

Alameda County Community Provider Advisory Group

Meeting 3: Behavioral Health Integration and Coordination
September 3, 2024



Agenda Overview

Welcome & Introductions

Meeting 2 recap & Meeting 3 objectives

Alameda County Behavioral Health

Q&A

Break

Behavioral Health Collaborative

Building Opportunities for Self-Sufficiency (BOSS)

Breakout Groups

Public Comment

Close



Community Provider Advisory Group - Overview

• Objectives

- Develop shared understanding of evolving safety net policies and landscape
- Align cross-sector priorities to support health and wellbeing of our communities
- Identify system strengths and opportunities

• Deliverables

- Guiding principles for CPAG meetings
- System priorities to support planning and future investments

CPAG will not discuss program-specific funding to avoid future conflict of interest

Guiding Principles



System perspective



Prioritize equitable access to care



Prioritize shared priorities / goals and coordination

Meeting 2 Recap – themes from worksheets

Opportunities and Assets

Aligning goals, strategies, and assessments

Focusing on integration

Leveraging CHWs and Doulas

Training across sectors

Mobile and telehealth services

Challenges

Ongoing silos

Workforce concerns

Lack of shared data and language

Access to care

Infrastructure (data, funding, staff)

Today's Objectives

Understand major initiatives impacting behavioral health

Discuss behavioral health integration and coordination

Identify what we need to achieve BH coordination in our different sectors

Identify opportunities to collaborate

Handout instructions

Alameda County Behavioral Health Department

Departmental Overview, Initiatives, & Landscape

CPAG Presentation
Tuesday, September 3, 2024

Presented by:

Karyn L. Tribble, PsyD, LCSW | Director
Vanessa Baker, LMFT | Deputy Director, Plan
Administration
Tracy Hazelton, MPH | MHS Division Director



Organizational Structure

Leadership & Organizational Structure, including non-clinical services

ACBHD Mission, Vision, & Values



A-C-B-H-C-S: Our values represent who we are and who we strive to be!

Our Mission: *To support and empower individuals experiencing mental health and substance use conditions along their path towards wellness, recovery, and resiliency.*

Our 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.*

Our Values: **A**ccess, **C**onsumer & **F**amily Empowerment, **B**est Practices, **H**ealth & **W**ellness, **C**ulturally Responsive, and **S**ocially Inclusive.



Departmental Highlights:

Funding Sources

- *Realignment (1991, 2011); MediCal; County General Fund; MHSA; Grants; etc.*

Mental Health Plan (MHP)

- *Specialty Mental Health Services and Plan.*

Drug Medi-Cal Organized Delivery System (DMC-ODS)

- *Substance Use System of Care and Plan.*

Services from Birth and Beyond

- *Community Based, Inpatient Settings, Clinics, Schools, Mobile Services.*

Integrated & Crisis Services

- *Integration with Primary Care Clinics & Hospitals.*
- *Crisis Response, Intervention, & Coordination.*

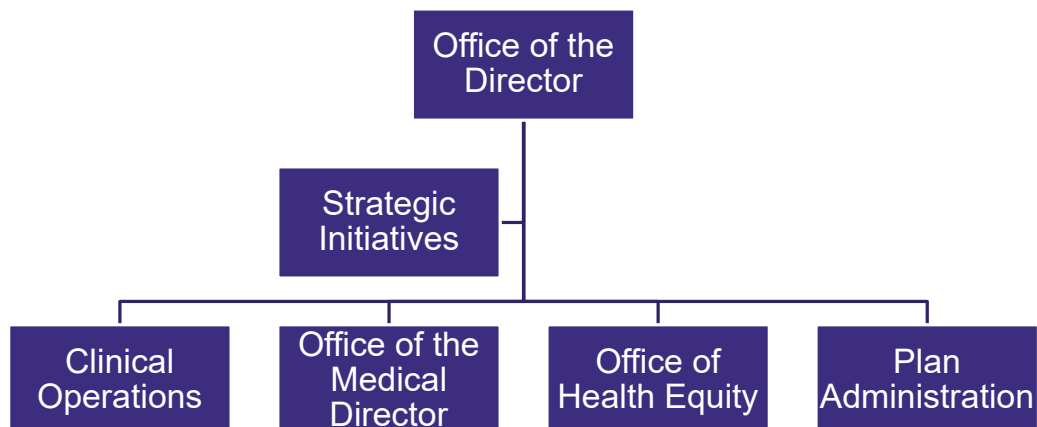


Examples of Populations Served

- **Clients & Family Members**
- **Across the Life Span** (*Ages 0+*)
- Primarily **Medi-Cal Beneficiaries & Uninsured Individuals** (*Medi-Cal/ Medicare*)
- **Homeless** or At-Risk for Homelessness
- Individuals involved in the **Justice System** (*or At Risk*)
- Individuals in **Crisis** (*With/without Insurance*)
- Individuals in **Locked Settings** (*Hospitals, Long-Term Care Facilities, Jails/Juvenile Detention, etc.*)
- Patients in **Medical Facilities or Clinics**

DEPARTMENTAL STRUCTURE

Summary Overview: ACBHD Departmental Structure



DEPARTMENTAL STRUCTURE

Detailed Overview:

Color Coding Key:

