriate new dollars to begin to implement plan in 2021**



# Departmental Research & Planning:

Internal Research, Planning  
& Direct Stakeholder Engagement  
*(In-reach & Outreach)*



# Departmental Research & Planning:

## Internal Research, Planning & Direct Stakeholder Engagement

*(In-reach/ Outreach)*

### 1) Forensic Services Redesign & Restructuring

- a) Forensic Services “System of Care” (within clinical operations; executive team membership)

### 2) Departmental Operations & Clinical Services Planning

- a) Service Inventory & Review
- b) Client “access”
- c) Care Coordination

### 3) Finance Planning & Budget Review

- a) Budgetary Trends & Forecasting
- b) Current Expenditures
- c) Projected Cost Allocations (approximates)



# Consultation:

*Departmental Support, Data Review, & Analysis  
c/o Indigo Project*



# Consultation:

## *Departmental Support, Data Review, & Analysis*

### • Primary Focus Areas:

- Develop and communicate ***a unifying vision*** for the Department's approach to serving individuals receiving forensic-based care;
- Provide ***an array of evidence-based & promising practices that maximize community-based services settings*** and diversion from the justice system while improving programming across forensic settings; and
- Strengthen ***connections between and across sectors*** in order to close any gaps and improve post release service participation.

### Data-Centered Consultation:

- Assessment & recommendations related to –
  - ❖ Underlying risk factors;
  - ❖ ethnic or racial disparities;
  - ❖ comprehensive assessment & care coordination;
  - ❖ and general service trends & effectiveness.
- Internal & External stakeholder participation and engagement



# Emerging Findings: Across the ACBH System



# Research & Planning

## Emerging Findings: Across the ACBH System

### System Strengths

- Readiness for change
- Attention and collective investment in forensic populations
- Relationship with Sherriff's Department

### Areas for Consideration

- Concern about fidelity to program models
- Lack of knowledge about criminogenic and Risk Need Responsivity (RNR) model
- Groups of individuals who are unserved because they may be unwilling to engage in voluntary services



# Consultation

## Emerging Findings: At Intercept Points

### System Strengths

- Shared dedication to community services
- Mobile crisis and community crisis response development
- Success with the Forensic Conditional Release Program (CONREP)

### Areas for Consideration

- Crisis Intervention Training (CIT) and Multidisciplinary Forensic Teams (MFT) require attention.
- Diversion and mechanisms to divert are underdeveloped
- Challenges around competency restoration
- Re-entry in transition, limited in-reach, and challenges around discharge planning and connectedness to services upon release



