

# Department of Behavioral Health

## Executive Summary Assembly Bill 109

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### I. Introduction

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On October 1, 2011, the County of San Bernardino Department of Behavioral Health (DBH) implemented the 2011 Public Safety Realignment Act (AB109) through collaborative efforts with the San Bernardino County Probation Department (Probation), California Department of Corrections & Rehabilitation (CDCR) and other County departments. This report summarizes DBH's efforts in implementing AB109 as well as funding needs for enhanced service delivery.

### II. Background

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During the period of October 1, 2011 through March 1, 2012, a total of 64 AB109 Post Release Community Supervision (PRCS) cases have been referred to DBH for mental health and Alcohol and Other Drug (AOD) services. Of the 64 AB109 cases referred, **54 were confirmed to meet the criteria for the Enhanced Outpatient Program (EOP)**, as defined by CDCR due to the level of intensity of their mental health needs. **EOP clients are considered a high risk** upon reentry to the community due to their lack of stability and high risk of recidivism.

### III. Accomplishments

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Of the 54 cases:

- 21, or 40% of EOP cases were screened for mental health and alcohol & drug services.
- 19, or 37% of cases were referred and successfully linked to the DBH Crisis Walk In Center (CWIC) for a comprehensive psychiatric assessment/medical supportive services.
- **17, or 33% of EOP cases were successfully enrolled in DBH Community Mental Health Clinics for continued treatment services.**
- 2, or 4% of EOP cases were managed with Rapid Response Team (RRT) coordination between Probation, DBH Forensic Services Program and Alcohol and Drug Service (ADS) Program, Transitional Assistance Department (TAD), Department of Aging and Adult Services (DAAS), and CDCR for specialized treatment needs.
- **38, or 70% of CDCR Mental Health packets were received by DBH.**

### IV. Interim Mental Health and Alcohol and Drug Services Pending Day Reporting Centers

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The services that will be provided at the Day Reporting Centers (DRCs) will primarily consist of screening, triage and linkage for mental health, AOD services, and life skills/educational classes.

Based on actual programmatic experience during the previous five months while providing services to the AB109 population, as well as DBH's experience working with similar clients, evidence suggests that the mental health and alcohol and drug service needs for this population exceeds what is proposed for the DRCs. **There is a critical need for intensive case**

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management and psychiatric treatment to be provided, especially for the high-risk EOP AB109 clients to reduce recidivism, improve client outcomes and maintain public safety.

### V. Proposals/Recommendations for Enhanced Treatment

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Based on review of existing services to AB109 clients it has been determined that the current level of services will not meet the needs of this population. Additionally, DBH's capacity to provide these services is extremely limited. DBH is respectfully recommending that additional treatment options be implemented to adequately serve the AB 109 population as described below:

#### 1. Implement Enhanced Mental Health Program Replicating DBH's Current Supervised Treatment After Release (STAR) Program

- The STAR program has been the primary treatment provider for the San Bernardino County Mental Health Court System for 12 years and has proven treatment outcomes.
- **STAR participants have shown a 67% decrease in per-year jail days and a 74% decrease in per-year hospital days in comparison to pre-enrollment levels.** In response to the documented success of this program, the California Council on Mentally Ill Offenders awarded STAR the "Best Practices Award" in 2009, recognizing it as the best mental health court treatment program in the state.

#### 2. Implement Enhanced Alcohol and Other Drug (AOD) Services for AB 109 Clients Excluding Sex Offenders

- DBH ADS currently administers a model of AOD treatment with Drug Court and Parolee Services Network in which the client is referred to treatment as an alternative to incarceration. Positive outcomes with significant reductions in recidivism have been achieved in San Bernardino County.
- This model could be easily administered through the collaborative efforts of Probation and DBH in which a referral process and progress reporting mechanism would be established. All AB109 participants who will meet the criteria for AOD services would go to this program; however, AB109 participants with a history of sexual offense or violence would be excluded from the program due to the residential component.
- The method currently utilized could be easily executed and would include the continuum of care model of AOD services with frequent and ongoing communication with Probation on the AB109 participant's status.

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- **This suggested model would be administered through current contracted AOD providers and would include all modes of treatment, including but not limited to outpatient drug/alcohol services, detoxification and residential treatment.**

### **3. Enhanced AOD Treatment for Those at Higher Risk for Recidivism Based on Offenses and Including Sex Offenders**

- DBH ADS recommends that an enhanced AOD treatment model of services for the higher risk individuals would include those PRCS individuals with a history of drug offenses, a history of other offenses that supported a drug addiction, a high rating of the Addiction Severity Index (ASI) assessment, and a history of repeated offenses.
- The Probationers Recovering through Intervention/Drug Education (PRIDE) treatment services program is a pseudo-drug court model in which the court forces treatment with the collaborative efforts of Probation to strengthen the probationer's chance of a successful completion of probation and reduce recidivism in county jail and Superior Court.
- DBH proposes to replicate this program and serve clients through separate locations outside the DRCs. These clients will be identified based on an assessment which takes into account the high risk factors mentioned above. **Smaller caseloads allow for treatment to be centered on the intensity of the recovery process for the high-risk AB109 participants.**
- The PRIDE Program will be administered through a contracted AOD provider and therefore, the cost to administer the program would be supported in a contract.

### **VI. Fiscal Impact**

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DBH was initially allocated a total of six full-time positions for AB109 services for FY 2011-2012 for three Day Reporting Centers (DRCs), which are expected to be in operation by July 2012.