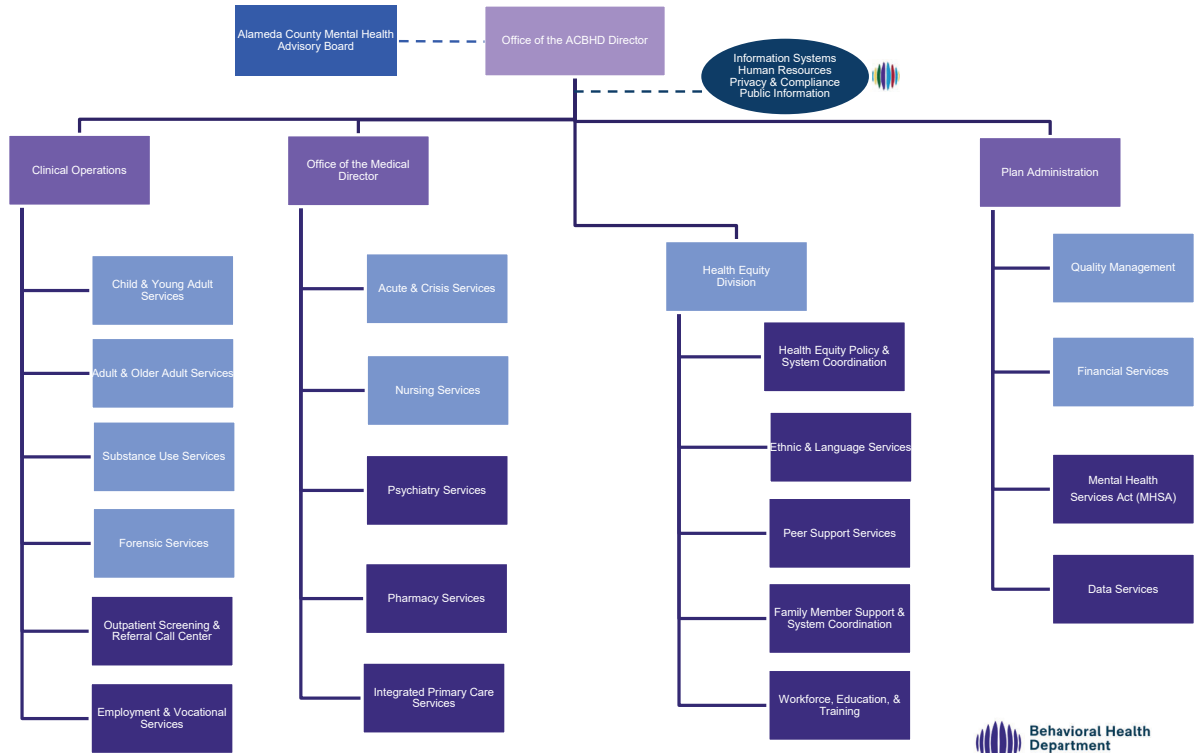
Mental Health Advisory Board

Director

Senior Executive Leadership

Executive Leadership

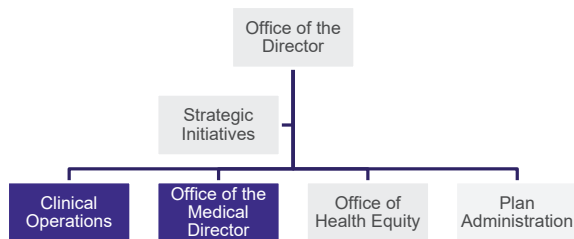
Operational Leadership



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SERVICE DELIVERY

Direct Services, Systems of Care, Client & Patient Care:



Clinical Operations:

- Child & Young Adult System of Care
- Adult & Older Adult System of Care
- Substance Use System of Care
- Forensic, Diversion, & Re-Entry System of Care
- Outpatient Screening & Referral Call Center (ACCESS)
- Employment & Vocational Services

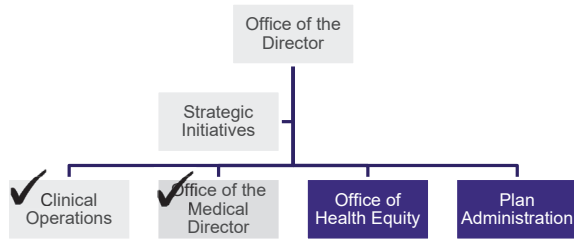
Office of the Medical Director:

- Crisis Services System of Care
- Psychiatry Services
- Nursing Services
- Integrated Primary Care Services
- Pharmacy Services



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System Integration & Regulatory Oversight



Office of Health Equity:

- Health Equity Policy & System Coordination
- Ethnic & Language Services
- Peer Services
- Workforce, Education, & Training

Plan Administration:

- Quality Management
- Financial Services
- Behavioral Health Services Act (BHSA, formerly MHSA)
- Data Services
- Information Systems via  Alameda County Health



The Care Delivery System Overview

Serving clients and family members across Alameda County

ACBHD Systems of Care

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 Behavioral 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

Crisis Services System of Care



Mobile Crisis Teams (MCT) | Community Assessment and Transport Teams (CATT) | Crisis Intervention Training (CIT) | Crisis Stabilization Units (CSUs) | Crisis Residential Treatment (CRT) | Mobile Evaluation Teams (MET) | 24-Hour Crisis Lines | Crisis Connect & Post-Crisis Follow-Up Teams | Familiar Faces | Coordination with Law Enforcement, Emergency Departments, Acute Psychiatric Inpatient Units, & Psychiatric Hospital Facilities (PHF)

↓ Services, Coordination, & Supports offered across the System and Continuum of Care ↓

Client Access | Employment Services | Housing & Homelessness Services via AC Health | Psychiatry & Nursing Services | Integrated Primary Care Services | Pharmacy Services



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Departmental Initiatives

Departmental Updates: Priorities & Key System Change Strategies

Office of the ACBHD
Director & Executive
Leadership Accountability.