# Consultation: Departmental Financials Review

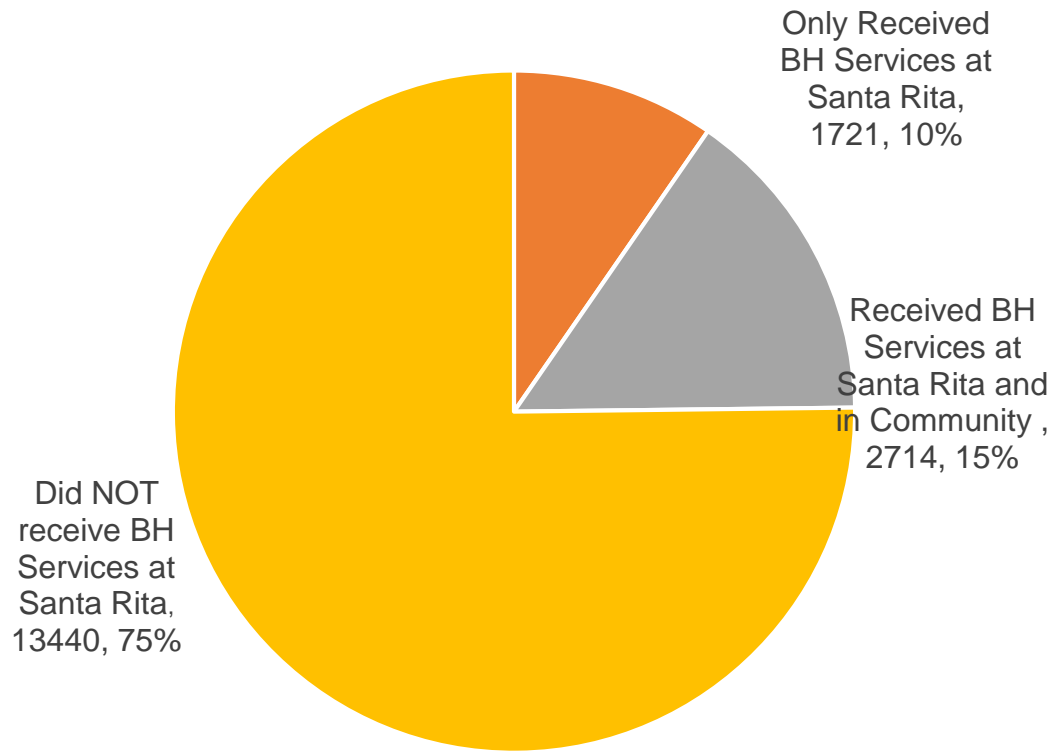
	FY 18-19			FY 19-20		
	Other Alternatives to Incarceration	<b>AFBH Forensic &amp; Diversion Programs</b>	Total	Other Alternatives to Incarceration	<b>AFBH Forensic &amp; Diversion Programs</b>	Total
MH	\$178M	<b>\$14M</b>	\$192M	\$200M	<b>\$16m</b>	\$216M
SUD	\$45M	-	\$45M	\$46M	-	\$46M
<b>Program Total</b>	\$223M	<b>\$14M</b>	\$237M	\$246M	<b>\$16m</b>	\$262M
<i>Youth Forensic</i>						<b>\$8.3M</b>
<b>ACBH Total</b>			<b>\$476M*</b>			<b>\$537M*</b>
(*NOTE: ↑Above <u>does not</u> include other Contract or Infrastructure Costs)					<b>TOTAL FY19/20</b>	<b>\$540M</b>
(NOTE: →TOTAL FY/21 Includes BOS Increase in May 2020 → \$16M + \$22 = \$38M AFBH Budget)					<b>TOTAL FY/21</b>	<b>\$563M</b>



# Consultation

## Emerging Findings: Data Analysis & FY 18/19 Historical Trends

FY 18/19 ACBH Clients, N=17,875



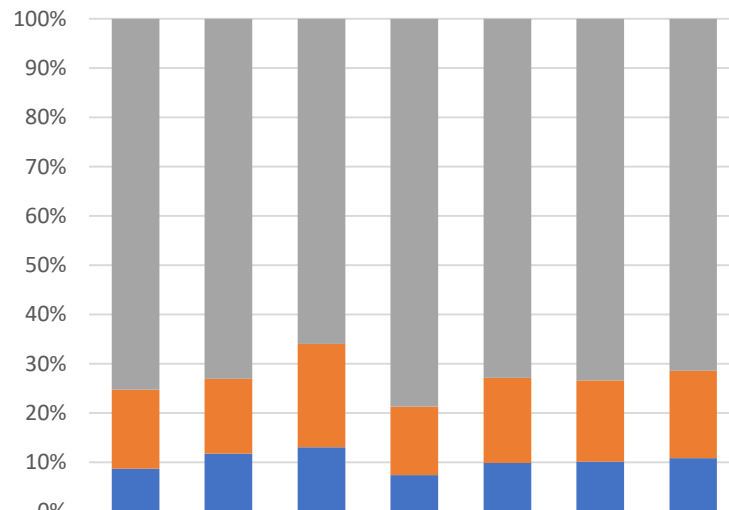
- 10% **only** received BH Services at Santa Rita Jail
- 15% received services both at Santa Rita Jail & Community
- In FY 18/19, 75% of ACBH clients did not receive BH services at Santa Rita Jail.
- In FY18/19, 49% of TAY consumers received CJMH Services at Santa Rita; while 19% of them received BH services only while incarcerated.