*It is critical that funding be allocated to provide evidence-based, recovery-oriented mental health and AOD treatment services to this high-risk population.*

DBH has documented success providing treatment services to other forensic populations in the Supervised Treatment After Release (STAR) Program and the Forensic Conditional Release Program (CONREP) under a contract with the State Department of Mental Health.

**The cost to provide assertive community treatment programs through multidisciplinary teams that include psychiatrists, nurses, masters-level clinical staff, and case managers for individuals with serious mental illness and/or substance use disorders and repeated contact**

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**with the criminal justice system is approximately \$24,000 per client per year.** This estimate is based on current DBH costs for residential or outpatient substance abuse treatment and day treatment rehabilitative treatment services, or outpatient mental health services including intensive case management, individual and group psychotherapy, and psychiatric services.

Based on the Community Corrections Partnership Public Safety Realignment Plan dated September 27, 2011, it is expected that approximately 6,500 PRCS individuals will be in the community within three years. Of that, **5% or 325** are estimated to be EOP clients needing intensive DBH services, such as:

- 24/7 capacity for crisis support
- Comprehensive psychiatric assessment and treatment
- Outreach and engagement
- A range of services including individual and group services, crisis intervention, case management, employment services and housing support
- Money management/representative payee
- Medication support and education
- Benefits establishment
- Co-occurring disorders treatment

At the level of service described above, the annual cost per client, based on similar programs is approximately **\$24,000 per client**. It is important to note that cost per client will vary based on the level and length of mental health and AOD services by each client, especially depending on their length of stay in PCRS.

It has been determined that some of these clients will be eligible for services under Medi-Cal or ArrowCare (the County's Low Income Health Plan) and **therefore some costs may be offset by those funding sources**, however, an estimate of the potential reimbursement cannot be provided at the time of printing for this document.

**The proposed DBH FY 2012-13 budget of \$4,431,685** takes into consideration hiring, training, data improvements, contracting costs, and capacity planning to **serve probationers in the DRCs and EOP clients in the community**. The increase in the budget from Year 1 is primarily based on the approximate \$24,000 cost per client to serve EOPs, currently trending at 156 annually plus a conservative 20% increase in the anticipated workload/caseload. **This proposal is subject to change depending on negotiation, sustainability, and available resources.**

DBH looks forward to continuing to work together in serving the residents of San Bernardino County through collaboration, partnership and evidenced-based recovery practices in support of public safety outcomes.

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## OVERVIEW:

The County of San Bernardino Department of Behavioral Health (DBH) has an integral role in the implementation of the 2011 Public Safety Realignment Act, Assembly Bill 109 (AB109) which commenced on October 1, 2011. DBH has been instrumental in working collaboratively with the County of San Bernardino Probation Department (Probation), and the California Department of Corrections and Rehabilitation (CDCR), other County departments, contract providers and stakeholders to ensure immediate measures were established to address the challenging needs of this population, while focusing on evidence based practices, risk reduction strategies and solutions for reentry and promoting public safety. DBH's Forensic Services Program was assigned to provide implementation, oversight, and monitoring of the mental health service needs while the DBH's Alcohol and Drug Services (ADS) Administration worked to develop and implement integrated alcohol and other drug (AOD) services for the AB109 population.

The provision of mental health services delivered to AB109 participants during the initial program implementation has been primarily focused on those participants who have been identified as Enhanced Outpatient Program (EOP) by CDCR. These participants require more intensive mental health services due to challenges integrating into the correctional system milieu and eventually the community. They also pose a higher risk of recidivism if they are unable to be stable upon reintegration into the community. These participants may require a medication regime and other mental health related services for stabilization while incarcerated and upon reentry. There is a second classification known as Correctional Clinical Case Management Systems (CCCMS) who will also require mental health and AOD services. These participants are usually housed in the general population while in CDCR; however they still have access to mental health and AOD services as needed. At this time, DBH is unable to identify CCCMS AB109 participants who may acquire the services.

While DBH recognizes that the CCCMS participants will require services upon reentry, in order to provide the needed mental health and AOD services, DBH will require additional fiscal resources, supports and future program expansion. This report will provide an overview of implementation of existing services and establish a foundation for further proposed program development and expansion.

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### **PROVISION OF SERVICES:**

DBH currently provides an array of comprehensive mental health services to AB109 EOP participants. These services include (but are not limited to): initial screening and intake, intensive case management services, psychiatric medication management, and housing and transportation (in coordination with Probation).

A key component of services currently provided includes the immediate linking and brokering that occur to ancillary services (i.e., SSI, TAD), community referrals (i.e., NAMI), and referrals for alcohol and drug services support recovery groups (i.e., Al-Anon). DBH also refers all cases to the Department of Public Health (DPH). These services are designed with the goal of enhancing public safety, and to assist the participant with reentry, aid in reducing recidivism, and provide positive outcomes.

### **REFERRAL AND MONITORING PROCESS:**

The referral and monitoring process has had major impact on DBH Forensic Services Program resources due to the level of work involved in linking the AB109 participant to applicable treatment services in the community. The referral process has required day to day full time assistance of several staff, including the Program Manager II and Social Worker II in the DBH Forensic Services Program who are intricately involved in developing and maintaining the tracking system, making phone calls, and monitoring all AB109 EOP referrals which includes working in coordination with Probation and various CDCR facilities throughout the state.

Generally notification of an AB109 referral is given before the release date from prison however, in the majority of the cases notification has been received after release. It is certainly a desired goal to receive this information prior to release in order to facilitate coordination of services to mitigate the risk this presents to public safety and the potential adverse impact on recidivism.

