Report of the Independent Reviewer

In the Matter of

Disability Rights California, the United States Department of Justice and

The County of Alameda and Alameda County Behavioral Health Department

Case: 3:20-cv-05256-CRB

Covering the Period of August 1, 2024, through March 31, 2025

Submitted By: Karen Baylor, Ph.D., LMFT

April 2025

INTRODUCTION

Alameda County entered into a Settlement Agreement with Disability Rights California (DRC), and the United States Department of Justice (DOJ) which became effective on January 31, 2024. The Settlement Agreement is focused on Alameda County and the Alameda County Behavioral Health Department (ACBHD) to provide community mental health services for individuals with serious mental illness to reduce institutionalization and/or criminal justice involvement and to improve the individuals ability to secure and maintain stable permanent housing in the most integrated and appropriate settings.

The Settlement Agreement requires an Independent Reviewer to review relevant facts and assess the County's progress in implementing the Settlement Agreement. The Independent Reviewer is to write a report on the County's progress after six, fourteen, twenty, twenty-five, and thirty-one months after the effective date of the Settlement Agreement.

The Settlement Agreement's definition of Substantial Compliance refers to substantial compliance for a period of no less than six (6) months. The first on-site review occurred after four months of the Effective Date of the Settlement Agreement and the second on-site review occurred ten months after the Effective Date. The second report reflects an assessment of the County's progress from the previous report and identifies any areas where work is in progress or still needs to be completed.

A draft of this report was submitted to the parties on February 28, 2025. Per the Settlement Agreement, the Independent Reviewer is to provide a draft of the report at least thirty (30) days prior to the finalization of the report. The parties have fifteen (15) days to provide comments and responses to the Independent Reviewer for consideration. The Independent Reviewer and the parties agreed to extend the review period by an additional seven days. The finalized report is submitted to the parties and made public, with any redactions necessary under California or Federal Law.

The Settlement Agreement identified the following five service commitments:

1. Crisis Services
2. Full Service Partnerships
3. Service Teams (Intensive Case Management)
4. Outreach, Engagement, Linkages, and Discharge Planning
5. Culturally Responsive Services

This report will outline the requirements in each of the service commitments along with a discussion of the ACBHD's progress and implementation of these five areas.

METHODOLOGY

Since the effective date of the Settlement Agreement, the Independent Reviewer has met every other week with the DOJ and DRC, every other week with Alameda County's counsel, and once a month with ACBHD Deputy Directors. This was done to keep the parties apprised of the activities of the Independent Reviewer, County progress, and to identify any challenges or barriers.

On October 7, 2024, the Independent Reviewer emailed ACBHD a request for documents, including client records, a list of staff and clients to be interviewed, and a list of facilities to be toured.

During the months of August 2024 through March 2025, the County uploaded documents to the file sharing site. All these documents were reviewed by the Independent Reviewer and helped form the Independent Reviewer's interview questions for the on-site review.

The Independent Reviewer requested a random sample of ten client records from the following service categories:

- ACCESS
- Adult Full Service Partnership (FSP)
- Service Teams
- John George Psychiatric Hospital
- Institutes for Mental Diseases (IMD)
- Clients recently released from Santa Rita Jail

The methodology for the random selection of client records was provided to the Independent Reviewer.

The Independent Reviewer utilized the initial report and the same protocol from the first review that was developed based on the Settlement Agreement with feedback from the parties. The parties previously agreed with the use of the protocol. This protocol included all the service commitments in the Settlement Agreement and a list of possible sources of evidence such as policy and procedures, operations manuals, sample of client records, data and data analysis, and interviews of both ACBHD staff and community-based provider staff, and client interviews. This protocol is an organized tool and was utilized as the foundation for the determination of proof of practice for the ratings of compliance for every service commitment.

The Independent Reviewer conducted an on-site review in Alameda County from December 3, 2024, through December 6, 2024. During that on-site review the Independent Reviewer interviewed County staff, toured five contract providers and interviewed 17 of their staff, interviewed 16 county staff, and interviewed eight clients.

Limitations of the second review included conducting the interview of clients over Zoom. ACBHD requested the community based provider to determine which clients were

available to be interviewed. The Independent Reviewer requested two interviews: one with Service Team clients and the other with Adult FSP clients. The session with the FSP clients was hard to hear due to a connectivity issue. It is also more difficult to engage clients over Zoom. The clients were also very positive about the services they were receiving and had no issues or complaints with their current provider.

During the December 2024 on-site review, ACBHD staff accommodated a schedule change, scheduling a tour of the new Forensic Peer Respite facility and rescheduling a tour of Sally's Place. Unfortunately, the La Familia staff had the wrong set of keys and were not able to open the doors of the facility. The Independent Reviewer was given a tour of the grounds and was able to look into the windows of the facility. This facility is scheduled to open in the first quarter of 2025 and another tour may be scheduled for a future on-site review. The tour of Sally's Place occurred on 1/22/2025.

Throughout this process, the Independent Reviewer has had the cooperation of the staff from the Alameda County Behavioral Health Department. They have been collaborative and very responsive to requests for information that has been needed to perform the review function*s.*

OVERVIEW OF THE SERVICE DELIVERY SYSTEM

ACBHD is considered a Mental Health Plan and contracts with the State Department of Health Care Services (DHCS) to provide services to Medi-Cal beneficiaries. ACBHD is under the Alameda County Health (ACH) within the County structure. ACBHD contracts 79 percent of the specialty mental health services through contracts with community based organizations. ACBHD contracts for inpatient and psychiatric emergency services which are provided by John George Psychiatric Hospital which is under Alameda Health Systems. ACBHD is responsible for administration of the Mental Health Services Act which includes the provision of Full Service Partnership (FSP) services. ACBHD served a total of 25,638 clients for fiscal year 2023 to 2024.

The organization of ACBHD remains the same from the previous report and there were no changes in the organizational structure.

SUMMARY OF RATINGS

The five service commitment areas are from the finalized Settlement Agreement. Each service commitment was given a rating based on the evidence that is comprised of documentation, protocols, contracts, data, client records and other related documents, received from ACBHD and from interviews with staff, clients, and community-based provider staff.

Determination of compliance with the Settlement Agreement results in a rating as follows: Substantial Compliance (SC), Partial Compliance (PC), Non-Compliance (NC), and Not Applicable (NA). This rating was added to the protocol and a full list of the ratings is in Attachment I.

The Settlement Agreement states:

> "For the purposes of this Agreement, substantial compliance will mean something less than strict or literal compliance. Substantial compliance is achieved if (1) any violations of the Agreement are minor or occasional and are not systemic, and (2) substantial compliance is sustained or otherwise demonstrated to be durable. Substantial compliance refers to substantial compliance for a period of no less than six (6) months. Non-compliance with or due to mere technicalities, or isolated or temporary failure to comply during a period of otherwise sustained substantial compliance, will not constitute failure to sustain substantial compliance." (Page 20)

The Partial Compliance, Non-Compliance, and Not Applicable ratings are not defined by the Settlement Agreement. For purposes of rating the County's compliance with the Settlement Agreement, the Independent Reviewer adopts the following definitions:

> Partial Compliance: a provision was rated Partial Compliance when there was any evidence that steps had been taken toward implementation or that implementation had begun. Partial Compliance includes a range of potential progress toward Substantial Compliance, from taking preliminary steps to near-completion of implementation. Partial Compliance was also given when a part of the service commitment was met but not all of the requirements were met. In other cases, a rating of Partial Compliance was given where the information and documentation requested and reviewed to date is consistent with a finding of compliance, but the Independent Reviewer has identified additional areas of inquiry to be explored in a subsequent reporting period to confirm substantial compliance.
>
> Non-Compliance: a provision was rated Non-Compliance when there was no evidence that steps had been taken toward implementation
>
> Not Applicable: a provision was rated Not Applicable when it was not yet required to be implemented by the Settlement Agreement, where the Independent Reviewer has not yet begun to review or has not yet gathered sufficient evidence to determine the rating.

It was important to see a requirement in a document such as the policy and procedure but also to see the requirement in practice. It is also important that the requirement occurs in practice but also that it is sustained and in a durable manner. A rating was provided when there were several sources of evidence regarding the requirement.

The following is a summary table of the overall ratings regarding compliance with the Settlement Agreement.

Summary of Rating Per Service Commitment for the Second Report

SERVICE COMMITMENT	SC	PC	NC	NA	TOTAL
1. Crisis Services	14	1	0	5	20
2. Full Service Partnership	2	8	0	6	16
3. Service Teams (Intensive Case Management)	2	1	0	1	4
4. Outreach, Engagement, Linkages, and Discharge Planning	8	6	0	12	26
5. Culturally Responsive Services	4	0	0	2	6
Totals	**30**	**16**	**0**	**26**	**72**

Percent of Each Rating for Reporting Period

Ratings	First Report	Second Report
Substantial Compliance	0*	42%
Partial Compliance	62.5%	22%
Non-Compliance	0	0
Not Applicable	37.5%	36%
Total	**100%**	**100%**

**Due to the temporal limitations of the initial report, a rating of substantial compliance was not possible.*

CRISIS SERVICES

The Settlement Agreement outlines the service components under crisis services which includes the County providing a county wide crises system and expanding crisis intervention services. In Alameda County, crises services are organized under the Chief Medical Officer. There is an Interim Crisis Services System of Care Director who reports directly to the Chief Medical Officer. During this review, the Independent Reviewer interviewed the Interim Director, the Crisis Services Division Director, ACCESS Supervisor, and Mobile Crisis staff.

Requirement: *The County will continue to offer a countywide crisis system and expand crisis intervention services* as follows: refers to the subsequent requirements which are discussed below.

The County continues to offer a countywide crisis system. The County continues to contract with providers for crisis intervention services and crisis support services, Crisis

Residential Treatment (CRT), and Psychiatric Emergency Services (PES). The crisis services system of care includes the following:

- Prevention and early intervention which includes outreach and engagement teams, and referral, education and training.
- Crisis intervention services which include crisis support services and mobile crisis teams.
- Crisis stabilization which includes services at either a crisis stabilization unit (CSU) or at a crisis residential treatment facility.
- Post crisis follow-up which include Crisis Connect/Post Crisis Follow-up Team.

Crisis services continue to be provided by County staff and through contracts with providers. Specifically, the County either provides or contracts with the following for services:

- ACBHD Crisis System of Care works closely with the ACCESS staff and provides mobile crisis services.
- Crisis Stabilization Units which are provided through a contract with Amber House (Bay Area Community Services/BACS) and John George Psychiatric Emergency Services (PES). There are plans with La Família to open another CSU in Hayward in July 2027.
- Crisis Residential Treatment which includes contracts with Amber House (BACS), Woodroe Place (BACS), and Jay Mahler (Telecare).
- Acute services through John George Psychiatric Hospital and Herrick Hospital.

The chart below indicates the number of crises calls and the location of the call for Fiscal Year 2022-23 and Fiscal Year 2023-24.

Region	Crisis City	Number of Calls FY 22/23	Number of Calls FY23/24
1. North	Alameda	129	150
1. North	Albany	24	23
1. North	Berkeley	286	260
1. North	Emeryville	54	62
1. North	Oakland	3,511	4,080
1. North	Piedmont	17	18
2. Central	Castro Valley	104	108
2. Central	Hayward	1,083	1,164
2. Central	San Leandro	726	769
2. Central	San Lorenzo	56	109
3. South	Fremont	334	235
3. South	Newark	84	76
3. South	Union City	153	140

4. East	Dublin	75	109
4. East	Livermore	130	164
4. East	Pleasanton	77	76
5. Out of County	Out of County	807	834
6. Unknown	Unknown	25	24

The chart indicates that the calls are received from all over the county but most of the crisis calls continue to be from Oakland and Hayward.

Requirement*: Maintain a 24/7 crisis hotline. The crisis hotline will provide screening and de-escalation services on a 24/7 basis.*

*No later than **18 months** after the Effective Date, the County will expand the 24/7 crisis hotline to provide triage and the identification of full service partnership clients on a 24/7 basis.*

*Beginning no later than **18 months** after the Effective Date, the crisis hotline will have a clinician available to support crisis hotline services 24/7.*

The ACCESS line is operated 24/7 as is required by the State Department of Health Care Services (DHCS). The County staff answer the ACCESS line from 8:30am to 5pm, Monday through Friday. ACBHD contracts Crisis Support Services of Alameda County for coverage of the telephone line after hours, weekends and holidays. Crisis Support Services will write up a referral for treatment services and then the County ACCESS team will follow up on the referral the next morning but does not provide any crisis services. ACBHD staff reported that if a crisis occurs after business hours, Crisis Support Services will call 911 or the Community Assessment and Transport Team (CATT).

ACCESS staff determines eligibility for specialty mental health services at the time of the initial telephone call and the determination is based on medical necessity as defined by the State Department of Health Care Services. ACBHD's policy titled "Adult/Older Adult Outpatient Level of Care Determination states the following: "Individuals new to ACBH services are initially assessed to determine if they meet medical necessity." There is a decision tree that crisis services use when out in the field to determine the appropriate level of care.

The MHSA Three Year Program and Expenditure Plan Fiscal Year 2023 through 2026, states that one of the reoccurring themes in the community listening session was "Address the response time in systems such as ACCESS" (Page 65).

There are two future deadlines in this requirement which will be discussed in future reports.

Requirement: *The County will coordinate with entities responsible for managing urgent and emergency care response lines, including but not limited to the crisis hotline, 911, FSP warmlines, and 988 (when and if such coordination is available), to ensure there is "no wrong door" for accessing appropriate crisis services. The County will have and will implement protocols for when to conduct warm handoffs from its crisis hotline to FSP warmline teams to provide appropriate services. The County will respond to 911-dispatch inquiries in order to facilitate an appropriate behavioral health response to crises.*

Crisis Support Services of Alameda County operates the 988 system for the county. The Executive Director of Crisis Support Services reported that 988 is available in Alameda County and has telephone and text capability 24/7. The purpose of 988 is to provide crisis intervention and suicide prevention services. There is also a website titled *988 Alameda County* where an individual may receive support. 988 of Alameda County is an Accredited Crisis Center. The Annual Report from the Crisis Support Services of Alameda County for the Fiscal Year 2023-24, reported that they responded to 38,288 calls.

ACBHD and Crisis Support Services of Alameda/988 regularly host the quarterly 988 collaborative meetings with 911, law enforcement, fire department, all mobile crisis teams, Emergency Medical Services (EMS), and other community-based providers. In addition, ACBHD hosts a 988 conference annually each September. At the last conference, they had panels that included the following topics:

- Providing support after suicide loss
- Safety planning for non-clinicians supporting youth in crisis
- Assessing suicide risk
- Using phone and text collaborative approach to suicide
- Using client centered data collection to build rapport and improve assessment
- How to access mobile crisis teams.

ACBHD continues to meet monthly with EMS to discuss high utilizers of the services and develop plans to provide the appropriate level of care. ACBHD receives a monthly report of 988 calls along with documentation of planned and provided interventions. ACBHD provided 988 data which included date and time of the call, call duration, any safety risks, reason for the call, and the intervention for Fiscal Year 2023 to 2024.

The Interim Director also stated that 911 continues to be an entry point into the system and that 911 Dispatchers can directly request that a mobile crisis team respond to an emergency. The MET Team and the Mobile Crisis Team may be accessed by the crisis telephone number or by 911. The CATT Team may be accessed by 911 or 988. Referrals from 988 are directed to ACCESS. Additional entry points include 911, 988, or the crisis main telephone number (510-891-5600).

ACBHD did report the demographics on the calls they received which are as follows: age, sex, ethnicity, preferred language, and location of the caller for Fiscal Year 2023 to 2024. ACBHD also collects the following data: average wait time for the call to be answered, number of abandoned calls, and average time spent on the call. In addition, the Crisis System of Care implemented the cloud-based telephone system, Fire 9, which will allow ACBHD to track the number of calls, hold times, and the time of the call. A report will be developed this year to track the crisis contacts and the assignment to an FSP Team, Service Team, or to a community-based provider.

ACBHD provided a copy of the warm hand-off procedure from a contracted community-based provider. The procedure requires the community-based provider staff to contact the client within 24 hours of receiving the referral and offer an intake/assessment appointment within one week of receiving the referral. Another contract for a community based provided had the following requirement: “Assist individuals in a mental health crisis in obtaining the right services at the right time”. The Independent Reviewer examined another contract with a community based provider that stated: “Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to secure treatment engagement.” The Independent Reviewer also reviewed several morning reports from Crisis Services Hotline sent to ACCESS.

The Independent Reviewer needs to examine more fully ACBHD’s protocols for conducting warm handoffs from the crisis line to FSP warmline teams.

Requirement: *The County will implement protocols and education efforts to ensure appropriate deployment of County mobile crisis teams in response to calls received through emergency response lines.*

ACBHD provided a number of power point presentations regarding crisis services, a description of mobile crisis services and data relating to the individuals served by mobile crisis. In interviews with the mobile crisis staff during the initial and the second on-site review, staff reported that the mobile crisis teams are deployed by geographical location. During the second on-site review, the Independent Reviewer was able to observe the mobile crisis staff listening into police scanners in order to be prepared for possible deployment. ACBHD provided the policy and procedure for the crisis services on-duty clinician protocol and mobile crisis team daily procedures. This policy and procedure outlines when a mobile crisis response is indicated and the utilization of the dispatch tool to determine the response. ACBHD also provided the Dispatch Screening Tool that is used which also includes the dispatch decision.

Requirement: *Provide mobile crisis response services on a county-wide basis. Mobile crisis teams will provide a timely in-person response to resolve crises as appropriate. When clinically appropriate, mobile crisis services may be provided through the use of telehealth.*

ACBHD reported that the number of mobile crisis teams has recently expanded from 14 teams to 17 teams[1], with the following three different models for mobile crisis services:

- Mobile Crisis Teams (MCT) that includes two clinicians and law enforcement, if needed. This team is available Monday through Friday, from 8am to 6pm. This team can respond to requests from the general public, 988, and 911. ACBHD has three of these teams.
- Mobile Engagement Teams (MET) that pairs a clinician with a police officer in Oakland and operates from Monday to Thursday, from 8am to 3pm. The Hayward MET operates from Monday to Thursday, from 8am to 4pm. These teams respond to 911/988 generated and Crisis System of Care mental health calls. ACBHD has two of these teams.
- Community Assessment and Transport Team (CATT) pairs a clinician with an Emergency Medical Technician. These teams focus on crisis intervention and medical clearance. This service operates 24 hours a day and 7 days a week. ACBHD has 12 of these teams.

CATT data reflect timely response and reported that the response time is 38.37 minutes, which is the 90th percentile despite varying conditions across the County. However, the Independent Reviewer previously heard complaints during on-site reviews that it can take a long time for mobile crisis to respond. Per the Settlement Agreement, mobile crisis is to provide timely response. The Independent Reviewer did review a recent contract with the CATT service that requires the community based provider to report response time to ACBHD. Monitoring data on response time is well-established in the field as an important performance metric for mobile crisis services.[2]

ACBHD staff continued to state during interviews that the purpose of MCT is to reduce interaction with law enforcement and to reduce inpatient admissions. ACBHD also provided their telehealth policy and procedure.

Data collected by ACBHD on mobile crisis services include the following: number of clients, response and outcome of the call. Response time and other outcome data for mobile crisis services is currently not collected. While the Settlement Agreement does not describe specific data points for which data collection is required, this data would be useful to the ACBHD management team from a quality assurance perspective.

The chart below shows the number of involuntary holds (5150) for the past two fiscal years and some clients may have had more than one episode:

Service	Clients	Episodes	Clients	Episodes

[1] There are a number of cities in Alameda County that also operate their own mobile Crisis Assessment Teams. An example of this is the MACRO program that operates in Oakland and is housed in the fire department. The ACBHD reported that peers and EMT's are a part of the County's crisis services.

[2] National Guidelines for Behavioral Health Crisis Care (samhsa.gov) at page 50-51.

	FY 22/23	FY 22/23	FY 23/24	FY 23/24
5150 by clinician	13	13	8	8
5150 Danger to Others	238	271	167	180
5150 Danger to Self	255	267	161	169
Gravely Disabled	241	271	204	217

This chart indicates that the highest number of 5150's during both fiscal years continues to be a danger to others and gravely disabled closely followed by danger to self. A client may have one or more episodes during the fiscal year which is why the number of clients does not exactly match the number of episodes.

The statements made in the initial report regarding mobile crisis services continue to be accurate for the second report. For example, it is not clear how ACBHD deploys their mobile crisis teams, and which team should respond to a particular crisis. It seems to be based on availability and location of the crisis in the county. ACBHD has now added reporting response times requirement into the contracts for the community based providers.

ACBHD is taking steps to begin to monitor MCT/MET response times and is aiming for implementation in Summer 2025. Because there has not been six months since the expansion of the mobile crisis teams, the Independent Reviewer will monitor and report on the sustainability in subsequent reports.

