

ALAMEDA COUNTY BEHAVIORAL HEALTH CARE SERVICES (BHCS)

SUBSTANCE USE DISORDER SERVICES FOR AB109 CLIENTS

Results-Based Accountability (RBA) Report for FY 15-16

Alameda County BHCS's Substance Use Disorder System of Care provides an extensive continuum of substance use disorder services. There are multiple levels of care, many of which offer gender- and age-specific programs and/or programs for young children. The system includes Sobering Centers, Residential Treatment, Recovery Residences (Sober Living Environments), Intensive Outpatient Treatment, Outpatient Treatment and Narcotic Treatment and Screening.

PARTNERS:

Criminal Justice Departments, CenterPoint, and SUD providers (especially Bi-Bett, CURA, New Bridge, Options and Second Chance).

How Much Did We Do?

Total utilization of SUD treatment services by AB109 clients

SERVICE Category (Out of Custody SUD Treatment)	# of Clients FY 14/15	# of Clients FY 15-16
Detox/Sobering Station	68	127
Residential/Recovery Residences	58	126
Outpatient Drug-Free (Outpatient Group and Individual Sessions, and Assessment and Care Management)	128	215
Narcotic Treatment Programs (Dosing and Counseling)	47	104
Total with duplications	301	572
Total unduplicated	280	439

Clients find their way into treatment through Probation and CJCM, and also through self-referral and other means. The total number of AB109 SUD clients served has increased by 86%, rising from 280 in FY 14-15 to 439 in FY15-16.

Clients who were referred by Probation to Criminal Justice Care Management (CJCM) for assessment and referral, and were then admitted into treatment

Referrals from Probation and Assessments and Referral to Treatment	FY14-15	FY15-16
Referrals from Probation to CJCM	298	376
CJCM assessments with referrals into treatment	233	258
<i>% of clients referred by Probation who showed up for and received assessments by CJCM and referrals into treatment</i>	78%	69%
Clients assessed for and referred into treatment by CJCM who showed up for and were admitted into treatment	182	186
<i>% of clients assessed and referred into treatment by CJCM who were later admitted into treatment</i>	78%	72%

CenterPoint operates our CJCM program and receives referrals directly from Probation. The increase in the number of referrals and the total number of clients admitted into treatment is likely due to Probation using the broader definition for AB 109 to include a larger population of people on probation with realigned offenses. A high percentage of those referred by Probation showed up for assessments by CJCM, and an equally high percentage of those assessed were subsequently admitted into treatment.

How Well Did We Do?

Timely beginning of treatment for those clients assessed and referred by CJCM

Of 186 Admissions into SUD Treatment	Admitted in 14 days	Admitted in 35 days
Timeliness of admissions into SUD treatment <ul style="list-style-type: none"> • 32 were for residential treatment • 68 were for outpatient coupled with sober living environment • 86 were for outpatient without a sober living environment 	150 (81%)	36 (19%)

- 1) *81% within 14 days is a very strong performance statistic for the general population and even more so for Criminal Justice. 100% within a short time thereafter is impressive, and is due to concerted and collaborative efforts between Probation, CenterPoint, and providers.*
- 2) *The distribution of referrals is a departure from previously unmanaged trends when most referrals went to residential treatment. CenterPoint is using the American Society of Addiction Medicine (ASAM) criteria that match client situations to the level of care most appropriate for their needs.*

Timely engagement in treatment inclusive of all AB109 clients, irrespective of how they were initially referred

There were 439 AB109 clients admitted into SUD Treatment

- 365 clients had at least two treatment sessions or treatment days with 30 days after admission
- 89% of clients received two or more sessions or treatment days

89% of all clients were well into treatment within 30 days of admission. Providers work in collaboration with probation to engage clients quickly. This measure of engagement is used nationally as a validated predictor of positive outcomes. In comparison with national norms, Alameda County's results are very high.

Clients admitted into treatment through referral by CJCM who were later transferred to a different level of SUD treatment

32 Were Later Transferred to a Different Level of Treatment

Of the 32 transfers:

5 were originally in residential treatment

17 were originally in outpatient coupled with a sober living environment

10 were originally in outpatient without a sober living environment

Transferring clients to different levels of service indicates that providers are using a "client centered" versus a "program centered" approach. When a client's situation changes to warrant a different level of care, they are transferred accordingly. This involves individualized, regular assessment of progress and needs, using the American Society of Addiction Medicine (ASAM) criteria that are considered best practice in the field of addiction.

Is Anyone Better Off?

Discharge outcomes of clients admitted into treatment through a CJCM referral

Discharge Status	FY 14-15 # of Clients	FY 15-16 # of Clients	% of Those Discharged FY 14-15	% Of Those Discharged FY 15-16
Discharged after successful progress	45	54	31%	34%
Transferred to another level of care	24	32	17%	20%
Discharged without significant progress	65	64	45%	40%
Discharged due to re-incarceration	10	10	7%	6%
TOTAL	145	160	100%	100%

This is a complex and challenging population. There is slight improvement from the previous year but still room for further improvement. This year we will explore other evidence-based practice trainings for providers to enhance their effectiveness. We will also continue to meet with providers and Probation staff to improve collaboration around care coordination.