DBH Forensic Services Program has been working collaboratively with the County of San Bernardino Department of Aging & Adult Services (DAAS) program for conservatorship and other related services; the County Department of Veterans Affairs Program for applicable services due to military affiliation, and other County departments to successfully link the AB109 population to appropriate resources and services. When there is a Registered Sex Offender case identified, immediate notification is made as required by law and the Social Worker II and/ or Program Manager II to ensure timely contact with Probation to address the challenging needs and limited resources available for this population.

Additionally, DBH Forensic Services Program works in coordination with DPH and TAD by providing immediate referrals so that the AB109 participant's health and financial needs are met to ensure successful reentry to the community.

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Based upon the increased demands imposed on DBH Forensic Services Program, it is critical that additional staffing resources be provided to address the complex needs of AB109 participants. The current staff time expended to provide mental health services in forensics includes Program Manager II which totals \$24,083 and Social Worker II which totals \$8,057. These costs have been captured with DBH Emacs time reporting system.

### RECENT STATISTICS:

A review of the performance of the AB109 Program since its implementation reveals that as of March 2012, DBH has been referred a total of 54 AB109 Post-release Community Supervision (PRCS) cases that require mental health services and/or AOD services, which upon referral were identified as being EOP cases by CDCR. These cases are listed by month as follows:

- October 2011: 6 cases
- November 2011: 12 cases
- December 2011: 14 cases
- January 2012: 12 cases
- February 2012: 3 cases
- March 2012: 3 cases; (pending 2 cases)
- April 2012: Pending 2 cases

Review of the above AB109 cases reflect a total of 10 referrals that were directly received from Probation. A total of 44 referrals were referred by CDCR. Of these referrals, 46 were male and 8 were female. Upon receipt of all referrals, DBH Forensics immediately notifies Probation of all referrals. In order to confirm the Probation status and to confirm that the AB109 participant is from San Bernardino County, DBH tracks all referrals received.

DBH ADS has not received any direct referrals for AB109 participants from Probation or from CDCR. However, DBH ADS has received three referrals from DBH Forensic Services Program, which are included in the total number of referrals above. The DBH ADS Substance Abuse Manager has provided case management services for these three (3) AB109 EOP participants by providing outpatient treatment, detoxification and related treatment services.

Many of AB109 participants are receiving AOD services directly or through other channels apart from the Probation contract. The majority of these AB109 participants who receive AOD services are voluntary. DBH ADS has been collaborating with service providers to identify the challenges encountered as AB109 participants access AOD services.

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### ACCOMPLISHMENTS:

While it is evident that the program is in the early implementation stages, there has been much accomplished during such a short period of time (5 months) with very limited resources to serve the needs of the AB109 population. The accomplishments are as follows:

ACTIVITY	# OF CASES	PERCENTAGE
EOP cases screened for mental health and alcohol & drug services	21	40%
Cases referred and successfully linked to the DBH (CWIC) for a comprehensive psychiatric assessment/ medical supportive services	19	37%
EOP cases successfully enrolled in DBH Community Mental Health Clinics for continued treatment services	17	33%
CDCR Mental Health packets received by DBH	38	73%
EOP: Rapid Response (RRT): coordination between Probation, DBH Forensic Services Program and ADS Program, CDCR, TAD, and DAAS for specialized treatment needs	2	4%

The above table indicates that while DBH has been successful in receiving the packet for EOP cases, there is still a lot of work to be done in order to build on the success to ensure AB109 participants are properly referred and enrolled in adequate mental health and AOD services.

It is necessary to increase the 33% level of participation in services in order to achieve successful outcomes. The individuals who are in need of mental health services are generally deemed high risk for recidivism due to the severity of their illnesses which have ranged from Diagnoses such as Schizophrenia, Schizo-Affective Major Depression and other disorders. These individuals have required antipsychotic medications for stabilization and management of their psychoses and are at risk of decompensating if left untreated. The majority of the cases received have been discharged from CDCR with a 30-day supply of psychiatric medication.

Based on the services that have been provided to the AB109 participants up to date, it is evident that there needs to be increased capacity to serve these AB109 participants by employing various treatment strategies which goes beyond the screening and triage process. While a needs assessment will assist in proactively determining the needs, it is also important to note that treatment services must be readily accessible and

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available in remote locations of the county which currently creates a challenge for AB109 participants. The earlier an individual accesses treatment and other services required for continuum of care, the increased likelihood of reduced recidivism and improved outcomes.

Participation in treatment is voluntary at this time for the AB109 participants; therefore, it will be important to work closely with Probation to examine means by which compliance with treatment services are monitored. It may also be necessary to incentive treatment via positive reinforcement, etc. to increase participation.

### **HOUSING AND TRANSPORTATION:**

DBH is currently assisting Probation with housing referrals for the AB109 EOP participants who have been identified by either CDCR or by Probation as either being homeless or at high risk of becoming homeless due to an existing unstable living environment.

Once the DRC's become operational, it is anticipated that the provision of housing will continue to be the responsibility of Probation, as there is a limited supply of beds available for placement and the majority of the participants currently served by DBH are homeless.

As of March 1, 2012, eleven (11) EOP participants have been housed in a safe residence in the community that meets their physical and behavioral health needs. The total costs for these housing placements are \$3,866.46 for the months of October, November, and December 2011 respectively. The costs for January and February, 2012 are \$4,065.66 with an overall housing cost of \$7,923.12.

