Alameda County Behavioral Health Care Services
Departmental Update

Alameda County Board of Supervisors – Health Committee: April 24, 2023

Presenter:
Karyn L. Tribble, PsyD, LCSW
ACBH Director

Alameda County Behavioral Health Care Services

A Department of Alameda County
Health Care Service Agency

Contents:

- ACBH Departmental Overview & New Infrastructure

- Significant Changes

- Key Initiatives

- Data Highlights

- Future Planning & Next Steps

ACBH Departmental Overview

- **Mental Health & Substance Use Services**
  - Mental Health Managed Care & Drug Medi-Cal Organized Delivery System (DMC-ODS)

- **Contracting Community Based Organizations (CBOs)** deliver approximately **87%** of all Mental Health Services and **100% of all Substance Use Services** for the Department.

- **CURRENT Fiscal Year (FY) 2022-2023 Budget:**
  - $653 Million Dollars
  - 797+ FTE County Civil Service Positions
  - Final client-level encounter data pending

- **"True North Metrics" used in Decision-Making & Trajectory**
  - Quality; Investment in Excellence; Accountability; Financial Sustainability; & Outcome-Driven Goals

FY 2021-2022 Mental Health (MH) Services Demographics: Who did we serve in our MH programs*?

- Approximately 51% of clients were Adults between the ages of **18 and 59 Years**.

- 39% of clients represented Children and Youth between the ages of **0 and 17 Years**.

- Gender:
  - 52% Female (10,181)
  - 48% Male (9,357)
  - < 1% Unknown/Missing (9)
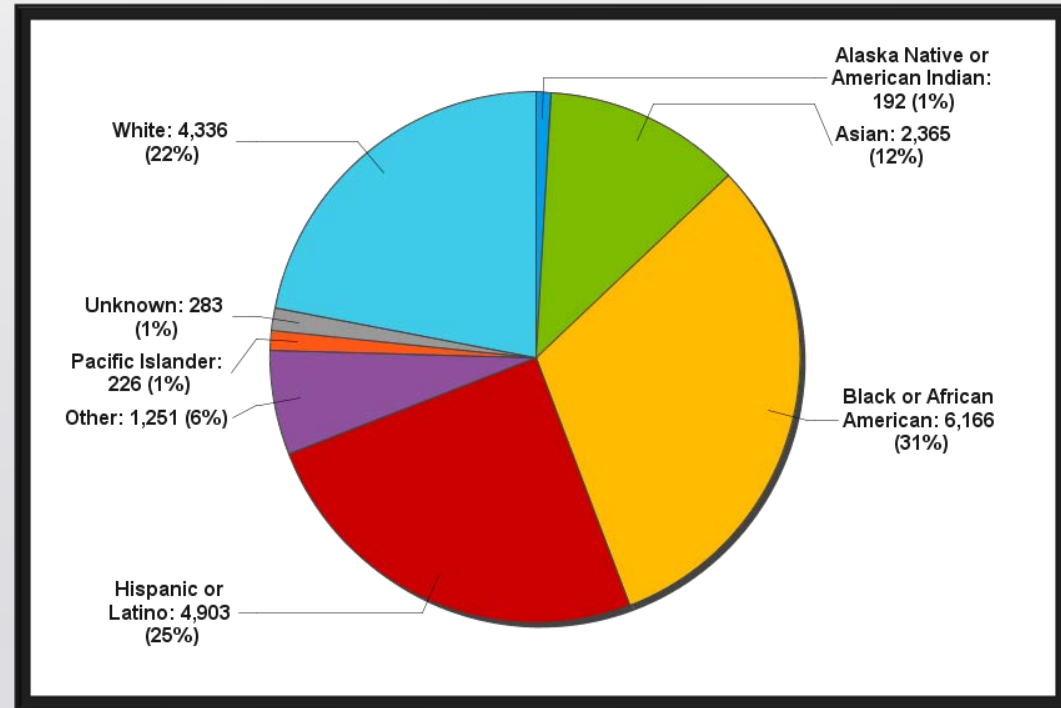
* 19,722 Individuals served in MH community-based settings (Day Treatment, Full-Service Partnerships (FSPs), Outpatient Services, Residential Treatment, and Service Teams).

FY 2021-2022 Substance Use Disorder (SUD) Services Demographics: Who did we serve in our SUD programs*?