Departmental Initiatives & System Work



- California Advancing and Innovating Medi-Cal (CalAIM)
- BHSA Implementation (Proposition 1)
- CARE Court Planning & System Coordination
- Opioid Settlement Planning System Coordination
- Departmental Strategic Planning
- SmartCare Billing Implementation
- Child & Youth Service Coordination and Regulatory Change Initiatives
- Peer Certification (SB 803)
- Lanterman-Petris-Short (LPS) Legislative Change (SB 43)
- Community Services Planning and Capital Expansion (BHCIP)
- Forensic Services System Redesign
- Health Equity Initiatives
- Alameda County Settlement Implementation

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Departmental Initiatives & System Work



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Departmental Initiatives & System Work



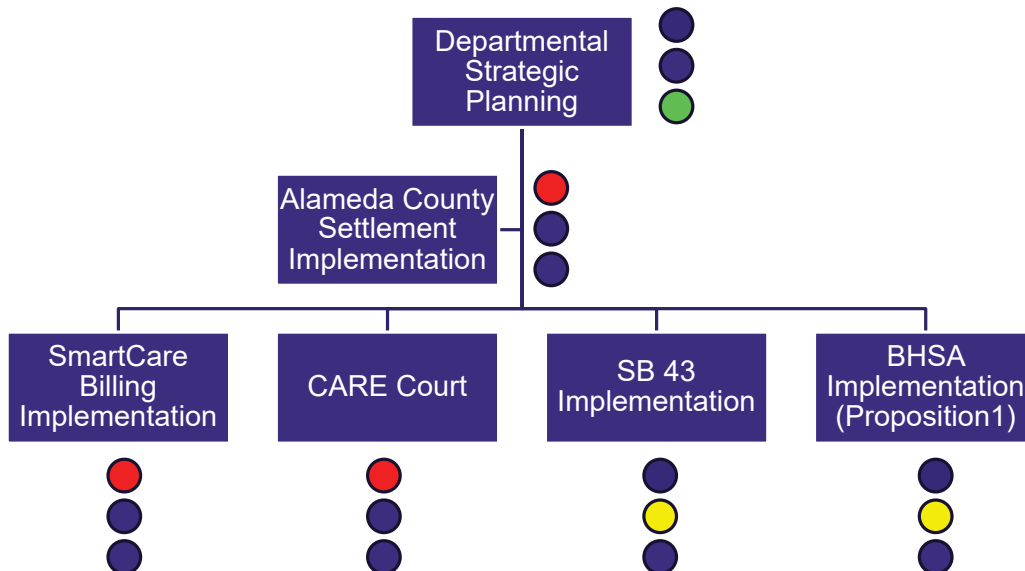
- Refocuses & transforms county behavioral health systems:
 - **System Integration:** CalAIM, CARE Court, SB 43/ LPS Reform, Peer Certification.
 - **Population Specific Focus:** BHSA, Opioid Settlement, Forensic Services System Redesign, Alameda County Settlement Implementation, Child & Youth Services and Regulatory Changes.
 - **Community Engagement:** Strategic Planning, (BHSA, Opioid Settlement, & SB 43), Health Equity, Community Services Planning and Capital Expansion (i.e., BHCIP).



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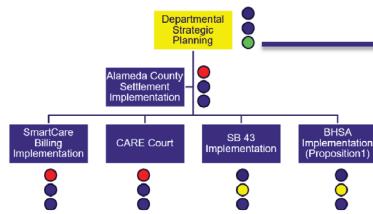
Initiatives & System Work

Emergent, Urgent, & System-Changing Initiatives (i.e., CalAIM)



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Emergent, Urgent, & System-Changing Initiatives



- Phase I: **Systemwide Distribution**
- Phase II: Content Analysis, Review, & System/ Regulatory Impacts
- Phase III: Bi-Directional Feedback (Implementation Plan)

Feedback Highlights:

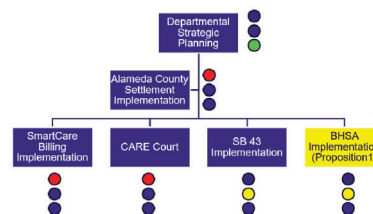
- Increase access.
- Uplift community expertise.
- Increase vital employment.
- Improve programs to advance culturally relevant services and supports.
- Increase equity in funding for substance use and mental health (reduce stigma).
- Increase equitable care for communities facing the greatest behavioral health inequities.
- Seek alternatives to the criminal justice system.

Proposed Strategic Direction:

- **Housing** (collaborate and increase employment).
- **Programs** (evaluate & improve).
- **Equitable Care** (outreach, recruitment, & programs).
- **Re-Entry & Criminal Justice** (increase collaboration).
- **Acceptable & Equitable Distribution of Funds** (MH/SUD).
- **Access** (establish co-designed strategies).
- **Community Expertise** (policy & program development).