Requirement: *Mobile crisis services shall be provided with the purposes of reducing, to the greatest extent possible, interactions with law enforcement during a mental health crisis, reducing 5150 and John George psychiatric emergency services ("PES") placement rates, and increasing use of voluntary community-based services (including diversion, care coordination, transportation, and post-crisis linkage to services).*

Evidence was found regarding the purpose of mobile crisis services to reduce interactions with law enforcement, reduce 5150s and increase use of community based services. Evidence of this was found in the interviews with mobile crisis staff and the crisis system of care management staff and a review mobile crisis program information. ACBHD recently expanded the number of mobile crisis teams from 14 to 17 with the greatest increase in the number of CATT teams.

The Independent Reviewer did request a ride-along with the mobile crisis staff for the second on-site review. However, no crisis calls were received during the time allotted on the Independent Reviewer's schedule.

There was an overall decrease in all the 5150 categories from Fiscal Years 2022/23 to Fiscal Year 2023/24. ACBHD did identify the following as possible reasons for an overall decrease in the number of 5150's:

- Collaboration with diversion sites such as Amber CSU, CRTs, Sobering and detox facilities and improved outreach and engagement activities

- Increased usage of the Stanley Brown Safety Planning tool during mobile crisis interventions
- Updates to Crisis Intervention Training for first responders
- Advertising of 988
- Additional mobile crisis team for East County
- Quarterly Crisis Services System of Care presentation for various stakeholders.

ACBHD continues to provide mobile crisis services with the purpose of achieving the above stated outcomes as demonstrated by the review of documents and interviews with ACBHD staff and community based provider staff.

Requirement: *The County has recently expanded its mobile crisis capacity to nine (9) mobile crisis teams, and agrees to maintain this as a minimum capacity.*

ACBHD reported that it either operated or contracted for the following 17 mobile crisis teams:

- **MCT** - 3 teams serving north, south and east county
- **MET**- 2 teams serving Oakland and Hayward
- **CATT** – 12 teams service entire county with staging posts in Oakland, San Leandro, Hayward, Livermore, and Fremont

ACBHD has a contract with the Indigo Project to develop and conduct a Mobile Crisis Assessment of the needs and gaps in mobile crisis coverage. The Draft Mobile Crisis Assessment was provided on January 31, 2025. The findings were as follows:

> "The assessment found that ACBH needs a minimum of 2.5 – 5 additional FTE Mobile Crisis Teams from the baseline identified in this assessment in order to meet the estimated mobile crisis need, based on the Crisis Now benchmark that 32% of known crisis events are responded to by mobile crisis intervention." (Page 24)

The Mobile Crisis Assessment also noted that ACBHD has already added or plans to add four additional mobile crisis teams which is outlined below.

Requirement: *The County shall complete an assessment of needs and gaps in mobile crisis coverage, no later than **one year** after the execution of this Agreement, that is designed to determine the amount and number of mobile crisis teams needed to provide mobile crisis services consistent with this Agreement (the "Mobile Crisis Assessment"). The Mobile Crisis Assessment will be informed by and will appropriately take into account (i) community and stakeholder input; and (ii) all necessary data and information sufficient to assess the need for crisis services in the County, which the County will collect and analyze as part of the Mobile Crisis Assessment process.*

The final version of the Mobile Crisis Assessment was provided on January 31, 2025. The Mobile Crisis Assessment is also posted on ACBHD's website.

The Mobile Crisis Assessment stated the following: “This assessment was informed by necessary data and information sufficient to assess the need for crisis services, as well as community and stakeholder input. The assessment results in an estimate of the amount and number of mobile crisis teams needed to provide timely, in-person mobile crisis coverage county-wide”. (Page 3)

Requirement: *The County will provide a draft of the design of the Mobile Crisis Assessment to the Independent Reviewer (see section III.1.a of this Agreement) for review, feedback, and comment, and will appropriately take into account such feedback and comment before proceeding with the Mobile Crisis Assessment. As part of this review, the Independent Reviewer will provide the draft to, and consider input from, DRC and the United States. The assessment and conclusions in the final Mobile Crisis Assessment will promptly be made available to the public.*

ACBHD contracted with the Indigo Project to develop and conduct a Mobile Crisis Assessment of the needs and gaps in mobile crisis coverage. The Indigo Project submitted a draft of the methodology for this assessment in May 2024. This draft was submitted to DOJ and DRC for their feedback on May 14, 2024. Feedback from the Independent Reviewer and DOJ and DRC was submitted to ACBHD on May 28, 2024. The final version of the Mobile Crisis Assessment was provided on January 31, 2025. The Mobile Crisis Assessment is also posted on ACBHD’s website.

Requirement: *Based on the County’s Mobile Crisis Assessment, the County will reasonably expand its mobile crisis services as needed in order to operate a sufficient number of mobile crisis teams to provide timely and effective mobile crisis response.*

The findings of the Mobile Crisis Assessment are as follows:

> The assessment also identified existing gaps in mobile crisis coverage. Based on mobile crisis team operating hours and time of mobile crisis calls in FY23-24, mobile crisis coverage is needed overnight and on weekends. Mobile crisis coverage is also needed in North County, particularly Oakland. Males and Black and African American individuals also appeared less likely to participate in mobile crisis services and were more likely to be admitted to crisis receiving centers. Based on ACBHD’s mobile crisis team expansion of 4 FTE mobile crisis teams, including 2 overnight CATT teams and an MCT East County team, the County has fulfilled the addition of 2.5 – 5 FTE mobile crisis teams necessary to address mobile crisis needs. (Pages 27-28)

During the Mobile Crisis Assessment, ACBHD further expanded the number of mobile crisis teams as follows:

- MCT**:** ACBH implemented a fourth team in March 2024
- CATT**:** ACBHD implemented two new teams in partnership with ACBH, Bonita House and Falck in May 2024, and November 2024
- CATT: ACBHD plans to implement another team in 2025.

When implementation is completed, ACBHD will have expanded the number of mobile crises teams and meets the recommendations outlined in the Mobile Crisis Assessment. Because the expansion has not been in effect for more than 6 months, the Independent Reviewer will review the sustainability of the expansion in subsequent reports.

Requirement: *FSPs will provide crisis intervention as set forth in section II2.m in this Agreement.*

During the initial review period, the Independent Reviewer undertook the following activities to determine compliance with FSPs providing crisis intervention services:

- Review of ACBHD's FSP policy and procedures,
- Review of community-based provider contracts scope of work, and
- Interviews with community-based provider staff and supervisors.

For the second review, the Independent Reviewer interviewed several community based provider staff, reviewed FSP client records and interviewed clients receiving FSP services. All agreed that FSP provides crisis intervention services.

Because this requirement is tied to section II2.m of the Settlement Agreement and that requirement has a deadline in the future, this requirement will be reviewed in subsequent reports.

Requirement: *Each mobile crisis team shall include at least one mental health clinician.*

As described above, the Mobile Crisis Teams continue to include two clinicians, Mobile Engagement Teams pairs a clinician with a police officer, and Community Assessment and Transport Team (CATT) pairs a clinician with an Emergency Medical Technician.

Requirement: *Trained peer support specialists shall be part of the County's crisis services team and shall be included in outreach and engagement functions.*

ACBH reported that peers and EMT's are a part of the County's crisis services. The Independent Reviewer interviewed three peer support specialists during the second on-site review. They reported that they are part of the crisis services teams and described their role as being partners with the clinicians. The peers stated that some of their work activities include responding to crisis calls with the mobile crisis team, collecting collateral information during a crisis event, and providing crisis intervention services.

Requirement: *The County will provide crisis residential services. Maintain 45 crisis residential treatment (CRT) beds.*

The current number of CRT beds continues to be at the same number of beds as reported in the first report.

CRT Facility	Community-Based Provider	Number of Beds
Amber House	BACS	16

Woodroe House	BACS	16
Jay Mahler	Telecare	16
TOTAL		**48**

ACBHD has met this requirement and has sustained this requirement for more than six months per the Settlement Agreement.

Requirement: *Within **two years** of the Effective Date of the Agreement, the County will make all reasonable efforts to contract with one or more community-based provider(s) to add a mixture of 25 additional CRT and/or peer-respite beds.*

ACBHD reported that two additional CRTs will be opened in the future. ACBHD plans to contract for an additional 32 beds with Telecare and La Familia, which will bring the total number of CRT beds to 80 beds.

Requirement: *A purpose of CRT facilities and peer-respite homes is to promptly deescalate or avoid a crisis and reduce unnecessary hospitalization. They are intended to be used by people experiencing or recovering from a crisis due to their mental health disability for short-term stays and provide support to avoid escalation of a crisis. CRT facilities and peer-respite homes are unlocked.*

During the second on-site review, the Independent Reviewer was able to tour Woodroe Place and Jay Mahler and interview their staff. These facilities are unlocked. The Independent Reviewer reviewed client records who had received CRT services, community-based contracts scope of work and the community-based providers Operation Manual. There was evidence found that the goal of CRT facilities is to de-escalate or avoid a crisis and reduce unnecessary hospitalization.

The tour of Sally's Place occurred on 1/22/2025. The Independent Reviewer interviewed the staff, toured the facility and spoke to two clients. The facility had a warm, homelike, and welcoming atmosphere and it was unlocked. The staff reported that the maximum length of stay is 14 days.

Data collected in FY 2023-24 showed a slight increase in the number of clients who received CRT services compared to FY 2022-23: 698 clients compared to 663 clients, respectfully.

Outcome	Number of Clients FY 22/23	Percentage FY22/23	Number of Clients FY 23/24	Percentage FY 23/24
Admitted to hospital	48	7%	50	7%
Connected to CBS	140	21%	123	18%
Discharged to other facilities	130	20%	155	22%

Detention to Santa Rita Jail	20	3%	22	3%

This chart indicates a slight increase in the number of clients discharged to other facilities from last fiscal year. Overall, there was not a significant change from one fiscal year to another.

Requirement: *Peer staff will be on-site 24-7 at peer-respite homes. Peer-respite homes shall serve no more than 6 individuals at a time.*

ACBHD reported that the County only has one peer respite home that opened in 2020 named Sally's Place. As discussed above, the tour of Sally's Place occurred on 1/22/2025. The Independent Reviewer interviewed the staff, toured the facility and spoke to two clients. The staff reported that peer staff are on-site 24/7. The tour of the facility confirmed that it is a six bed facility.

Requirement: *Individuals shall not be required to have identified housing as a condition of admission to a CRT facility.*

The Independent Reviewer previously reviewed client records of clients who had received CRT services, community-based contract's scope of work and the community-based providers Operation Manual. During the second on-site review the Independent Reviewer toured Woodroe Place and Jay Mahler and interviewed staff. Both ACBHD staff and community-based provider staff confirmed that housing continues not to be a condition for admission to CRT.

Requirement: *CRT facilities and peer-respite homes shall be able to accept admissions directly from mobile crisis teams.*

Admissions to CRT may be made directly by MCT. This was confirmed by ACBHD staff and community provider staff.

Requirement: *The County's crisis system will be designed to prevent unnecessary hospitalizations, IMD admissions, law enforcement interactions, and incarceration.*

For the initial report, the Independent Reviewer interviewed ACBHD staff, community-based provider staff, reviewed policy and procedures and community-based Operations Manual, indicating that the crisis services are designed in the manner stated. For the second review, the Independent Reviewer interviewed ACBHD staff and mobile crisis staff. ACBHD did provide a policy and procedure and a daily checklist for the on-duty clinician for the mobile crisis team. The role of the on-duty clinician is to triage the crisis calls received and determine the most appropriate response from Crisis Services using the Dispatch Tool. ACBHD provided a copy of the Dispatch Screening Tool which includes the following:

- a screen for medical issues,

- a safety assessment,
- screen for under the influence of substance and alcohol,
- reason for the call
- screen for location safety, and
- dispatch decision.

The dispatch decision consists of whether the mobile crisis team will be dispatched with or without law enforcement, which mobile crisis team is dispatched, or if the mobile crisis team was not dispatched and why.

ACBHD previously identified the need to expand CSU, CRT, peer respite, and mobile crisis teams. ACBHD has already expanded the number of mobile crisis teams as follows:

- **MCT:** ACBHD implemented a fourth team in March 2024.
- **CATT:** ACBHD implemented three new teams in partnership with ACBH, Bonita House and Falck in May 2024, and November 2024 with the third in 2025.

ACBHD also reported that two additional CRTs will be opened in the future. ACBHD plans to contract for an additional 32 beds with Telecare and La Familia, which will bring the total number of CRT beds to 80 beds.

Summary of Crisis Services Findings

Overall, there are twenty service commitments in the Crisis Services component of the Settlement Agreement. ACBHD received substantial compliance for 14 service commitments, a rating of partial compliance for one requirement, and a rating of not applicable rating for five service commitments. There were no non-compliant ratings given in this section.

ACBHD achieved Substantial Compliance for the following requirements:

1. *The County will continue to offer county wide crisis system and expand crisis intervention services*. There was evidence through data, community based provider contracts and interviews with ACBHD staff and community based provider staff that the requirement for offering a county wide crisis system has been met.
2. *The County will implement protocols and education efforts to ensure appropriate deployment of County mobile crisis teams in response to calls received through emergency response lines.* Evidence was found from ACBHD regarding protocols and education efforts regarding crisis services, including a description of mobile crisis services and data relating to the individuals served by mobile crisis.
3. *Mobile crisis services shall be provided with the purposes of reducing, to the greatest extent possible, interactions with law enforcement during a mental health crisis, reducing 5150 and John George psychiatric emergency services ("PES")*

placement rates, and increasing use of voluntary community-based services (including diversion, care coordination, transportation, and post-crisis linkage to services). Evidence was found through interviews on the purpose of mobile crisis services. The Independent Reviewer interviewed mobile crisis staff, the crisis system of care management staff, reviewed mobile crisis program information, and related data.

4. *The County has recently expanded its mobile crisis capacity to nine (9) mobile crisis teams and agrees to maintain this as a minimum capacity.* ACBHD reported that it operates 14 mobile crisis teams and has expanded to 17 teams.
5. *The County shall complete an assessment of needs and gaps in mobile crisis coverage, no later than one year after the execution of this Agreement, that is designed to determine the amount and number of mobile crisis teams needed to provide mobile crisis services consistent with this Agreement (the "Mobile Crisis Assessment").* ACBHD contracted with the Indigo Project to conduct the Mobile Crisis Assessment, and the final version was provided on January 31, 2025.
6. *The County will provide a draft of the design of the Mobile Crisis Assessment to the Independent Reviewer.* The Indigo Project submitted a draft of the methodology for this assessment in May 2024. The final version of the Mobile Crisis Assessment was provided on January 31, 2025. The Mobile Crisis Assessment is also posted on ACBHD's website.
7. *Each mobile crisis team shall include at least one mental health clinician*. There was evidence that the Mobile Crisis Teams includes two clinicians, Mobile Engagement Teams pairs a clinician with a police officer, and Community Assessment and Transport Team (CATT) pairs a clinician with an Emergency Medical Technician.
8. *Trained peer support specialists shall be part of the County's crisis services team and shall be included in outreach and engagement functions.* The Independent Reviewer interviewed the peer support specialists who are part of the County's crisis services teams.
9. *The County will provide crisis residential services. Maintain 45 crisis residential treatment (CRT) beds.* ACBHD has met this requirement and has sustained this requirement for more than six months with plans to expand the number of CRT beds.
10. *A purpose of CRT facilities and peer-respite homes is to promptly deescalate or avoid a crisis and reduce unnecessary hospitalization.* Evidence was found through tours of the facilities, reviews of contracts with community based providers, community-based providers Operation Manual and through interviews with ACBHD staff and community provider staff.
11. *Peer staff will be on-site 24-7 at peer-respite homes. Peer-respite homes shall serve no more than 6 individuals at a time.* Evidence was found on the tour of the peer-respite home and through interviews with the staff and clients.
12. *Individuals shall not be required to have identified housing as a condition of admission to a CRT facility.* Evidence was found through a review client records,

community-based contract's scope of work, the community-based providers Operation Manual, tours of the facilities and interviews with staff.

13. *CRT facilities and peer-respite homes shall be able to accept admissions directly from mobile crisis teams.* Evidence was found through interviews with ACBHD staff and community provider staff.
14. *The County's crisis system will be designed to prevent unnecessary hospitalization, IMD admissions, law enforcement interactions, and incarceration.* Evidence was found through interviews of ACBHD staff, community-based provider staff, reviewed policy and procedures and community-based Operations Manual.

ACBHD achieved Partial Compliance for the following:

1. *The County will coordinate with entities responsible for managing urgent and emergency care response lines, including but not limited to the crisis hotline, 911, FSP warmlines, and 988 (when and if such coordination is available) to ensure there is "no wrong door" for accessing appropriate crisis services*. *The County* will *have and will implement protocols for when to conduct warm handoffs from its crisis hotline to FSP warmline teams to provide appropriate services. The County will respond to 911-dispatch inquiries in order to facilitate an appropriate behavioral health response to crises.* The Independent Reviewer needs to examine the protocol for conducting warm handoffs and will report findings in a subsequent report.

ACBHD achieved Not Applicable for the following:

1. *With the Maintain a 24/7 crisis hotline is the following requirement: No later than **18 months** after the Effective Date, the County will expand the 24/7 crisis hotline to provide triage and the identification of full service partnership clients on a 24/7 basis.*
2. *Mobile crisis teams will provide a timely in-person response to resolve crisis as appropriate. When clinically appropriate, mobile crisis services may be provided through the use of telehealth.*
3. *Based on the County's Mobile Crisis Assessment, the County will reasonably expand its mobile crisis services as needed in order to operate a sufficient number of mobile crisis teams to provide timely and effective mobile crisis response.*
4. *FSPs will provide crisis intervention as set forth in section II2.m in this Agreement*.
5. *Within **two years** of the effective date of the Agreement, the County will make all reasonable efforts to contract with one or more community-based provider(s) to add a mixture of 25 additional CRT and/or peer-respite beds.*

FULL SERVICE PARTNERSHIPS

Full Service Partnerships (FSP) services are defined in California Code of Regulations Title 9, Section 3620, which defines the Full Spectrum of Community Services necessary to attain the clients treatment goals. FSP services are intended to be flexible and provided at a level of intensity and location that meets the client's needs. FSP services are intended to reduce hospitalization, utilization of emergency health care, and criminal justice involvement. FSP services in Alameda County are provided through contracts with community-based providers.

FSP services were assessed for the second report through interviews with ACBHD staff, community-based provider staff and the supervisor of FSP programs, reviewed client records and interviewed four clients currently receiving FSP service.

Requirement: *The County offers FSPs through community-based providers that provide services under the Community Services and Supports ("CSS") service category, in accordance with 9 C.C.R. §§ 3620, 3620.05, and 3620.10.*

*Within **two years** from the effective date, the County will add 100 FSP slots for adults and transition aged youth for a total of 1,105 FSP slots for that population. The County will utilize the FSP slots that are added under this Agreement to serve individuals 16 and older who meet FSP eligibility criteria under 9 C.C.R. § 3620.05.*

ACBHD continues to contract with community-based providers for the provision of FSP services. ACBHD provided the contract's scope of work, and the Independent Reviewer conducted interviews with ACBHD staff and community-based provider staff.

The addition of 100 additional slots has a deadline of two years from the effective date of the Settlement Agreement and is not applicable at this time. ACBHD is complying with this requirement in advance of the Settlement Agreement's timeline: 50 slots were added in January 2024 and another 150 additional slots were added in December 2024. The Independent Reviewer will continue to monitor this and will report on implementation in subsequent reports.

Requirement: *Within **one year** from the Effective Date, the County will complete an assessment of needs and gaps in FSP services for individuals ages 16 years and older that is designed to determine the number of additional FSP slots needed to appropriately serve individuals ages 16 and older who meet FSP eligibility criteria under 9 C.C.R. § 3620.05 (the "FSP Assessment").*

The Draft FSP Assessment was provided to the Independent Reviewer on January 28, 2025, and thus met the one year deadline for completing an assessment. The Independent Reviewer sent the draft to the DOJ and DRC the next day. The Draft FSP Assessment included individuals ages 18 and older who met FSP eligibility criteria. Individuals ages 16 and 17 are included in the Children's FSP programs and ACBHD stated that it was not possible for them to provide the data.

Because the FSP Assessment has not been finalized, the Independent Reviewer will provide an update on this in subsequent reports.