In addition to the provision of housing services, DBH has provided ten (10) One Day Bus Passes to seven (7) EOP cases, with one case receiving three (3) in total for appointments with a mental health treatment clinic in the community. Total cost for bus passes is \$36.00. However, we anticipate that the issuance of bus passes will increase in the future to ensure that participants have transportation to attend appointments and other related services.

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### RESIDENTIAL TREATMENT SERVICES:

<b>ADS AB109 Residential as of March 2012</b>				
<b>Program</b>	<b>Participant Count Final</b>	<b>Bed Days (All Participants) Combined</b>	<b>Rate F/Y 08-11 (\$)</b>	<b>Total Billed (\$)</b>
Varp, Inc	1	29	\$52.00	\$1,508.00
New House	1	65	\$59.00	\$3,835.00
IVRS	2	57	\$67.00	\$3,819.00
Cedar House (Detox)	1	5	\$85.00	\$425.00
Cedar House	2	9	\$71.00	\$639.00
Barstow MBMH	3	19	\$70.00	\$1,330.00
St. John	4	184	\$57.00	\$10,488.00
<b>Totals</b>	<b>14</b>	<b>368</b>	<b>N/A</b>	<b>\$22,044.00</b>

The above table illustrates DBH ADS has provided Residential Treatment Services for an estimated fourteen (14) participants at a total cost of \$22,044. This cost has been absorbed through Substance Abuse Prevention and Treatment (SAPT) Block Grant federal funding or other funding sources. The AB109 participants who are recipients of AOD services but have been unable to pay for the services are therefore being funded by DBH ADS SAPT Block Grant federal funding. This is an interim funding source for AB109 participants that would normally be earmarked to provide services to other DBH clients. The current provision of residential treatment services to AB109 participants detracts from funding allocated for services to other DBH clients.

Factors to be considered when reviewing the AOD residential treatment services received include the following:

- AB109 participants identified have been identified through direct referrals from DBH Forensic Services Program and through patient self-disclosure.

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- Not all participants are aware of their AB109 status; so therefore, this is an estimated count and does not identify all AB109 participants.
- These estimates are only applicable to residential AOD treatment services and omit the costs associated with outpatient treatment service, recovery centers and other AOD treatment service models.

DBH ADS has identified costs associated with the administration and tracking of AB109 participants since October 2011. The costs have been captured using real-time tracking of employees who have been substantiated through Excel tracking. The staff costs are as follows:

- \$10,140.00            Program Manger II
- \$5,535.00            Substance Abuse Manager
- \$863.00                Mental Health Specialist

### **DAY REPORTING CENTERS:**

An essential component of an evidenced-based service delivery system for participants on PRCS status will include the Day Reporting Centers (DRC's). Probation has been working with DBH to secure locations for the Day Reporting Centers.

DBH has been allocated for a total of six (6) full-time equivalent (FTE) employees to be co-located at the DRC's which include three (3) Social Worker II which total \$182,967 per year and three (3) FTE Alcohol and Drug (AOD) Counselors which totals \$166,854 per year. At this time, one SW-II (on staff as of February 2012) and one AOD Counselor (is in the hiring process).

DBH ADS in conjunction with DBH Forensic Services Program will execute a behavioral health screening process as part of the three DRC's as they become operational. It is the intent of DBH to screen 100% of the AB109 population who access the DRC. The screening would consist of a brief, general screening for mental health and alcohol or drug abuse or dependency.

The AB109 participants who are screened and found to be in need of mental health treatment service will receive a referral to DBH Crisis Walk-in Center (CWIC) located in the City of Rialto. A psychiatric assessment is completed along with medication support services. A referral will then be generated for follow-up treatment services to a community clinic nearest the participant's residence.

AOD dependent will receive a referral/appointment to an AOD provider facility which will meet the needs of the AB109 participant. The utilization of the Addictive Severity Index (ASI) will be used to determine the appropriate level of AOD treatment services.

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Education classes and components will be provided at each of the three DRC's by the Alcohol & Drug Counselor (AOD) and Social Worker II (SWII). These classes will be provided on a roving schedule so an AB109 participant can attend an educational class at any time with positive outcome from the attendees. The education classes will be administered by the utilization of evidence-based educational curriculum that will address daily life skills and would include the following:

- Coping Skills
- Self Esteem
- Triggers
- Positive Reinforcement
- Relapse Prevention
- Social Skills
- Positive Decision Making
- Interpersonal Communication Skills

DBH will provide the following cognitive restructuring educational classes at the DRC's, utilizing evidence-based curriculum. The following curriculum may include, but is not limited to the following:

- Anger Management
- Seeking Safety
- Moral Recognition Therapy
- How to Escape your Prison
- Other Educational Curriculum

The educational classes and brief screening will be administered by DBH staff through the utilization of motivational interviewing techniques which is an evidenced-based technique designed to change behavior.

DBH fully anticipates that by addressing the mental health treatment and AOD needs of the AB109 population through an evidence-based practice, a one-stop integrated holistic service delivery system will be able to assist or aid in mitigating risks to public safety and in reducing levels of recidivism with this population.

Given the complexity and severity of mental health needs of AB109 participants, it will be necessary to provide additional intensive treatment options outside the DRC's. These treatment options should be designed for the participants who present the highest risk of recidivism and re-offense based on their mental health diagnosis and functional status, who may require more intensive and individual and group psychotherapy and other services to maintain stabilization upon reentry.