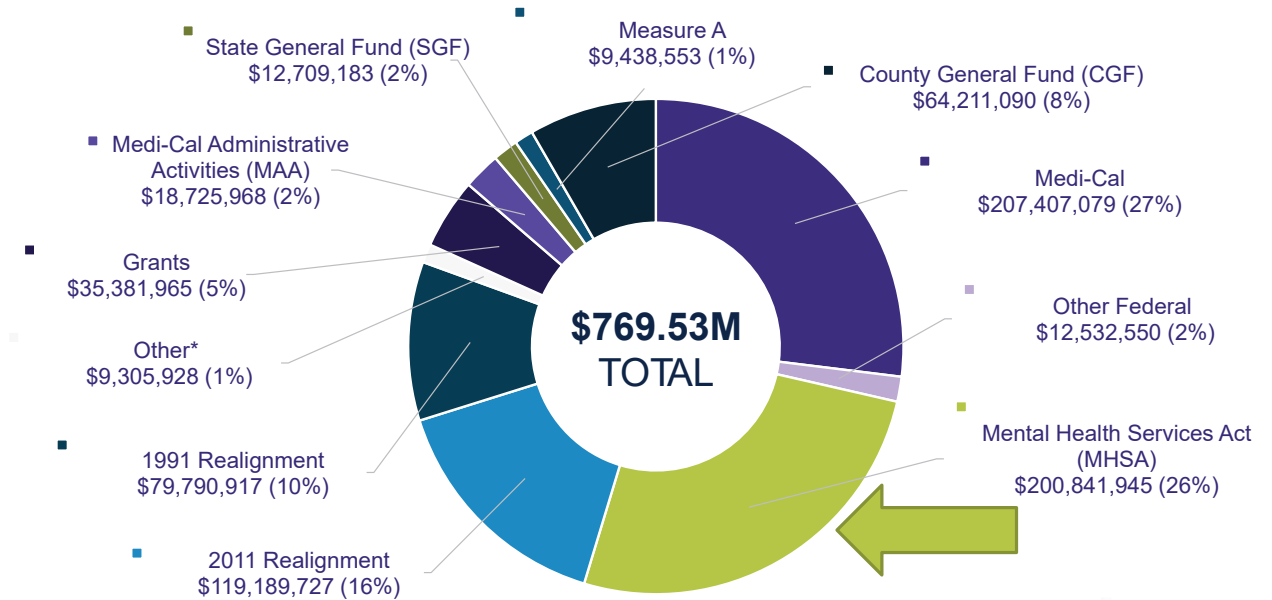
Emergent, Urgent, & System-Changing Initiatives



Current Strategies & Framework

- Community Need & System Gaps
- System Priorities
- Regulatory & Legal Requirements
- Essential Services & County Delivery System
- Funding Impacts (MHSA versus BHSA)
- Mental Health Managed Care, Drug MediCal, & CalAIM fundamentals
- Provider Billing Capacity, Revenue Generating?
- Provider Infrastructure and/or Program Integration (Sub-contracting?)
- Program expansion, reduction, or elimination.

ACBHD Fiscal Year (FY) 2024-2025 Total Financing by Revenue Source:



*Other includes Tobacco Tax Settlement, Motor Vehicle Fees, City of Berkeley, Cost Report Settlements, and more.



ACBHD and Provider Partnership

Sustaining our Continuum of Care

ACBHD and Provider Initiative Engagement

Working with Providers during times of change

What does this partnership look like?

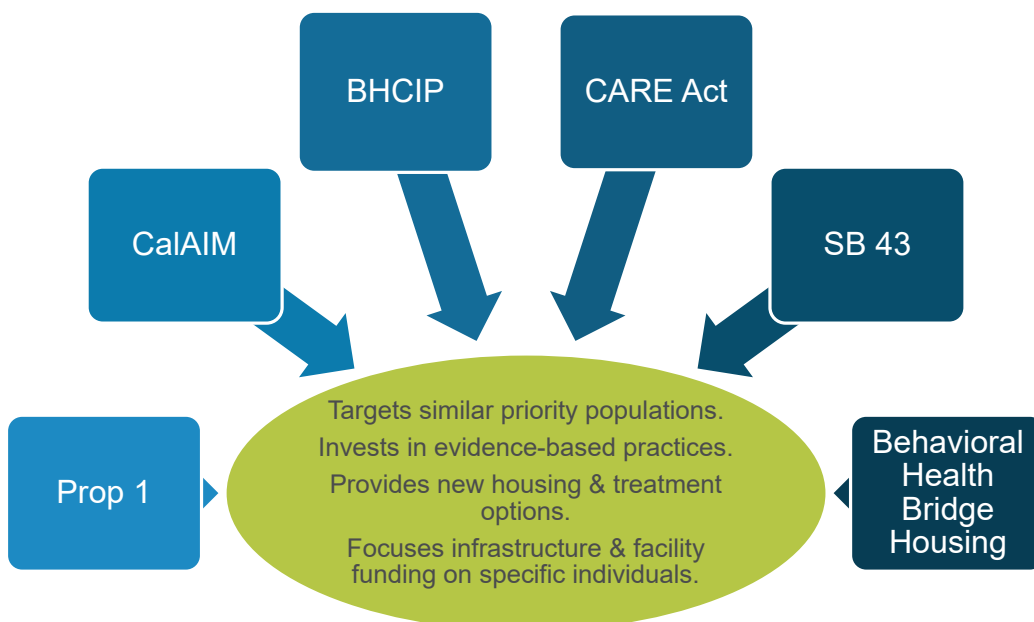
- Partnering with Providers to receive feedback and input around initiatives, such as CalAIM implementation state and federal regulation changes, and legislative updates.
- Regular communication regarding initiative updates and system changes, such as SmartCare implementation, CalAIM payment reform and Proposition 1.
- Meeting with providers to hear feedback and discuss opportunities, such as feedback around workforce challenges, data challenges and opportunities to collectively advocate problem solve.
- Engaging with partners to address EHR and billing system challenges, such as duplicative data entry concerns and efforts to assist.

