


## ***Communication from the Office of the ACBH Director -***

**DATE: May 8, 2023**

**TO: Alameda County Mental Health Advisory Board (MHAB)**

**FROM: Karyn L. Tribble, PsyD, LCSW | Director** 

**CC: Office of the ACBH Director, MHAB Communications**

**SUBJECT: ACBH Departmental Response to the MHAB Presentation to the Alameda County Board of Supervisors' Joint Health/Public Protection Committee (October 24, 2022) – Agenda Item [Link](#)**

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Greetings, Mental Health Advisory Board (MHAB) Members:

As you know, on Monday, October 24, 2022 Executive Members of your MHAB presented an Informational Item entitled "***Alameda County Mental Health Advisory Board Annual Report Fiscal Year 2021-2022***," during a joint Board of Supervisors' (BOS) Health and Public Protection Committee Meeting.

As requested by former Supervisor, Honorable Richard Valle, and supported by your MHAB Leadership, the following information has been provided in response to the recommendations included within the [October 24, 2022 MHAB Presentation](#). For your consideration, comment, and review this document and the corresponding presentation (including reference materials the MHAB Executive Committee provided during the October 2022 presentation to the BOS Committee) have also been attached.

I sincerely hope that the information provided is responsive to your queries, but I am happy to provide in any additional information as requested at any time and during the Mental Health Advisory Board meeting scheduled for Monday, May 15, 2023.

Please see the departmental response to each of the ten (10) Fiscal Year (FY) 2021-2022 MHAB Annual Report recommendations.

Thank you for your time and attention in this matter.

Respectfully submitted.



**Alameda County Mental Health Board Annual Report Recommendations  
(excerpt from the October 24, 2023 presentation, Slide 7):**

## ANNUAL REPORT: RECOMMENDATIONS SUMMARIZED

1. Conduct a comprehensive needs assessment and evaluation of existing programs serving the seriously mentally ill in Alameda County.
2. Fully fund ACBH's Forensic Plan.
3. Expand the capacity of court-based and other diversion programs.
4. Create Full-Service Partnerships ("FSPs"), Collaborative Courts, and other programs focused specifically on the needs of those who suffer from Co-Occurring Disorders.
5. Expand the services and capacity of the Safe Landing Project.
6. Expand Effective Full-Service Partnerships ("FSPs").
7. Significantly increase the capacity of residential treatment beds countywide (including those at Villa Fairmont) to ensure that effective, humane treatment is available at all levels of need.
8. Provide better treatment options for incarcerated individuals who are "5150'd" from Santa Rita Jail to John George Psychiatric Hospital.
9. Support the repeal of the IMD (Institution for Mental Disease) Medicaid Exclusion.
10. Prioritize strategies to address the mental health workforce shortage.

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### ACBH Departmental Response

- 1) **Conduct a comprehensive needs assessment and evaluation of existing programs serving the seriously mentally ill in Alameda County.**

***ACBH Response:*** *ACBH believes that a comprehensive needs assessment and evaluation of the existing programs serving the seriously mentally ill (SMI) population across Alameda County is a critical aspect of program planning and is fundamentally important to the work of any governmental jurisdiction.*

*Several State-sponsored initiatives have prompted recent assessments including, but not limited to, activities related to Behavioral Health Continuum Infrastructure Program (BHCIP) planning, California Advancing and Innovating Medi-Cal (CalAIM); as well as changes at the Federal Level such as the launch of "988" designed to redirect system calls and response through a centrally coordinated number across the county as opposed to reliance upon 911. Planning and preparation associated with these initiatives have prompted the department to engage in a thoughtful approach to system assessment, performance evaluation, and program/systems gap analyses.*

*Additionally, the department's efforts related to improving quality overall are linked with this focus on system assessment. Given the numerous new and pending legislative proposals currently being considered by the State of California, including but not limited to, CARE Courts (Community, Assistance, Recovery, and Empowerment), ACBH recognizes that any further system assessment must be informed by the implementation and analysis of such programs in order to ensure that a comprehensive assessment is responsive to the ever-changing landscape of behavioral health programs and service entitlements available to the SMI and broader county community, overall. The initiation of a formal needs assessment prior to the implementation of new programs, therefore, will be an incomplete picture of overall county need and will not likely fully represent the breadth and depth of need experienced by SMI individuals and families.*