Requirement: *The FSP Assessment will be informed by and will appropriately take into account all necessary and appropriate data and information, which the County will collect and analyze as part of the FSP Assessment process, including but not limited to: i. Community and stakeholder input, including from FSP and other contracted providers, from organizations who make referrals for FSP services or regularly come into contact with individuals who are likely eligible for FSP services, and from individuals who receive or may benefit from FSP services; ii. Data regarding utilization of crisis services, psychiatric inpatient services, and FSP and other CSS services; indicators of eligibility for FSP; and numbers of individuals who have completed FSP eligibility assessments, outcomes following assessment, and length of time from identification to enrollment; iii. Analysis of numbers and demographics of sub-populations who (a) were not connected to FSP services despite multiple visits/admissions to PES, John George inpatient, and/or IMDs, (b) declined to consent to FSP services, or (c) stopped engaging with FSP services, and analysis of relevant barriers or challenges with respect to these groups; and iv. Research, literature, and evidence-based practices in the field that may inform the need for FSP services in Alameda County.*

The Draft FSP Assessment included the data described above along with community and stakeholder feedback. The Draft FSP Assessment stated the following:

> "This assessment also considers an analysis of any demographic or other variables that may influence participation in FSP programming as well as the challenges and barriers in identifying, referring, engaging, and serving individuals who need an FSP-level of care. This assessment is informed by local service utilization data, community and stakeholder input, and available literature and evidence-based practices and results in an estimate of FSP slots needed to appropriately serve individuals who meet FSP eligibility criteria." (Page 3)

The FSP Assessment has not been finalized, and the Independent Reviewer will continue to monitor and will report on the progress in subsequent reports.

Requirement: *The County will provide a draft of the design and methodology of the FSP Assessment to the Independent Reviewer for review, feedback, and comment, and will appropriately take into account such feedback and comment before proceeding with the FSP Assessment. As part of this review, the Independent Reviewer will provide the draft to, and consider input from, DRC and the United States. Following the FSP Assessment process, the County will provide a draft of the FSP Assessment report to the Independent Reviewer for review, feedback, and comment, and will appropriately take into account such feedback and comment before finalizing the County's FSP Assessment report. As part of this review, the Independent Reviewer will provide the*

draft to, and consider input from, DRC and the United States. The assessment and conclusions in the final FSP Assessment will promptly be made available to the public.

ACBHD has contracted with the Indigo Project to conduct an FSP assessment to identify needs and gaps for individuals ages 16 and older. Indigo Project submitted a draft of the design and methodology of the assessment to the Independent Reviewer on March 29, 2024. The Independent Reviewer sent the draft to the DOJ and DRC on April 1, 2024, and they returned the draft with their comments and edits on May 2, 2024. A meeting was held on June 14, 2024, with Indigo, ACBHD, and the Independent Reviewer to discuss the edits and to finalize the design and methodology.

The Independent Reviewer did meet with the Indigo Project on 12/6/2024. The Draft FSP Assessment was provided to the Independent Reviewer on January 28, 2025, and was sent to the DOJ and DRC the following day. The Independent Reviewer provided feedback to ACBHD on March 19, 2025, that was based on the Independent Reviewer's review and the DOJ and DRC's feedback.

The FSP Assessment has not been finalized, and the Independent Reviewer will continue to monitor and will report on the progress in subsequent reports.

Requirement: *Based on the County's FSP Assessment, the County will further reasonably expand its FSP program as necessary in order to appropriately serve individual ages 16 and older who meet eligibility criteria under 9 C.C.R. § 3620.05 consistent with their preferences.*

The FSP Assessment has not been finalized, and the Independent Reviewer will continue to monitor and will report on the progress in subsequent reports.

Requirement: *As used in this Agreement, one "slot" (such as an FSP slot or a Service Team slot) means the ongoing capacity to serve one individual at a given time. FSPs will provide services necessary to attain the goals identified in each FSP recipients' Individual Services and Supports Plan (ISSP) which may include the Full Spectrum of Community Services, as defined in 9 C.C.R. § 3620(a)(1).*

Evidence was found regarding the definition of one slot through interviews with ACBHD and community provider staff and review of contracts with the community providers. The Independent Reviewer reviewed client records of clients receiving FSP services, interviewed four clients currently receiving FSP services in a virtual setting. Based on that information, it is determined that FSPs are in fact providing the necessary services.

The Independent Reviewer will need to review additional client records and conduct additional interviews and will report on the sustainability and durability in subsequent reports.

Requirement: *Consistent with 9 C.C.R. § 3620(a), (g), and (h), each FSP recipient will have an ISSP that is developed with the person and includes the person's individualized*

goals and the Full Spectrum of Community Services necessary to attain those goals. Each FSP recipient will receive the services identified in their ISSP, when appropriate for the individual.

The Independent Reviewer previously reviewed ACBHD's policies and procedures for FSP. For the second report, the Independent Reviewer reviewed client records. FSP client records listed the issues that the client identified, individualized goals, and the client's treatment plan or problem list were consistent with the assessment. The client records indicated that the issues identified were being addressed. In addition, the Independent Reviewer interviewed four clients receiving FSP services in a virtual setting to confirm that they receive services consistent with their wishes. Clients spoke of being reminded of and then transported to their psychiatric appointments, receiving food and clothing, and assistance with finding housing. Clients reported the importance of staying on their medications and how the services were helping them with that goal.

The Independent Reviewer will need to interview more clients and review more records since the sample size was small, to determine sustainability and durability. The Independent Reviewer will continue to monitor and will report on this in subsequent reports.

Requirement: *Services provided through FSPs will be flexible and the level of intensity will be based on the needs of the individual at any given time, including the frequency of service contacts and duration of each service contact. To promote service engagement, services will be provided in locations appropriate to individuals' needs, including in the field where clients are located, in office locations, or through the use of telephonic or other electronic communication when clinically appropriate*.

The Independent Reviewer previously reviewed ACBHD's policy and procedures for FSP. For the second report, the Independent Reviewer reviewed client records for clients receiving FSP services. Client records indicated that a variety of services were being provided in several settings, and were based on client preference.

The Independent Reviewer also interviewed four clients receiving FSP services in a virtual setting. The clients reported that their FSP staff did work with them on setting their goals per the client's preference. Clients also verified that services are flexible and provided at the frequency and location of their choosing.

However, the Independent Reviewer also reviewed ACT Fidelity Assessments for the FSP providers and learned that several FSP providers were not meeting the High Fidelity rating with frequency or intensity of services. Several FSP providers received scores of 2 or 3 out of 5, and many of the assessments recommended that FSP providers increase their average number of face-to-face visits per week. In addition, many of the assessments also recommended that the FSP providers increase the number of minutes they are spending with clients per week.

Data provided by the County also demonstrates that, on average, FSP providers are only meeting with their clients once a week, but High Fidelity requires 3 or more face to face contacts per week.

The chart below indicates the top locations where FSP services were provided for the Fiscal Year 2022-23 and for FY 2023-24.

Treatment Location	# Clients FY22-23	# Clients FY23-24
Field	1,072	1,078
Office	1,128	1,067
Telephone	1,073	762
Client's Home	815	672
Telehealth	549	587
Other Community Location	225	333
Group/Boad and Care	*	302
Inpatient - Psychiatric	286	282
Satellite Office	11	214
Health/Primary Care	145	128
Psychiatric Residential	133	124
Inpatient (non-psychiatric)	*	77
School	53	67
Community Mental Health	*	66
Skilled Nursing Facility	*	63
Unknown Location	*	48
Prison/Correctional Facility	52	45
Homeless/ER Shelter	32	41
Temp Lodging (hotel, camp)	*	38
Emergency Room	*	36
SUD Residential	*	34
Public Health Clinic	*	24
FQHC	*	17

*Not reported

This chart indicates that the majority of services are being provided in the field and at the office. There was a slight increase in the number of field based services and office based services but there was a decrease in the number of home visits. While there was a decrease in the number of telephone calls, this is due to ACBHD splitting out the data from a telephone service provided to the client versus when a call was made but the client was not available. The actual total of calls made whether the client was available or not was 1,370.

The Independent Reviewer will need to interview more clients and review more records since the sample size was small, to determine sustainability and durability. The Independent Reviewer will continue to monitor and will report on this in subsequent reports.

Requirement: *FSPs serve the individuals described in 9 C.C.R. § 3620.05. FSPs will provide their clients services designed to reduce hospitalization and utilization of emergency health care services, reduce criminal justice involvement, and improve individuals' ability to secure and maintain stable permanent housing in the most integrated setting appropriate to meet their needs and preferences.*

The Independent Reviewer previously reviewed ACBHD's policy and procedures for FSP services. ACBHD contract language includes the following for community based providers providing FSP services:

A. Program Goals - Contractor shall provide services to accomplish the following goals:

i. Improve the ability of clients to achieve and maintain an optimal level of functioning and recovery;

ii. Improve the ability of clients to secure and maintain stable permanent housing in the least restrictive and most integrated living situation appropriate to meet their needs and preferences;

iii. Reduce criminal justice involvement and recidivism;

iv. Reduce client hospitalizations and utilization of emergency health care services for mental health and physical health issues;

v. Ensure that clients obtain and maintain enrollment in health insurance and other public benefits programs for which they are eligible;

vi. Connect clients with ongoing primary healthcare services and coordinate healthcare services with clients' primary care providers;

vii. Increase educational and/or vocational attainment among clients;

viii. Help clients to increase their monthly income and financial assets;

ix. Increase client participation in meaningful activities;

x. Decrease social isolation among clients; and

xi. Assist and empower clients to transition into the least intensive level of service appropriate to meet their needs.

Performance Improvement Activities Contractor shall provide Performance Improvement Activities to accomplish the following goals:

i. Improve client access to care;

ii. Increase quality;

iii. Improve outcomes;

iv. Ensure program accountability; and

v. Increase program efficiencies.

The Independent Reviewer reviewed client records, interviewed four clients in a group virtual setting currently receiving FSP services, and interviewed community-based

provider staff. All indicated that services are designed to reduce hospitalization and the utilization of emergency health care services, reduce criminal justice involvement, and improve individuals' ability to secure and maintain stable permanent housing.
The chart below is ACBHD outcomes for FSP clients related to housing for discharges during Fiscal Year 2023 to 2023. For comparison, data from Fiscal Year 2022-23 is in parentheses.

Housing Status	At Admission	Percent Admission	At Discharge	Percent Discharge
Independent	75 (73)	31% (31%)	74 (72)	31% (30%)
Unknown or other	46 (45)	19% (19%)	58 (54)	24% (23%)
Homeless	58 (56)	24% (24%)	48 (48)	20% (20%)
Group Housing	46 (45)	19% (19%)	32 (32)	13% (14%)
Medical Facility	*	*	13 (13)	5% (5%)
Justice Related	*	*	*	*
Rehabilitation	*	*	*	*

* Data was redacted due to ACBHD privacy protocols.

There was little to no change from one fiscal year to the other. This chart indicates that the largest percentage of clients who received FSP services continue to be discharged to independent living. Over forty percent were discharged to an unknown place or were homeless. While this seems to be a high percentage, it also speaks to the housing issues in Alameda County.

ACBHD reported that there was a reduction in hospitalization days, incarceration days and sub-acute days for eight out of the nine programs. The ACBHD ACT Review Guide stated the following:

> "The goal of the ACT Fidelity review is to continue to observe positive trends in the metrics of service provision and reductions in hospitalization and jail days. ACBH will continue to track the outcome data that is collected from the Fidelity Review process and offer technical support as needed to assist the teams with implementing the ACT model. The overall goal is to improve the lives of the individuals supported." (Page 2)

The Independent Reviewer will need to interview more clients and review more records since the sample size was small, to determine sustainability and durability. The Independent Reviewer will continue to monitor and will report on this in subsequent reports.

Requirement: *FSP programs will be implemented using high fidelity to the Assertive Community Treatment ("ACT") evidence-based practice, including that: (i) FSP programs are provided by a team of multidisciplinary mental health staff who, together,*

provide the majority of treatment, rehabilitation, and support services that clients need to achieve their goals; (ii) FSP teams operate at a 1:10 mental health staff to client ratio.

During this review period, the Independent Reviewer undertook the following activities to determine compliance with the above FSP-related services: toured two community-based providers of adult FSP services, interviewed five community-based provider staff from the two FSP community-based providers visited and reviewed client records.

For the initial review, the Independent Reviewer completed the following:

- Reviewed ACBHD's FSP policy and procedures,
- Reviewed ACBHD community-based provider contracts scope of work for the provision of FSP services, and
- Reviewed ACBHD's ACT training materials.

The MHSA Annual Plan Update (Draft) for FY24/25 describes the difference between FSP and the ACT model as follows:

> "In California, Full Service Partnership (FSP) programs are intended to be the most intensive level of publicly-funded outpatient treatment programs (in addition to Laura's Law, or Assisted Outpatient Treatment/AOT programs). Some counties, like Alameda, base their FSP service models on the ACT evidence-based model that operates nationally; this model is the highest intensity service level for outpatient services. FSP ACT model programs are team structured with a staff to partner ratio of 10:1 and provide coordinated comprehensive services that support and promote recovery" (Page 80).

ACBHD staff and community-based provider staff reported that the FSP program design in Alameda County is based on the ACT model. Previously, community based providers staff reported that ACBHD conducts a fidelity assessment of the ACT model annually. For the second report the Independent Reviewer was able to review the 2024 fidelity review assessment from nine programs providing FSP services. The programs were assigned an overall total fidelity score, and those scores translated to a description of fidelity. The results of the community based providers are as follows:

- Two providers scored high fidelity,
- Six providers scored moderately high fidelity, and
- One provider scored moderate fidelity.

The ACBHD Deputy Director of Clinical Operations reported that the staff to client ratio for FSP is 1 to 10. This was also confirmed by the provider's contract's scope of work and by interviews with community-based provider staff.

The Independent Reviewer was able to confirm through the fidelity assessment results, client records sampling, and individual client interviews that FSP programs are being implemented using high fidelity to the ACT evidence-based practice.

Requirement: *FSPs will promptly provide crisis intervention 24/7, including, as appropriate, crisis intervention at the location of the crisis as needed to avoid unnecessary institutionalization, hospitalization, or interactions with law enforcement. Beginning no later than* ***eighteen (18) months*** *after the Effective Date, the County will ensure the prompt notification of the applicable FSP provider when an individual served by an FSP receives crisis intervention from another ACBHD contracted provider, such as mobile crisis teams, or other crisis programs, so that the FSP can respond to the crisis.*

FSP services are intended to provide crisis intervention services. During the initial review period, the Independent Reviewer undertook the following activities to determine compliance with the above FSP-related requirements:

- Review of ACBHD's FSP policy and procedures,
- Review of community-based provider contracts scope of work, and
- Interviews with community-based provider staff and supervisors.

ACBHD's policy titled "24/7 Coverage Requirements for Children, TAY, Adult and Older Adult Full Service Partnerships" states the following:

> Each FSP will have a telephone number that is answered by a live person available to the clients/families of the program after hour crisis needs 24 hours a day, 7 days a week. A direct care staff member working in the FSP will be on-call to respond to urgent client/family needs 24 hours a day, 7 days a week to provide field or phone-based crisis interventions as appropriate.

For the second report, the Independent Reviewer reviewed client records and interviewed four clients receiving FSP services. The clients reported that crisis services are provided when necessary.

This requirement is not due at this time and will be reviewed and discussed in subsequent report.

Requirement: *FSPs will provide or arrange for appropriate Individual Placement and Support (IPS) supported employment services for FSP clients based on their choice. IPS supported employment focuses on engaging a person in competitive employment based on their individualized interests, skills, and needs.*

FSP services are to include the provision of or the arrangement for Individual Placement and Support (IPS) services. Previously, ACBHD provided two client records where IPS services were provided, that indicated that employment services were being provided. Community-based provider staff reported that ACBHD conducts an annual IPS fidelity assessment.

ACBHD provided three IPS Supported Employment Fidelity reports. These reports can result in a rating of Exemplary Fidelity, Good Fidelity, Fair Fidelity, and Not Supported

Employment depending upon the total points received for the requirements with a maximum of five points per requirement. The results were as follows:

- one provider received a Good Fidelity rating
- two providers received a Fair Fidelity rating

ACBHD also provided two IPS Quality Improvement Reports for two community based providers. These reports are not fidelity reports but can be used between fidelity reviews when annual reviews are not possible. The intent of these quality improvement reviews is as follows: to provide a roadmap that will help IPS programs provide effective services and to provide a snapshot of current practices".

ACBHD contracts with community based providers to deliver IPS services based on the client's individualized interests, skills, and needs. The Settlement Agreement does not require an IPS fidelity score only that ACBHD arranges for supported employment services for FSP clients based on their choice. ACBHD does conduct fidelity assessments on an annual basis and also conducts quality improvement reviews with their contracted community based providers. ACBHD is monitoring their providers on the delivery of supported employment services and making the appropriate recommendations for improvement.

Requirement: *Housing: The Parties recognize that permanent, integrated, stable housing with Housing First principles is critical to improving treatment engagement and supporting recovery. (i) FSP clients will receive a housing needs assessment, and will receive support and assistance to secure and maintain, as needed, affordable, (1) temporary housing, and (2) permanent housing, either directly from the FSP or by referral by the FSP to the County Health Care Services Agency's Coordinated Entry System ("CES"), or through other County and community resources.*

FSP participants are to receive a housing assessment and be referred to the Health Agency Services Coordinated Entry System (CES). Evidence of housing needs and wishes of the client was found in the client records. Client interviews also revealed that their housing wishes were reported.

The Independent Reviewer interviewed two staff from CES during the on-site review. They reported that client voice is important and that they utilize the Housing First Model. The policy and procedures for CES were provided and it states the following:

> "The Coordinated Entry process uses specific Assessments to obtain information about both the immediate and long-term needs of persons and households seeking services. Portions of these assessments are weighted and assigned points leading to a score which is used, along with eligibility information, for placing participants on queues for referral to crisis and housing resources. Because of the lack of sufficient resources, prioritization in the Alameda County system is based on a range of factors to determine who among the population experiencing homelessness has the greatest number or level of critical needs

and/or lesser likelihood of being able to become rehoused without assistance. Factors that are considered include age and size of household, current and past housing situations, length of time homeless, disabilities and health conditions, barriers to rehousing such as past housing loss and criminal legal interactions, and risk of or vulnerability to exploitation and violence. Factors used for crisis prioritization are a subset of those used for housing prioritization." (Page 11)

During the second on-site review, the Independent Reviewer heard in numerous interviews with ACBHD staff, community-based provider staff and clients that permanent housing continues to be a challenging issue in Alameda County. In addition, the MHSA Three Year Program and Expenditure Plan Fiscal Year 2023 through 2026, states a reoccurring theme in the community listening session was "address basic needs such as insecure housing" (Page 65). The report also states that housing and homelessness ranks as the number one concern for adults and older adults (Page 87).

Great Hope FSP (Adobe Services) reported the following in the MHSA Three Year Program and Expenditure Plan Fiscal Year 2023 through 2026 regarding barriers to services:

> "Difficulty in securing units under the changing Fair Market Rates (FMR). There was a decline in available and viable units within Alameda County. Landlords unwillingness to work with subsidized housing was also a challenge, discriminatory language or behaviors with landlords towards subsidized housing recipients was a contributing factor" (Page 132).

Strides Program (Telecare) reported the following challenges in the MHSA Annual Plan Update (Draft) for FY 24/25:

> "FY22/23 was a time of great uncertainty due to the stressors of the global pandemic (increasing COVID outbreaks again), housing insecurity, increased risk of substance use, increase of hate crimes directed at vulnerable populations, increased cost of living, especially for housing and food. While all these factors impact our partners, the most challenging in the past year include the dangerous risk of overdose and death due to fentanyl and other street drugs, as well as increasingly complex psychiatric / medical presentations with our clients and the shortage of appropriate, supportive housing resources available." (Page 137).

The MHSA Annual Plan Update (Draft) for FY24/25, identifies several recurring themes in numerous listening sessions. One theme identified was "housing continuum". The plan lists the following strategies and solutions:

- "Increase prevention and early intervention programs to avoid homelessness.
- Provide safe/welcoming places with direct services and housing for those with mental health challenges, aiming to prevent additional trauma.
- Provide emergency housing lasting a minimum of 6 months, followed by long-term supportive housing.

- Support housing interventions with additional funding for operational support to meet the needs of the community that include comprehensive and wraparound services.
- Establish accountability and check-and-balance mechanisms in housing programs and services.
- Ensure transparency in decision-making processes related to housing" (Page 54).

The loss of Board and Care homes in the County and the subsequent loss of those beds, has also had an impact the housing situation.

ACBHD provided the following data regarding the client's housing at the beginning of FSP services and when the client discharges from FSP services for Fiscal Year 2023/24.

Housing Status	At Admissions	At Discharges
Independent	75	74
Unknown or Other	46	58
Homeless	58	48
Group Housing	46	32
Medical Facility	8	13
Justice Related	*	12
Rehabilitation	*	*

* Data was redacted due to ACBHD privacy protocols

Given the challenges in providing housing, both temporary and permanent, the Independent Reviewer expects the implementation of housing-related settlement provisions to require continued effort. This includes the coordination with the relevant County entities that fund and support the development of affordable housing and/or have the authority to prioritize the delivery of existing housing to the population covered by the settlement. The Independent Reviewer notes that the ACBHD's activities with respect to housing are confined to obligations with the FSP and Service Team clients.

