



ACBH CRISIS SYSTEM OF CARE UPDATE



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WHO WE SERVE

ACBH serves individuals who meet Medi-Cal Specialty Mental Health criteria and those with substance use disorders who are Medi-Cal recipients, Medi-Cal eligible, or are members of HealthPAC.



HOW WE PROVIDE CARE

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ACBH provides the following in our continuum:

- Targeted Case Management
- Pre-crisis and crisis services
- Assessment
- Medication education and management
- Twenty-four-hour treatment services
- Rehabilitation and support services designed to alleviate symptoms and foster development of age appropriate cognitive, emotional and behavioral skills necessary for maturation
- Rehabilitation and support services for Adults/Older Adults
- Day Treatment services
- Residential services
- Mobile and field based services
- Individual and Group Therapy Services
- Inpatient Hospital Services



KEY DRIVERS OF OUR CRISIS SYSTEM CHANGES

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RDA Assessment

- Develop mobile teams in South County
- Expand hours of mobile teams
- Better care coordination

Department of Justice Recommendation

- Provide mental health services in the least-restrictive environments

Centers for Medicare and Medicaid Final Rule

- Aligns key rules for insurance programs
- Modernizes how states purchase managed care
- Strengthens consumer experience and key protections



GUIDING PRINCIPLES FOR SYSTEMS CHANGE

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- Integrate managed care principles into services
- Divert beneficiaries from the most restrictive environments
- Improve care coordination
- Provide culturally relevant services in the community
- Use Results-Based Accountability (RBA) to determine effectiveness



BACKGROUND AND TRENDS THAT SUPPORTS THE CASE FOR CHANGE

Incarceration

- Currently 30% of CA's prison population has a “serious mental disorder” (increase of 150% since 2000)*
- Alameda County Forensic Behavioral Health (ACBH) at Santa Rita Jail served 4,998 individuals (FY 2017-18)

* California Department of Corrections and Rehabilitation, 2017

Involuntary Psychiatric Holds

Alameda County has the highest per capita involuntary hold rate in California

- FY 15/16 = 24,691(adult)
- FY 16/17 = 20,685(adult)

FY 17/18 – John George Psychiatric Emergency Services (PES) served 5,432 individuals who have Medi-Cal or are Medi-Cal eligible