- Approximately 80% of clients were Adults between the ages of **26 and 59 Years**.

- 11% of clients represented Adults over the ages of **60+ Years**.

- Gender:
  - 65% Male (3,871)
  - 35% Female (2,046)
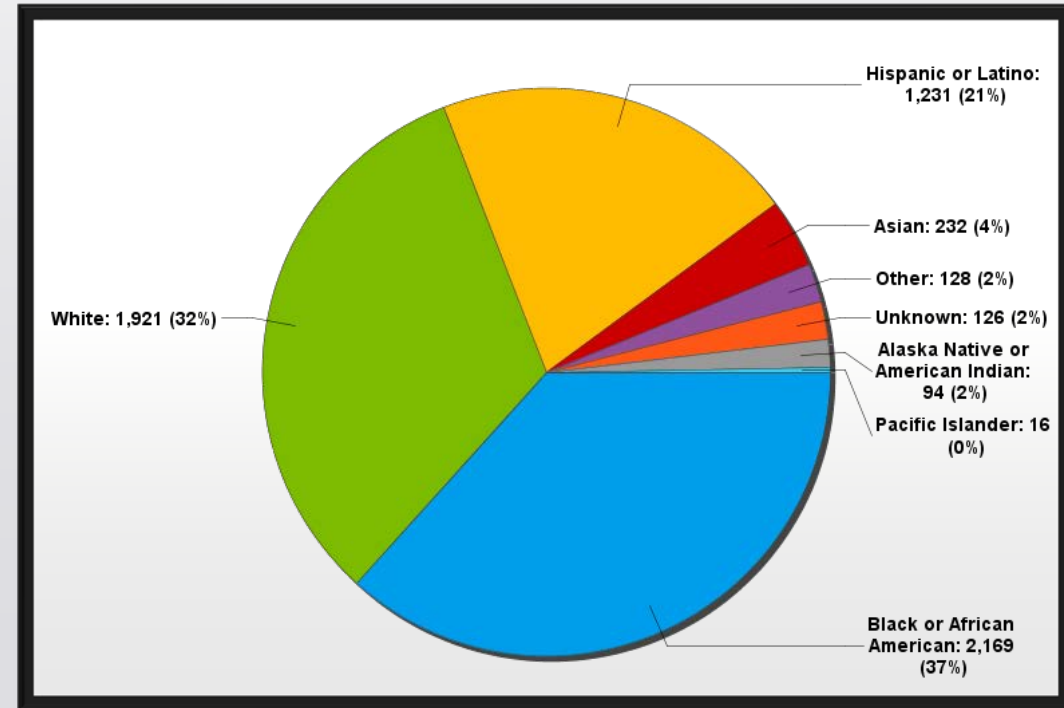
* 5,917 Individuals served in Substance Use Disorder (SUD) Programs.

Executive Leadership

Karyn Tribble, PsyD, LCSW
ACBH Director

- Office of Health Equity
- Workforce, Education, & Training
- Compliance & Privacy Office
- Public Information Office

James Wagner, LMFT, LPC
Deputy Director, Clinical Operations

- Clinical Support Services & Programs
- Mental Health Services
- Substance Use Services
- Forensic Services

Karen Capece, LCSW
Interim Deputy Director, Plan Administration

- Quality Management
- Financial Services
- Mental Health Services Act
- Information Systems & Data Analytics
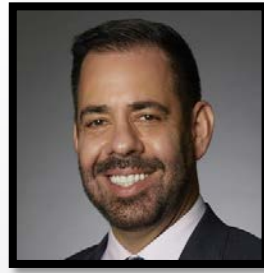
Aaron Chapman, MD
Chief Medical Officer

- Acute & Crisis Services
- Psychiatry, Pharmacy, & Nursing Services
- Emergency Management & Response
- Integrated Primary Care Services

Cecilia Serrano
Finance Director

Kate Jones, RN, MS, MSN
Director, Adult & Older Adult System of Care

Lisa Carlisle, M.Ed, MA
Director, Child & Young Adult System of Care

Stephanie Lewis, LMFT
Acting Director, Crisis System of Care

Juan Taizan, MPA
Director, Forensic, Diversion, & Re-Entry Services

Stephanie Montgomery, MSW
Director, Office of Health Equity
Health Equity Officer

