



ALCOHOL, DRUG & MENTAL HEALTH SERVICES
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October 1, 2018

Dear Alameda County Case Management/Care Coordination Providers,

Alameda County Care Connect and Alameda Health System are continuing to partner to engage patients receiving high numbers of crisis services at John George Psychiatric Pavilion. This pilot focuses on persons who are frequent utilizers of crisis services and is aimed at providing “real time linkage” from John George crisis services to outpatient service like Lifelong’s Trust Health Center. This will be a 12-month pilot.

Phase 1 of the pilot focused on the highest users of John George’s PES defined as 10 or more visits in a 6-month period. The pilot ran from September 2017 to March 2018. Phase 2 of the pilot begins October 1, 2018, and expands the high utilizer (otherwise known as familiar faces) definition to anyone who has had 4 or more PES visits in the prior 12 months.

As you know, many of our persons served cycle through the crisis system regularly, but rarely are connected to stabilizing outpatient services immediately at the time of discharge. This pilot seeks to provide that real time linkage both to persons who are and are not yet linked to Behavioral Health Outpatient services.

For patients with case managers, John George social work staff will contact the individual’s care manager to collaborate and discuss the most appropriate discharge disposition. For some clients (i.e. those experiencing homelessness, or who are unconnected to primary care) they may be offered linkage to Lifelong’s Trust Health Center in Downtown Oakland. Behavioral Health staff at Trust will be able to help assess the client’s needs and desires outside of the crisis system and connect them to other resources. To read more about the Trust Health Center, see the attached brochure.

Individuals will continue to be linked to AdHIP, or IHOT when appropriate as well. And eventually, other community Wellness Centers will be offered as we develop more partnerships within the County.

PILOT PROCESS: The pilot has various dimensions. *During the crisis* presentation, this pilot does the following: uses data to accurately identify patients who are high utilizers, highlights to staff which patients have the most chronic pattern of utilization, requests that staff offer a real-time linkage to a whole-person–care-centered outpatient service or if applicable, the client’s case management team, and in the case of Trust, offers transportation to that alternative disposition. *After stabilization of the crisis*, this pilot: connects the client to a clinic with the capacity to offer whole person care, assesses patient needs, and further links clients based on their needs. *Between care* (visits to the clinic or the PES): coordination occurs between providers either in person, via email, or by phone. And lastly, case conferencing occurs where patient cases are presented to a group inclusive of providers involved in the patients care, system experts, and consumer experts. This allows for opportunity to build human



infrastructure among providers and evoke collaborative learning to positively impact patient care. When relevant to one of your clients, we will be reaching out to invite you to participate in these case conferences.

We are looking forward to partnering with you and your clients. If you have any questions, please contact my colleague Bridget Satchwell at bridget.satchwell@acgov.org or you can ask her questions in person when she attend the October 17 Case Management Providers Meeting to provide more details on the pilot.

In Partnership,

A handwritten signature in blue ink that reads "Kate Jones". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Kate Jones, RN, MS, MSN
Director, Adult/Older Adult System of Care
Alameda County Behavioral Health Care Services

A handwritten signature in blue ink that reads "Melissa Vallas, M.D.". The signature is cursive and includes the letters "M.D." at the end.

Melissa Vallas, M.D.
Crisis System Liaison
Alameda County Care Connect