Why does partnership matter?

- Helps ensure we remain focused on the needs of our beneficiaries while also taking into consideration the critical needs of our providers to maintain these services.
- Communication is essential to ensure providers receive timely regulatory updates and offer feedback.
- Providers need information to stay aware and up to date and to help address challenges.
- Ensure we maximize revenue and support CBOs to maintain their programs.
- Collectively prepare for Prop 1 changes for our system.



How does Proposition 1 relate to other Statewide BH Initiatives?

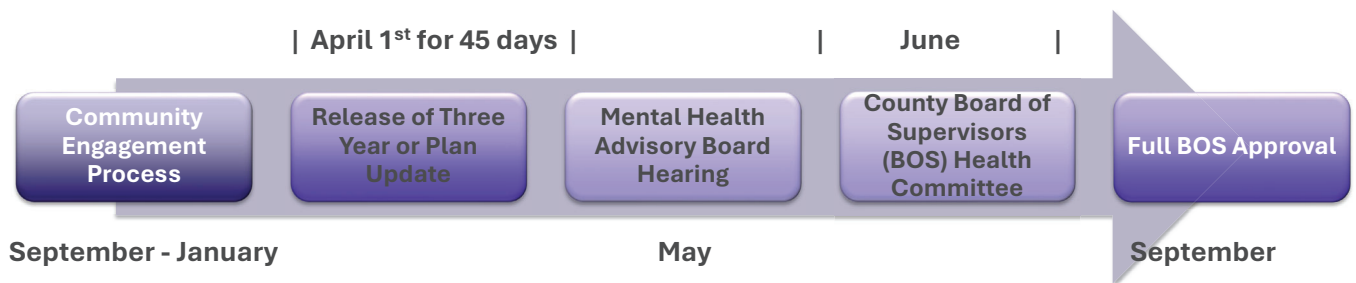


Behavioral Health Transformation

MHSA to Proposition 1 / BHSA

Transitioning from MHSA to BHSA Implementation

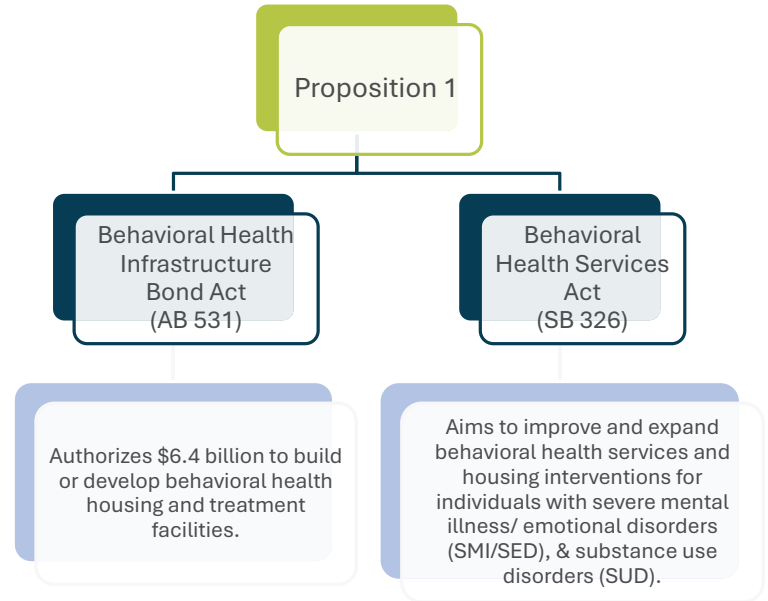
MHSA Next Steps – General Annual Cycle (Year 3 of 3)



- The ACBHD MHSA Division will begin its Community Engagement Process in September 2024 for the **final year** of MHSA funding.

Behavioral Health Transformation (Proposition 1) - Overview

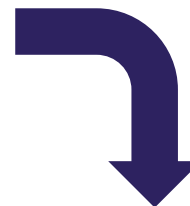
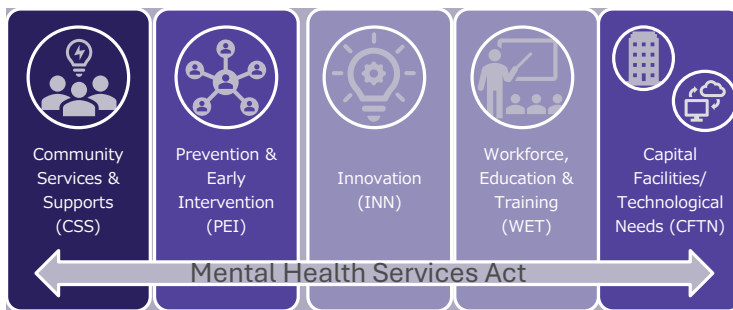
- ❑ Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the **most severely mentally ill individuals**.
- ❑ Inclusion of eligible programming for those with substance use conditions.
- ❑ Significant focus on housing and homelessness.
- ❑ Statewide focus on increased accountability and transparency
- ❑ This change builds upon current and ongoing efforts to support vulnerable populations living with the **most significant** mental health conditions and substance use disorders.