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### **DATA TRACKING / MONITORING:**

Currently DBH has ongoing challenges tracking the AB109 participants in San Bernardino County. It will be necessary to have systems developed to accurately track AB109 cases in an effort to provide appropriate treatment services and community referrals to reduce the risk of recidivism and increase public safety

There will need to be data collected, analyzed and evaluated to determine the efficacy of treatment provided, and rates of recidivism in order to measure outcomes. This should include measures of process and performance outcomes. DBH will also require additional staffing resources for data input into the ACCESS database once the DRC's are operational and to input current data for the services that are being delivered at the respective clinic sites.

Quantitative and qualitative data on progress are important in this area. Without measures to address outcomes in service, the system exists without empirical evidence of program effectiveness, and compromises DBH's ability to refine or identify and bridge gaps in service delivery which could subsequently impact recidivism and outcomes.

### **PROPOSED RECOMMENDATIONS/EXPANSION:**

The AB109 participants requiring services upon reentry is projected to significantly increase in the coming years. DBH will require additional funding and resources to further develop and implement evidence-based services to address the complex mental health and AOD needs of these participants upon reentry to the local community. There are several areas that will require program expansion in order to fully implement services to this population. To address these anticipated needs, DBH is proposing the following recommendations in order to design and deliver services that would be fiscally responsible, data driven, evidence-based, inclusive, comprehensive and transparent.

#### **RECOMMENDATION #1**

#### **PROPOSED MENTAL HEALTH TREATMENT EXPANSION FOR AB109 POPULATION:**

In an effort to meet the substantive intensive mental health treatment needs for the AB109 population, DBH highly recommends that mental health treatment services be enhanced and provided in a day treatment and an outpatient model. Within both, Individual and Group Psychotherapy will be provided at the program site along with other mental health services.

DBH is proposing to utilize an existing evidence-based forensic treatment model to provide services to the AB109 population. The Supervised Treatment After Release (STAR) has been the primary treatment provider San Bernardino County Mental Health Court System for twelve years. Research has demonstrated that STAR participants

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show a 67% decrease in per year jail days and a 74% decrease in per year hospital days in comparison to pre-enrollment levels. In response to the documented success of this program, the California Council on Mentally Ill Offenders awarded STAR the "Best Practices Award" in 2009, recognizing it as the best adult mental health court treatment program in the state.

Recognizing that this type of robust treatment program model is needed in two different regional areas in San Bernardino County that have been directly impacted by the current AB109 population, it is recommended that one program would be established in the city of Colton and the other in Victorville.

The most seriously and persistently mentally ill AB109 participants at any one time will be treated with day treatment rehabilitative services in the city of Colton. AB109 participants will be treated with intensive outpatient services in the cities of Colton and Victorville combined.

Specific criteria will be established to determine prioritized placement into this program model based on EOP status documented in the CDCR system, prior multiple incarcerations and/or psychiatric hospitalizations, at least one unsuccessful completion of a treatment episode (MH or MH and AOD), and a verified history of accessing DBH services on a continual basis.

### **RECOMMENDATION #2: AOD TREATMENT/ENHANCED TREATMENT FOR AB109**

DBH recommends providing substance use disorder treatment using a slightly modified collaborative treatment model. This specialized ADS treatment model can be mandated by the courts as an alternative to incarceration. The outcomes from this collaborative approach support the success of this evidence-based treatment program.

DBH ADS currently administers such a model of AOD treatment with Drug Court and Parolee Services Network in which the client is referred to treatment as an alternative to incarceration. Positive outcomes with significant reductions in recidivism have been achieved in San Bernardino County. This model could be easily administered through the collaborative efforts of Probation and DBH in which a referral process and progress reporting mechanism would be established. All AB109 participants who will meet the criteria for ADS services would go to this program; however, AB109 participants with a history of sexual offense or violence would be excluded from the program due to the residential treatment component of this specialized program.

The method currently utilized could be easily executed and would include the continuum of care model of AOD services with frequent and ongoing communication with Probation on the AB109 participant's status. This suggested model would be administered through current contracted AOD providers and would include all modes of

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treatment, including but not limited to outpatient drug/alcohol services, detoxification and residential treatment. The annual cost of the program is \$260,000.

Additionally, DBH ADS has a long history of providing gender specific EBP targeting women and their children through perinatal services provided through three contract agencies in adjacent locations to the proposed DRC's. Services include outpatient drug treatment, parenting, childcare and transportation. These services could also be provided through DBH contract agencies for this target population of female PRCS who are pregnant and/or parenting and identified as substance use disordered individuals.

### **RECOMMENDATION #3: ENHANCED ADS TREATMENT FOR HIGH RISK AB109**

DBH ADS also recommends that an enhanced ADS treatment model of services be incorporated to serve higher risk AB109 participants. These higher risk individuals would include those PRCS individuals with a history of drug offenses, a history of other offenses that supported a drug addiction, a high rating of the Addiction Severity Index (ASI) assessment, and a history of repeated offenses.

DBH ADS currently administers an AOD Program, Probationers Recovering Through Intervention/Drug Education (PRIDE) Treatment Services. The PRIDE Program is a pseudo- drug court model in which the court forces treatment with the collaborative efforts of Probation to strengthen the probationer's chance of a successful completion of probation and reduce recidivism in county jail and Superior Court. The statistical data from our current PRIDE program indicates the following outcomes from 1/1/10 through 12/31/11:

- 101 probationers currently served in the existing program
- 44% successful completion rate
- Positive urinalysis tests were less than 3%
- Controlling judicial cases on PRIDE clients were generally Health & Safety violations
- Fewer than 8% of controlling cases included offenses such as

DBH proposes to replicate this program and serve clients at separate locations outside the DRC's. These clients will be identified based on an assessment which takes into account the high risk factors mentioned above. Smaller caseloads will allow for treatment to be centered on the intensity of the recovery process for the high-risk AB109 participants. The PRIDE Program will be administered through a contracted AOD provider and therefore, the cost to administer the program would be supported in a contract. DBH ADS currently funds the PRIDE Program at an annual cost of \$86,000; however, to serve the increased number as proposed would be at an annual cost of \$172,000 per year.

