

County of Santa Clara  
Santa Clara Valley Health & Hospital System  
Department of Alcohol and Drug Services



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**DATE:** March 20, 2018  
**TO:** Board of Supervisors  
**FROM:** Toni Tullys, Director, Behavioral Health Services  
**SUBJECT:** Muriel Wright Behavioral Health Residential Services

**RECOMMENDED ACTION**

Consider recommendations relating to Muriel Wright Behavioral Health Residential Services.

Possible action:

- a. Approve Agreement with Telecare Corporation relating to providing substance use residential treatment services in an amount not to exceed \$375,000 for period April 1, 2018 through June 30, 2018, that has been reviewed and approved by County Counsel as to form and legality.
- b. Approve Agreement with Telecare Corporation relating to providing crisis residential services in an amount not to exceed \$797,538 for period April 1, 2018 through June 30, 2018, that has been reviewed and approved by County Counsel as to form and legality.

**FISCAL IMPLICATIONS**

The three-month total amount is \$375,000 for substance use residential treatment services and \$797,538 for crisis residential services. The three-month total for both programs is \$1,172,538. funded by Assembly Bill (AB) 109. The funding consists of \$1,000,000 in Assembly Bill (AB) 109 funding and \$172,538 of County General Fund, which are included in the Behavioral Health Services Department's (BHSD) Board Approved Fiscal Year (FY) 2018 budget.

**CONTRACT HISTORY**

On July 21, 2017, the BHSD issued a Request for Proposal (RFP-BHS-FY18-0003) seeking substance use residential treatment and crisis residential services. Telecare Corporation was selected as the provider for both of these services as a result of this RFP. The BHSD does not have a current substance use treatment Agreement with Telecare Corporation.

**REASONS FOR RECOMMENDATION**

These Agreements with Telecare Corporation would provide behavioral health residential treatment services for substance use and crisis residential services awarded through RFP-BHS-FY18-0003: Behavioral Health Partial Hospitalization and Muriel Wright Residential Services. Telecare Corporation was selected to receive funding to serve criminal justice clients with substance use and mental health conditions at the Muriel Wright facility. This is a County-owned facility that was repurposed in March 2018 for residential treatment services.

Telecare's Agreement for substance use residential services would provide 30 residential treatment beds for adult criminal justice clients. Consistent with the American Society of Addiction Medicine (ASAM) Criteria, federal Substance Abuse and Mental Health Services Administration (SAMHSA) best practices, and longstanding BHSD program practices, Telecare Corporation is Dual Diagnosis Capable (DDC). DDC addresses the relationship between mental health and substance-related disorders and their effect on the client's readiness to change, as well as relapse and recovery environmental issues, through individual and group program content.

The co-occurring 15 bed Crisis Residential Services (CRS) would provide an alternative to acute psychiatric hospital services for adult and older adults involved in the Criminal Justice System (CJS) who would otherwise require hospitalization, and are provided in normalized living settings that are integrated into residential communities. The services follow a social rehabilitation model that integrates aspects of emergency psychiatric care, psychosocial rehabilitation, milieu therapy, case management, and practical social work. These programs are fully staffed, often with several staff members on duty for 10 to 15 hours at a time during peak program hours. The majority of CRS programs serve clients who have been placed under a 5150 hold.

These services support the Santa Clara Valley Health and Hospital System's Strategic Roadmap principles by providing substance use treatment and crisis residential services to improve client experience and outcomes.

### **CHILD IMPACT**

The recommended action will have no/neutral impact on children and youth.

### **SENIOR IMPACT**

The recommended action will have a positive impact on seniors by ensuring substance use treatment and crisis residential services are available in Santa Clara County. These programs will increase available resources, education, and access to mental health and co-occurring (mental health and substance abuse) services for individuals transitioning from custody into the community.

### **SUSTAINABILITY IMPLICATIONS**

The recommended action enhances the Board of Supervisors' sustainability goal of enhancing social equity and safety by improving access to mental health and substance use treatment services to the County's criminal justice involved population.