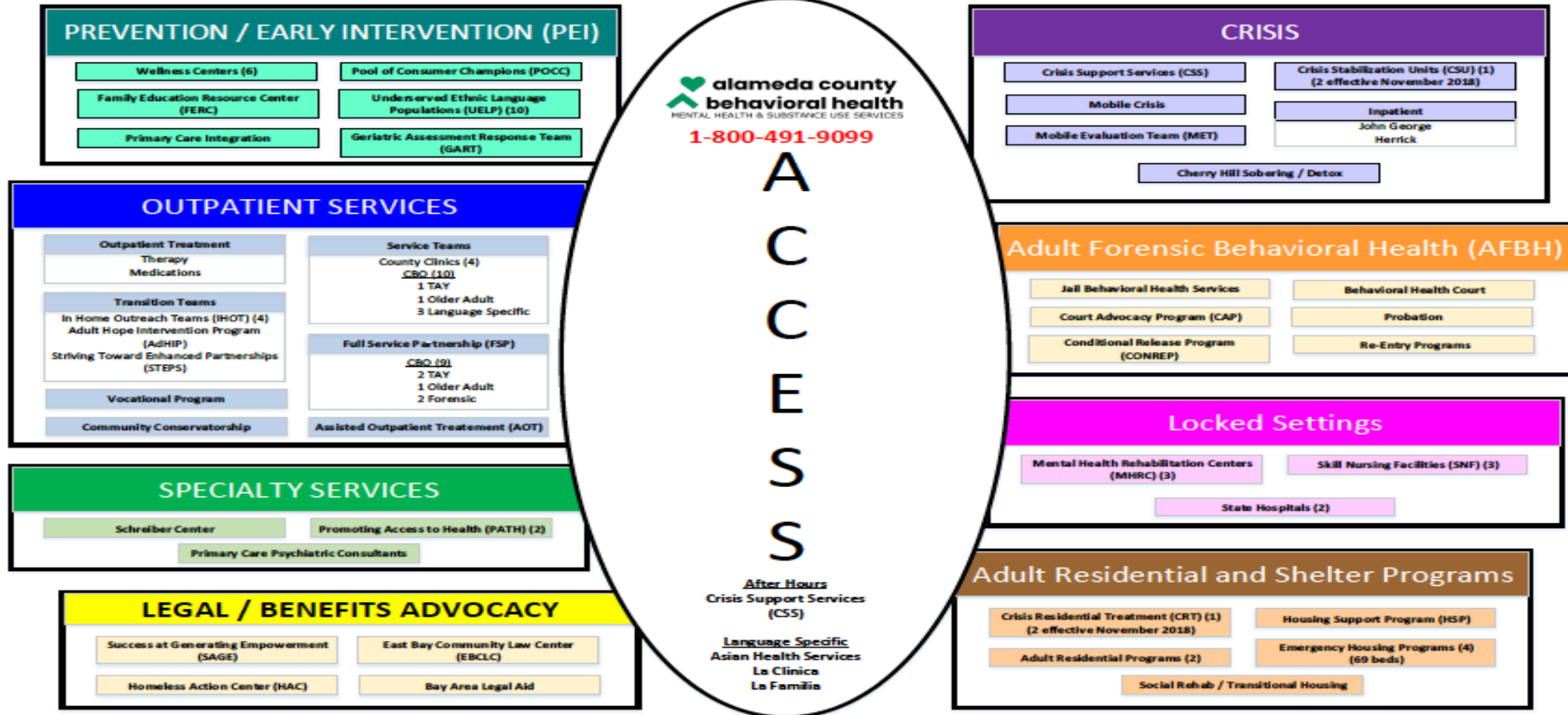


ACBH CONTINUUM OF CARE

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Adult/Older Adult Continuum of Care

DRAFT ADULT AND OLDER ADULT SERVICES MAP (Revised 01/11/2019)



*See Glossary for Program Details

A Continuum of Care covers the delivery of healthcare over a period of time from birth to end of life. Services are provided for all levels of care.

- Planning and management
- Care coordination
- Case-based financing/pay-for-performance
- Integrated information systems

Health Information and Management Systems Society (HIMSS)



NEW CRISIS SERVICES BEING ADDED TO OUR CONTINUUM OF CARE

Specific services include:

- Peer respite program (Sally's Place)
- Mobile crisis team expansion
- Post-crisis follow-up teams
- New Crisis Stabilization Unit (CSU) and Crisis Residential Treatment (CRT) services
- Urgent medication services expansion at ACBH county clinics
- Use of Reddinet BH page & the AC3 Community Health Record

Mobile Crisis Team Deployment in Alameda County

MCT

Mobile Crisis Teams (two clinician model)

Will focus on both conducting early intervention, prevention and care connection at BART station “hot spots” and be available for 911 mental health crisis call outs

MET

Mobile Evaluation Teams (police officer and clinician model)

Will focus on 911-generated mental health crisis calls in Oakland

CATT

Community Assessment and Alternative Transportation Teams (CATT) (EMT & clinician model)

Will focus on community-based crisis intervention and medical clearance

Care Connection and Follow-up Services

CCT

Care Connection Teams (CCT) - Clinician & Peer/family provider

Will focus on screening and connection to services at BART “hot spots”; partner with Healthcare Care for the Homeless, BART, and mobile teams for linkage to long term services

Familiar Faces

Familiar Faces Post-Crisis Follow Up Team – 80% staffed by peers/family

Will conduct follow up visits, care coordination with current provider, and linkage to services like IHOT if unconnected within 24 hours of contact with a mobile team or CSU (SB82 Grant)

PCFT

Post Crisis Follow Up Team – 80% staffed by peers/family members

Will conduct telephonic post-crisis follow up calls within 24 hours to all non-high utilizers (SB82 Grant)

Amber House

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A Crisis Stabilization Unit – 24-hour voluntary assessment service

Crisis Residential Treatment – Up to 14-day length of stay

Projected Opening July 1, 2019

Thank You