Karen Capece, LCSW
Quality Management (QM) Program Director
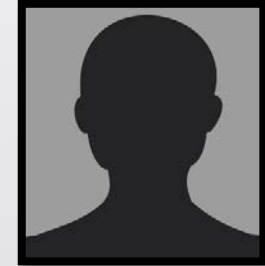
Clyde H. Lewis, Jr., Ed.D
Director, Substance Use Continuum of Care

Kinzi Richholt, MSN, APRN
Chief Nursing Officer

Kara Anderson
ACBH Departmental Personnel Officer
Health Care Services Agency

Candidate Selected
ACBH Public Information Manager
Health Care Services Agency
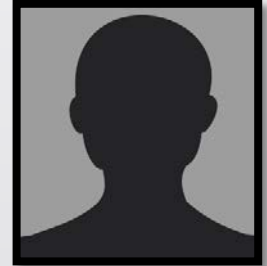
Appointment Pending
ACBH Compliance & Privacy Officer
Health Care Services Agency

Office of the ACBH Director
- Office of Health Equity
- Strategic Initiatives
- Workforce, Education, & Training (WET)

Plan Administration
- Quality Management
- Mental Health Services Act (MHSA)
- Information Systems
- Data Services
- Financial Services

Care Delivery System

Adult & Older Adults

Forensic, Diversion, & Re-Entry

Clinical Operations
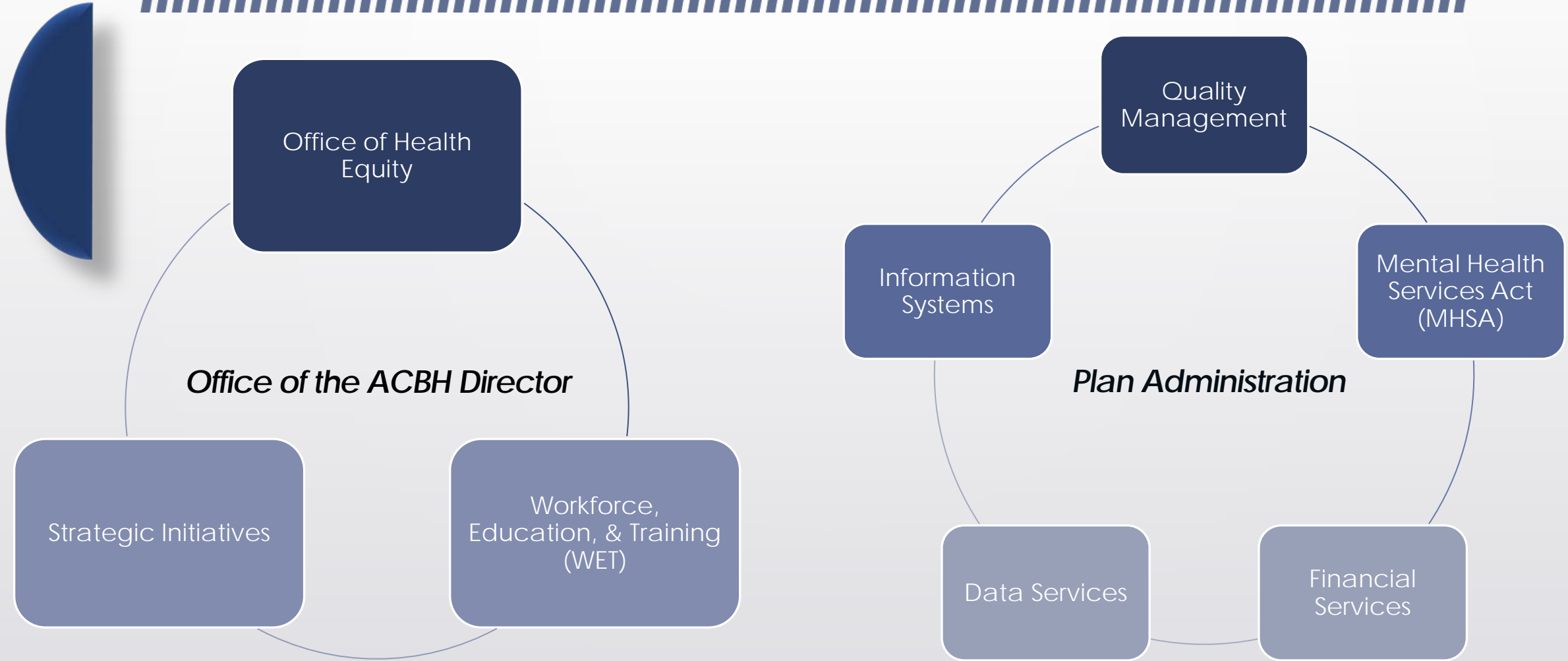
Child & Young Adults