# Consultation – Corrected Slide

## Emerging Findings: Data Analysis & FY 18/19 Historical Trends

Race/Ethnicity of ACBH Consumers Served at AFBH



	Alaska Native or American Indian	Asian/Pacific Islander	Black or African American	Hispanic or Latino	Other/Unknown	White	Total
ACBH Clients	61	1659	5389	2226	4808	3732	17875
ACBH Clients Served at AFBH	13	345	1709	392	1140	836	4435
ACBH Clients Only Served at AFBH	7	267	1066	209	650	515	2714

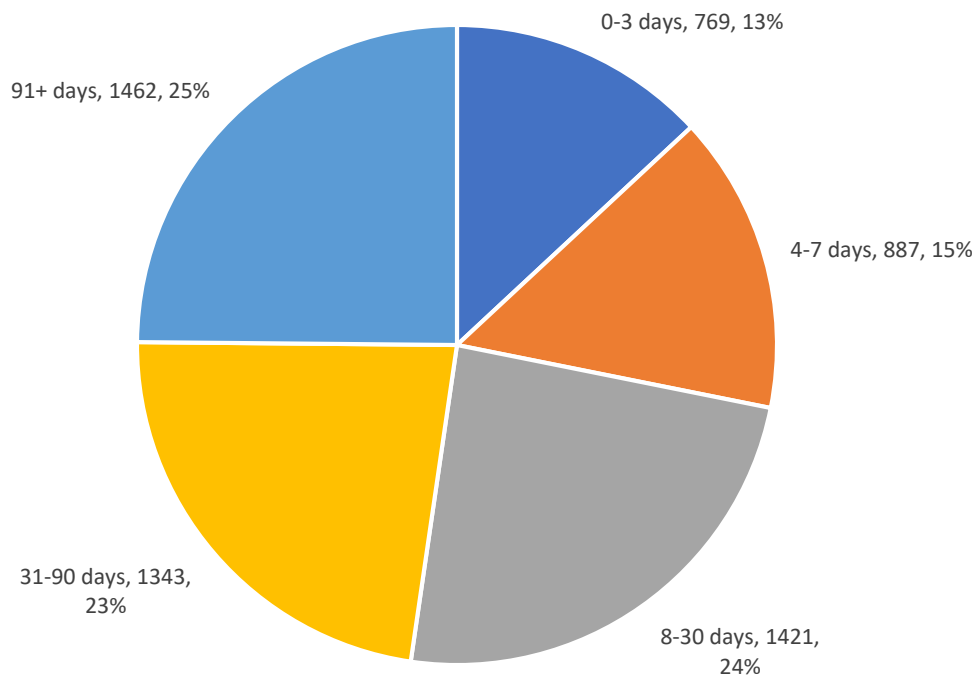
- 32% of all African American ACBH clients received services through AFBH (as compared to 25% overall, slide 26).
- 69% of ACBH African American Transitional Age Youth clients received services through AFBH.
- 77% of **AFBH** Consumers who are Asian/Pacific Islander only receive AFBH (as they do not connect to care outside of the jail).



