I. Justice-Involved Mental Health Task Force

Attachment

Carol F. Burton, MSW, Interim Director, Behavioral Health, LD Lewis, Deputy District Attorney, District Attorney’s Office, Brian Bloom, Public Defender’s Office and Melissa Vallas, Crisis System Liaison, Health Care Services Agency presented a PowerPoint presentation on Justice-Involved Mental Health.

The Justice-Involved Mental Health (JIMH) Taskforce was developed to convene a group of over 100 diverse leaders and decision makers from multiple agencies committed to safely reducing the number of people with mental illnesses in jails.

Approximately 2 million times each year persons with serious mental illness are admitted into jails, with 75% of these individuals experiencing an alcohol and/or drug problem. Once incarcerated, persons with serious mental illness tend to stay in jail longer and after release, they are more likely to return to jail than people without these illnesses.

Jails spend two to three times more money on adults with mental illness that require intervention than on those without the same needs, with little or no improvement to public safety or individuals’ health. Without change, large numbers of people with mental illnesses will continue to cycle through the criminal justice system.

The goals of the JIMH Taskforce are to:

- Reduce the number of people who have mental illnesses who are booked into jail
- Reduce their average length of stay
- Increase the percentage of people who have mental illnesses who are connected to treatment and services
- Reduce the recidivism rates of individuals with SMI

AB1810 is a funding opportunity to help address gaps in county systems to assist with either 1) expanding or adapting current programs, or 2) developing new pre-trial diversion programs across a continuum of care settings for individuals who have significant mental health challenges who are justice-involved and are found or at risk to be found Incompetent to Stand Trial (IST) on felony charges. Counties are encouraged to leverage all available funding sources, as appropriate.

The JIMH Task force needs include: 1) Data Sharing – Develop information-sharing agreements between agencies to protect people’s privacy and support the need for sharing the results of screenings and assessments to inform key decisions for people with mental illness; 2) Timely Mental Health & SUD Assessment - adopt validated screening and assessment process and tools for mental illnesses and substance addictions to ensure that the behavioral health needs of everyone booked into jail are accurately identified.
Speaker

Joe Rose, President and CEO of NAMI Alameda South, stated that the Justice Involved Mental Health Taskforce has been a great process. Mr. Rose asked that an industrial engineer for this project to save in project costs; he has experience in this area and was a principal designer for programs that reduced hospitalizations and costs savings at John George Hospital.

Purpose:

- Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

Recommendation from Health Committee: The Committee requested a future agenda item on an overview of the infrastructure for Justice-Involved Mental Health that includes public safety and social services partners.

II. Mega Rule and Waiver Update

Attachment

Carol F. Burton, MSW, Interim Director, Behavioral Health and Rudy Arrieta, Quality Management Director, Behavioral Health presented a PowerPoint presentation on the Medi-Cal Managed Care Mega Rule and Waiver update.

The Medicaid Managed Care Final Rule provides an opportunity for Alameda County to strengthen its public behavioral health system and bring it in closer alignment with Medi-Cal managed care plans.

The Federal Managed Care Regulations, Part 438 of title 42 Code of Federal Regulations was issued in the Federal Register on May 6, 2016. It applies to the provision of Medicaid Managed Care (MMC) programs and managed care organizations (MCOs), Pre-paid Inpatient Health Plans (PIHPs), and Pre-paid Ambulatory Health Plans (PAHPs).

Mental Health Plans and counties opting into the Drug Medi-Cal (DMC) Organized Delivery System (ODS) Waiver are considered PIHPs, effective date of Final Rule was July 1, 2016. The county phased implementation of new provisions over a 3 year period.

The final rule advances Centers for Medicare/Medicaid Services (CMS) mission of better care, smarter spending, and healthier people.

The key goals include:

- To support State/County efforts to advance delivery system reform and improve the quality of care
- To strengthen the beneficiary experience of care and key beneficiary protections
- To strengthen program integrity by improving accountability and transparency
- To align key Medicaid and CHIP managed care requirements with other health coverage programs

The next steps include scheduling a presentation to the full Board of Supervisors.

Purpose:

- Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

This item was informational only and required no Committee action.
III. No Place Like Home (NPLH) Update

Robert Ratner, Housing Services Director, Behavioral Health, presented a PowerPoint presentation on the No Place Like Home program.

The No Place Like Home (NPLH) program is a $2 billion statewide bond program operated by California Housing and Community Development created September 2016, supported by voters in November of 2018. The funds are to create more supportive housing units statewide for homeless individuals and families struggling with a serious mental illness.

The funds can be used for acquisition, design, construction, rehabilitation, and operating reserves for housing projects. Developers, property managers, and service providers must meet statewide threshold criteria to be considered for funding.

The funding is divided into noncompetitive and competitive funding pools; competitive funding pools are based on county size; Alameda County is a large county (>750,000 people) and will compete with most other large counties for funding. The County has received a noncompetitive funding allocation of $6,464,468.

The deadline for Round 1 of at least 4 large county competitive pools of $93,535,977 is January 30, 2019. There are 13 proposed permanent supportive housing projects countywide, with $65.9 million dollars in competitive funding requests. Many projects also receiving recommendation for Measure A1 bond funding. Project locations include the cities of Alameda, Berkeley, Fremont, Hayward, Oakland and Livermore.

Purpose:
- Report progress
- Advocacy or Education
- Request Health Committee Recommendation or Position
- Other:

Recommendation from Health Committee: Support. Move to the full Board of Supervisors.

PUBLIC COMMENT
None.

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