Substance Use System
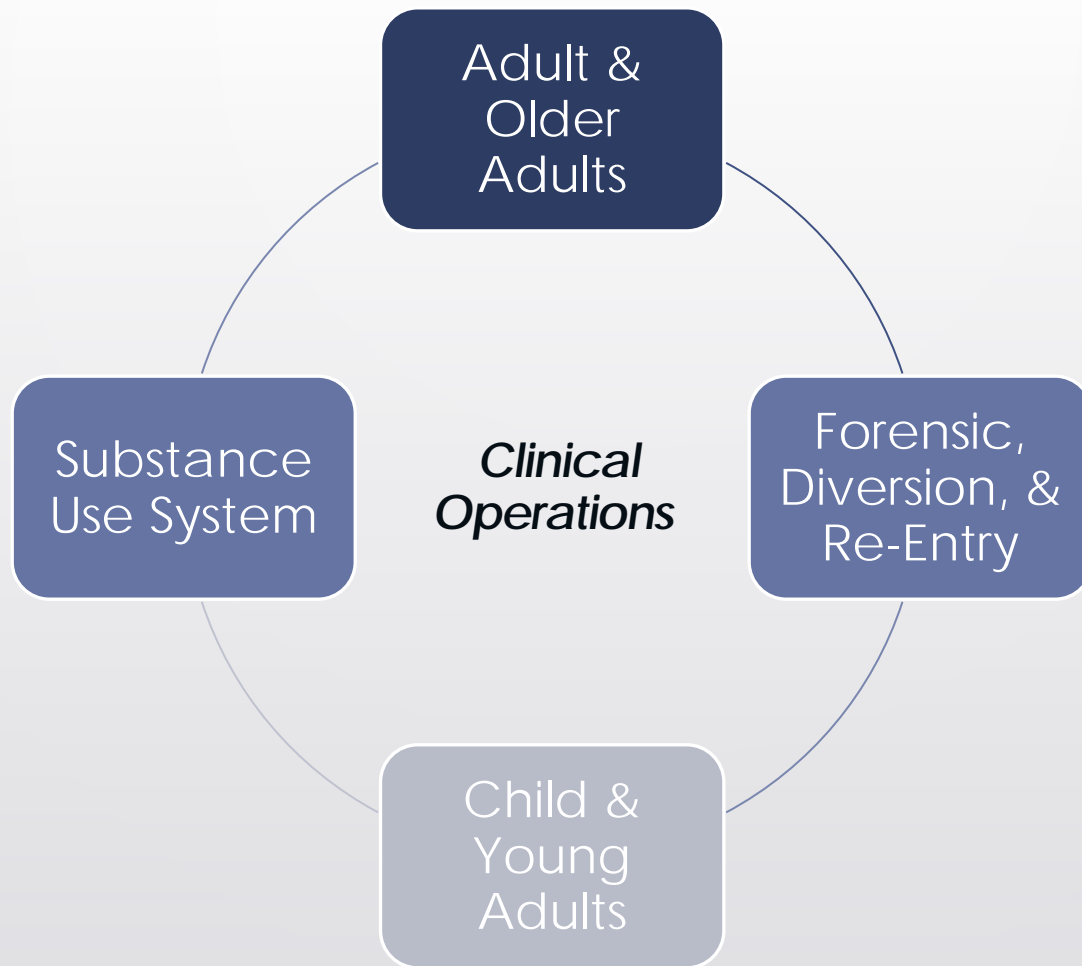
Care Delivery System

Adult & Older Adult System
Serving Adults 18 Years & Older

Crisis Services System
Across the Life Span & Community

Child & Young Adult System

Serving Children & Youth from Birth – 24 years

Substance Use System
Continuum of Care with Gender and Age-Specific Programs

Forensic, Diversion, & Re-Entry System
Supporting Youth & Adults In Custody and within the Community