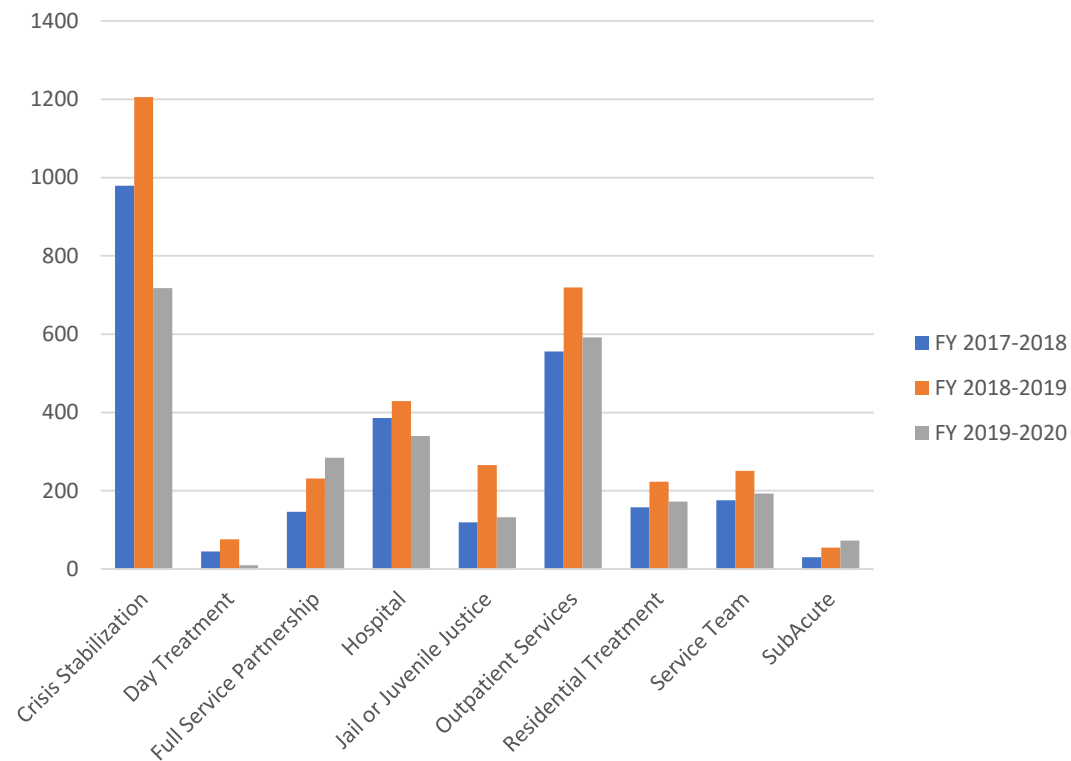
# Consultation

## Emerging Findings: FY 18/19 Service Utilization

AFBH Episode Length for ACBH Consumers Served at CJMH in FY18/19, n=4,367



Service Utilization for ACBH Consumers Served at AFBH in FY18/19, n=4,367



\*Individuals may have received more than one service



# **Additional Review – 18 Years & Under**

## **Emerging Findings: Data Analysis Historical Trends (FY19/20)**

- **Alameda County Guidance Clinic (ACBH Operated) - \$2.6 Million**
- **Multi-Systemic Therapy & Intensive Case Management (ICM) - \$1.96 Million**
- **Intensive home-based supports for Youth involved with Foster Care &/ Juvenile Justice System (“Wraparound”) - \$3.73 Million**
- **TOTAL FY19/20 Youth Services (under 18) = \$8,347,236 Million**



# Consultation

## Global Recommendations: Services Delivery & System Change

- Strengthen cultural, ethnic, and linguistically relevant and inclusive service delivery.
- Divert at every intercept, where safe and feasible, from the criminal justice system into treatment
- Formalize use of Sequential Intercept Model for ALL forensic based services
- Comprehensive assessment needed: Assess Risk Needs Responsivity (RNR) at intersection of mental health, criminogenic risk, and substance use
- Maximize treatment in-custody to stabilize and transition to appropriate mental health setting based upon RNR approach
- Clearly identify Target Populations (*Screening, Assessment, Care Coordination, & Treatment*)



# Consultation

## Global Recommendations: Services Delivery & System Change

Clearly identify Target Populations...