It is noteworthy that ACBHD was awarded $14,040,909 from DHCS for Round 3 of the Behavioral Health Bridge Housing Program. The Independent Reviewer will continue to examine the issue of both temporary housing and permanent housing in subsequent reports.

Requirement: *As individuals with serious mental illness, FSP clients who are referred to the CES will receive priority, with the goal of securing and maintaining permanent housing.*

The staff from CES reported that there are a number of priority factors based on the assessment that determine if the client is placed in the housing queue. While FSP clients are not identified as a priority factor, many clients are given priority based on

their diagnosis, current housing, income, and psychiatric history. The CES also reported that they do try to solve the problem of the client's immediate housing needs, but that locating permanent housing can take years to complete.

As described above, the policy and procedures for CES were provided and it states the following:

> "The Coordinated Entry process uses specific Assessments to obtain information about both the immediate and long-term needs of persons and households seeking services. Portions of these assessments are weighted and assigned points leading to a score which is used, along with eligibility information, for placing participants on queues for referral to crisis and housing resources. Because of the lack of sufficient resources, prioritization in the Alameda County system is based on a range of factors to determine who among the population experiencing homelessness has the greatest number or level of critical needs and/or lesser likelihood of being able to become rehoused without assistance. Factors that are considered include age and size of household, current and past housing situations, length of time homeless, disabilities and health conditions, barriers to rehousing such as past housing loss and criminal legal interactions, and risk of or vulnerability to exploitation and violence. Factors used for crisis prioritization are a subset of those used for housing prioritization." (Page 11)

The Independent Reviewer will continue to examine the issue of both temporary housing and permanent housing in subsequent reports.

Requirement: *If an FSP client is waiting for permanent housing, the FSP will, as needed, promptly provide or secure temporary housing for the FSP client until permanent housing is secured. Temporary housing provided under this agreement shall be stable and shall not be at a congregate shelter, except on an emergency basis.*

The ACBHD Senior Executive Team previously reported that the County Housing Department used to be under ACBHD, but it was moved to the Alameda County Health, Office of the Agency Director. The Senior Executive Team reported that this change has been a challenge in serving their clients. The County does have a number of coordinated housing resource centers located throughout the county. ACBHD provided documentation of housing training from the Alameda County Office of Homeless Care and Coordination, now known as the Alameda County Health Office of Housing and Homelessness.

The community based providers previously reported that they can locate temporary housing for their FSP clients by using hotel vouchers. Both the community based providers and the FSP clients interviewed reported that FSP staff do work to locate temporary housing for their clients. This was also found in the client records for the clients receiving FSP services.

The Independent Reviewer needs to examine this requirement further with regard to locating housing promptly and that the temporary housing is stable. It is also important to verify the transition from temporary housing to permanent housing since it is difficult to find permanent house in the county.

Requirement: *Permanent housing provided under this section II.2.o will be provided in the least restrictive and most integrated setting that is appropriate to meet individuals' needs and preferences. (v). Nothing in this section II.2.o is intended to override an FSP client's preferences*.

Given the challenges in locating permanent housing in Alameda County, The Independent Reviewer will continue to monitor the efforts of ACBHD to provide permanent housing. The Independent Reviewer needs to examine further the requirement for least restrictive and most integrated setting appropriate to meet the client's needs and preferences.

Summary of Full Service Partnership Findings

Overall, there are sixteen service commitments in the Full Service Partnership section. There were two service commitments that received a rating of substantial compliance, eight with a rating of partial compliance and six service commitments that were not applicable. There were no non-compliant ratings given in this section.

ACBHD achieved Substantial Compliance for the following requirements:

1. *FSP programs will be implemented using high fidelity to the Assertive Community Treatment ("ACT") evidence-based practice, including that: (i) FSP programs are provided by a team of multidisciplinary mental health staff who, together, provide the majority of treatment, rehabilitation, and support services that clients need to achieve their goals; (ii) FSP teams operate at a 1:10 mental health staff to client ratio.* Evidence was found with review of ACBHD's FSP policy and procedures, review of contracts, review of ACBHD's ACT training materials. interviews of community-based provider staff, tour of the facilities, and a review of the 2024 fidelity review assessment reports.
2. *FSPs will provide or arrange for appropriate Individual Placement and Support (IPS) supported employment services for FSP clients based on their choice. IPS supported employment focuses on engaging a person in competitive employment based on their individualized interests, skills, and needs*. Evidence was found in client records, interviews with community-based provider staff, and a review of the IPS Supported Employment Fidelity reports.

ACBHD achieved Partial Compliance for the following requirements:

1. *As used in this Agreement, one "slot" (such as an FSP slot or a Service Team slot) means the ongoing capacity to serve one individual at a given time. FSP will provide services necessary to attain the goals identified in each FSP recipients' Individual Services and Supports Plan (ISSP) which may include the Full Spectrum of Community Services, as defined in 9 C.C.R. § 3620(a)(1).* The Independent Reviewer will need to review additional client records and conduct additional interviews and will report on the sustainability and durability in subsequent reports.
2. Consistent with 9 C.C.R. § 3620(a), (g), and (h), each FSP recipient will have an ISSP that is developed with the person and includes the person's individualized goals and the Full Spectrum of Community Services necessary to attain those goals. Each FSP recipient will receive the services identified in their ISSP, when appropriate for the individual. The Independent Reviewer will need to review additional client records and conduct additional interviews and will report on the sustainability and durability in subsequent reports.
3. Services provided through FSPs will be flexible and the level of intensity will be based on the needs of the individual at any given time, including the frequency of service contacts and duration of each service contact. To promote service engagement, services will be provided in locations appropriate to individuals' needs, including in the field where clients are located, in office locations, or through the use of telephonic or other electronic communication when clinically appropriate. The Independent Reviewer will need to review additional client records and conduct additional interviews and will report on the sustainability and durability in subsequent reports.
4. *FSPs serve the individuals described in 9 C.C.R. § 3620.05. FSPs will provide their clients services designed to reduce hospitalization and utilization of emergency health care services, reduce criminal justice involvement, and improve individuals' ability to secure and maintain stable permanent housing in the most integrated setting appropriate to meet their needs and preferences*.
5. *Housing: FSP clients will receive a housing need assessment and will receive support and assistance to secure and maintain, as needed, affordable, (1) temporary housing, and (2) permanent housing, either directly from the FSP or by referral by the FSP to the County Health Care Services Agency's Coordinated Entry System ("CES"), or through other County and community resources*. Evidence was found in the client files, interviews with clients and interviews with community based provider and ACBHD staff. ACBHD staff provided the housing and homeless dashboard that is based on the episode date at admission and at discharge. However, with both on-site reviews, staff and clients report that permanent, safe housing is very difficult to find in Alameda County.
6. *As individuals with serious mental illness, FSP clients who are referred to the CES will receive priority, with the goal of securing and maintaining permanent housing*. The Independent Reviewer interviewed CES staff who stated the FSP clients do not receive priority, many clients are given priority based on their diagnosis, current housing, income, and psychiatric history. The CES also reported that locating

permanent housing can take years to complete. The Independent Reviewer will continue to monitor this requirement.

7. *If an FSP client is waiting for permanent housing, the FSP will, as needed, promptly provide or secure temporary housing for the FSP client until permanent housing is secured. Temporary housing provided under this agreement shall be stable and shall not be at a congregate shelter, except on an emergency basis.* The Independent Reviewer needs to examine this requirement further with regard to finding housing promptly and that the temporary housing is stable. It is also important to verify the transition from temporary housing to permanent housing since it is difficult to find permanent house in the county.

8. *Permanent housing provided under this section II.2.o will be provided in the least restrictive and most integrated setting that is appropriate to meet individuals' needs and preferences. (v). Nothing in this section II.2.o is intended to override an FSP client's preferences*. Given the challenges in providing housing, both temporary and permanent, the Independent Reviewer needs to continue to examine the issue of both temporary housing and permanent housing the least restrictive and most integrated setting in subsequent reports.

ACBHD achieved Not Applicable for the following:

1. *The County offers FSPs through community-based providers that provide services under the Community Services and Supports ("CSS") service category, in accordance with 9 C.C.R. §§ 3620, 3620.05, and 3620.10. Within **two years** from the effective date, the County will add 100 FSP slots for adults and transition aged youth for a total.*
2. *Within **one year** from the Effective Date, the County will complete an assessment of needs and gaps in FSP services for individuals ages 16 years and older that is designed to determine the number of additional FSP slots needed to appropriately serve individuals ages 16 and older who meet FSP eligibility criteria under 9 C.C.R. § 3620.05 (the "FSP Assessment").* While the Draft FSP Assessment was completed within the established deadline, it has not been finalized. *of 1,105 FSP slots for that population.*
3. *The FSP Assessment will be informed by and will appropriately take into account all necessary and appropriate data and information, which the County will collect and analyze as part of the FSP Assessment process, including but not limited to: i. Community and stakeholder input, including from FSP and other contracted providers, from organizations who make referrals for FSP services or regularly come into contact with individuals who are likely eligible for FSP services, and from individuals who receive or may benefit from FSP services; ii. Data regarding utilization of crisis services, psychiatric inpatient services, and FSP and other CSS services; indicators of eligibility for FSP; and numbers of individuals who have completed FSP eligibility assessments, outcomes following assessment, and length of time from identification to enrollment; iii. Analysis of numbers and*

demographics of sub-populations who (a) were not connected to FSP services despite multiple visits/admissions to PES, John George inpatient, and/or IMDs, (b) declined to consent to FSP services, or (c) stopped engaging with FSP services, and analysis of relevant barriers or challenges with respect to these groups; and iv. Research, literature, and evidence-based practices in the field that may inform the need for FSP services in Alameda County.

4. *The County will provide a draft of the design and methodology of the FSP Assessment to the Independent Reviewer for review, feedback, and comment, and will appropriately take into account such feedback and comment before proceeding with the FSP Assessment. As part of this review, the Independent Reviewer will provide the draft to, and consider input from, DRC and the United States. Following the FSP Assessment process, the County will provide a draft of the FSP Assessment report to the Independent Reviewer for review, feedback, and comment, and will appropriately take into account such feedback and comment before finalizing the County's FSP Assessment report. As part of this review, the Independent Reviewer will provide the draft to, and consider input from, DRC and the United States. The assessment and conclusions in the final FSP Assessment will promptly be made available to the public.*
5. *Based on the County's FSP Assessment, the County will further reasonably expand its FSP program as necessary in order to appropriately serve individual ages 16 and older who meet eligibility criteria under 9 C.C.R. § 3620.05 consistent with their preferences.*
6. *FSPs will promptly provide crisis intervention 24/7, including, as appropriate, crisis intervention at the location of the crisis as needed to avoid unnecessary institutionalization, hospitalization, or interactions with law enforcement. Beginning no later than **eighteen (18) months** after the Effective Date, the County will ensure the prompt notification of the applicable FSP provider when an individual served by an FSP receives crisis intervention from another ACBHD contracted provider, such as mobile crisis teams, or other crisis programs, so that the FSP can respond to the crisis.*

SERVICE TEAMS (INTENSIVE CASE MANAGEMENT)

Service Teams are intended to provide services to adults with serious mental illness to decrease or diminish mental health symptoms in order for them to integrate into the community and avoid patterns of psychiatric hospitalization. Service Teams provide support to individuals considered to need a lower level of case management and support interventions than those receiving FSP services. Service teams are intended to serve adults ages 18 and above who have high utilization of emergencies and/or urgent behavioral health systems.

Service Teams were assessed for this second report through review of contracts with community based providers, interviews with ACBHD staff, community-based provider

staff and supervisors, reviewing client records, interviewing clients receiving this service, and reviewing data provided by ACBHD.

Requirement: *The County will maintain 2,168 slots to provide intensive case management through Service Teams. The County will utilize these slots to serve individuals 18 and older who meet Service Teams eligibility criteria and may also use these slots for transitional age youth as appropriate.*

ACBHD continues to contract with thirteen community-based providers for Service Teams for a total of 2,228 slots and plans to maintain this level of service. The Independent Reviewer verified the sustainability and durability of this requirement through review of ACBHD contracts, interviews with community based provider staff, review of client records, and interview of clients.

Requirement: *The County will explore community needs and opportunities for expanding Service Teams as appropriate.*

The Draft of the FSP Assessment was an opportunity to explore community needs regarding FSP and Service Teams services. The Draft includes data from Service Teams and included the Service Team staff as subject matter experts. ACBHD provided a tracking log of the number of clients being served by the community based providers. There is capacity with the community based providers to incorporate FSP clients who are ready to step down to a lower level of care.

Because the FSP Assessment has not been finalized, the Independent Reviewer will examine this further in subsequent reports.

Requirement: *Service Teams will assist individuals in attaining a level of autonomy within the community of their choosing. Service Teams will provide mental health services, plan development, case management, crisis intervention, and medication support; (any county data on this) and will be available to provide services in the field where clients are located, in office locations, and through the use of telephonic or other electronic communication when clinically appropriate.*

The Independent Reviewer was able to interview four service team clients in a virtual group setting. The clients reported that they are receiving services that are flexible and that assist with their autonomy. They reported that they did not have to wait for services to begin. They reported that they receive help with their housing, food and clothing. They also received help with their medication and with staying on their medication. The staff will call to remind the client of a scheduled appointment and will provide transportation to the appointment. The staff also help clients with finding a job and will help the clients with writing their resume. If the client has a crisis after regular business hours, the staff are available to provide crisis intervention services. They reported that the staff will also come to their house to check on them. One client stated that the Service Teams are “my lifeline”. Overall, all of the clients had very positive things to say about the services they were receiving.

Data of services provided by ACBHD indicated that for FY 2023/24, the frequency of contacts was 2.7 per month. In comparison FY 2022-23, the frequency of contacts was just slightly higher with 2.9 contacts per month. Previous evidence included a review of the contracts with community-based providers, policy and procedures, and interviews with community-based provider staff and supervisors. ACBHD provided contracts with community based providers which required the services as follows: “Assist clients in attaining a level of autonomy within the community of their choosing”.

The chart below are the top treatment locations for Fiscal Year 2023-244

Treatment Locations	Number of Clients
Office	1,567
Telephone	1,220
Field	1,039
Patient’s Home	623
Telehealth	587
Location Unknown/Other	114
Other Community Location	171
Group/Board and Care Home	152
Health/Primary Care	132
Satellite Office	138
Skilled Nursing Facility	50
Community Mental Health Center	61
Psychiatric Inpatient	56
Inpatient (Non Psychiatric)	36
Homeless/ER Shelter	21
Psychiatric Residential Treatment	27
Court	17
Public Health Clinic	14
Emergency Room Hospital	10

ACBHD provided outcomes data for these clients who completed six consecutive months during the 12-month fiscal year. The results were a 79 percent reduction in psychiatric hospital or crisis stabilization unit when comparing unduplicated days from the 12 months prior to the fiscal year to the current 12-month fiscal year.

Requirement: *Service Team clients will receive support and assistance to access, as needed, temporary housing and permanent housing, through the CES and other available programs.*

Client interviews and a review of client records confirmed that they receive assistance in finding housing and with maintaining housing. Clients reported that they will receive rental assistance if it is needed in order to maintain their housing. Previous evidence was found in the contracts with community-based providers, policy and procedures, review of client records, and interviews with community-based provider staff and

supervisors that assistance with housing needs are provided. In addition, ACBHD recently added up to $60,000 per fiscal year (depending on size of the Service Teams) to assist individuals who needed housing assistance via client support expenditure funding.

However, because housing is such a complex issue, the Independent Reviewer would like to examine the support and assistance for temporary and permanent housing further.

Summary of Service Team Findings

Overall, there are four service commitments in the Service Teams (Intensive Case Management) component of the Settlement Agreement. ACBHD received substantial compliance for two service commitments, a rating of partial compliance for one of the service commitments, and a rating of not applicable for one of the service commitments. There were no non-compliant ratings given in this section.

ACBHD achieved Substantial Compliance for the following requirements:

1. *The County will maintain 2,168 slots to provide intensive case management through Service Teams.* ACBHD continues to contract with thirteen community-based providers for Service Teams for a total of 2,228 slots. These slots have been maintained for over 6 months.
2. *Service Teams will assist individuals in attaining a level of autonomy within the community of their choosing. Service Teams will provide mental health services, plan development, case management, crisis intervention, and medication support; and will be available to provide services in the field where clients are located, in office locations, and through the use of telephonic or other electronic communication when clinically appropriate*. The Independent Reviewer reviewed client records and interviewed clients who have received these services who confirmed that these services were provided.

ACBHD achieved Partial Compliance for the following:

1. *Service Team clients will receive support and assistance to access, as needed, temporary housing and permanent housing, through the CES and other available programs.* The Independent Reviewer interviewed CES staff, interviewed clients and reviewed client records which provided evidence of the services being provided.

ACBHD achieved Not Applicable for the following:

1. The County will explore community needs and opportunities for expanding Service Teams as appropriate.

OUTREACH, ENGAGEMENT, LINKAGES, AND DISCHARGE PLANNING

The Settlement Agreement outlines service components related to outreach, engagement, linkages, and discharge planning. Among other services, the services under this section relate to connecting individuals with the services they need to avoid unnecessary institutionalization and incarceration, and discharge planning from facilities such as John George Psychiatric Hospital, Santa Rita jail, and Villa Fairmont Rehabilitation Center.

Requirement: *The County will maintain a 24/7 telephonic hotline (the ACCESS line or its successor) to aid in implementing the provisions below.*

ACBHD does maintain a 24/7 telephonic ACCESS Line. ACBHD's 24/7 telephone number is posted on their website. ACBHD staff answer the telephone calls during the day and then the telephones are rolled over to Crisis Support Services of Alameda County. The ACCESS telephone number is available on the county's website.

The Independent Reviewer previously interviewed ACCESS staff and the ACCESS Supervisor. The Independent Reviewer interviewed the ACCESS Supervisor during the second on-site review and reviewed ACCESS client records.

Requirement: *The County will make meaningful efforts to create a system to provide real-time appointment scheduling, timely in-the-field assessments, and authorization of services by ACCESS or its successor, in order to facilitate prompt and appropriate connection to services following an eligible individual's contact with ACCESS*.

ACCESS staff continue to collect demographic information, current symptoms, and historical information from the caller and then utilize a screening tool to determine eligibility for services. ACCESS teams do not complete the formal clinical assessment. Currently, ACCESS writes up a referral and sends that referral to the community-based provider who then contacts the client to schedule an intake appointment. The community-based providers reported that they complete the clinical assessment.

ACBHD is making meaningful efforts to provide real-time appointments, which at present involve technological and other back-end improvements that would be the foundation for system changes and data collection. In addition to information previously provided, ACBHD has recently received County Board of Supervisors approval to explore a sole source agreement with Epic Systems Corporation (EPIC) for electronic health record and billing operations software. The Epic project will be conducted in four (4) main phases:

Phase I: Develop ACBHD and Santa Rita Jail requirements and finalize the Epic contract for Board of Supervisor review and approval in the Fall of 2025.
- Phase II: On or around January 2026, project preparation will begin followed by Epic implementation.

• Phase III: With a target date of July 2027 for an official Epic Go-Live, followed by a six (6) month stabilization period.
• Phase IV: ACBHD will evaluate opportunities and timing to implement Epic in remaining ACBH Departments.

ACBHD currently has a pilot underway with Pathways to Wellness where ACCESS coordinates a call with Pathways to Wellness staff and provides the client with a warm handoff to Pathways to Wellness in real time. There are two ACCESS Clinical Review Specialists (CRSs) dedicated to this pilot and have a collaborative relationship with the intake staff at Pathways to Wellness. The CRSs conduct a warm hand off from the ACCESS line to Pathways to Wellness. The pilot is ongoing, and data is being collected on the efficacy of this pilot. ACBHD plans to review the data over an extended period of time to determine if clients who are transferred to Pathways to Wellness have better outcomes and/or follow through with connecting to services than through their regular process.

The Independent Reviewer needs to obtain an update on the technological and other back-end improvements for providing real-time appointments. The Independent Reviewer also will review any outcomes from the Pathways to Wellness pilot for subsequent reports.

Requirement: *When an individual with serious mental illness (1) is identified by the County through section II.4.e, or (2) contacts (or another individual does so on his or her behalf) the County (e.g., the ACCESS program or its successor) or an ACBHD contracted entity for behavioral health services, the County or an ACBHD contracted community provider will determine the person's eligibility for community-based behavioral health services and, unless the person can no longer be contacted or declines further contact, will provide a complete clinical assessment of the individual's need for community-based behavioral health services (an "assessment").*

For the second report, the Independent Reviewer reviewed client records from ACCESS and interviewed the ACCESS supervisor. The Independent Reviewer had previously reviewed the following for the initial report:

- Policy and procedures,
- Contracts with community-based providers and
- Interviewed ACCESS staff.