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### **RISK REDUCTION STRATEGIES:**

In an effort to reduce the risk to public safety that the AB109 population presents, it will be essential for the following measures to occur:

- The AB109 population of mentally ill who have been incarcerated have committed violent crimes, which is at a dramatically higher percentage rate than nonviolent crimes. When we reduce recidivism in this population we will have a direct impact on reducing violent crimes.
- Mental health and substance abuse issues can have devastating effects on the high risk realignment population due to its level of severity and the impact on this population who also have an existing criminal history, if left untreated, jeopardizes the community and creates major safety risk and public relations challenges. It will be critical that intensive mental health and AOD treatment be provided to reduce recidivism, and to mitigate the risk and/or threat this presents to public safety.
- History has shown that when DBH clients (including high risk AB109 clients) are properly medicated, successfully screened, triaged, and enrolled in evidence-based mental health treatment that is based on recovery-based principles and practices, it has resulted in reduced recidivism and vastly improved public safety outcomes.
- There is no leverage should an adverse outcome occur with this high-risk AB109 population; the enhanced mental health treatment, skills, support and fiscal resources, and supervision are critical and essential to increase public safety, to reduce recidivism and to avoid or prevent catastrophic consequences for the communities in the County of San Bernardino and surrounding areas.
- In a report published by CDCR Addiction Recovery Services, the statistics support a reduction in recidivism of approximately 19% for those who receive evidence-based treatment for substance use disorders. Additionally, statistics support a reduction in offending when Substance Abuse Services are offered as an alternative to incarceration. The provision of AOD treatment will significantly improve treatment outcome, reduce risk of recidivism, and reduce risk to public safety.
- Mental health services must be developed and implemented in remote areas in the County of San Bernardino to effectively deliver services to the AB109 population, which is a critical risk reduction strategy.
- There must be a combination of surveillance and mental health treatment as a critical risk reduction strategy for the AB109 population rather than one of the other that's based on evidence-based risks, needs assessment tools in order to increase public safety, decrease recidivism, and to achieve successful outcomes.
- While it is well known that a significant number of the realignment population have long-standing unaddressed substance abuse and mental health related issues, enhanced treatment and appropriate services must continue to be developed in order to reduce recidivism and risk for public safety, and be considered as a critical risk reduction strategy.

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- DBH will need to develop a data tracking system to measure, monitor and evaluate treatment effectiveness and outcomes.
- DBH will need to continue working collaboratively with Probation, CDCR and other entities to be able to interface or have access to databases to capture AB109 participant referrals prior to their discharge from CDCR in order to mitigate risk.
- DBH will need to form a committee to address ongoing enhancements and modifications in both mental health and AOD treatment and the provision of services for the AB109 population.
- DBH will need to work collaboratively with other partners to integrate service delivery at the DRC's for the AB109 population.
- Additional specialized training will be required for DBH staff who will be delivering mental health and alcohol and other drug related services to AB109 participants. This will also include training on updates regarding trends/patterns of the realignment issues.
- DBH will need to expand and deliver evidence-based services to the CCCMS and other AB109 participants which will improve treatment outcomes, and aid in risk reduction and increase public safety.
- DBH will need to hire additional highly skilled, competent and experienced staff to provide mental health and alcohol & other drug related services to the AB109 population to assist with successful reentry and reduce recidivism.
- DBH is in the process of identifying a formal risk assessment tool (i.e., HCR-20, Wisconsin Risk and Needs Assessment) that will be used on the AB109 participants to assess future risk.
- DBH has been instrumental in its provision of mental health to clients with a forensic background (both inpatient psychiatric state hospitalization and criminal past) in the Conditional Release (CONREP) Program and the STAR Program. The proven demonstrated experience serving these clients in the community has been met with positive outcomes over the years and has certainly reduced recidivism and improved public safety outcomes.

### **COST IMPLICATIONS:**

DBH has conducted a fiscal analysis of services provided since implementation and monitoring of AB109 services. The FY 2011/2012 Expenditure Report indicates that the funds originally allotted for DBH by Probation to hire six FTE's (Full Time Equivalent) for the DRC's were not fully utilized or expended since the DRC's are not in operation. DBH do not have the funds to maintain or sustain treatment services to the AB 109 participants. There has been additional cost associated with providing services to AB109 which are captured below as follows:

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## AB 109 Expenditure Summary FY 2011-2012 Year To Date Expenditures and Year End Projections October 1, 2011 - January 31, 2012