*As noted in the County's Grand Jury Response, the department maintains that it utilizes several strategies to evaluate county-wide needs and gaps, including recent Mental Health Services Act (MHSA) outreach and other strategies since 2015. Although it does not approach this type of assessment from a single, "needs/gaps" viewpoint, ACBH does instead evaluate current programs, client services, utilization and demographic data, systems of care, and location to determine whether additional investment, expansion, or program recalibration is needed.*

*For example, MHSA Community Program Planning (CPP) is the state-mandated, community collaboration process that is used to: assess the current capacity, define the populations to be served and determine strategies to provide effective MHSA-funded programs that are: (1) Culturally Competent; (2) Client and Family-Driven; (3) Wellness, Recovery and Resilience-focused; and (4) Provide an Integrated Service Experience for Clients and their Families.*

*An External Quality Review (EQR) is another method the department undertakes twice yearly, and it is the analysis and evaluation by an External Quality Review Organization (EQRO) of aggregated information on quality, timeliness, and access to the health care services that a managed care plan, or its contractors, furnish to Medicaid beneficiaries. The EQR results in the generation of an annual EQR technical report. This report includes an analysis of system needs, and how the department meets these standards system wide.*

*Network adequacy is often defined as having enough providers within a health plan network to ensure reasonable and timely access to care. At a minimum, health plans, such as ACBH (Mental Health Plan and a Drug MediCal Health Plan) should include enough providers who deliver mental health and substance use disorder (SUD) services (collectively referred to in this report as behavioral health services) to support access to those services. Beyond a minimum number of providers, adequate networks should have an appropriate geographic distribution of providers who have the capacity to deliver a wide range of services that align with enrollees' needs.*

*Federal Network Adequacy rules governing managed health care plans, including those operated by ACBH, require that states (through counties) have the following responsibilities:*

- Develop and implement time and distance standards for primary and specialty care (adult and pediatric),*
- Develop and implement timely access standards for long-term services and supports (LTSS) providers who travel to the beneficiary to provide services; and*
- Assess and certify the adequacy of a managed care plan’s provider network at least annually.*

*In this case, as ACBH serves as the managed care plan for both mental health and substance use beneficiaries, we are consistently evaluating our system needs both as a regulatory practice but also to evaluate the performance of our county clinics and providers in relation to service delivery needs and responsiveness.*

*In 2020, ACBH recalibrated its Forensic System Redesign & Stakeholder work to include a comprehensive plan to serve forensically-involved behavioral health clients. This work included an (1) External Stakeholder Process; (2) Extensive Department-wide Internal Research, Planning & Direct Stakeholder Engagement (In-reach/Outreach); and (3) Consultation from content experts. The resulting plan helped the department to identify short, medium, and long-term objectives to increase and improve upon behavioral health services for forensically-involved clients; as well as recommending improvements to the county behavioral health system overall.*

*In early February 2022, ACBH also partnered with California Institute for Behavioral Health Solutions (CIBHS) and Equity and Wellness Institute (EqWi) to lead the efforts in a strategic planning process, in which the department is actively engaged at this time. The strategic planning process has included a variety of strategies to enable clients, family members, stakeholders, organizations, community partners, and governmental agencies to help identify system needs, gaps, and strategies to better inform ongoing departmental planning. This systemwide opportunity for input will help to inform the data gathering already underway through the avenues noted above and will also serve to further enhance the development of systemwide needs assessment. It is anticipated that the ACBH Strategic Planning stakeholder sessions will provide key data to inform the Department and its stakeholders and will be available by early 2024.*

## **2) Fully fund ACBH’s Forensic Plan.**

**ACBH Response:** *It should be noted that this item was presented to County BOS Leadership (during the October 24, 2022 Board Meeting). As a result, ACBH cannot make determinations regarding funding as it relates to overall county operations. However, ACBH can provide an update that was presented by the county’s Chief Administrator’s Office (CAO) during a more recent Board Work Session. As a result of this presentation, the BOS approved ACBH to continue to allocate funding towards the implementation of the Forensic Plan by an additional inclusion of \$9 Million Dollars in its overall departmental budget. If approved through the county budgeting process, these resources will be allocated to the Forensic Plan as approved and directed by the County BOS’ beginning in Fiscal Year 2023-2024 (as of July 1, 2023).*