ACCESS staff determines eligibility for specialty mental health services at the time of the initial telephone call and the determination is based on medical necessity as defined by the State Department of Health Care Services. ACBHD's policy titled "Adult/Older Adult Outpatient Level of Care Determination states the following:

> Individuals new to ACBH services are initially assessed to determine if they meet medical necessity. After medical necessity has been met, a Clinical Review

> Specialist within the ACCESS unit works with the person and his/her/their supports if appropriate to identify biopsychosocial needs, strengths, and cultural factors relevant to their recovery process. The ACBH Adult/Older Adult Level of Care Determination Tool is completed during this process. This information is used to determine the most appropriate level of care and service provider. (Page 4).

The ACCESS Supervisor stated that ACCESS does not conduct the assessment but sends a referral to the appropriate community based provider. ACBHD provided samples of the referrals from ACCESS which the Independent Reviewer was able to review. The interviews with the community based provider staff confirmed that they conduct the assessment.

The Independent Reviewer only examined the process for individuals referred by ACCESS to community based providers. The Independent Reviewer will need to review the other part of this requirement which is as follows: *identified by the County through section II.4.e"* or who "*contacts (or another individual does so on his or her behalf) the County (e.g., the ACCESS program or its successor) or an ACBHD contracted entity for behavioral health services.*" The Independent Reviewer will review additional ACCESS client records to verify the sustainability and durability of this requirement for subsequent reports.

Requirement: *Following such assessment, individuals determined to be eligible for and in need of FSP or Service Team services will be assigned to an FSP or Service Team's caseload to commence the provision of services. As discussed above, the County uses ACCESS to determine eligibility for community-based behavioral health services, and ACCESS refers individuals out to community-based providers for the clinical assessment*.

ACCESS continues to determine eligibility of the individual and then refers the case to the appropriate community-based provider. ACBHD staff interviews and the review of ACCESS client files confirmed that ACCESS does make appropriate referrals to community-based providers. ACBHD also provided samples of the referrals from ACCESS. ACBHD provided a copy of the monthly ACCESS Capacity and Referral Report which lists each program name and current vacancies in each program.

The contract with ACBHD and the community based provider states the following: "Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to secure treatment engagement."
The chart below reflects data from Fiscal Year 2022-23 regarding access to providers.

Number of Referrals	Number of Referrals Connected to Care	Percent of Referrals Connected to Care	Number of Clients	Number of Clients Connected to Care	Percent of Clients Connected to Care
629	448	71.22%	597	428	71.69%

This chart is only for level one care (i.e. Outpatient) based on the Level of Care Determination Tool. The other levels of care are not indicated which are higher levels of care. The chart indicates that out of 597 clients referred to outpatient, 71.69 percent were connected to treatment services.

The Independent Reviewer will need to examine the number of referrals for FSP or Service Teams and then how many were connected to those services. The Independent Reviewer also needs to examine the assignment process further with the community based providers.

Requirement: *This assessment and assignment process will be promptly completed, and those services initiated in a prompt manner sufficient to reduce the risk of prolonged and future unnecessary institutionalization, hospitalization, or incarceration.*

Interviews with ACCESS staff plus the on-site review confirmed that ACCESS does make appropriate referrals to community-based providers. ACBHD did provide a report on when assessments are completed by the community-based provider and the number of hours of service provided. The Independent Reviewer interviewed eight clients who reported that they did not have to wait to complete the intake and assessment and for services to begin.

ACBHD provided a copy of the warm hand-off procedure from a contracted community-based provider. The procedure requires the community-based provider staff to contact the client within 24 hours of receiving the referral and offer an intake/assessment appointment within one week of receiving the referral. The Independent Reviewer examined another contract with a community based provider that stated: “Upon receiving a referral from ACCESS, Contractor shall provide assertive outreach to secure treatment engagement.”

Requirement: *Beginning no later than **six (6) months** after the Effective Date, the County will document all situations in which an eligible individual is assessed as in need of FSP or Service Team services, but such FSP or Service Team services were not immediately available and will conduct regular quality reviews to identify such situations. Following a quality review, the County will take appropriate action, if any is indicated, based on the results of the quality review, and the results will inform the County’s FSP Assessment under Section II.2.c.*

The initial report indicated that there have not been any situations where an FSP Team or Service Team were not available to take a case. This was reported by the community-based providers, ACBHD staff, and ACBHD Senior Executive Team. However, ACBHD staff reported that this has occurred in the past several months. They reported that ACCESS now has a way to identify when there are no FSP Team or Services Team available in their electronic health records. Their data system can generate a weekly report that is distributed to the managers for review. The staff also reported that they

meet on a weekly basis with the Adult and Older Adult System of Care to review the report. The goal of this meeting is to identify other resources for the client while they are waiting for an FSP Team or Service Team. The ACCESS Supervisor has requested that the number of days on the waiting list be added to the report. The Supervisor also stated that the client remains on the report until they have been officially connected to either an FSP Team or Service Teams. The Supervisor also stated that the report is too new to identify any trends at this point.

Because this situation has just started to occur, the Independent Reviewer will need to monitor this and will report on the status in subsequent reports.

Requirement: *Within **two (2) years** of the effective date of the Agreement, the County will develop, implement, and staff a System Coordination Team to improve linkages to community-based services across the County's behavioral health system. The System Coordination Team will coordinate system care and improve transitions of care.*

This requirement is not due yet and will be discussed in subsequent reports.

Requirement: *The County will implement a system to identify and provide proactive outreach and engagement to individuals with serious mental illness who are, for reasons related to their serious mental illness, at risk of unnecessary institutionalization, hospitalization, or incarceration. In order to do so, this system will focus on factors that include, among others, whether individuals with serious mental illness have had frequent contacts with crisis services (including PES), frequent hospitalizations for mental health reasons, and/or frequent incarcerations (and, in the case of incarcerations, received behavioral health services during an incarceration). The County will connect such individuals, as needed, to FSPs, Service Teams, or other community-based services. The County will use a culturally responsive, peer driven approach that builds on the person's strengths and goals and seeks to address the individual's concerns regarding treatment (including service refusals). Outreach and engagement will include frequent, in person contact in the field in locations convenient to the person. Outreach and engagement will include using the Familiar Faces program to identify and connect with individuals who do not follow up regarding services after experiencing a crisis. Beginning no later than **six (6) months** after the Effective Date, the County will track progress in connecting individuals to needed services*.

Previously, the Adult and Older Adult System of Care Director reported that the County has an Outreach and Engagement (O&E) team. Mobile crisis staff reported that there are three community-based providers who provide outreach and engagement services. The O&E Team engages with individuals that are not currently receiving any services. The Interim Director of Crisis Services System of Care reported that there is a Geriatric Assessment Response Team (GART) that can receive referrals from the public, the calls will be screened for both clinical needs and the consumer's health insurance coverage according to professional best practices.

The ACBHD continues to contract for those community-based providers and continues to require that the staff conduct the outreach in the client's natural environment. Previously, evidence was found in policy and procedures along with interviews with community-based providers that individuals are connected to FSP, Service Teams or appropriate community-based services as needed. ACBHD also provided the policy and procedures for the Crisis Connect/Post-Crisis Follow-Up Team. This policy provides guidance on the responsibilities and procedures for O&E teams in conducting in-reaching, referrals, and follow-up for consumers not connected to existing ACBHD services.

ACBHD provided a power point presentation on their outreach and engagement plan which was implemented 9/9/2024. ACBHD implemented the following three teams:

- Crisis Connect/Post Crisis Follow-up Team (CC/PCFT): Six-person team who provide in-reach at JGP and anywhere else in the county to individuals in need of assessment for and linkage to ongoing Behavioral Health/SUD care and other social services.

- Adult Recovery, Outreach and Connection Program (ADROC): Short-Term (90-day) Intensive Case Management for adults, age 25 and older, who are not already connected to the system of care, appear to be experiencing a mental health crisis, and/or have received care in a sobering/detox center, crisis stabilization unit, crisis residential treatment, or inpatient psychiatric hospital.

- Transitional Age Youth Recovery, Outreach and Connection Program (TAYROC): Short-Term (90-day) Intensive Case Management Program for individuals, ages 16 through 24, who are not connected to the system of care, appear to be experiencing a mental health crisis, and/or have received care in a sobering and detox center, crisis stabilization unit, crisis residential treatment, or inpatient psychiatric hospital.

CC/PCFT provides face-to-face in-reach at PES and inpatient units at John George Psychiatric Hospital from 8:30 am to noon Monday through Friday and also receive direct referrals from John George Psychiatric Hospital social workers. CC/PCFT conducts brief screening with clients and will refer clients back to existing provider if they are already linked to services.

For clients that need more support and are not already connected, CC/PCFT will do a warm hand off to the ADROC and TAYROC team who provide face-to face, in-reach to PES and inpatient units at John George Psychiatric Hospital at least once daily, Monday through Friday from 11:30am to 3:00pm. ADROC and TAYROC can work with the individuals post discharge for up to 90 days. The in-reach process aims to engage clients, understand their needs, facilitate a smooth transition to other ongoing community-based services, and provides linkage and support during the post-crisis period.

Individuals who are reluctant to consent to services and are at risk of re-hospitalization will be referred to IHOT by CC/PCFT via ACCESS. Goals of these teams are as follows and determined by data, documentation and disposition:

- Number of clients assigned to Service Team,
- Reduce Crisis SOC Recidivism, and
- Continuous participation is services for 6 to 12 months.

ACBHD did provide their tracking log of high inpatient and subacute utilizers. ACBHD reported that the Familiar Faces was a grant funded program, and the grant has expired. However, the Familiar Faces program has been incorporated into existing programs described above.

The Independent Reviewer needs to examine how ACBHD is focusing on the factors identified and how those factors will assist the identification of the population that should receive outreach and engagement services. The Independent Reviewer will also examine how ACBHD is tracking the progress of connecting individuals to appropriate services. The Independent Reviewer will continue to monitor the outreach and engagement plan that was implemented less than six months.

Requirement: *The County will explore, collaborate with, and support as appropriate programs that provide connection to community-based services as alternatives to incarceration. The County will provide information and education to prosecutors, public defenders, courts and law enforcement about available community-based services that can provide alternatives to incarceration, arrest, and law enforcement contact, and will coordinate with these entities to rapidly connect individuals to those services as appropriate.*

Previously, evidence was found of information and education provided to, or coordination with, criminal justice entities for rapid connection to community-based services. ACBHD provided examples of training and educational material that are used to educate providers about alternatives to incarceration, arrest and law enforcement contact. The Independent Reviewer interviewed the Forensic, Diversion, and Re-entry Services Director during both the initial and the second on-site review. The Forensic, Diversion and Re-entry Services Director reported that there are regular multiple meetings with the Sherriff's Office. The Forensic Director also reported that there are re-entry teams that work with the individual within 72 hours of booking to assist the individual with treatment services.

The Independent Reviewer will need to examine how ACBHD coordinates with the above entities to rapidly connect individuals to those services as appropriate.

Requirement: *The County will provide information and education to ACBHD-contracted behavioral health providers about available community-based services that can provide alternatives to unnecessary institutionalization and hospitalization and reduce risk of*

unnecessary law enforcement contact and will coordinate with these entities to rapidly connect individuals to those services as appropriate.

Previously, evidence was found of information and education to ACBHD-contracted behavioral health providers about available community-based services that can provide alternatives to unnecessary institutionalization and hospitalization and reduce risk of unnecessary law enforcement contact. *A*CBHD provided many examples of training material that are used to educate providers about available services. Some of these training topics were as follows: overview of working with participants in the criminal justice field, ACT, crisis services, youth justice, and re-entry mental health programs. Interviews with community-based provider staff confirmed that there is coordination with ACBHD regarding rapid connection to community-based services as an alternative to hospitalization or incarceration.

The Forensic, Diversion and Re-entry Services Director reported that they work closely with the Sheriff's Office to coordinate referrals to the community based providers. The Forensic, Diversion and Re-entry Services Director also reported that they have a standing meeting with the offices of the District Attorney and Public Defender regarding referrals to the Behavioral Health Court. The Forensic, Diversion and Re-entry Services Director stated that in collaboration with the Superior Court of Alameda County, they have a pilot at the jail for pre-trial diversion which began on 4/1/2024. ACBHD provided a report on the number of people served.

Requirement: *The County will work with law enforcement to direct referrals to the In-Home Outreach Team ("IHOT").*

ACBHD has the following four In Home Outreach Teams (IHOT):

- One Transitional Age Youth (TAY) County-wide team,
- Three adult teams based on region, and
- A pilot team was added to conduct intensive in reach at Washington Hospital (Fremont) for persons who are familiar faces of the Emergency department.

The TAY IHOT team is comprised of a clinician, two peer providers, and one family member provider. The Adult IHOT teams are comprised of one licensed team lead, a case manager, a peer provider and a family member provider. All teams provide family members for support and education. The purpose of IHOT is to outreach and engage individuals who have historically been difficult to engage into services. IHOT also provides linkages with services that address serious mental health issues and substance use. Law enforcement may refer to IHOT as described in the IHOT Operations Manual and in the ACBHD contract scope of work.

The Independent Reviewer interviewed three IHOT staff during the second on-site review. The IHOT staff confirmed that they work with law enforcement and also receive referrals from ACCESS and crisis residential treatment programs.

Requirement: *The County will ensure that people with co-occurring SUD can access and receive services, including through the development of two (2) substance use mobile outreach teams, within **two years** of the Effective Date.*

This requirement will be discussed in subsequent reports.

Requirement: *In-Reach to, and Discharges to Community-Based Services from, Medicaid Institutions for Mental Diseases ("IMDs"). "IMD" as used in this Settlement Agreement, refers to Villa Fairmont Mental Health Rehabilitation Center, Gladman Mental Health Rehabilitation Center, and Morton Bakar Center. Within 12 months of the effective date of this Agreement, the County will begin initial implementation of a utilization review ("UR") pilot program. The UR pilot program will be designed to ensure that individuals are transitioned to and live in the most integrated setting appropriate to the individual's needs and to reduce the length of IMD stays where appropriate. As part of the UR pilot program the County will review clinical records and engage in peer-to-peer meetings to assess appropriateness for discharge in light of community-based services appropriate to the individual.*

The Independent Reviewer interviewed the Adult and Older Adult System of Care Director during the second on-site review. This Director reported that the pilot has been implemented, and it has been successful. The Director reported that they meet monthly with community based providers to review each client nearing discharge. This Director also provided the Independent Reviewer with an example of the utilization review from Morton Bakar. Some of the categories listed in this report include the following: planned next steps towards discharge, barriers to discharge, and stability. This Director reported that the county is seeing shorter lengths of stays in the IMDs since the implementation of the utilization review. For example, the length of stay at Villa Fairmont Mental Health Rehabilitation Center was an average of 120 to 130 days. This length of stay has been reduced to approximately 90 days.

The Independent Reviewer will continue to monitor the utilization review pilot and will provide an update in subsequent reports.

Requirement: *Promptly after an individual eligible for ACBHD services is admitted to an IMD in the County, the individual will begin receiving discharge planning services. The individual's discharge plan will include transitioning the individual to the most integrated setting appropriate to the individual's needs, consistent with the individual's preferences. As part of assisting individuals to transition to the most integrated setting appropriate, appropriate community-based services will be identified. Where applicable and with the individual's (and, when relevant, his or her legal representative's) consent, FSP and Service Team providers will participate in the discharge planning process.*

Discharge begins at intake per community-based provider staff interviewed, and per the ACBHD contract. ACBHD provided examples of contracts that require the placement be of a less-intensive level of care and include appropriate referrals to community-based providers. Community-based provider staff interviewed continue to report that they

participate in the discharge planning process. Interview with Adult and Older Adult System of Care Director indicated that there is an acute care coordination meeting every week. The purpose of this meeting is to review cases and to monitor the client's progress and transition to a different level of care, as appropriate.

The Independent Reviewer will review additional client records and will tour an IMD facility and will report on this in subsequent reports.

Requirement: *If the unavailability of FSP or Service Team services is preventing discharge from an IMD to a community setting, then the director of ACBHD (or designee) will be notified, and the County will work to arrange such services as promptly as possible.*

It was previously reported that this situation had not occurred. However, within the last several months, ACBHD staff are starting to see this occur. ACBHD implemented a process to track this occurrence within their IT system. The ACCESS Supervisor reported that there are meetings with the FSP teams and the ACCESS staff every week. This Director also reported that this same group meet quarterly to review any trends. This Director reported that they do refer the client to another service while waiting for a slot to open in a FSP team. One barrier that has resulted in FSP being unavailable is workforce shortages and there is high turnover with this position.

Since this situation has only recently occurred, the Independent Reviewer will continue to monitor and will follow up in a subsequent report.

Requirement: *The County will promptly notify ACBHD-contracted FSP and Service Team providers when their clients are receiving care at an IMD, to ensure that the provider promptly resumes services upon discharge, as appropriate.*

Interview with Adult and Older Adult System of Care Director indicated that there continues to be an acute care coordination meeting every week. The purpose of this meeting is to review cases and to monitor the client's progress and transition to a different level of care, as appropriate. The implementation of the utilization management pilot has also assisted with this process. This Director also reported that the Adult/Older Adult System of Care has created three new positions to assist with transitions of care into and out of acute inpatient and IMD settings and they are currently in the hiring process.

Requirement: *Linkages for Services Following Discharge from John George PES and Inpatient. The Parties understand that John George is required to provide discharge planning to and effectuate safe discharges of patients at John George PES and John George inpatient in compliance with applicable laws, regulations, and contractual obligations, including, but not limited to, 42 C.F.R. § 482.43 and California Health & Safety Code §§ 1262 and 1262.5. The County will collaborate with John George to support John George's safe and effective discharges of eligible individuals from John George PES and John George inpatient to community-based services as appropriate,*

including through ACBHD's critical care managers and contracted community-based providers, with the goal of increasing the prompt connection to community-based services for patients that are eligible and appropriate for community-based services. The County will request that John George promptly notify the County when it identifies someone who may be eligible for any such services.

Beginning no later than ***eighteen (18) months*** *after the Effective Date, the County's role in this collaboration will include, to the fullest extent reasonably practicable: (1) using available data to promptly identify individuals registered by John George who are both (a) likely to be, for reasons related to their serious mental illness, at risk of unnecessary institutionalization, hospitalization, or incarceration, and (b) likely to be eligible for and in need of FSP or Service Team services; (2) upon identification, to the extent that the individual has not yet been discharged, promptly coordinate with John George to determine whether the individual is eligible for and in need of any such services; and (3) if the individual is eligible for and in need of any such services and to the extent that the individual has not yet been discharged, promptly connecting the individual to an FSP or Service Team to commence engagement, which may include participation in discharge planning and commencement of services upon the individual's discharge.*

John George has three units for a total of 69 beds and an additional 11 beds for Psychiatric Emergency Services (PES) for a grand total of 80 beds. ACBHD staff and community provider staff continue to report that the relationship with John George continues to improve. They primarily point to the John George Psychiatric Hospital Social Worker at John George who communicates with ACBHD and community provider staff on a daily basis to coordinate care. ACBHD Senior Executive Team reported that ACBHD staff are invited to participate in the discharge process.

The Independent Reviewer was given a tour of the Inpatient facility and the Psychiatric Emergency Services facility. The Independent Reviewer also interviewed John George Psychiatric Hospital staff along with the Forensic Psychologist, Social Worker, and the Chair, Department of Psychiatry. The Independent Reviewer reviewed 20 client records.

The Adult and Older Adult System of Care Director reported that they now have access to John George's electronic health record which indicates progress, and they use this real-time access for care coordination purposes.

There are portions of this requirement that are not due to begin until eighteen months from the effective date of the Settlement Agreement and will be discussed in a subsequent report.

Requirement: *The County will request that John George Psychiatric Hospital invite and actively include representatives of an individual's FSP or Service Team (if any) in the discharge planning process and, with respect to patients determined eligible for and in need of such services under section II.4.k.ii above, invite and actively include representatives of the County or a County-contracted community based service provider*

in the discharge planning process. To the fullest extent reasonably practicable and within the direct control of the County and its community-based service providers, and with the individual's consent, the County will ensure that: (1) representatives of the FSP or Service Team are included in the discharge planning process for those individuals who are assigned to or are clients of a County FSP or Service Team; and (2) representatives of the County or a County contracted community-based service provider are included in the discharge planning process for those individuals who are not assigned to an FSP or Service Team but who have been identified as eligible for an FSP or Service Team under section II.4.k.ii above. To the extent that John George routinely does not include such representatives in the discharge planning process, the County will seek to identify and reasonably address barriers to John George's inclusion of such representatives in discharge planning.

ACBHD Senior Executive Team previously reported that ACBHD staff are invited to participate in the discharge planning process. The Senior Executive Team also reported that the goal is for prompt connection to community-based services. There are two Critical Care Managers that assist with acute inpatient care coordination between the following: acute and subacute, acute and crisis residential, inpatient and outpatient, and discharge planning. John George Psychiatric Hospital attends the weekly care coordination meeting and care conferences, as needed. The John George Psychiatric Hospital Social Worker reported that she regularly communicates with the community based providers regarding discharge. The staff of the community based providers also confirmed this.