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Transformation Via BHSA

Proposition 1: System Change

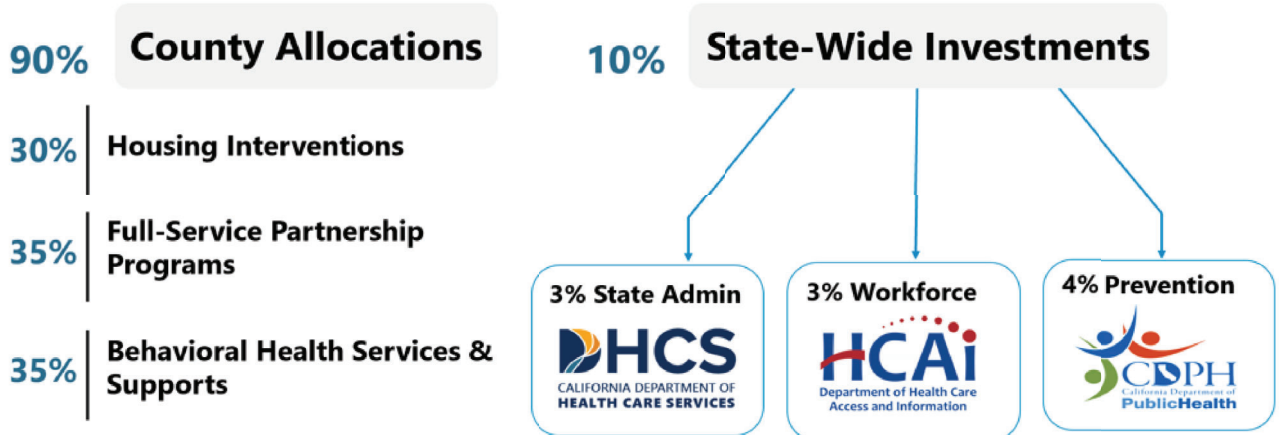


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Proposition 1: System Change

BHSA Funding Breakdown

Total BHSA revenue is distributed between county and state-wide allocations.



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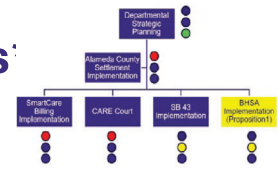
Proposition 1 (“Prop 1”): Where Guidance is still needed.

- Operating and Funding Guidance for the Housing Category:**
 - Due to conflicting information within SB 326, California counties are waiting for additional clarity on this component and how funds can be spent.
- Unexpended/ Carryover Funds:**
 - Due to conflicting information within SB 326, California counties are waiting for additional clarity on this component and how funds can be spent.
- Early Intervention Programming:**
 - Will a prescribed list of evidence and community-based models will be required?
- Prevention Funds:**
 - How will local Behavioral Health departments access these funds?
- Workforce Funds:**
 - How will local Behavioral Health departments access these funds?
- Innovation Funds:**
 - How will these funds, from already approved projects, be tracked?
- BHSA Three-Year Integrated Plan (IP) Fiscal Years 2026/2027 – 2028/2029:**
 - What *format* will DHCS require to cover and report on all funding streams-program and fiscal.



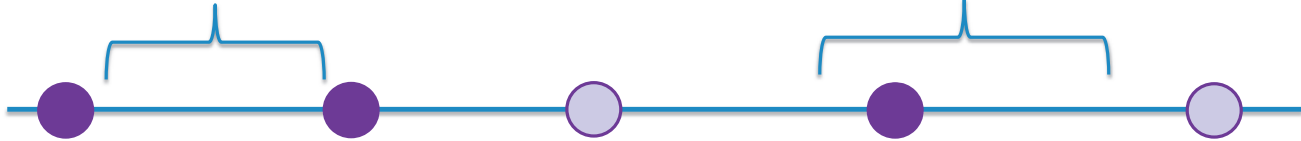
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Key Proposition 1 and BHSA Implementation dates



Last CPPP** under MHA (Fall 2024)

First CPPP** under BHSA Spring/ Fall 2025



Summer 2024
Bond applications for treatment sites open.

Winter 2024
Bond applications for supportive housing open.

Winter 2025

- BHSA Fiscal and Community Engagement Transition begins.
- First set of DHCS guidelines are due.
- Local Decisions on FY25/26 budget.

Spring/Summer 2025
Bond money awarded to cities, counties, tribal entities, and organizations across California.