*According to this [April 25, 2023](#) CAO Presentation to the Board of Supervisors (Special Meeting), an overall funding gap is anticipated in Fiscal Year 2024-2025, at approximately \$6.8M dollars; and later increasing to \$32.3M dollars thereafter in future fiscal years.*

*Additional consideration of county allocations of funding towards the ACBH Forensic Plan continues to be at the discretion of County Leadership, beyond any internal resources allocated by department.*

**3) Expand the capacity of court-based and other diversion programs.**

**ACBH Response:** *ACBH agrees that it will continue to expand upon existing court-based and other diversion programs. The department has already expanded several court programs last fiscal year, and as a result of changes to populations including those experiencing substance use disorder issues and/or those at risk of homelessness and other factors, ongoing assessment and expansion is aligned with current planning as resources are identified.*

**4) Create Full-Service Partnerships (“FSPs”), Collaborative Courts, and other programs focused specifically on the needs of those who suffer from Co-Occurring Disorders.**

**ACBH Response:** *ACBH agrees that it will continue to create and expand upon FSP, collaborative courts, and other programs targeting individuals with co-occurring disorders. The department has already begun preparing for pending legislative changes which is intended to both provide a path forward for enabling persons with substance use disorder conditions to be treated psychiatrically through the changes to existing Lanterman-Petris-Short (LPS) laws; and through the CARE Courts program. Additionally, ACBH is already developing plans to re-invest dollars allocated to Alameda County through Opioid Settlement dollars to combat this epidemic through a variety of strategies. In addition to the above, ACBH anticipates the*

creation of new programs relying upon FSPs to be consistent with planning as it relates to the legally required implementation of CARE Courts. As such, the department has already begun planning for the expansion of programs as highlighted and named above.

**5) Expand the services and capacity of the Safe Landing Project.**

**ACBH Response:** During this past year, ACBH has worked with the Alameda County Sheriff's Office (ACSO) to identify adequate space and facilities to accommodate the 100% increase in augmented contracted services already allocated to the Safe Landing Project in the last fiscal year. As such, this recommendation is already in progress and is subject to the availability of said space to allow for the increase of dedicated staff and program growth supported by the current community based organization (CBO) providing the Safe Landing services. Additional expansion beyond the doubling of the program will be evaluated on an ongoing basis and through the department's Forensic, Diversion, and Re-Entry Services System of Care.

**6) Expand Effective Full-Service Partnerships ("FSPs").**

**ACBH Response:** See also ACBH response to Item #4. ACBH has also completed a Fidelity review to ensure that clinical programs, including FSP programs, are providing services consistent with the appropriate evidenced based model. To that end, Fidelity results indicated that "effective" programming is most closely aligned with providers associated with these proven models. As of Fiscal Year 2021-2022, all FSPs were found to be aligned with evidence-based models and programming. Operational leadership continues to monitor performance of contracted providers to evaluate performance differences based upon location, staff demographics, and operational approaches specific to a particular provider and the overall impacts to clients. When workforce and staffing issues were identified, the department also concluded that contracted programs who were able to fully staff such services were correspondingly more apt to continually demonstrate successful trends and outcomes. The latter finding reinforced the department's ultimate decision to release \$80,000 - \$88,000 per provider in 'mini grants' (increased contract allocations) to system providers that could be flexibly applied to innovative workforce recruitment, retention, or hiring practices not otherwise funded through traditional billing or contract agreements.

To date, FSP programs system wide continue to show significant positive trends in client outcomes such as reducing and preventing re-incarceration, hospitalization, and length of stay in psychiatric facilities. Overall, system trends continue to demonstrate that ACBH and CBO FSP programs are effective and will continue to be expanded upon as appropriate, required, and as funding permits.