	Budget	Year To Date	Feb - June 2012	Totals
	FY 11-12	Actuals (4 months)	Year End Proj. (5 mos)	FY 11-12
<b>Expenditures</b>				
<b>Salary and Benefits</b>				
Alcohol & Drug Counselor	\$166,857	\$ -	\$ -	\$ -
Social Worker II	\$182,967	\$3,393	\$4,665	\$8,057
Program Manager II (MH)		\$10,140	\$13,943	\$24,083
Clinic Supervisor		\$2,368	\$3,256	\$5,624
Clinical Therapist I		\$55	\$75	\$130
Clinical Therapist Pre-Licensed		\$123	\$169	\$292
Clinical Therapist II		\$573	\$787	\$1,360
Supervising Office Assistant		\$17	\$23	\$41
Program Manager II (ADS)		\$8,000	\$11,000	\$19,000
Substance Abuse Manager (ADS) Mental Health		\$5,535	\$7,610	\$13,145
Specialist (ADS)		\$863	\$4,747	\$5,610
<b>Total Salary and Benefits</b>	<b>\$349,824</b>	<b>\$31,066</b>	<b>\$46,275</b>	<b>\$77,341</b>
<b>Services and Supplies</b>				
Residential Treatment Services (ADS)		\$17,635	\$22,044	\$39,679
Residential Housing Placements		\$6,191	\$7,739	\$13,930
Bus Passes		\$36	\$45	\$81
Pharmacy Costs		\$1,800	\$2,250	\$4,050
Inpatient Mental Health Services		\$47,488	\$79,147	\$126,635
Outpatient Mental Health Services		\$24,503	\$30,629	\$55,132
<b>Total Services and Supplies</b>	<b>\$ -</b>	<b>\$97,653</b>	<b>\$141,853</b>	<b>\$239,506</b>
<b>Total Expenditures</b>	<b>\$349,84</b>	<b>\$128,719</b>	<b>\$188,128</b>	<b>\$316,847</b>

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Notes:

1. Based on time study from DBH ADS Analyst Vickie Bambauch.
2. Per V. Baumbach, time spent attributable to January 2012 only.
3. No Inpatient services were recorded for October 2011.
4. Salaries & Benefits were projected using 8 pay periods of actual data over the remaining 11 pay periods for February through June.

The percentage of staff time in services is based on the County's Emacs tracking system.

It has been determined that some AB 109 participants will be eligible for services under Medi-Cal or Arrowcare ( the County's Low Income Health Plan) and therefore some costs may be absorbed by those funding sources however, estimates cannot be provided at this time.

In order to maximize efficiency and be fiscally responsive to the needs of the AB109 participants it will be necessary to secure additional funding in order to further develop, implement and provide adequate mental health services for AB109 participants.

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AB 109 Expenditure Summary FY 2012-2013 Proposed Budget July 1, 2012 - June 30, 2013			
		FTE	Budget FY 12-13
<b>Salary and Benefits</b>			
	Alcohol & Drug Counselors	3.00	\$231,373
	Social Worker II	3.00	253,715
	Office Assistant III	1.00	57,202
	Substance Abuse Mgr. (ADS)	0.10	9,917
	Mental Health Spec. (ADS)	0.50	35,115
	Program Manager I	1.00	123,377
	Clinic Supervisor	1.00	127,238
	Clinical Therapist II	2.00	210,167
	Clinical Therapist I	3.00	281,873
	Mental Health Specialist	7.00	491,604
	General Services Worker II	1.00	38,079
	Office Assistant II	2.00	104,711
	Psychiatrist	0.50	144,175
	Clinical Therapist I	0.20	18,792
	Office Assistant IV	0.20	12,318
	<b>Total Salary and Benefits</b>	<b>25.50</b>	<b>\$ 2,139,655</b>
	<b>Total Administrative Overhead</b>	<b>(10%)</b>	<b>\$ 213,966</b>
<b>Services and Supplies</b>			
	Training and Education		\$5,000
	Residential Treatment Services (ADS)		260,000
	Inpatient MH Treatment Services		417,769
	Outpatient MH Treatment Services		176,094
	Outpatient ADS Treatment Services		172,000
	Residential Housing		30,000
	Medication		20,000
	Bus Passes		5,000
	15-passenger van for Colton (purchase price)		25,000
	Computers, telephone & accessories		46,500
	Office & cubicle reconfiguration for new Colton staff		102,400
	Office & cubicle reconfiguration for new Victorville staff		22,200
	Cedar House contract increase to 32 beds (add'l 16 beds)		496,400
	30% increase for current shelter bed contract in Victorville		149,850
	30% increase for current shelter bed contract in San Bernardino		149,850
	<b>Total Services and Supplies</b>		<b>\$2,078,063</b>
	<b>Total Expenditures</b>		<b>\$4,431,684</b>

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**Note:**

The proposed 30% increase shown above provides additional shelter beds for the AB109 population for the proposed STAR Program (Recommendation #1).

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The current funding for DBH to serve the realignment population is undoubtedly inadequate and precludes DBH from providing the level of intensive mental health services needed to produce effective treatment and public safety outcomes which directly impacts reductions in recidivism. In an effort to provide maximum safety and treatment needed, it will be necessary for DBH to provide the level of services that supports the highest probability of the AB109 participant's success in the community.

Additional funding will allow for immediate development of additional mental health and AOD services in conjunction with supervision practices that are likely to increase the AB109 participant's chances of success, and reduce the likelihood that the AB109 participant will commit new crimes and other violations resulting in prison commitments.

## **CONCLUSION**

DBH has a long-standing rich history in providing recovery-based mental health treatment and AOD services in the County of San Bernardino. While the AB109 realignment reform is new and there are still a lot of unknowns, the delivery of services to a challenging high-risk population with a criminal and/or forensic background is not. The challenges this population presents to the community are can have major consequences. The mental health treatment needs of the AB109 population must be addressed immediately and responsively in order to improve public safety and to reduce recidivism.