### More Effective:

- Care Coordination
- Interagency Communication
- Referral & Treatment
- Outcomes

- **Group A:** People with significant mental health needs, low criminogenic risk and need, high rates of low-level offenses, unlikely to accept voluntary services
- **Group B:** People with mild to moderate mental health needs, significant substance use and associated behaviors, high rates of re-arrest, unlikely to meaningfully engage with voluntary services
- **Group C:** People with significant mental health needs, moderate to high criminogenic risk and need, present personal and public ongoing safety risk, unlikely to sustain participation in voluntary services



# Forensic Services System Redesign & Stakeholder Planning:

## Emerging Themes & Recommendations



# Forensic Services System Redesign & Stakeholder Planning: *Emerging Themes & Recommendations*

## **PROCESS & APPROACH:**

- **Data Driven Metrics** to measure progress & impacts.
- **Develop concrete goals** to eliminate number of incarcerated individuals with Severe Mental Illness (SMI).
- **Formal Adoption of Sequential Intercept Map (SIM) Framework;** and focus on negative & initial stages.
- **Co-location of Programs** within existing service areas.
- **Organized care delivery system** with a core approach of Case Management & Coordination.
- **Universal Assessment & Risk Needs Responsivity** (RNR; the intersection of mental health, criminogenic risk, and substance abuse).
- **Structured Decision-Making Tools** for effectively managing client care.
- **Improve Interagency Coordination**



# Forensic Services System Redesign & Stakeholder Planning: *Emerging Themes & Recommendations*

## CRISIS & ACUTE CARE:

- **Expand Level II LPS designations** (provider & facilities capacity to initiate & release 5150/5585 LPS Holds).
- **Increase Crisis Stabilization Units (CSUs) & Crisis Residential Treatment (CRTs)** Programs county wide (regional approach).
- Improve client and family access to **24/hour care** (including use of crisis services).
- **Explore 5170 receiving facilities** for Substance Use Disorder (SUD) clients
- Develop **Forensic Psychiatric Health Facility (PHF)** for Inpatient Care
- Develop programming & coordination for **Forensic High Utilizers**



# Forensic Services System Redesign & Stakeholder Planning: *Emerging Themes & Recommendations*

## COMMUNITY BASED CARE & COORDINATION:

- Standardize use of High Fidelity **Forensic Assertive Community Treatment (FACT)** programs; including the **expansion of linkage programs** from Santa Rita Jail.
- Expand Full Service Partnerships (**FSPs**) & **Intensive Case Management Programs**
- Increase Funding to **Collaborative Courts**
- Expand **Care Coordinators working in Primary Care settings**
- Increase **Employment opportunities** for forensic clients
- Develop system **Navigation support & Call Centers** for forensic clients & families
- Enhance Crisis Intervention Training (**CIT**) for **Law Enforcement**



# Forensic Services System Redesign & Stakeholder Planning: *Emerging Themes & Recommendations*

## CAPITAL EXPANSION, HOUSING, & COUNTY INFRASTRUCTURE:

- Develop **Emergency Shelters & Emergency Housing** options for forensic clients.
- Develop (or by contract) additional **Board & Care options** for forensic clients.
- Expand **Locked Psychiatric & Unlocked Sub-Acute facilities/capacity** countywide.
- **Re-purpose Glenn Dyer Jail** for Residential Locked and Unlocked Mental Health Treatment.



# Forensic Services System Redesign & Stakeholder Planning:

## ACBH Formal Recommendations *(Process & Strategy)*



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Process*)

## Key Strategies & Assumptions –

- Health Equity Lens
- Data Driven Metrics with Concrete system goals.
- Sequential Intercept Map (SIM) Framework for all Forensic Services
- Target Populations: Group A, Group B, Group C
- Case Management & Interagency Coordination
- Universal Assessment & Risk Needs Responsivity (*RNR; at intersection of mental health, criminogenic risk, and substance use*)
- Structured Decision-Making Tool for RNR Implementation



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Framework*)

## Duration Framework –

- Short-Term Objectives & Recommendations (>6 Months)
- Medium-Term Objectives & Recommendations (6-12 Months)
- Long-Term Objectives & Recommendations (12+ Months)

## Prioritization Framework –

- Benefit/Value to System (High/Low)
- Cost/ Effort required to Implement (High/Low)