- 7) **Significantly increase the capacity of residential treatment beds countywide (including those at Villa Fairmont) to ensure that effective, humane treatment is available at all levels of need.**

**ACBH Response:** *ACBH has already committed to increasing the capacity of residential treatment beds through consistent and proactive application submissions for BHCIP and Community Care Expansion Program (CCE) opportunities, with much success. During the prior fiscal year, the department also began working with the current contracted CBO provider of sub-acute services (i.e., Villa Fairmont) to restore the eighteen (18) beds contracted out to other counties by prior ACBH Leadership in 2017. As of April 2023, ACBH had identified funding for ten (10) of those 18 beds, slated for use effective of July 1, 2023; and is aggressively identifying funding for the remaining eight (8) which will also be restored to support the needs of Alameda County residents suffering from SMI conditions.*

*Although the department believes that a reliance upon voluntary or outpatient treatment is most advantageous to persons recovering from severe mental illness, ACBH also recognizes the significant needs system wide and will continue to work towards providing a variety of services to those who require this level of support.*

- 8) **Provide better treatment options for incarcerated individuals who are "5150'd" from Santa Rita Jail to John George Psychiatric Hospital.**

**ACBH Response:** *Although the item was directed to the County BOS, ACBH is unable to respond on their behalf given the current structural oversight and authority afforded by the County to the Alameda Health System Board of Trustees. However, ACBH is currently working within and across the system, including with Alameda Health System (who operates John George Psychiatric Hospital), to identify strategies designed to improve psychiatric treatment to incarcerated individuals. It is important to note that the County does not currently operate its own psychiatric inpatient unit within or outside of Santa Rita Jail.*

- 9) **Support the repeal of the IMD (Institution for Mental Disease) Medicaid Exclusion.**

**ACBH Response:** *ACBH is currently evaluating the impacts of the IMD Exclusion (Section 1115(a) Demonstration Opportunity: "IMD Exclusion Waiver") including those related to certain federally-guided requirements associated with the Waiver.*

*Section 1115 demonstration waivers for serious mental illness (SMI) and serious emotional disturbance (SED) for youth is a complex issue. Guidance has been issued by the Centers for Medicare & Medicaid Services (CMS) in November 2018 which allows states to pay for short-term psychiatric care for adults in Institutions of Mental*

*Disease (IMD) settings. In addition, states may also seek Medicaid payment for services provided to individuals 21 years of age or younger in settings that do not meet CMS requirements to qualify for the inpatient psychiatric services for individuals under age 21 benefit (commonly referred to as the psych under 21 benefit).*

*In order to receive demonstration approval, states must meet several criteria, including providing access to a continuum of mental health services, use of a utilization review entity, and certain provider requirements. ACBH's analysis is based upon the following areas required by and allowed for through the 1115(a) Demonstration Opportunity (IMD Exclusion Waiver):*

- *Allows the 115 waiver process to cover short-term stays in IMDs **if** certain conditions are met focused on increasing high-quality of care.*
- *Short-Term stays **are limited to 60 days**, with a state-wide average of 30 days.*
- *California's expansion of SUD services obtained through a similar waiver which:*
  - *Strengthens continuum of SUD services under the Drug MediCal Organized Delivery System; and*
  - *Allows counties to claim federal reimbursement for SUD residential treatment.*
- *Counties with longer average length of stays (beyond 60 days) that impact the State of California's average length of stay requirement of 30 days, may potentially place into jeopardy the state's ability to maintain this federal waiver at all.*

*As a result of the above, and other factors, ACBH is continuing to seek state and professional consultation regarding whether/not it will opt into this opportunity at this time despite significant length of stay improvements seen systemwide.*

10) **Prioritize strategies to address the mental health workforce shortage.**

**ACBH Response:** *Again, as noted throughout this document, ACBH is unable to comment on behalf of county leadership. However, the department continues to engage in several activities designed to support the prioritization of the mental health (behavioral health) workforce shortage.*

*Those strategies include, but are not limited to;*

- *Contract augmentations for Community Based provider organizations;*



- *The realignment of the Workforce, Education, and Training (WET) Unit to the Office of the ACBH Director in the Fall of 2022;*
- *The development of new/novel civil service classifications targeting recruitment of behavioral health specialties through salary incentives;*
- *Expanded use of Sign-On bonuses, longevity pay, and loosening of loan assumption eligibility requirements; and*
- *Increased focus on Peer-based work positions, including the investment in Peer Certification Programs, staffing, and a more diverse workforce.*

It is my sincere hope that the above responses sufficiently articulate ACBH's commitment to the county system, as well as respond directly to the underlying data and assumptions presented through the MHAB annual report recommendations. As noted previously, ACBH stands ready to provide additional information, clarity or response should that be need in relation to this item.

Thank you.