DBH will need to be provided with funding to provide evidence-based mental health and AOD services required for the AB109 realignment population. It will be fiscally irresponsible and impossible to serve this realignment population without the fiscal resources. In fact, DBH will be in jeopardy of delivering unsustainable services to the AB109 population without the necessary funds to support the complex, challenging treatment needs of this population. The unmet treatment needs of this population (some of whom have severe mental disorders combined with unmet occurring substance abuse issues) create a major risk, liability and potential risk to the community.

Obtaining and investing the resources needed now to effectively serve this high-risk population will allow DBH to address fiscal efficiencies by aiding in the reduction of costly hospitalizations, costly state prison sentences, reduction in cost for the judicial system for re-offenders, reduction in the homeless population, reduced recidivism, and improved public safety outcomes.

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Within the past five months DBH has had an opportunity to provide services to the AB109 participants. While there has been some level of success, there is still a lot to be accomplished. The AB109 population is expected to significantly grow within the coming year(s) to a projected 6500 in 2013. The benefit of providing recovery-based mental health and alcohol drug and other related services certainly outweigh the risk that the lack of treatment presents to the local community. It is an obligation and not an option to take all measures to safeguard the community and make every effort to address the intensive treatment needs of this population to improve public safety outcomes.

DBH will continue to work with Probation, CDCR, other county departments, contract providers and stakeholders to develop and recommend appropriate modifications to services as needed and to identify areas where there may be opportunities for continued improvement. It will be imperative that DBH continues to work with other counties and entities to benchmark and share best practices and principles, and to identify additional technical assistance necessary as DBH endeavors to address the complex needs of this population and employ risk reduction strategies to aid in an AB109 participant's seamless transition into the community.

SN:cv

**STATEWIDE TRAINING FOR  
LOCAL MENTAL HEALTH BOARD  
& COMMISSION MEMBERS**



# **(AB 109) Public Safety Realignment:**

*Strategies for Addressing the Mental Health Needs of Local Communities*

**Featured Speaker:**  
**The Honorable Stephen V. Manley**  
**Superior Court Judge, Santa Clara County**

**Saturday, April 21, 2012**

**9:30 AM – 4:00 PM**

**Sheraton LAX Hotel**

**6101 West Century Boulevard**

**Los Angeles, CA 90045**

[Registration and Continental Breakfast at 9:00am; Lunch Provided]

**Training Objectives:**

- Be able to describe rationale for, as well as key elements of, the 2011 Public Safety Realignment Act;
- Be able to describe Community Corrections Partnership (CCP) and the role of mental and behavioral health within the local CCP;
- Identify community and county strategies for addressing the mental health needs of individuals with criminal justice involvement.

**To register:**

**Please complete the form on the reverse side of flyer and return via email/fax to:**  
**[tferrini@cimh.org](mailto:tferrini@cimh.org) or fax to (916) 556-4619**

For other questions, please contact Donna Matthews at [dmatthews@cimh.org](mailto:dmatthews@cimh.org) or (916) 379-5353.

Limited travel scholarships are available:  
Flights must be booked by March 30<sup>th</sup> ~ Hotel requests must be made by April 3<sup>rd</sup>

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# REGISTRATION FORM

**NAME OF TRAINING:** STATEWIDE TRAINING FOR LOCAL MENTAL HEALTH BOARD AND COMMISSIONS

**DATE OF TRAINING:** APRIL 21, 2012 • TIME: 9:30 AM TO 4:00 PM

**PLACE OF TRAINING:** SHERATON LAX • 6101 West Century Blvd. • Los Angeles, CA 90045

**PLEASE PRINT**

First: \_\_\_\_\_ Last: \_\_\_\_\_

County/Organization: \_\_\_\_\_ Title: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

My email address is: \_\_\_\_\_

ADA / Dietary / Special Needs: \_\_\_\_\_

**IF YOU WILL BE REQUESTING TRAVEL REIMBURSEMENTS, PROVIDE ADDRESS IF DIFFERENT FROM ABOVE:**

First: \_\_\_\_\_ Last: \_\_\_\_\_

County/Organization: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**LODGING**

I need a Hotel room for Friday, April 20<sup>th</sup>. Please mark the box to the left and CiMH will make your hotel reservation for you. The group rate (which is paid for by CiMH) is \$110.00 (single or double occupancy). CiMH will only reimburse one night's lodging up to the group rate plus tax and parking.

**CANCELLATION POLICY**

If you are unable to attend the training on April 21, 2012, please contact CiMH by Tuesday, April 17, 2012. CiMH will not reimburse you if you fail to attend and are charged a "No Show Hotel Room Charge." If this situation occurs, counties will be billed accordingly.

**MEALS (PER DIEM)**

You will be reimbursed for Friday, April 20<sup>th</sup> (dinner up to \$29.00); Saturday, April 21<sup>st</sup> (breakfast up to \$11.00; dinner up to \$29.00). (Original receipts **required**).

**TRANSPORTATION**

Reimbursement for travel by car, will be reimbursed travel at .55 per mile. (Please provide a copy of Map Quest). Other ground transportation (airport shuttles) or travel expenses (parking) require original receipts. Flights are required to be made at least 21 days in advance. (No business select please.)

**WHAT'S NEEDED FOR REMIBURSMENT**

Only one Mental Health Board Member per county will be guaranteed reimbursement. You must attend the training to receive requested reimbursements. A signed and fully completed CiMH reimbursement form (with original receipts and Map Quest print outs) should be mailed to: the attention of: **Donna Matthews, CiMH, 2125 19<sup>th</sup> Street, Sacramento, CA 95818.**

**FAX TO: (916) 446-4519**