The Adult and Older Adult System of Care Director reported that they are creating a transition team to assist with their transition back into the community.

The chart below shows the number of clients served at John George Psychiatric Hospital based on data for the last two fiscal years.

Service Modality	FY 2022-23 Number of Episodes	FY 2022-23 Number of Clients	FY 2023-24 Number of Episodes	FY 2023-24 Number of Episodes
Crisis Stabilization	8,584	4,270	8,404	4,274
Hospital	2,304	1,564	2,535	1,714

The number of clients admitted to the crisis stabilization unit remained roughly the same from one fiscal year to the other. The number of clients served at the inpatient hospital and the number of episodes slightly increased from FY 2022-23 to FY 2023-24.

Since this requirement incorporates II.4.k.ii which is not yet due, the Independent Reviewer will review this requirement and will report on the implementation in a subsequent report.

Requirement: *Beginning no later than **eighteen (18) months** after the Effective Date, the County will use electronic health record and registration information provided to the County by John George Psychiatric Hospital to promptly identify individuals with serious mental illness who are discharged to the community and who are, for reasons related to their serious mental illness, at risk of unnecessary institutionalization, hospitalization, or incarceration in accordance with section II.4.e. and will comply with its obligations under section II.4.c.*

This requirement will be discussed in subsequent reports.

Requirement: *The County will use programs designed to reach individuals who do not follow up regarding services.*

Previously, the Adult and Older Adult System of Care Director reported that the County has an Outreach and Engagement(O&E) team. The outreach and engagement teams were described in a previous requirement. There are also three community-based providers who provide outreach and engagement services. One example is from BACS, a community-based provider, who has an Assertive Outreach Protocol for clients who do not engage or follow-up for services. This protocol requires the community-based provider staff to continue outreach and engagement efforts for minimum of 90 days from the last date of service.

The Independent Reviewer interviewed three staff from the IHOT team. The staff confirmed that they are trying to engage a client within 90 days. The staff reported that there are peer counselors, and a family advocate who also provide outreach and engagement to the clients who do not follow up for services. The peer counselors reported that they try to meet the client where they are at and treat them with respect. Thy also reported that the lack of permanent stable, safe housing is the biggest challenge.

Requirement: *The County will collaborate with John George to ensure that John George promptly notifies FSP and Service Team providers when their clients are registered or admitted to receive John George PES or John George inpatient care, to facilitate the FSP's or Service Team's prompt resumption of services upon discharge.*

The Adult and Older Adult System of Care Director previously reported that they have access to John George Psychiatric Hospital's electronic health record, and they use this real-time access for care coordination purposes. ACBHD staff and the Social Worker at John George Psychiatric Hospital confirmed that they do collaborate when clients are admitted facilitating prompt resumption of services upon discharge. Further, the new Transition of Care team will assist with notification of FSPs and Service Teams when their clients are at John George Psychiatric Hospital.

Requirement: *Linkages for Services Following Release from Santa Rita Jail. This Agreement does not govern the provision of mental health services or treatment at Santa Rita Jail and does not duplicate, modify, or override any provisions in the Babu v.*

County of Alameda Consent Decree (including section III.I, "Discharge Planning," page 49:13-51:18).The County will ensure that ACBHD collaborates with the County Sheriff's office and will use its best efforts to identify and implement appropriate strategies to improve warm handoffs of Behavioral Health Clients (as defined in the Babu consent decree) who are eligible for ACBHD services.

The Forensic, Diversion and Re-entry Services Director previously reported that there are multiple meetings with the Sherriff's Office. For example, leadership meets twice a month, re-entry staff meet weekly, and suicide prevention meets monthly. The Director reported that there are two dedicated FSP teams that are through contracts with community-based providers. There is also one re-entry team, and this team refers to community-based services. The Director also described the Community Assessment, Referral and Engagement Services (C.A.R.E.S) ACT Court. This program diverts individuals away from jail and the criminal justice system into supportive services and, per legislation, referrals can be made by various entities, including law enforcement.

The Independent Reviewer interviewed the Forensic, Diversion and Re-entry Services Director during the second on-site review. This Director confirmed that their re-entry teams start working with the individual within 72 hours of booking. The purpose is to coordinate re-engagement with services upon release or to initiate new referrals for ongoing behavioral health services in the community. The re-entry team provides support to individuals to provide a warm handoff to services. This Director also stated that if the individual refuses services, the team tries 3 times to engage the individual into services.

The chart below, indicates that for Fiscal Year 2023 to 2024, only 18.84% of the individuals discharged were served in a new or existing community based provider within 30 days of jail discharge.

Number of MHS Clients Released and Served in MHS in the Previous Year	Number of MHS Clients Served in New Community Based Episode Within 30 Days of Jail Discharge	Percent of MHS Clients Served in New Community Based Episode Within 30 Days of Jail Discharge	Number of MHS Clients Served in New or Existing Community Based Episode Within 30 Days of Jail Discharge	Number of MHS Clients Served in New or Existing Community Based Episode Within 30 Days of Jail Discharge
3,126	333	10.65%	697	22.3%

The Independent Reviewer needs to examine ACBHD's best efforts to identify and implement appropriate strategies to improve warm handoffs to individuals for appropriate services.

Requirement: *Beginning no later than **eighteen (18) months** after the Effective Date, the County will periodically (at least every six months) evaluate FSPs' and Service Teams' (a) participation in discharge and reentry planning for their clients following notification of incarceration, (b) participation in discharge and reentry planning for incarcerated individuals referred to such provider, and (c) their success in re-engaging or newly engaging their client upon release. This evaluation will include analysis of timeliness, trends, and causes of identified problem areas. The Parties understand that FSP and Service Team participation in discharge and reentry planning may be provided through the use of telephonic or other electronic communication when clinically appropriate or as necessary to respond to public health considerations.*

This requirement will be discussed in subsequent reports.

Requirement: *Beginning no later than **six (6) months** after the Effective Date, the County will document all situations in which an individual identified by ACBHD as eligible and in need of FSP or Service Team Services and such FSP or Service Team services were not immediately available upon release and will conduct regular quality reviews to identify such situations.*

It was previously reported that this situation did not occur. However, within the last several months, ACBHD staff are starting to see this occur. ACBHD also implemented a process to track this occurrence within their IT system. As stated previously, the Adult and Older Adult System, Forensic Reentry system, and ACCESS meet weekly and review individuals who need FSP or Service Team level of care to make assignments to open slots and assign interim services until slots become available. The Adult and Older Adult Systems of Care Director reported that there are monthly meetings with the FSP Teams and the ACCESS staff every week. This Director also reported that this same group meet quarterly to review any trends. This Director reported that they do refer the client to another service while waiting for a slot to open in a FSP team. The Forensic, Diversion and Re-entry Services Director reported that referrals for FSP are sent to ACCESS. The Forensic, Diversion and Re-entry Director reported that they are piloting the use of tablets to assist with the coordination and warm handoff for the individuals being released.

Since the situation of unavailability of FSP or Service Teams has only recently occurred, the Independent Reviewer will continue to monitor and will follow up in a subsequent report.

Requirement: *With the goal of reducing risk of unnecessary institutionalization, incarceration, and law enforcement contacts, the County will take appropriate action, if any, based on the results of the evaluation in section II.4.i.ii. and the quality reviews in section II.4.l.iii. Where appropriate, the results of the quality reviews under section II.4.l.iii will inform the County's FSP Assessment under section II.2.c.*

The Forensic, Diversion and Re-entry Services Director reported that supervisors and managers are now conducting chart reviews on a regular basis. This Director reported

that they also review the re-entry plans and provide training to the community based provider staff. One example of a change as a result of the quality reviews was to list medications on the re-entry plan. ACBHD did provide the assessment form and the re-entry form to the Independent Reviewer.

There is also the Multi-Disciplinary Forensic Team (MDFT) comprised of Alameda County law enforcement agencies, Alameda County District Attorney's Office, Alameda County Behavioral Health Care and allied service providers. The goal of MDFT is to provide assistance to individuals diagnosed with mental illness, substance abuse, and co-occurring disorders. MDFT is committed to reducing recidivism by assisting these individuals in obtaining psychiatric evaluation, treatment, and ongoing services leading to recovery and the wellness of the individual and the greater community.

This requirement incorporates service commitments II.4.l.ii and II.4.l.iii which are not due yet, the Independent Reviewer will examine the action taken by ACBHD and report on the results in subsequent reports.

Requirement: *The County will use programs designed to reach individuals who do not follow up regarding services, consistent with section II.4.e.*

The Forensic, Diversion and Re-entry Services Director previously reported that there is ACBHD re-entry team based at the county jail who follows-up with these individuals. Two behavioral health clinicians are available to assist individuals in navigating services after they are released from jail. This Director confirmed that their re-entry teams start working with the individual within 72 hours of booking. The purpose is to coordinate re-engagement with services upon release. The re-entry team provides support to this individual to provide a warm handoff to services. This Director also stated that if the individual refuses services, the team tries 3 times to engage the individual into services.

Summary of Outreach, Engagement, Linkages, and Discharge Planning Findings

This is the largest service commitment in the Settlement Agreement. Overall, there are twenty-six service commitments in the Outreach, Engagement, Linkages and Discharge Planning component of the Settlement Agreement. ACBHD received substantial compliance for eight service commitments, a rating of partial compliance for six service commitments and a rating of not applicable for 12 service commitments. There were no non-compliant ratings given in this section.

ACBHD achieved Substantial Compliance for the following requirements:

1. *The County will maintain a 24/7 telephonic hotline (the ACCESS line or its successor) to aid in implementing the provisions below.* ACBHD does maintain a 24/7 telephonic ACCESS Line and the number is posted on their website.

Evidence was found during the on-site reviews, interviews of ACBH staff and supervisor, and in reviewing client records.

2. *This assessment and assignment process will be promptly completed, and those services initiated in a prompt manner sufficient to reduce the risk of prolonged and future unnecessary institutionalization, hospitalization, or incarceration.* Evidence was found in contracts, community based provider procedures, client records, interviews with ACCESS staff, interviews with clients, and the on-site review.
3. *The County will provide information and education to ACBHD-contracted behavioral health providers and will coordinate with these entities to rapidly connect individuals to those services as appropriate.* Evidence was found in the information and education materials, training documents, and interviews with ACHBD staff. There are regular meetings with the police department, and there is a pilot at the jail for pre-trial diversion.
4. *The County will work with law enforcement to direct referrals to the In-Home Outreach Team ("IHOT").* Evidence was found in the interviews with the IHOT staff, review of training materials, review of policy and procedures and review of data collected.
5. *The County will promptly notify ACBHD-contracted FSP and Service Team providers when their clients are receiving care at an IMD, to ensure that the provider promptly resumes services upon discharge, as appropriate*. Evidence of care coordination was found in interviews with ACBHD staff, review of client records, and a weekly meeting to review cases that monitor the client's progress and transition to a different level of care, as appropriate.
6. *The County will use programs designed to reach individuals who do not follow up regarding services*. Evidence was found in interviews with ACBHD staff including the IHOT team, training materials, policies and procedures, and community based outreach and engagement teams.
7. *The County will collaborate with John George to ensure that John George promptly notifies FSP and Service Team providers when their clients are registered or admitted to receive John George PES or John George inpatient care, to facilitate the FSP's or Service Team's prompt resumption of services upon discharge.* Evidence was found in interviews with ACBHD staff, John George Psychiatric Hospital staff and with ACBHD having access to John George Psychiatric Hospital's electronic health record, and they use this real-time access for care coordination purposes.
8. *The County will use programs designed to reach individuals who do not follow up regarding services, consistent with Section II.4.e.* Evidence was found in interviews with ACBHD staff and through documents regarding the re-entry teams.

ACBHD achieved Partial Compliance for the following requirements:

1. *The County will make meaningful efforts to create a system to provide real-time appointment scheduling, timely in-the-field assessments, and authorization of services by ACCESS, in order to facilitate prompt and appropriate connection to services following an eligible individual's contact with ACCESS.* The Independent Reviewer needs to obtain an update on the technological and other back-end improvements for providing real-time appointments along with any outcomes from the Pathways to Wellness pilot for subsequent reports.
2. *When an individual with serious mental illness (1) is identified by the County through section II.4.e, or (2) contacts (or another individual does so on his or her behalf) the County (e.g., the ACCESS program or its successor) or an ACBHD contracted entity for behavioral health services, the County or an ACBHD contracted community provider will determine the person's eligibility for community-based behavioral health services and, will provide a complete clinical assessment.* The Independent Reviewer needs to review the other part of this requirement and will review additional ACCESS client records to verify the sustainability and durability of this requirement in the next report.
3. *Following such assessment, individuals determined to be eligible for and in need of FSP or Service Team services will be assigned to an FSP or Service Team's caseload to commence the provision of services.* The Independent Reviewer will need to examine the number of referrals for FSP or Service Teams and then how many were connected to those services. The Independent Reviewer needs to examine the assignment process further with the community based providers.
4. *The County will explore, collaborate with, and support as appropriate programs that provide connection to community-based services as alternatives to incarceration. The County will provide information and education to prosecutors, public defenders, courts and law enforcement about available community-based services that can provide alternatives to incarceration, arrest, and law enforcement contact and will coordinate with these entities to rapidly connect individuals to those services as appropriate*. The Independent Reviewer needs to examine how ACBHD coordinates with the above entities to rapidly connect individuals to those services as appropriate.
5. *Promptly after an individual eligible for ACBHD services is admitted to an IMD in the County, the individual will begin receiving discharge planning services. The individual's discharge plan will include transitioning the individual to the most integrated setting appropriate to the individual's needs, consistent with the individual's preferences*. Evidence of discharge planning was found in interviews with community-based provider staff, and in contracts with community based providers. The Independent Review needs to review client records and tour an IMD facility.
6. *Linkages for Services Following Release from Santa Rita Jail. This Agreement does not govern the provision of mental health services or treatment at Santa Rita Jail and does not duplicate, modify, or override any provisions in the Babu v.*

County of Alameda Consent Decree (including section III.I, "Discharge Planning," page 49:13-51:18).The County will ensure that ACBHD collaborates with the County Sheriff's office and will use its best efforts to identify and implement appropriate strategies to improve warm handoffs of Behavioral Health Clients (as defined in the Babu consent decree) who are eligible for ACBHD services. The Independent Reviewer needs to examine ACBHD's best efforts to identify and implement appropriate strategies to improve warm handoffs to individuals for appropriate services

ACBHD achieved Not Applicable for the following:

1. *Beginning no later than six (6) months after the Effective Date, the County will document all situations in which an eligible individual is assessed as in need of FSP or Service Team services, but such FSP or Service Team services were not immediately available and will conduct regular quality reviews to identify such situations.*
2. *Within **two (2) years** of the effective date of the Agreement requires ACBHD to, the County will develop, implement, and staff a System Coordination Team to improve linkages to community-based services across the County's behavioral health system. The System Coordination Team will coordinate system care and improve transitions of care.*
3. *The County will implement a system to identify and provide proactive outreach and engagement to individuals with serious mental illness who are, for reasons related to their serious mental illness, at risk of unnecessary institutionalization, hospitalization, or incarceration. Beginning no later than six (6) months after the Effective Date, the County will track progress in connecting individuals to needed services.*
4. *The County will ensure that individual's with co-occurring SUD can access and receive services, including through the development of two (2) substance use mobile outreach teams, within **two years** of the Effective Date.*
5. *In-Reach to, and Discharges to Community-Based Services from, Medicaid Institutions for Mental Diseases ("IMDs"). "IMD" as used in this Settlement Agreement, refers to Villa Fairmont Mental Health Rehabilitation Center, Gladman Mental Health Rehabilitation Center, and Morton Bakar Center. Within 12 months of the effective date of this Agreement, the County will begin initial implementation of a utilization review ("UR") pilot program.*
6. *If the unavailability of FSP or Service Team services is preventing discharge from an IMD to a community setting, then the director of ACBHD (or designee) will be notified, and the County will work to arrange such services as promptly, as possible*.
7. *Linkages for Services Following Discharge from John George PES and Inpatient. The Parties understand that John George is required to provide discharge planning to and effectuate safe discharges of patients at John George PES and*

John George inpatient in compliance with applicable laws, regulations, and contractual obligations, including, but not limited to, 42 C.F.R. § 482.43 and California Health & Safety Code §§ 1262 and 1262.5. The County will collaborate with John George to support John George's safe and effective discharges of eligible individuals from John George PES and John George inpatient to community-based services as appropriate, including through ACBHD's critical care managers and contracted community-based providers, with the goal of increasing the prompt connection to community-based services for patients that are eligible and appropriate for community-based services. The County will request that John George promptly notify the County when it identifies someone who may be eligible for any such services.

8. *The County will request that John George Psychiatric Hospital invite and actively include representatives of an individual's FSP or Service Team (if any) in the discharge planning process and, invite and actively include representatives of the County or a County-contracted community based service provider in the discharge planning process*.
9. *Beginning no later than **eighteen (18) months** after the Effective Date, the County will use electronic health record and registration information provided to the County by John George Psychiatric Hospital.*
10. *Beginning no later than **eighteen (18) months** after the Effective Date, the County will periodically (at least every six months) evaluate FSPs' and Service Teams' (a) participation in discharge and reentry planning for their clients following notification of incarceration, (b) participation in discharge and reentry planning for incarcerated individuals referred to such provider, and (c) their success in re-engaging or newly engaging their client upon release. This evaluation will include analysis of timeliness, trends, and causes of identified problem areas. The Parties understand that FSP and Service Team participation in discharge and reentry planning may be provided through the use of telephonic or other electronic communication when clinically appropriate or as necessary to respond to public health considerations.*
11. *Beginning no later than six (6) months after the Effective Date, the County will document all situations in which an individual identified by ACBHD as eligible and in need of FSP or Service Team Services and such FSP or Service Team services were not immediately available upon release and will conduct regular quality reviews to identify such situations,*
12. *With the goal of reducing risk of unnecessary institutionalization, incarceration, and law enforcement contacts, the County will take appropriate action, if any, based on the results of the evaluation in section II.4.1.ii and the quality reviews in section II.4.I.iii.* Evidence was found in interviews with ACBHD staff, review of documents, supervisors and managers conducting chart reviews, the federal monitor quarterly chart reviews and with the Multi-Disciplinary Forensic Team.

CULTURALLY RESPONSIVE SERVICES

The Settlement Agreement outlines the service components under Culturally Responsive Services which include the County continuing to ensure that all services are culturally responsive and person-centered. In Alameda County, Culturally Responsive Services are organized under the Office of Health Equity with a Director who reports directly to the Behavioral Health Director. During the second on-site review, the Independent Reviewer was able to interview the Director, Office of Health Equity.

Requirement*: The County will continue its ongoing efforts to ensure that all services provided under this Agreement are culturally responsive and are person-centered. The County will continue to provide and expand culturally responsive behavioral health services, including through community-based and peer-run organizations, and will continue to identify and implement culturally and linguistically appropriate and affirming strategies and practices to help reduce behavioral health disparities across racial, ethnic, cultural, and linguistic groups.*

Alameda has six threshold languages as defined by DHCS Information Notice #20-070. The most prevalent threshold language is Spanish. The other five threshold languages are as follows: Cantonese, Farsi, Mandarin, and Vietnamese.

ACBHD developed a strategic plan dated May 13, 2024, with seven themes and strategic directions. There are two goals in this plan that are related to Culturally Responsive Services. The first goal is to uplift community assets for policy/program development and the second goal is to increase equitable care for communities facing the greatest inequities through outreach, recruitment, and programs and opportunities for improvement especially for diverse Asian, Black, and LGBTQIA2S+ communities.

ACBHD has a Cultural Competence Plan (CCP), December 2024 Plan Update. The plan describes the following:

- Vision: We envision a community where all individuals and their families can successfully realize their potential and pursue their dreams where stigma and discrimination against those with mental health and/or alcohol and drug issues are remnants of the past.
- Values: ACBHD's values reinforce our commitment to not only recognize the cultural, linguistic, and ethnic diversity of our community but also actively integrate cultural competency and humility into our services. By living the following values, we aim to create a system that supports and empowers all beneficiaries to achieve equitable health and wellness outcomes.
- Access: We value collaborative partnerships with peers and consumers, families, service providers, agencies, and communities, where every door is the right door for welcoming people with complex needs and assisting them along their journey toward wellness, resilience, and recovery.