## Costs –

- Approximate/ Average Costs
- Based upon actuals & projected estimates.
- Funding sources not yet identified



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Short-Term Objectives & Recommendations (>6 Months)

- 1) **Direct In Home Outreach Team (IHOT) Referrals by Law Enforcement Departments (\$0 Cost) (Int 1)**
  - Explore Forensic IHOT Expansion (Approximate Cost \$560K/ Team)
- 2) **Regional Approach to South County Services (\$0 Cost) (Int -2)**
- 3) **High fidelity Assertive Community Treatment (ACT) & Forensic Assertive Community Treatment (FACT) Teams (\$50K Cost) (Int 4)**



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Short-Term Objectives & Recommendations (>6 Months)

- 4) Create Director of Forensic, Diversion, & Re-Entry Services Position (\$0 Cost) (Int -2)
  
- 5) Re-Tool Crisis Intervention Training (CIT) (\$100K Cost) (Int -1)



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Medium-Term Objectives & Recommendations (6-12 Months)

- 1) **Design Forensic, Diversion, & Re-Entry Services System of Care (\$0 Cost) (Int 4)**
  - Re-design & organize forensic services, including “ACCESS” for forensic clients
  - Create Forensic Care Coordination Teams
    - Create Forensic Re-entry team (Multi-Disciplinary Forensic Teams)
    - Create Forensic “Acute Care Team”
  - Complete Quality review of Youth & Adult/Older Adult Forensic Programs
- 2) **Pre Trial Diversion: Increase Funding to Collaborative Courts/ Mental Health Courts (\$141K) (Int 2)**
- 3) **Expand 5150 & 5585 capacity to place/release countywide (\$0 Cost) (Int -1)**



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Medium-Term Objectives & Recommendations (6-12 Months)

### 4) Expand Satellite Urgent Care Clinic Hours & Services

- Services targeting SMI/SUD clients
- Expansion of services to include Nights & Weekends **(\$2M) (Int 0)**

### 5) Overnight Mobile Crisis Services & Crisis Calls

- In person overnight, 7 nights per week, 365 days/year **(\$2.2M) (Int 0)**
- Regional overnight coverage in South County

### 6) Expand Forensic Linkage Program at Santa Rita **(\$524K) (Int 3)**



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Medium-Term Objectives & Recommendations (6-12 Months)

- 7) **Develop TAY Full Service Partnership (50 Client FSP) (\$1.5M) (Int 0)**
  
- 8) **Overnight Crisis Services & Crisis Calls**
  - In person overnight, 7 nights per week, 365 days/year **(\$2.2M) (Int 0)**
  - Regional overnight coverage in South County
  
- 9) **Initiate Feasibility Study to explore Capital Expansion for Acute Inpatient Treatment (General & Forensic) (\$TBD) (Int 0)**



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Long-Term Objectives & Recommendations (12+ Months)

- 1) Prioritize the care of “high utilizers” of county behavioral health and forensic services to ensure that they are connected to appropriate treatment and facilities (**\$0 Cost**) (Int 4)
- 2) Co-locate TAY behavioral health services (**\$15K, Int -2**) & Develop Forensic TAY Programming targeting African American Youth:
  - New 50-Client TAY FSP (**\$1.4M**) (Int -1)
  - Youth Prevention Program (**\$380K**) (Int -2)
  - Expansion of TAY Clinical Treatment & Outreach Services (**\$450K**) (Int -2)



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Long-Term Objectives & Recommendations (12+ Months)

### 3) Significantly increase the capacity of residential treatment beds countywide

- Crisis Stabilization Unit (CSU; 14-bed) **(\$4.5M) (Int 0)**
- 6-Bed Crisis Residential Treatment (CRT) facility **(\$1.1M) (Int 0)**
- 12-Bed CRT (MH & SUD) **(\$2.2M) (Int 0)**
- 16-Bed Psychiatric Hospitalization Facility **(\$5.5M) (Int 0)**
- 10 Additional Board & Care Beds (Forensic beds) **(\$1M) (Int 4)**