Summer 2026
All counties implement new 3-year comprehensive behavioral health services plans

● Bond Dates ○ BHS Dates

* As of 5/15/2024 <https://mentalhealth.ca.gov/>
**CPPP – Community Program Planning Process



Transitioning from MHA to BHSA Implementation

Prop 1 Next Steps

- **Sharing information** and encouraging all to stay informed.
 - Releasing periodic memos on updates/clarifications.
- Working closely with California Behavioral Health Directors Association (CBHDA) and other counties to **analyze, understand impacts and make recommendations.**
- Conducting **an internal analysis** and developing a **Strategy Plan** for the Transition process.
 - Counties will know more once new guidelines for first BHSA Three Year Plan are released as early as January 2025, but possibly as late as Spring 2025.
- **Listening** to community questions and concerns.



NEW Resources

- Transitions website: [Behavioral Health Transformation \(ca.gov\)](https://www.behavioralhealthtransformation.ca.gov)
- New State website: Mental Health for All:
<https://mentalhealth.ca.gov/>
- Alameda County Behavioral Health Department MHSA website:
<https://acmhsa.org/bhsa/>
- California Association of Counties (CSAC):
<https://www.counties.org/proposition-1>



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Thank you! Questions?

Followed by a 10 min break

Break – 10 minutes

We will be back at 2:00pm.

Behavioral Health Trends and Needs

Community Provider Advisory Group

Behavioral Health Collaborative of Alameda County

Matthew Madaus, Executive Director, September 2024



A Better Way
 Abode Services
 Alameda Family Services
 Alternative Family Services
 Asian Health Services
 Bay Area Community Resources
 Bay Area Community Services
 Baywell Health
 Beats Rhymes and Life
 Bi-Bett Corporation
 Bonita House Inc.
 Brighter Beginnings
 BOSS
 CHAA
 Crisis Support Services
 East Bay Agency for Children
 Family Paths
 Filipino Advocates for Justice
 Felton Institute
 Fred Finch
 Greater New Beginnings
 Horizon Services



The Behavioral Health Collaborative

1. Established in 1975 as the Alameda Council of Community Mental health Agencies.
2. Rebranded to Behavioral Health Collaborative of Alameda County in 2021.
3. 44 Nonprofit CBOS providing mental health and substance use services

- Outpatient MH Treatment
- Outpatient SUD Treatment
- School-based BH
- Integrated Behavioral Health
- Mobile Crisis Response
- Advocacy
- Training and Consultation
- Non-Public School
- Housing Services
- Sobering Center
- STRTP
- Crisis Stabilization
- Crisis Residential Treatment
- Detox and Medication Assisted Services
- Residential SUD Treatment
- Family Resource Centers
- Youth Employment
- Emergency Shelter
- Case Management
- Therapeutic Foster Care
- Kinship
- Early Childhood and Senior Support

Hume Center
 Insight Housing
 JFCS of the East Bay
 La Cheim
 La Clinica de la Raza
 La Familia
 LifeLong EBCRP
 Lincoln Families
 Magnolia Recovery
 Mental Health Association
 New Bridge Foundation
 Options
 PEERS
 Roots
 Second Chance
 Seneca Family of Agencies
 Side by Side
 The Phillips Academy
 Through the Looking Glass
 UCSFB Children's Hospital
 WestCoast Children's Clinic
 Youth Spirit Artworks

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Collaborative's Collective Impact *

- We are 4,089 staff and over 1000 volunteers at 491 locations across AC.
- We served 173,575 Alameda clients with 1,728,414 hours of service.
- We stabilized 53,851 crises, reunified 439 families, and housed 6,082 people.
- We trained 535 graduate students and 24,794 community members.
- We generated over \$1.7 Billion in economic benefits **

* 2023 data

** WHO estimates \$1:4 return for MH; NIDA estimates \$1:12 return for SUD

Hume Center
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 Youth Spirit Artworks



Behavioral Health Industry Shifts

Old Paradigm

- Community and Clinic-based
- Internal Illness
- Secret, problematic
- Talk Therapy, Insight-oriented
- Single Practitioner
- Surveillance or arrest
- Cost-based, cost-settled
- High volume, process-oriented



Evolving Paradigm

- Service Hubs, Telehealth
- Unmet Needs, Trauma, SDOH
- Destigmatized, open, organic
- Multi-modal, Skill-focused
- Team-based
- Support or treatment
- Fee for Service
- High efficiency, outcome & engagement

Workforce Shifts



Old Paradigm

- Institution loyalty = Belonging
- Extrinsic motivation, Boss-employee
- Educational Expertise
- Clinicians as Providers
- “Paraprofessionals” as Adjunct
- Limited Workforce Pathways
- Low Information, Data resistant



Evolving Paradigm

- Mission loyalty = Purpose & Belonging
- Intrinsic motivation, Partners
- Educational & Lived Expertise
- Clinicians as Providers & Consultants
- Professional Counselors, Coaches, Peers
- Career Development & Engagement
- High Information, Technology Comfort

Behavioral Health Demand

Youth MH Crisis

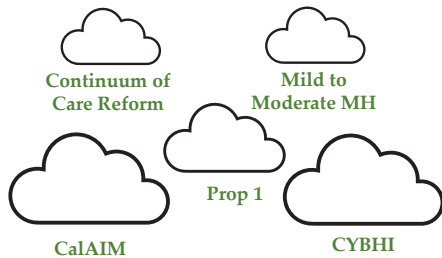
- Nearly 1 in 3 HS students in CA report feeling sad or hopeless almost every day for two or more weeks in a row.
- MH-related ED visits in CA increased by over 30% for Teens since 2020.
- From 2007 to 2018, the suicide rate of teens increased by 57%.
- Suicide is the second leading cause of death among young people aged 10-24 in the United States.