- Consumer and Family Empowerment: We value, support, and encourage individuals and their families to exercise their authority to make decisions, choose from a range of available options, and develop their full capacity to think, speak, and act effectively in their own interest and on behalf of others they represent.
- Best Practices: We value clinical excellence through best practices, promising community driven ideas, and effective outcomes, including prevention and early intervention strategies, to promote well-being and optimal quality of life. We value business excellence and responsible stewardship through revenue maximization and the wise and cost-effective use of public resources.
- Health & Wellness: We value the integration of psychological, emotional, spiritual and physical health care to promote the wellness and resilience of individuals recovering from the multi-dimensional effects of mental illness and substance use disorders.
- Culturally Responsive: We value the integration of psychological, emotional, spiritual, and physical health care to promote the wellness and resilience of individuals recovering from the multi-dimensional effects of mental illness and substance use disorders.
- Socially Inclusive: We value advocacy and education to eliminate stigma, discrimination, isolation, and misunderstanding of persons experiencing mental illness, trauma, and substance abuse disorders. We support social inclusion and the full participation of our clients, consumers, patients, and family members to achieve fuller lives in communities of their choice – where they can live, learn, love, work, play, and pray in safety, security, and acceptance.

The CCP, December 2024 Plan Update reported the following regarding workforce capacity and needs:

> The ACBHD aims to be intentional in its recruitment and retention efforts, given Alameda County's diversity and ongoing labor challenges in the behavioral health sector. Through the needs assessment, the ACBHD wanted to understand the diversity of the workforce and the existing strategies to recruit and retain a diverse workforce.
>
> > Finding 1: Hiring and recruiting staff reflective of the client population is both a priority and a challenge for community-based providers.
> >
> > Finding 2: There is a shortage in bilingual and racially diverse staff, especially clinicians. Providers spoke to the critical need for enhanced linguistic diversity and cultural competence within the workforce.
> >
> > Finding 3: Providers who participated in the needs assessment reported experiencing challenges in meeting the complex health and social needs of their clients, which can contribute to burnout.

> Finding 4: Providers expressed support for the critical role that the family and peer workforce can play in meeting their clients' needs and reported engagement efforts. (Pages 135-140)

The CCP, December 2024 Plan Update did identify the following issues from survey respondents and focus group participants the following:

> In noting gaps in the behavioral health system, respondents mentioned concerns around language capacity and the system's limited ability to support people who do not speak English. For programs serving those with severe mental illness, community members mentioned a need for more family input for treatment and a better understanding of the Health Insurance Portability and Accountability Act. Community input highlighted the need for more centralized resources for people experiencing homelessness and increased the quality and cultural responsiveness of services for the African American/Black community. (Page 59).

The MHSA Annual Plan Update (Draft) for Fiscal Year 2024 through 2025 includes the goal of being culturally responsive which is defined as follows:

> "We honor the voices, strengths, leadership, languages and life experiences of ethnically and culturally diverse consumers and their families across the lifespan. We value operationalizing these experiences in our service setting, treatment options, and in the processes, we use to engage our communities" (Page 10).

The MHSA Annual Plan Update (Draft) for FY24/25, identifies several recurring themes as identified by numerous listening sessions conducted between October 2023 through January 2024. One theme identified was "Access, Coordination and Navigation to Services". The plan lists two strategies and solutions related to cultural competency which are as follows:

- Prioritize bilingual services to support multiple languages in the growing client base and improve accessibility for diverse communities.
- Implement culturally sensitive and appropriate outreach strategies to effectively engage diverse communities (Page 53).

The MHSA Three Year Program and Expenditure Plan Fiscal Year 2023 through 2026, states that three of the reoccurring themes in the community listening session were as follows: "More services for the African American community across the lifespan; supports and activities for the LGBTQ community, particularly the transgender community of color and sex workers and; and the need for increased language capacity" (Page 65).

ACBHD provided contracts with their community based providers which stated the following: "Contractor shall maintain staffing with professional experience and expertise in providing evidence-based, culturally, and linguistically appropriate services, particularly for any designated priority populations that Contractor has agreed to serve."

Interviews with both ACBHD staff and community-based provider staff previously indicated that the services provided are culturally responsive and person centered. The Independent Reviewer was able to review over fifty client records where the client's goals are identified and were developed in a manner consistent with a person-centered approach. The Independent Reviewer also interviewed eight clients in a virtual group setting, and they confirmed that services are provided in a culturally responsive and person-centered manner. Clients spoke about receiving culturally appropriate services surrounding the holidays such as their traditional meals.

ACBHD also conducts a Cultural Responsiveness Committee (CRC) and the community-based providers also reported that the County staff, community-based providers staff, and stakeholders attend these meetings. The Independent Reviewer reviewed the minutes for four committee meetings in 2024. These meetings are facilitated by the Health Equity Policy and Systems Manager. During the meeting, the CCP is discussed along with updates from the various culturally responsive advisory committees, announcements of trainings and upcoming events of interest.

The CCP, December 2024 Plan Update has a section on strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities. The plan stated that: "We are intentional in our efforts to reduce mental health disparities and create a more equitable and inclusive behavioral health system." (Page 61). This section in the Plan includes the following:

- Identified unserved/underserved target populations with disparities,
- Identified disparities within target populations,
- Strategies/objectives/actions/timelines,
- Additional strategies/objectives/actions/timeline and lessons learned, and
- Planning and monitoring of identified strategies/objectives/actions/timelines to reduce mental health disparities.

Requirement: *The County will continue to operate the Office of Health Equity within ACBHD, and the Division Director of the Office of Health Equity will continue to serve as the departmental Health Equity Officer, reporting to the Director of ACBHD, and will oversee the existing Office of Ethnic Services. The Health Equity Officer will continue to work in collaboration with community stakeholders to promote social and behavioral health equity reform and inclusion, and to ensure clients receive high quality and client centered care that considers the whole person and all their needs.*

ACBHD previously provided an organizational chart that indicates that the Director, Office of Health Equity, reports directly to the ACBHD Director. This division also includes the Office of Ethnic Services, the Office of Peer Support Services, the Office of Family Empowerment Services, Health Equity Policy, Community Relations, and Workforce Education and Training (WET). The division also oversees operations related to Patients' Right Advocacy. The Independent Reviewer interviewed the Director, Office of Health Equity during the second review.

In December 2023, ACBHD conducted a listening session with the Executive Team at the LGBTQ Center in Oakland and learned more about the needs of its clients and the LGBTQ Community. This was reported in the MHSA Annual Plan Update (Draft) for FY 24/25 which included the following:

> "They are seeing a need for more programs to address social isolation in the elderly population. The housing being developed is not created with LGBTQ concerns in mind and accommodations for the LGBTQ community are leading to displacement from new developments. Also, needs for LGBTQ people in homeless encampments need to be addressed due to rising threats and violence. HIV is an ongoing problem that is receiving less resources but still needs to be addressed. Overall, the LGBTQ Center is looking to bring on a care navigator and would like to continue to participate in county programs" (Page 441).

The CCP, December 2024 Plan Update lists out the number of coalitions/committees with stakeholder participation to provide feedback to the department. Some of these coalitions/committees are as follows:

- ACBH Pride Coalition,
- Asian American, Native Hawaiian, and Pacific Islander Advisory (AANHPI) Committee for Health and Wellness,
- African American Steering Committee for Health and Wellness,
- First 5 Help Me Grow,
- Latinx/Latino Advisory Committee for Health and Wellness, and
- Mental Health Association for Chinese Communities.

Requirement: *No later than **fifteen (15) months** after the Effective Date of this Agreement, the Health Equity Officer will host a stakeholder and community input meeting. In order to deepen meaningful community stakeholder engagement, no later than one month before the stakeholder and community input meeting, the Office of Health Equity will make a dashboard publicly available on the Office of Health Equity's public internet website setting forth aggregated data metrics on the populations served by ACBHD (including individual racial and ethnic groups broken down by geographic area within the County) and various communities' service needs (including racial and ethnic groups' needs for FSP, Service Team, and IHOT services in geographic areas within the County.*

ACBHD completed the dashboard, and it is uploaded to their website. ACBHD hosted a stakeholder and community meeting on March 6, 2025, to obtain their feedback. Subsequent reports will address this further as the deadline is 15 months after the effective date of the Settlement Agreement.

Requirement: *The Health Equity Officer will thoroughly review the feedback from the stakeholder/community input meetings on how to improve culturally responsive services*

in the County. The Health Equity Officer will periodically make recommendations to the Director of ACBHD on how to improve culturally responsive services in the County and coordinate with the County's other diversity, equity, and inclusion programs and activities.

This will be discussed in subsequent reports since this requirement is not due at this time.

Requirement: *The County will continue to support the African American Wellness Hub capital facilities project, with the goal of aligning culturally relevant and community focused services for Black/African American residents within the County's service delivery system. The African American Wellness Hub facility will serve as a hub and coordinating center for a variety of behavioral health services, community-based supports, and linkages for the Black/African American community in the County. The County will provide opportunities for community and stakeholder engagement over the course of this project to further the project's focus on providing culturally inclusive, respectful, and relevant supports to the County's Black/African American clients and community.*

Previously, the Health Equity Division Director reported that the County found a building, and Escrow has closed on the building. The African American Wellness Hub will serve as a focal point designed to preserve and actualize the core understanding and best practices of African American clients and community members with a focus on wellness.

The County has dedicated $19 Million dollars to this effort. ACBHD provided evidence of multiple listening sessions with stakeholders. At the Board of Supervisors meeting on 9/17/2024, the Board approved the following:

- The initial project budget for the African American Wellness Hub Project in the amount of $5,000,000;
- The use of Alameda County Health, Behavioral Health Department funds for the initial project budget for the African American Wellness Hub Project, in the amount of $5,000,000;
- Authorized the Director of the General Services Agency or her designee to issue Task Order No. 20115, in the amount of $3,866,861, with Vanir Construction Management, Inc., for the program and project management services for the African American Wellness Hub.

The Health Equity Division Director stated that the plan from the County's General Services is to tear down the existing building on the land and to build a new building. This Director reported that they meet with the stakeholders on an as needed basis. Some examples of the stakeholder meetings include topics such as CARE Court and Prop 1 implementation. This Director also reported that the county continues a commitment to this project.

Requirement: *The County has implemented and will continue to provide periodic and ongoing trainings to all ACBHD staff and ACBHD-contracted community-based providers regarding: culturally responsive services; trauma-informed care; inequities across race, ethnicity, sex, sexual orientation, gender identity, and disability; anti-racism and implicit bias. A primary intent of such trainings is to ensure the delivery of culturally responsive services and to increase engagement across historically underserved populations*.

Training is provided upon hire and throughout the year. The ACBHD Health Equity Division Director reported that training is under the purview of the Office of Ethnic Services within ACBHD Department in collaboration with the Workforce and Education Team. The Health Equity Division Director also reported that the County has a contract with ONTRACK to provide the Culturally and Linguistically Appropriate Services (CLAS) training and offers training each month. For the community-based providers, the following language was found in their contract with ACBHD: "Contractor shall ensure annual training of all applicable employees, volunteers, board members, owners, and/or agents who are providing and/or supporting services under this Agreement on Administrative and Compliance Requirements, in areas including but not limited to: documentation standards, billing requirements, Culturally and Linguistically Appropriate Standards (CLAS), Annual Compliance/Code of Conduct, and Health Insurance Portability and Accountability Act (HIPAA)/Privacy and Security."

The CCP, December 2024 Plan Update stated the following:

> Steps to Provide Required Cultural Competence Training to 100% of Staff Over Three-Year Period: To ensure that all staff complete the required Cultural Competence Training, ACBHD requires compliance for all internal staff. Each contracted provider is required to abide by contractual obligations. Completion of required cultural competency training is reviewed annually by ACBHD staff.
>
> Per the executed contract: Provider, Program and Staff Information Contractor shall submit any needed updates to provider, program and staff information, as well as attestation of accuracy of information on file by the 15th of each month as requested by ACBH to complete required publications, submissions and monitoring including but not limited to Provider Directory and Network Adequacy Reporting. Contractor's submission shall include but not be limited to Contractor's cultural and linguistic capabilities in service delivery and documentation of staff completion of cultural competence training and shall be in accordance with the format specified by ACBH and the California Department of Health Care Services (DHCS).

The Health Equity Division Director reported the following activities to ensure that the training requirements are met:

1. Sign-in sheets are collected at the training and reviewed as part of compliance.

2. Each contract with a community based provided is required to provide CLAS training to all direct service staff and managers who are providing or supporting services through this Agreement. The staff are to complete at least four CLAS training courses annually. The community based provider submits the following information by July 10th of the following fiscal year to the ACBHD Office of Ethnic Services:
    a. An electronic survey that demonstrates Contractor's implementation of CLAS Standards,
    b. A list of CLAS trainings attended by staff and managers who are providing or supporting services through this Agreement; and
    c. A summary or copy of a plan to further implement CLAS Standards throughout the organization.
3. The Office of Ethnic Services conducts a survey at the end of each year to assess and confirm attendance, plans and adherence to CLAS standards each year. A copy of the survey results was provided for review.
4. QA/QI team performs audits and the CLAS standard portion of the contract is assessed.

Trainings also include an evaluation form to be completed if CEUs are to be issued. Some trainings do include a post test. In addition, the Health Equity Division Director reported that they currently collect attendance at the class, but that ACBHD is moving toward a more efficient process where each CLAS training has an electronic sign-in sheet. This process will allow for the normalization of collected information. Office of Ethnic Services is also moving toward collecting data on ACBHD hosted CLAS trainings via the internal announcement portal in FY 2025-26.

ACBHD provided an EXCEL sheet summarizing the topic of the training, date of the training, who attended, and the attendees' organization for review. Some of the trainings were as follows: Trauma informed and culturally responsive practices working with Asian American, Native American, and Pacific Islander clients, CLAS standard and stigma discrimination reduction in behavioral health, and Mental health services with Latinx populations.

Summary of Culturally Responsive Services Findings

Overall, there are six service commitments in the Culturally Responsive Services component of the Settlement Agreement. ACBHD received substantial compliance for four service commitments, and a rating of not applicable for two service commitments. There were no non-compliant ratings given in this section.

ACBHD achieved Substantial Compliance for the following requirement:

1. The County will continue its ongoing efforts to ensure that all services provided under this Agreement are culturally responsive and are person-centered. ACBHD provided evidence of their strategic plan, the CCP plan, and minutes of the CC committee

meetings. Review of contracts with community based providers and interviews with community based provider staff and with clients also confirmed that services provided are culturally responsive and person-centered.
2. *The County will continue to operate the Office of Health Equity within ACBHD, will report to the Director of ACBHD, and will oversee the existing Office of Ethnic Services. The Health Equity Officer will continue to work in collaboration with community stakeholders and to ensure clients receive high quality and client centered care that considers the whole person and all their needs.* There is evidence to support compliance with this requirement through interviews with ACBHD staff, community provider staff, and the CCP December 2024 Plan Update minutes of the Cultural Responsiveness committee.
3. The County will continue to support the African American Wellness Hub capital facilities project, with the goal of aligning culturally relevant and community focused services for Black/African American residents within the County's service delivery system. The County continues to support the African American Wellness Hub with finding a building and General Services work to build a new building. ACBHD provided the approval of project by the Board of Supervisors, listening sessions from the stakeholders, a YouTube video regarding the African American Wellness Hub and interviews with ACBHD staff.
4. *The County has implemented and will continue to provide periodic and ongoing training to all ACBHD staff and ACBHD-contracted community-based providers. The primary intent of such training is to ensure the delivery of culturally responsive services and to increase engagement across historically underserved populations*. ACBHD provided the following evidence: trainings occur on a regular and sustained basis, procedure to ensure all staff are attending these training courses and a list of training topics.

ACBHD achieved Not Applicable for the following:

1. *No later than **fifteen (15) months** after the Effective Date of this Agreement, the Health Equity Officer will host a stakeholder and community input meeting. In order to deepen meaningful community stakeholder engagement, no later than **one month** before the stakeholder and community input meeting, the Office of Health Equity will make a dashboard publicly available on the Office of Health Equity's public internet website.*
2. *The Health Equity Officer will thoroughly review the feedback from the stakeholder/community input meetings on how to improve culturally responsive services in the County.*

SUMMARY AND NEXT STEPS

This is the second report from the Independent Reviewer regarding the Settlement Agreement between the County of Alameda and ACBHD with Disability Rights California (DRC), and the United States Department of Justice (DOJ) which became effective on January 31, 2024. ACBHD has been very cooperative in providing the information requested by the Independent Reviewer.

A rating of substantial compliance was given in 42 percent of the service commitments, a rating of partial compliance was given in 22 percent and a rating of not applicable was given for 36 percent of the service commitments.

The draft of the second report was issued on February 28, 2025. Per the Settlement Agreement, the parties have fifteen (15) days to provide comments and responses to the Independent Reviewer for consideration. The finalized report is submitted to the parties and made public, with any redactions necessary under California or Federal Law.

The Independent Reviewer will continue to evaluate implementation of all provisions. The Independent Reviewer will also verify if the requirements were sustained after six months and are durable for any of the partial compliance ratings given. The Independent Reviewer will also monitor the implementation of any of the requirements given a not applicable rating if the deadline is during the next report.
The next report is to be submitted 20 months after the effective date of the Settlement Agreement.

Attachment I: Ratings of Service Commitments

SERVICE COMMITMENT	RATING[3]	
1. Crisis Services	**First Report**	**Second Report**
1.a. The County will continue to offer a countywide crisis system and expand crisis intervention services.	PC	SC
1.a.i. Maintain a 24/7 crisis hotline. The crisis hotline will provide screening and de-escalation services on a 24/7 basis. No later than **18 months** after the Effective Date, the County will expand the 24/7 crisis hotline to provide triage and the identification of full service partnership clients on a 24/7 basis. Beginning no later than **18 months** after the Effective Date, the crisis hotline will have a clinician available to support crisis hotline services 24/7.	NA	NA
1.a.i. (2) The County will coordinate with entities responsible for managing urgent and emergency care response lines, including but not limited to the crisis hotline, 911, FSP warmlines, and 988 (when and if such coordination is available), to ensure there is "no wrong door" for accessing appropriate crisis services. The County will have and will implement protocols for when to conduct warm handoffs from its crisis hotline to FSP warmline teams to provide appropriate services. The County will respond to 911-dispatch inquiries in order to facilitate an appropriate behavioral health response to crises.	PC	PC
1.a.i.(3) The County will implement protocols and education efforts to ensure appropriate deployment of County mobile crisis teams in response to calls received through emergency response lines.	NA	SC
1.a.ii.(1) Mobile crisis teams will provide a timely in-person response to resolve crisis as appropriate. When clinically appropriate, mobile crisis services may be provided through the use of telehealth.	PC	NA
1.a.ii.(2) Mobile crisis services shall be provided with the purpose of reducing, to the greatest extent possible, interactions with law enforcement during mental health crisis, reducing 5150 and John Geoge psychiatric emergency services (PES) placement rates, and increasing the use of voluntary community-based services (including diversion, care coordination, transportation, and post-crisis linkages to services).	PC	SC
1.a.ii.(3) The County has recently expanded its mobile crisis capacity to nine (9) mobile crisis teams and agrees to maintain this as a minimum capacity.	PC	SC
1.a.ii. (4) The County shall complete an assessment of needs and gaps in mobile crisis coverage, no later than one year after the execution of this Agreement, that is designed to determine the amount and number of mobile crisis teams needed to provide mobile crisis services consistent with this Agreement (the "Mobile Crisis Assessment"). The Mobile Crisis Assessment will be informed by and will appropriately take into account (i) community and stakeholder input; and (ii) all necessary data and information sufficient to assess	NA	SC

[3] Due to the temporal limitations of this report, a rating of substantial compliance was not yet possible.