Care Delivery & Integrated Services

Adult & Older Adult System of Care

Serving Adults 18 Years & Older

- County & Community Outpatient Services
- Wellness Centers
- Medication Clinics
- Early Intervention Services
- Conservatorship Programs
- In Home Outreach Teams
- Long-Term Residential Care
- Case Management & Care Coordination Programs

Child & Young Adult System of Care

Serving Children & Youth from Birth – 24 years

- County & Community Outpatient Services
- School-Based Mental Health Services
- Early Childhood Services (0-8 Years)
- Services to Transition Age Youth (TAY)
- Residential Treatment
- Foster Youth Services
- Coordination with School Health Centers

Substance Use Continuum of Care

Continuum of Care with Gender and Age-Specific Programs

- Outpatient & Intensive Outpatient Treatment
- Drug & Alcohol Prevention
- Residential Treatment
- Opioid Treatment Programs
- Sober Living & Recovery Support
- Sobering Centers & Withdrawal Management
- Perinatal & Parenting
- Drug Courts
- Medication Assistant Treatment

Forensic, Diversion, & Re-Entry System of Care

Supporting Youth & Adults in Custody and within the Community

- Probation Based Services
- Forensic Behavioral Health
- Conditional Release Programs
- Juvenile Justice Center & Santa Rita Jail Behavioral Health Services
- Justice Involved Conservatorships
- Mental Health Courts & Court Mandated Treatment
- Re-Entry & Diversion Services

↓ **Services Across the System & Continuum** ↓

Client Access | Employment Services | Housing Services via Health Care Services Agency | Crisis System of Care | Psychiatry & Nursing Services | Integrated Primary Care Services | Pharmacy Services

Significant Changes

- **Departmental Restructuring (February 2020 – Current Date):**
  - Quality Improvement & Data Analytics Division
  - Chief Nursing Officer, Integrated Services
  - Crisis Services System of Care
  - Workforce, Education, & Training (Department & System)
  - Forensic, Diversion, & Re-Entry System of Care
  - Office of Health Equity, Health Equity Division
  - Plan Administration, Clinical Operations, & Integrated Services

- **Application of "True North Metrics"**
  - Behavioral Health Continuum Infrastructure Program (BHCIP) Grants
  - "ACCESS" Division Community Engagement & Services Planning
  - School Based Services Expansion & Re-Investment
  - Public-Facing Dashboard Development (Planned for Website)

Significant Changes Continued…

- **"988" & Crisis System Coordination Planning**
  - Augmentation of Crisis Support Services Contract
  - Coordination with County Partners
  - Web Page Development: County Crisis System Geo-Mapping

- **Overall Performance Improvements**
  - External Quality Reviews, Triennial Reviews, Regulatory Audits

- **New Website Launch**
  - Real-Time Translation – (10) Ten Languages

Key Initiatives (Framework)

- Service & Quality Improvement

- Client, Family Member, Stakeholder Engagement

- Regulatory Changes (State/Federal)

- New or Pending Legislation

- Service Delivery Changes, Expansion, and/or Re-Investment

- Workforce

Key Initiatives

- "988" & Crisis System Coordination Planning
  - Augmentation of Crisis Support Services Contract
  - Coordination with County Partners; System Planning
  - Web Page Development: County Crisis System Geo-Mapping

- CARE Courts

- African American Wellness Hub Facility Planning, Stakeholder Engagement, & Programming

- Lanterman Petris Short (LPS) 5150/5585 Pilot & Expansion of Licensed Professionals

- Forensic Planning & System Development

- Departmental Strategic Planning & Stakeholder Input

- Peer Certification (SB 803)

- Opioid Settlement Planning

- *California Advancing & Innovating Medi-Cal (CalAIM) Planning & Coordination

Key Initiatives

CalAIM

Departmental Impacts Summary

- **Service & Quality Improvement (CalAIM Goals):**
  1) Identify and manage comprehensive needs through whole person care approaches and social drivers of health.
  2) Improve quality outcomes, reduce health disparities, and transform the delivery system through value-based initiatives; modernization and payment reform.
  3) Make Medi-Cal a more consistent and seamless system for enrollees to navigate by reducing complexity and increasing flexibility.