### 4) Adult Residential Co-Occurring Forensic Treatment facility with direct linkage from Santa Rita

- Co-Occurring (MH & SUD Treatment) Residential 10-Bed **(\$1.05M) (Int 4)**



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Long-Term Objectives & Recommendations (12+ Months)

- 5) Expand Short Term & Permanent Housing; Board & Care Facility Options  
(\$2.2M) (Int -2)
  
- 6) Develop (2) Multi-disciplinary Re-Entry Teams (MRTs) (\$1.08M) (Int 4)
  - Continuity of care from Santa Rita
  
- 7) (6) Bed Forensic Peer Respite (from Santa Rita Jail, on Probation, or at-risk)  
(\$1M) (Int 0)



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Long-Term Objectives & Recommendations (12+ Months)

### 8) Expand Crisis Services:

- Embedded Clinicians with Law Enforcement locations (Regional South County Expansion) **(\$480K) (Int 1)**
- Countywide CATT Expansion – 6 New Teams **(+\$6.6M\*) (Int 0)**
- Mobile Evaluation Team – Fremont **(\$75K) (Int 1)**

### 9) Expand 24/hour Crisis Services Call Center:

- Peer-based & Clinical Warmline **(\$670K) (Int -1)**
- Overnight Call Center capacity **(\$12K) (Int -1)**



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Long-Term Objectives & Recommendations (12+ Months)

### 10) Competency Restoration & Diversion:

- Develop New 16-Bed Psychiatric Health Facility (PHF) **(\$5.5M) (Int 5)**
- Develop New 25-Bed Sub-Acute Facility **(\$4M) (Int 5)**

### 11) Develop (2) Substance Use Mobile Outreach Teams **(\$1.2M) (Int -1)**

### 12) Re-design & Create New Outpatient Service Team(s) Model **(\$1.5 M) (Int -1)**

- 10) Shift from Office Based care to Trauma Informed, forensic & co-occurring treatment model



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations (*Strategy Actions*)

## Estimated Cost Summary – Duration

<u>Short-Term</u> (>6 Months) 6 Recommendations	<u>Medium-Term</u> (6-12 Months) 9 Recommendations	<u>Long-Term</u> (12+ Months) 12 Recommendations
<b>\$150,000</b>	<b>\$8,565,000</b>	<b>\$41,912,000</b>
<b>Total Estimated Costs \$50,627,000</b>		



# Forensic Services System Redesign & Stakeholder Planning: ACBH Formal Recommendations *(Strategy Actions)*

## Estimated Cost Summary – By Intercept

<u>Intercept -2</u> Prevention	<u>Intercept -1</u> Early Intervention	<u>Intercept 0</u> Hospital, Crisis Respite, Peer & Community Services	<u>Intercept 1</u> Law Enforcement & Emergency Services	<u>Intercept 2</u> Initial Detention & Initial Court Hearings	<u>Intercept 3</u> Jails & Courts	<u>Intercept 4</u> Reentry	<u>Intercept 5</u> Community Corrections & Community Supports
\$3.045M	\$4.882M	\$28.8M	\$555K	\$141K	\$524K	\$3.18M	\$9.5M

**Total Estimated Costs \$50,627,000**

# A Systems Approach & Plan to Reduce Forensic Involvement with Behavioral Health Clients:

## *Next Steps*



# Forensic Services System Redesign & Stakeholder Planning: *Next Steps*

- **Board of Supervisor Review (October 27, 2020) – Pending Approval**
- **Departmental Implementation Planning & Consultation (3, 5, 10 Year Workplan)**
- **Forensic Services System Redesign:**
  - 1) Intradepartmental Forensic Services Redesign Taskforce
  - 2) JIMH Taskforce – Stage 2 (Interagency Planning thru June 30, 2021)
  - 3) Mental Health Advisory Board, Criminal Justice Committee (Regulatory Oversight)
- **Ongoing BOS & MHAB Progress Updates**



*Thank you*