the need for crisis services in the County, which the County will collect and analyze as part of the Mobile Crisis Assessment process.		
1.a.ii.(5)The County will provide a draft of the design of the Mobile Crisis Assessment to the Independent Reviewer (see section III.1.a of this Agreement) for review, feedback, and comment, and will appropriately take into account such feedback and comment before proceeding with the Mobile Crisis Assessment. As part of this review, the Independent Reviewer will provide the draft to, and consider input from, DRC and the United States. The assessment and conclusions in the final Mobile Crisis Assessment will promptly be made available to the public.	NA	SC
1.a.ii.(6) Based on the County's Mobile Crisis Assessment, the County will reasonably expand its mobile crisis services as needed in order to operate a sufficient number of mobile crisis teams to provide timely and effective mobile crisis response.	NA	NA
1.a.ii.(7) FSPs will provide crisis intervention as set forth in section II2.m. in this Agreement.	PC	NA
1.a.ii.(8) Each mobile crisis team shall include at least one mental health clinician.	PC	SC
1.a.iii. Trained peer support specialist shall be part of the County's crisis service team and shall be included in outreach and engagement functions.	PC	SC
1.b.i. Maintain 45 crisis residential treatment (CRT) beds.	PC	SC
1.b.ii. Within **two years** of the effective date of the Agreement, the County will make all reasonable efforts to contract with one or more community-based providers to add a mixture of 25 additional CRT and/or peer-respite beds.	NA	NA
1.b.iii. A purpose of CRT facilities and peer-respite is to promptly deescalate or avoid a crisis and reduce unnecessary hospitalization. CRT facilities and peer-respite homes are intended to be used by people experiencing or recovering from a crisis due to their mental health disability for short-term stays and to provide support to avoid escalation of a crisis. CRT facilities and peer-respite homes are unlocked.	PC	SC
1.b.iv. Peer staff will be on-site 24/7 at peer-respite homes. Peer-respite homes shall serve no more than 6 individuals at a time.	NA	SC
1.b.v. Individuals shall not be required to have identified housing as a condition of admission to a CRT facility.	PC	SC
1.b.vi. CRT facilities and peer-respite homes shall be able to accept admissions directly from mobile crisis.	PC	SC
1.c. The County's crisis system will be designed to prevent unnecessary hospitalization, IMD admissions, law enforcement interactions, and incarceration.	PC	SC
2. Full-Service Partnerships (FSP)		
2. a. and b. The County offers FSPs through community-based providers that provide services under the Community Services and Supports ("CSS") service category, in accordance with 9 C.C.R. §§ 3620, 3620.05, and 3620.10. Within **two years** from the effective date, the County will add 100 FSP slots for adults and transition aged	NA	NA

youth for a total of 1,105 FSP slots for that population. The County will utilize the FSP slots that are added under this Agreement to serve individuals 16 and older who meet FSP eligibility criteria under 9 C.C.R. § 3620.05.		
2.c. Within one year from the Effective Date, the County will complete an assessment of needs and gaps in FSP services for individuals ages 16 years and older that is designed to determine the number of additional FSP slots needed to appropriately serve individuals ages 16 and older who meet FSP eligibility criteria under 9 C.C.R. § 3620.05 (the "FSP Assessment").	NA	PC
2.d. The FSP Assessment will be informed by and will appropriately take into account all necessary and appropriate data and information, which the County will collect and analyze as part of the FSP Assessment process, including but not limited to: i. Community and stakeholder input, including from FSP and other contracted providers, from organizations who make referrals for FSP services or regularly come into contact with individuals who are likely eligible for FSP services, and from individuals who receive or may benefit from FSP services; ii. Data regarding utilization of crisis services, psychiatric inpatient services, and FSP and other CSS services; indicators of eligibility for FSP; and numbers of individuals who have completed FSP eligibility assessments, outcomes following assessment, and length of time from identification to enrollment; iii. Analysis of numbers and demographics of sub-populations who (a) were not connected to FSP services despite multiple visits/admissions to PES, John George inpatient, and/or IMDs, (b) declined to consent to FSP services, or (c) stopped engaging with FSP services, and analysis of relevant barriers or challenges with respect to these groups; and iv. Research, literature, and evidence-based practices in the field that may inform the need for FSP services in Alameda County.	NA	NA
2.e. The County will provide a draft of the design and methodology of the FSP Assessment to the Independent Reviewer for review, feedback, and comment, and will appropriately take into account such feedback and comment before proceeding with the FSP Assessment. As part of this review, the Independent Reviewer will provide the draft to, and consider input from, DRC and the United States. Following the FSP Assessment process, the County will provide a draft of the FSP Assessment report to the Independent Reviewer for review, feedback, and comment, and will appropriately take into account such feedback and comment before finalizing the County's FSP Assessment report. As part of this review, the Independent Reviewer will provide the draft to, and consider input from, DRC and the United States. The assessment and conclusions in the final FSP Assessment will promptly be made available to the public.	NA	NA
2.f. Based on the County's FSP Assessment, the County will further reasonably expand its FSP program as necessary in order to appropriately serve individual ages 16 and older who meet eligibility criteria under 9 C.C.R. § 3620.05 consistent with their preferences.	NA	NA
2.g. and h. As used in this Agreement, one "slot" (such as an FSP slot or a Service Team slot) means the ongoing capacity to serve one	PC	PC

individual at a given time. FSP will provide services necessary to attain the goal identifies in each FSP recipients' Individual Services and Supports Plan (ISSP) which may include the Full Spectrum of Community Services, as defined in 9 C.C.R. § 3620(a)(1).		
2.i. Consistent with 9 C.C.R. § 3620(a), (g), and (h), each FSP recipient will have an ISSP that is developed with the person and includes the person's individualized goals and the Full Spectrum of Community Services necessary to attain those goals. Each FSP recipient will receive the services identified in their ISSP, when appropriate for the individual.	PC	PC
2.j. Services provided through FSP will be flexible and the level of intensity will be based on the needs of the individual at any given time, including the frequency of service contacts and duration of each service contact. To promote service engagement, services will be provided in locations appropriate to individuals' needs, including in the field where clients are located, in office locations, or through the use of telephonic or other electronic communication when clinically appropriate.	PC	PC
2.k. FSPs serve the individuals described in 9 C.C.R. § 3620.05. FSPs will provide their clients services designed to reduce hospitalization and utilization of emergency health care services, reduce criminal justice involvement, and improve individuals' ability to secure and maintain stable permanent housing in the most integrated setting appropriate to meet their needs and preferences.	PC	PC
2.l. FSP program will be implemented using high fidelity to the Assertive Community Treatment (ACT) evidence-based practice, including that: (i.) FSP programs are provided by a team of multidisciplinary mental health staff who, together, provide the majority of treatment, rehabilitation, and support services that clients need to achieve their goals. (ii.) FSP teams operate at a 1:10 mental health staff to client ratio.	PC	SC
2.m. FSPs will promptly provide crisis intervention 24/7, including, as appropriate, crisis intervention at the location of the crisis as needed to avoid unnecessary institutionalization, hospitalization, or interactions with law enforcement. Beginning no later than **eighteen (18) months** after the Effective Date, the County will ensure the prompt notification of the applicable FSP provider when an individual served by an FSP receives crisis intervention from another ACBH contracted provider, such as mobile crisis teams, or other crisis programs, so that the FSP can respond to the crisis.	NA	NA
2.n. FSPs will provide or arrange for appropriate Individual Placement and Support (IPS) supported employment services for FSP clients based on their choice. IPS supported employment focuses on engaging a person in competitive employment based on their individualized interests, skills, and needs.	PC	SC
2.o. Housing: The Parties recognize that permanent, integrated, stable housing with Housing First principles is critical to improving treatment engagement and supporting recovery. (i.) FSP clients will receive a housing needs assessment, and will receive support and assistance to secure and maintain, as needed, affordable, (1)	PC	PC

temporary housing, and (2) permanent housing, either directly from the FSP or by referral by the FSP to the County Health Care Services Agency's Coordinated Entry System ("CES"), or through other County and community resources.		
2.o.ii. As individuals with serious mental illness, FSP clients who are referred to the CES will receive priority, with the goal of securing and maintaining permanent housing.	PC	PC
2.o.iii. If an FSP client is waiting for permanent housing, the FSP will, as needed, promptly provide or secure temporary housing for the FSP client until permanent housing is secured. Temporary housing provided under this Agreement shall be stable and shall not be at a congregate shelter, except on an emergency basis.	PC	PC
2.o.iv. and v. Permanent housing will be provided in the least restrictive and most integrated setting that is appropriate to meet the needs and preferences. Nothing in this section II.2.o is intended to override an FSP client's preferences.	PC	PC
3. Service Teams (Intensive Case Management)		
3.a. The County will maintain 2,168 slots to provide intensive case management through Service Teams. The County will utilize these slots to serve individuals 18 and older who meet Service Teams eligibility criteria and may also use these slots for transitional age youth as appropriate.	PC	SC
3.b. The County will explore community needs and opportunities for expanding Service Teams as appropriate.	NA	NA
3.c. Service Teams will assist individuals in attaining a level of autonomy within the community of their choosing. Service Teams will provide mental health services, plan development, case management, crisis intervention, and medication support; and be available to provide services in the field where clients are located, in office locations, and through the use of telephonic or other electronic communication when clinically appropriate.	PC	SC
3.d. Service Team clients will receive support and assistance to access, as needed, temporary housing and permanent housing, through the CES and other available programs.	PC	PC
4. Outreach, Engagement, Linkages, and Discharge Planning		
4.a. The County will maintain a 24/7 telephonic hotline (the ACCESS line or its successor) to aid in implementing the provisions below.	PC	SC
4.b. The County will make meaningful efforts to create a system to provide real-time appointment scheduling, timely in-the-field assessments, and authorization of services by ACCESS or its successor, in order to facilitate prompt and appropriate connection to services following an eligible individual's contact with ACCESS.	PC	PC
4.c. When an individual with serious mental illness (1) is identified by the County through section II.4.e, or (2) contacts (or another individual does so on his or her behalf) the County (e.g., the ACCESS program or its successor) or an ACBH contracted entity for behavioral health services, the County or an ACBH contracted community provider will determine the person's eligibility for community-based	PC	PC

behavioral health services and, unless the person can no longer be contacted or declines further contact, will provide a complete clinical assessment of the individual's need for community-based behavioral health services (an "assessment").		
4.c.i. Following such assessment, individuals determined to be eligible for and in need of FSP or Service Team services will be assigned to an FSP or Service Team's caseload to commence the provision of services.	PC	PC
4.c.ii. This assessment and assignment process will be promptly completed, and those services initiated in a prompt manner sufficient to reduce the risk of prolonged and future unnecessary institutionalization, hospitalization, or incarceration.	PC	SC
4.c.iii. Beginning no later than 6 months after the Effective Date, the County will document all situations in which an eligible individual is assessed as in need of FSP or Service Team services, but such FSP or Service Team services were not immediately available and will conduct regular quality reviews to identify such situations. Following a quality review, the County will take appropriate action, if any is indicated, based on the results of the quality review, and the results will inform the County's FSP Assessment undersection II.2.c.	NA	NA
4.d. Within **two years** of the effective date of the Agreement, the County will develop, implement, and staff a System Coordination Team to improve linkages to community-based services across the County's behavioral health system. The System Coordination Team will coordinate system care and improve transitions of care.	NA	NA
4.e The County will implement a system to identify and provide proactive outreach and engagement to individuals with serious mental illness who are, for reasons related to their serious mental illness, at risk of unnecessary institutionalization, hospitalization, or incarceration. In order to do so, this system will focus on factors that include, among others, whether individuals with serious mental illness have had frequent contacts with crisis services (including PES), frequent hospitalizations for mental health reasons, and/or frequent incarcerations (and, in the case of incarcerations, received behavioral health services during an incarceration). The County will connect such individuals, as needed, to FSPs, Service Teams, or other community-based services. The County will use a culturally responsive, peer driven approach that builds on the person's strengths and goals and seeks to address the individual's concerns regarding treatment (including service refusals). Outreach and engagement will include frequent, in person contact in the field in locations convenient to the person. Outreach and engagement will include using the Familiar Faces program to identify and connect with individuals who do not follow up regarding services after experiencing a crisis. Beginning no later than six (6) months after the Effective Date, the County will track progress in connecting individuals to needed services.	NA	NA
4.f The County will explore, collaborate with, and support as appropriate programs that provide connection to community-based services as alternatives to incarceration. The County will provide	PC	PC

information and education to prosecutors, public defenders, courts and law enforcement about available community-based services that can provide alternatives to incarceration, arrest, and law enforcement contact and will coordinate with these entities to rapidly connect individuals to those services as appropriate.		
4.g. The County will provide information and education to ACBHD-contracted behavioral health providers about available community-based services that can provide alternatives to unnecessary institutionalization and hospitalization and reduce risk of unnecessary law enforcement contact and will coordinate with these entities to rapidly connect individuals to those services as appropriate.	PC	SC
4.h. The County will work with law enforcement to direct referrals to the In-Home Outreach Team ("IHOT").	PC	SC
4.i. The County will ensure that people with co-occurring SUD can access and receive services, including through the development of two (2) substance use mobile outreach teams, within **two years** of the Effective Date	NA	NA
4.j.i and ii. In-Reach to, and Discharges to Community-Based Services from, Medicaid Institutions for Mental Diseases ("IMDs"). "IMD" as used in this Settlement Agreement, refers to Villa Fairmont Mental Health Rehabilitation Center, Gladman Mental Health Rehabilitation Center, and Morton Bakar Center. Within 12 months of the effective date of this Agreement, the County will begin initial implementation of a utilization review ("UR") pilot program. The UR pilot program will be designed to ensure that individuals are transitioned to and live in the most integrated setting appropriate to the individual's needs and to reduce the length of IMD stays where appropriate. As part of the UR pilot program the County will review clinical records and engage in peer-to-peer meetings to assess appropriateness for discharge in light of community-based services appropriate to the individual.	NA	NA
4.j.iii. Promptly after an individual eligible for ACBHD services is admitted to an IMD in the County, the individual will begin receiving discharge planning services. The individual's discharge plan will include transitioning the individual to the most integrated setting appropriate to the individual's needs, consistent with the individual's preferences. As part of assisting individuals to transition to the most integrated setting appropriate, appropriate community-based services will be identified. Where applicable and with the individual's (and, when relevant, his or her legal representative's) consent, FSP and Service Team providers will participate in the discharge planning process.	PC	PC
4.j.iv. If the unavailability of FSP or Service Team services is preventing discharge from an IMD to a community setting, then the director of ACBHD (or designee) will be notified, and the County will work to arrange such services as promptly, as possible.	PC	NA
4.j.v. The County will promptly notify ACBHD-contracted FSP and Service Team providers when their clients are receiving care at an IMD, to ensure that the provider promptly resumes services upon discharge, as appropriate.	PC	SC

4.k.i. and ii. Linkages for Services Following Discharge from John George PES and Inpatient. (i.) The Parties understand that John George is required to provide discharge planning to and effectuate safe discharges of patients at John George PES and John George inpatient in compliance with applicable laws, regulations, and contractual obligations, including, but not limited to, 42 C.F.R. § 482.43 and California Health & Safety Code §§ 1262 and 1262.5. (ii.) The County will collaborate with John George to support John George's safe and effective discharges of eligible individuals from John George PES and John George inpatient to community-based services as appropriate, including through ACBH's critical care managers and contracted community-based providers, with the goal of increasing the prompt connection to community-based services for patients that are eligible and appropriate for community-based services. The County will request that John George promptly notify the County when it identifies someone who may be eligible for any such services. Beginning no later than **eighteen (18) months** after the Effective Date, the County's role in this collaboration will include, to the fullest extent reasonably practicable: (1) using available data to promptly identify individuals registered by John George who are both (a) likely to be, for reasons related to their serious mental illness, at risk of unnecessary institutionalization, hospitalization, or incarceration, and (b) likely to be eligible for and in need of FSP or Service Team services; (2) upon identification, to the extent that the individual has not yet been discharged, promptly coordinate with John George to determine whether the individual is eligible for and in need of any such services; and (3) if the individual is eligible for and in need of any such services and to the extent that the individual has not yet been discharged, promptly connecting the individual to an FSP or Service Team to commence engagement, which may include participation in discharge planning and commencement of services upon the individual's discharge.	NA	NA
4.k.iii. The County will request that John George Psychiatric Hospital invite and actively include representatives of an individual's FSP or Service Team (if any) in the discharge planning process and, with respect to patients determined eligible for and in need of such services under section II.4.k.ii above, invite and actively include representatives of the County or a County-contracted community based service provider in the discharge planning process. To the fullest extent reasonably practicable and within the direct control of the County and its community-based service providers, and with the individual's consent, the County will ensure that: (1) representatives of the FSP or Service Team are included in the discharge planning process for those individuals who are assigned to or are clients of a County FSP or Service Team; and (2) representatives of the County or a County contracted community-based service provider are included in the discharge planning process for those individuals who are not assigned to an FSP or Service Team but who have been identified as eligible for an FSP or Service Team under section II.4.k.ii above. To the extent that John George routinely does not include	PC	NA

such representatives in the discharge planning process, the County will seek to identify and reasonably address barriers to John George's inclusion of such representatives in discharge planning.		
4.k.iv. Beginning no later than **eighteen** (**18) months** after the Effective Date, the County will use electronic health record and registration information provided to the County by John George Psychiatric Hospital to promptly identify individuals with serious mental illness who are discharged to the community and who are, for reasons related to their serious mental illness, at risk of unnecessary institutionalization, hospitalization, or incarceration in accordance with section II.4.e. and will comply with its obligations under section II.4.c.	NA	NA
4.k.v. The County will use programs designed to reach individuals who do not follow up regarding services.	PC	SC
4.k.vi. The County will collaborate with John George to ensure that John George promptly notifies FSP and Service Team providers when their clients are registered or admitted to receive John George PES or John George inpatient care, to facilitate the FSP's or Service Team's prompt resumption of services upon discharge.	PC	SC
4.l.i. Linkages for Services Following Release from Santa Rita Jail. This Agreement does not govern the provision of mental health services or treatment at Santa Rita Jail and does not duplicate, modify, or override any provisions in the Babu v. County of Alameda Consent Decree (including section III.I, "Discharge Planning," page 49:13-51:18). The County will ensure that ACBHD collaborates with the community's office and will use its best efforts to identify and implement appropriate strategies to improve warm handoffs of Behavioral Health Clients (as defined in the Babu consent decree) who are eligible for ACBHD services.	PC	PC
4.l.ii Beginning no later than **18 months** after the Effective Date, the County will periodically (at least every six months) evaluate FSPs' and Service Teams' (a) participation in discharge and reentry planning for their clients following notification of incarceration, (b) participation in discharge and reentry planning for incarcerated individuals referred to such provider, and (c) their success in re-engaging or newly engaging their client upon release. This evaluation will include analysis of timeliness, trends, and causes of identified problem areas. The Parties understand that FSP and Service Team participation in discharge and reentry planning may be provided through the use of telephonic or other electronic communication when clinically appropriate or as necessary to respond to public health considerations.	NA	NA
4.l.iii. Beginning no later than six (6) months after the Effective Date, the County will document all situations in which an individual identified by ACBHD as eligible and in need of FSP or Service Team Services and such FSP or Service Team services were not immediately available upon release and will conduct regular quality reviews to identify such situations.	NA	NA
4.l.iv. With the goal of reducing risk of unnecessary institutionalization, incarceration, and law enforcement contacts, the	NA	NA

County will take appropriate action, if any, based on the results of the evaluation in section II.4.l.ii. and the quality reviews in section II.4.l.iii.. Where appropriate, the results of the quality reviews under section II.4.l.iii will inform the County's FSP Assessment under section II.2.c.		
4.l.v. The County will use programs designed to reach individuals who do not follow up regarding services, consistent with Section II.4.e.	PC	SC
5. Culturally Responsive Services		
5.a. The County will continue its ongoing efforts to ensure that all services provided under this Agreement are culturally responsive and are person-centered. The County will continue to provide and expand culturally responsive behavioral health services, including through community-based and peer-run organizations, and will continue to identify and implement culturally and linguistically appropriate and affirming strategies and practices to help reduce behavioral health disparities across racial, ethnic, cultural, and linguistic groups.	PC	SC
5.b. The County will continue to operate the Office of Health Equity within ACBH, and the Division Director of the Office of Health Equity will continue to serve as the departmental Health Equity Officer, reporting to the Director of ACBH, and will oversee the existing Office of Ethnic Services. The Health Equity Officer will continue to work in collaboration with community stakeholders to promote social and behavioral health equity reform and inclusion, and to ensure clients receive high quality and client-centered care that considers the whole person and all their needs.	PC	SC
5.b.i. No later than **fifteen months** after the Effective Date of this Agreement, the Health Equity Officer will host a stakeholder and community input meeting. In order to deepen meaningful community stakeholder engagement, no later than one month before the stakeholder and community input meeting, the Office of Health Equity will make a dashboard publicly available on the Office of Health Equity's public internet website setting forth aggregated data metrics on the populations served by ACBHD (including individual racial and ethnic groups broken down by geographic area within the County) and various communities' service needs (including racial and ethnic groups' needs for FSP, Service Team, and IHOT services in geographic areas within the County).	NA	NA
5.b.ii. The Health Equity Officer will thoroughly review the feedback from the stakeholder/community input meetings on how to improve culturally responsive services in the County. The Health Equity Officer will periodically make recommendations to the Director of ACBH on how to improve culturally responsive services in the County and coordinate with the County's other diversity, equity, and inclusion programs and activities.	NA	NA
5.c. The County will continue to support the African American Wellness Hub capital facilities project, with the goal of aligning culturally relevant and community focused services for Black/African American residents within the County's service delivery system. The African American Wellness Hub facility will serve as a hub and coordinating center for a variety of behavioral health services,	NA	SC

community-based supports, and linkages for the Black/African American community in the County. The County will provide opportunities for community and stakeholder engagement over the course of this project to further the project's focus on providing culturally inclusive, respectful, and relevant supports to the County's Black/African American clients and community.		
5.d. The County has implemented and will continue to provide periodic and ongoing trainings to all ACBHD staff and ACBHD-contracted community-based providers regarding: culturally responsive services; trauma-informed care; inequities across race, ethnicity, sex, sexual orientation, gender identity, and disability; anti-racism and implicit bias. A primary intent of such trainings is to ensure the delivery of culturally responsive services and to increase engagement across historically underserved populations.	PC	SC