- **ACBH Finance Payment Reform:**
  - Once infrastructure and processes are established, CalAIM Payment Reform provides more flexibility to explore provider reimbursement arrangements that incentivize quality and value and a fundamental level.

- **Information Systems, Data Interoperability, & Billing Requirements:**
  - Build capacity that will allow County Behavioral Health Plans (ACBH) to demonstrate and maintain compliance with new federally-mandated Centers for Medicare & Medicaid Services(CMS) interoperability rules.

Key Initiatives (CalAIM)

- **County Behavioral Health (BH) Plans** (i.e. Mental Health Plans; Drug Medi-Cal Organized Delivery System) are contracted with the State to render Specialty Mental Health Services and Substance Use Disorder Services, and therefore **subject to federal and State policy implementation, regulatory, and contractual requirements.**

- <u>**DHCS CalAIM Behavioral Health Initiatives**</u> are specific multi-year policy implementation requirements for County BH Plans, effective 2022 till at least 2027, towards the goal of a seamless and streamlined health care system for the Medi-Cal beneficiary.

- <u>**DHCS Behavioral Health Quality Improvement Program (*BHQIP)**</u> is a structured program for County BH Plans to implement CalAIM BH Initiatives by completing deliverables tied to the following three (3) goals: 1) Payment Reform, 2) Policy Implementation, 3) Data Exchange.

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

* BHQIP Deliverables incorporate <u>**CMS Interoperability and Patient Access Final Rule**</u>.

Data Highlights:

Summary & Takeaways

- The number of Alameda County **5150s have significantly declined since 2019**.

- Across the county, **the number of 5150s (72 hour holds) that were converted to 5250s (14 day holds), have also decreased**.

- Generally, **Sub-Acute referral sources** are the County, Conservator's Office, and Acute Psychiatric Inpatient units, such as John George Psychiatric Hospital (JGPH).

- The **majority of referrals for Acute/Inpatient treatment** are from family members, hospital emergency departments, and law enforcement.

- **Full Service Partnerships reduce episodes** of Incarceration & Overall time in jail.

- **Data from John George Psychiatric Hospital (JGPH), Psychiatric Emergency Service (PES) Unit:**
Number of 5150s → Converted to 5250s

Data Highlights:

Psychiatric Emergencies Countywide

YEAR	# of 5150s	→Converted to 5250	Percent
2012	9,988	112	1%
2013	10,416	295	3%
2014	11,073	259	2%
2015	12,200	127	1%
2016	11,703	52	0%
2017	10,190	59	1%
2018	10,079	117	1%
2019	8,631	360	4%
2020	7,487	17	0%
2021	6,550	3	0%
2022	6,347	7	0%
2023	1,136	2	0%

Inpatient/Acute (JGPH) & Sub-Acute Services:

Discharge Locations from JGPH

Most Frequent Referral Sources to Inpatient/ Sub-Acute

Where Do Patients Go?
(July-December 2022)

- DRUGTX 0.1%
- GL 1.5%
- MB 0.3%
- JAIL 4.3%
- VF 3.8%
- CJ 4.1%
- Crisis Residential 13.0%
- Shelter 8.2%
- Other Acute Hospital 5.0%
- Board and Care 12.8%
- HOME 47.0%

- Community: Self/CBO (Inpatient/Acute)
- Family Members (Inpatient/Acute)
- Hospital Emergency Departments (Inpatient/Acute)
- Law Enforcement (Inpatient/Acute)
- Sub-Acute: Conservatorship, County, Acute Facilities, CBOs

Key Source: JGPH Presentation to Alameda County Mental Health Advisory Board (January 9, 2023)
https://www.acbhcs.org/MHB/meeting_doc_23/MHB/Presentation-to-the-Mental-Health-Advisory-Board-FINAL-2023.01.09.pdf

- **Systemwide 5150 Overview:**
  Number of 5150s → Converted to 5250s

Data Highlights:

Psychiatric Emergencies Countywide

Year	5150 Count	→Converted to 5250	Percent
2012	14,103	1,784	13%
2013	14,236	1,548	11%
2014	15,091	1,278	8%
2015	16,483	1,265	8%
2016	15,098	1,340	9%
2017	14,494	2,042	14%
2018	13,911	1,838	13%
2019	12,120	1,602	13%
2020	11,695	720	6%
2021	10,294	612	6%
2022	9,806	242	2%
2023	1,789	22	1%