People in Distress

Acuity and Need

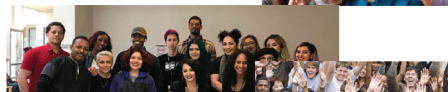
- About 43% of adults with MH needs do not receive treatment, with BIPOC adults even less likely.
- Over 40% of Alameda County homeless suffer from SMI; over 30% have Co-Occurring addiction and mental illness.
- 50% increase in Opioid-related overdoses in the last 5 years
- CBOs report increased acuity and long waits for service.



State Changes

- DHCS SMH Billing
- CPT Coding
- Problem Lists, Tx Plans, Screenings
- Certified Peers
- Minimum Wage
- Minor Consent Medi-Cal
- 988 and Care Court
- Loss of GHs and STRTPs
- PAGA & Lawsuits

CBO Experience



Alameda County Changes

- Static Funding
- Smartcare Issues
- Duplicative Data Entry
- Contract Compliance
- CBO Staffing Shortages
- County Staffing
- Operational Costs
- Housing Costs



Environmental Conditions

Supports and Strengths

- County Relationships
- Provider / Collegial Support
- Phasing Payment Reform / Cost Reimbursement
- EPSDT Eligibility
- School-based Services
- FSP & Housing Funding
- Audit Redesign

Pain Points

- Limited co-creation / Under-utilized expertise
- System Siloes
- Duplicative, Labor-intensive Data Entry
- Cost of Doing Business
- Clinician and Bilingual Shortages
- Operational and Insurance Costs
- Potential Loss of PEI

Anticipated Gaps

(in a Fee for Service, BHSA World)

Services

- Insufficient Provider Network
- PPS Exclusions of FQHC clients
- MHSA Services that cannot become MC Billable
 - Prevention, Early Intervention
 - No identified client
 - Light-touch, transitory treatment
 - Education, community-focused
 - ACCESS Lines

Expenses

- Travel, Documentation
- EHR design and redesign
- IT Security
- Capital Costs
- QA, Training
- Contract Compliance
- Billing Infrastructure

Bold Solutions

Collaboration

- Shared Vision, Focus, and Solutions
- Public-Private Coordination
- Forum for High-need Problem Solving

Data Management

- System Interoperability
- Decrease Administrative Burden
- Pooled Clinical Technology

Expand Medi-Cal

- Maximize state and federal funds
- Leverage county matching
- Redesign MHSA Programs

Contract Redesign

- Multi-year Contracts with CODB Escalators
- Flexible Contract Caps and RUs
- Sustainable Rates

Building Opportunities for Self-Sufficiency (BOSS)

Donald Frazier, CEO



Building Opportunities for Self Sufficiency (BOSS): Approach to Poverty, Crime, Violence, and Incarceration

- ✓ *Centering the voice of the community's most impacted in service development/delivery to create a sense of ownership, respect, safety and belonging.*
- ✓ *Intentional recruitment hiring and training people with lived experience to help create and deliver services.*
- ✓ *Developing social justice programs that develops leaders with lived experience to fight for social, racial, and economic justice and to build a foundation for long-term success and stability for communities impacted by policy violence.*
- ✓ *Understanding the significance of policy violence and its impact on the lives of the people we serve.*

We believe our work, in this manner, is necessary to raise our people out of despair. We stand fearlessly unapologetic, passionate, and dedicated to give voice to the oppressed until change happens.



Social and Health Impacts of Incarceration

Data

- 2024 data sources reveal there are 950 active parolees and 5,248 adult active probationers in Alameda County.
- This does not include the thousands of individuals with lived experience of incarceration.

Impacts

- ✓ 1 in 5 Californians (an estimated 8 million people) are still living with an old criminal conviction.
- ✓ 8 in 10 people with a criminal conviction (76 percent) have experienced barriers to success.
- ✓ 46% difficulty finding a job
- ✓ 45% struggle paying fines or fees
- ✓ 40% health issues including difficulty sleeping
- ✓ 35% difficulty obtaining an occupational license
- ✓ 24% difficulty finding housing
- ✓ Black people are 25% more likely than white people to report difficulty finding a job
- ✓ 61% more likely to report difficulty finding housing



Wellness, Empowerment & Resiliency Campus

The **BOSS WELLNESS, EMPOWERMENT & RESILIENCY CAMPUS** is an integrated multidisciplinary forensic model designed to meet the needs of the people we serve. Staffed by psychiatrists, psychologist, clinical case managers, job developer, case managers, housing navigators, violence interrupters, violence intervention specialists, credible messengers and rapid response teams who provide direct resources and pathways for individuals and families.



Public Comment

written comments can be sent to cpag@acgov.org



Raise your hand via Zoom if you would like to speak.



Your microphone will be unmuted once you are called on.



You are welcome to turn on your camera.



Please keep your comments under 1 minute.

Closing Remarks

Preparing for our next meeting

- Slides and notes will be posted on the website:
health.alamedacountyca.gov/community-provider-advisory-group/
- **Next meeting – Homelessness focus**
 - Monday, October 7th
 - 12:30-3pm
 - same location
- **Options for new dates for last CPAG meeting**
 - October 28 from 12:30-3pm
 - October 31 from 12:30-3pm