### **BACKGROUND**

For Substance Use ASAM Level 3.1 Recovery Services, the target population needs time and structure in a supportive environment to practice and integrate their recovery and coping skills and some would likely be in the pre-contemplation stage of change. The primary goal of this level of residential treatment will be engagement and stabilization. The client's length of time in treatment will be based on individual clinical needs. This level of care provides a structured recovery environment, staffed 24 hours a day, and offers at least 5 hours per week of low-intensity treatment focused on applying recovery skills, preventing relapse, improving emotional functioning, and promoting personal responsibility. Services may include individual, group, and family therapy; medication management and medication education. Interpersonal and group living skills are promoted through community or house meetings of residents and staff. Mutual self-help meetings are usually available on site or easily accessible in the community.

For Substance Use ASAM Level 3.5 Residential Treatment, assistance is provide to individuals whose addiction is currently so out of control that they need 24-hour supportive treatment environment. Their multidimensional needs are of such severity that they cannot safely be treated in less intensive levels of care. This level of care is characterized by their reliance on the treatment community as a therapeutic agent. The goals of treatment in these programs are to promote abstinence from substance use, and to address other addictive and antisocial behaviors. Individuals generally can be characterized as having chaotic, non-supportive and often abusive interpersonal relationships; extensive treatment or criminal justice histories and limited work histories and educational experiences. The focus of treatment is on stabilization of dangerous addiction signs and symptoms, initiation or restoration of a recovery process, and preparation for ongoing recovery in the broad continuum of care.

Crisis Residential Programs (CRS) were established under the Community Residential Treatment Systems Act of 1978, which sought to create alternative services to inpatient admissions and institutionalizations (California Mental Health Planning Council, 2010). Although the initial models for crisis residential programming were developed in the 1970's, there has been a remarkable growth in the demand for this level of care since 1985 (Stroul, 1991). This growth has been in response to the growing pressure on psychiatric inpatient services and demands of managed care in the behavioral health arena (Fields, 1995).

As such, the CRS would serve high risk severely mentally ill and co-occurring (mental health and substance use) adults and older adults who are involved in the CJS and are residents of Santa Clara County. Individuals served would typically be returning to the community from one of the Santa Clara County Correctional Facilities, residential treatment or hospitalization, and also be linked to and receiving services from a service provider contracted by the BHSD CJS Division. Individuals would be eligible for CRS following a mental health crisis requiring stabilization and assessment in a structured, secure setting in an effort to ultimately determine appropriate placement and ongoing treatment needs. The Crisis Residential Facility would consist of 15 beds serving approximately 128 individuals per year, with an average length of stay of 14 to 21 days. The program will provide therapeutic services in a protected, supervised, non-hospital setting and would have an active, structured schedule based on a 15-16 hour day. It would provide stabilization; mental health services that include

a comprehensive assessment and evaluation, plan development, therapy, rehabilitation and collateral; case management services; crisis intervention; medication support services; and would be responsible for arranging emergency services for program clients when needed. These services would be provided based on an individual's assessed need(s).

The BHSD would monitor Telecare Corporation for compliance through the Agreement requirements, treatment standards, BHSD policies and procedures, and other statutory requirements relating to client rights and consents. Performance monitoring also includes using national indicators for treatment quality.

### **CONSEQUENCES OF NEGATIVE ACTION**

Failure to approve the recommended actions would affect the BHSD's ability to provide behavioral health substance use treatment and crisis residential services for clients in Santa Clara County.

### **STEPS FOLLOWING APPROVAL**

Upon approval, the Clerk of the Board is requested to send an e-mail notification to Leilani Villanueva at [Leilani.Villanueva@hhs.sccgov.org](mailto:Leilani.Villanueva@hhs.sccgov.org) and Evonne Lai at [Evonne.Lai@hhs.sccgov.org](mailto:Evonne.Lai@hhs.sccgov.org)

### **ATTACHMENTS:**

- Telecare Corporation FY18 Contract for Substance Use Treatment Services (PDF)
- Telecare Corporation FY18 Contract for Crisis Residential (PDF)