Data Highlights:

Psychiatric Emergencies Countywide

Systemwide 5150 Overview:
By Provider

(Year 2022)

2022

Provider Name	# 5150	→ 5250	Percent
LA CLINICA MHS CHILD	1	0	0
ACCESS MHS ADULT LA CLINICA	1	0	0
SO CO CRISIS RESP PRGM MHS AD	154	0	0
SO CO CRISIS POST CRISIS TEAM	4	0	0
SO CO CRISIS RESP HAYWARD AD	11	0	0
BONITA HOUSE CATT PROGRAM	154	0	0
ALAMEDA HLTH SYS JGP INPATIENT	2139	198	9.26
ALAMEDA HLTH SYS JGP CRISIS ST	6347	7	0.11
ALTA BATES/HERRICK MEDICAL CTR	360	0	0
BEHAVIORAL HEALTH CARE FREMONT	28	0	0
ST HELENA HOSP CTR BEHAV HLTH	2	1	50
ST MARY'S HOSPITAL MEDICAL CTR	1	0	0
OUT-OF-COUNTY HOSPITAL	229	36	15.72
JOHN MUIR BEHAVIORAL HLTH CTR	32	0	0
MOBILE CRISIS RESP PGM MHS AD	243	0	0
MOBILE EVALUATION TEAM PROGRAM	98	0	0
CITY OF BERKELEY MCT SERVICES	2	0	0
SO CO CRISIS RESP PRGM MHS AD	3	0	0
SO CO CRISIS POST CRISIS TEAM	2	0	0
SO CO CRISIS COMM CONNECTIONTM	1	0	0
SO CO CRISIS RESP HAYWARD AD	23	0	0
BONITA HOUSE CATT PROGRAM	48	0	0
ALAMEDA HLTH SYS JGP INPATIENT	407	20	4.91
ALAMEDA HLTH SYS JGP CRISIS ST	1156	2	0.17
ALTA BATES/HERRICK MEDICAL CTR	70	0	0
BEHAVIORAL HEALTH CARE FREMONT	7	0	0
OUT-OF-COUNTY HOSPITAL	38	0	0
JOHN MUIR BEHAVIORAL HLTH CTR	15	0	0
MOBILE CRISIS RESP PGM MHS AD	37	0	0
MOBILE EVALUATION TEAM PROGRAM	19	0	0
CITY OF BERKELEY MCT SERVICES	2	0	0

Data Highlights:

Psychiatric Hospital & Subacute Facility Admissions

- **In the past 12 months, Full Service Partnerships (FSP) & Service Teams:**

  - **Positive Outcomes for Psychiatric Hospital Admissions & Hospital Days:**
    - **Hospital Admissions** –
      - Open One Year – 75% ↓
      - Open Two Years – 81% ↓
      - Open Three Years – 89% ↓
    - **Hospital Days (Time requiring acute intervention)** –
      - Open One Year – 80% ↓
      - Open Two Years – 87% ↓
      - Open Three Years – 92% ↓

  - **Positive Outcomes for Psychiatric Subacute Admissions:**
    - Subacute Admissions –
      - Open One Year – 84% Fewer Episodes ↓, 83% Less Days
      - Open Two Years – 88% Fewer Episodes ↓, 91% Less Days
      - Open Three Years – 92% Fewer Episodes ↓, 92% Less Days

Data Highlights:

Santa Rita Jail & High Intensity Services

(FSP & Service Teams)

- **In the past 12 months, Full Service Partnerships (FSP) & Service Teams:**

  - **Receiving Services in the Community for <u>at Least One Year</u>:**
    - Episodes of Incarceration ↓ 69%
    - Overall time spent in jail ↓ 79%

  - **Receiving Services in the Community for <u>at Least Two Years</u>:**
    - Episodes of Incarceration ↓ 78%
    - Overall time spent in jail ↓ 88%

  - **Receiving Services in the Community for <u>at Least Three Years</u>:**
    - Episodes of Incarceration ↓ 80%
    - Overall time spent in jail ↓ 86%

Data Highlights:

Case Management Services

(Example: Evaluating Quality & Performance by Provider Organization)

- 71% of Case Managed Clients see their Case Manager withing 5 days of Hospital Discharge.

- **Consistent engagement** appears to be correlated with wellness, overall. Intersection with quality AND quantity.
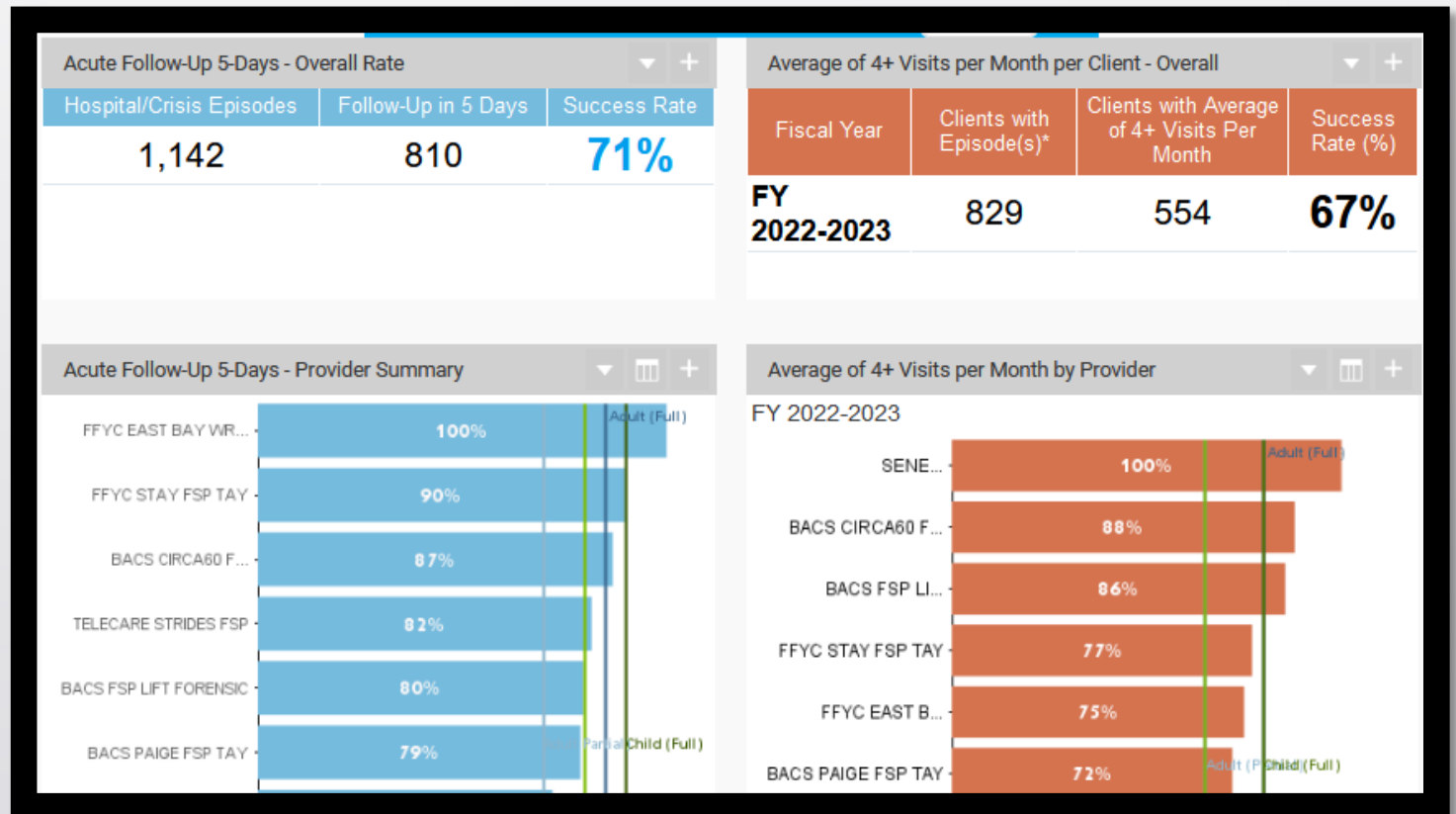
Future Planning & Next Steps:

- Key & Required Initiatives.

- Sustainable Revenue Sources.

- Stakeholder Engagement.

- Grant & Other Opportunities aligned with "True North Metrics," regulatory requirements, and other legislative changes.

- System Coordination & Improvement.