alameda county behavioral health
MENTAL HEALTH & SUBSTANCE USE SERVICES

Adult Committee APPROVED Minutes
July 27, 2021 ◊ 12:00 PM – 2:00 PM
2000 Embarcadero Cove, Oakland, CA
Eden Room
Video Conference Meeting

Alameda County
Mental Health Advisory Board

Committee Members:	☒ **Marsha McInnis** *(Chair, District 1)*
ACBH Staff:	☒ **Kate Jones** *(Adult and Older Adult System of Care Director)*; ☐ **Jennifer Mullane** *(Adult and Older Adult System of Care Director)*; ☒ **Angelica Gums** *(Administrative Liaison and Recording Secretary);* ☒ **Asia Jenkins** *(Administrative Liaison)*

Meeting called to order @ 12:00 PM by **Chair Marsha McInnis**.

ITEM	DISCUSSION	DECISION/ACTION
Roll Call	Roll Call completed.	
Emergency Action	None.	
Approval of Minutes	April and May minutes approved. June meeting was cancelled.	
Correspondence	None.	
Chair's Report	**A. Chair McInnis welcomed the Committee and introduced the topic of today's discussion regarding the CalAIM Initiative proposed by the Department of Health Care Services.** **B. Marsha mentioned that next month will be her last month serving on the Board.**	
Director's Report	**C. Kate Jones from Alameda County Behavioral Health, Adult and Older Adult System of Care, provided the Director's report.** Kate thanked Marsha for her advocacy and passion in serving mental health clients. She explained that ACBH will continue to work on three main areas of focus over the next two years: • Better communication and collaboration with Substance use providers and peers and trying to, despite 42 CFR, try to communicate better between our systems and assist around individuals as they transition in and out of SUD treatment and to observe 42 CFR in the process. Kate met with SUD partners to discuss the decision to take people experiencing co-occurring	

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	disorders to Amber House. Individuals would be voluntarily admitted to Amber House or PES to be evaluated and referred to one of ACBH's crises residential facilities with the idea that we are treating that individual with their mental health crisis and not their SUD concern. • Another focus area is on Older Adults to see how we can provide opportunities for outreach and engagement. The Division wants to increase outreach to these individuals who are eligible for services but aren't receiving any. In addition, the Division is working on system-wide trainings to begin in 2022 on how to provide services to older adults. • Kate is restructuring her weekly care coordination meetings focused on inpatient facilities and individuals who present some sort of systems challenges in finding the right level of care. The restructuring will focus on the top 50 clients who are high need, high cost in either mental health or emergency departments, or forensic. Working with Alameda County Care connect to create reports for shared information exchange, also referred to as community health record. Identified individuals are considered "familiar faces." The goal is to work with individuals to decrease utilization of services in high cost/ high restrictive environments to ideally meet their wants and needs to have a better quality of life. They will begin these meetings in October. **Questions:** 1. **Has ACBH considered the timeframe in which it takes an individual to transition from various levels of care, i.e. from experiencing a psychotic state to becoming balanced?** Kate explained that they have critical care managers who can make decisions on a case by case basis on length of stay for clients. 2. **Is there anyway a family member of one of these 50 individuals can be involved in the weekly care coordination meetings devoted to them?** This is intended to be largely a provider meeting.	

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	3. Is there a way for a County to reward and incentivize itself for taking care of its familiar faces? I wish Alameda County can give itself credit and encouragement for saving lives especially considering how expensive this process can be. ACBH can reward itself with praise and we do have an incentive program with our Full-Service Partnerships in identifying key metrics with seeing individuals at key times, including how often and quickly etc. Hopefully we'll see a reduction in cost and types of services over time. **4. Is there ever a way the care coordination team committee can report to the MHAB or the BOS on what sorts of facilities or programs are in short supply for familiar faces?** Kate mentioned that she is unsure about this process at this time. **5. With COVID surging, what are the policies in the clinics that protect clients/staff?** There are now rotational schedules for staff and all staff are required to wear masks.	
Presentation on California Advancing & Innovating Medi-Cal (CalAIM) (Eric Yuan, Alameda County Behavioral Health, Office of the Medical Director Integrated Health Care Services)	**D. Chair McInnis introduced Eric Yuan as the presenter to discuss the new CalAIM initiative** CalAIM stands for **California Advancing and Innovating Medi-Cal**. It is a multi-year initiative proposed by DHCS to ultimately improve the health outcomes, quality of life and consumer experience for Medi-Cal beneficiaries. Eric presented on key areas of the initiative including, CalAIM's Goals and Initiatives, the Enhanced Care Management Framework and implementation dates, and In Lieu of Services. **Questions:** **1. Considering the timeline that we have; what kind of consumer involvement are we looking at? How are we going to feed in the consumer voice?**	

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	Consumers will be involved in the stakeholder planning meetings for CalAIM, which includes helping to create a recovery plan for the client, receiving consumer feedback, and development of a client satisfaction survey. ACBH is not quite ready to put forth a draft proposal yet. There may be a place for peers to do outreach to get people engaged with the program. There is also an emphasis on qualitative services. Eric addressed concerns around basic needs. A couple of years ago the Office of the Medical Director was heading care coordination policies and procedures to improve care coordination for client. This project turned into the mental health system program improvement project that is supported by our department. **2. People think of Managed Care as a way for a provider to put up resistance to expensive measures that aren't necessary. Might Managed Care theoretically make it more difficult for the SMI to get acute or subacute care quickly? This is not something a client is likely to demand but it is something a client with SMI may need occasionally. Also, it costs $450-3000 a day to my knowledge** Kate started a workgroup that reviews the screening/transition of care process for clients to ensure they are funneled into the right level of services. DLA-20 is a tool to help the individual determine how they are doing. **3. Will there be state directed rates for outpatient services for mild to moderate and will there be separate rates for EPSTD and other medical services for court clients?** Kate explained that she is not aware of information right now and that there is a workgroup that discusses payment transformation information to DHCS and they are examining many different methodologies for payment reform.	

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	4. Is the tool at this moment just self-reporting data or does it involve a clinical assessment? DLA-20 is an assessment of the daily functioning of the client. It is a clinical tool that the clinician/providers share with the client and can determine the result together. **5. If a person is in a state of psychosis, is it tracking their perception of how they are doing or is there a separate or additional place for clinician to comment on that thing?** Eric stated that we need a trained clinician to know when to use these tools, such as when the client is facing a psychotic break it may not be the appropriate time for the client to do a co-assessment. **Eric continued the presentation to highlight the ACBH Model of Enhanced Care Management, which included the following information:** • Why ACBH should participate in CalAIM to be enhanced care management providers; Member Experience; Quality of Care; Member Outcomes, • Piloting at ACBH Community Support Centers (CSC) – Outreach, Care Coordination Capacity, and Health Promotion • Four (4) Community Support Centers • ECM Model Workflow: Membership Assignment • ECM Model Workflow: Outreach and Engagement • ECM Model Workflow: Assessment and Plan Development • ECM Model Workflow: Service Provision • ECM Model Workflow: Re-assessment	
Committee Comment	Committee member Warren commented that he appreciates the dialogue and being able to learn from Marsha during these meetings.	
Public Comment	None	
Adjournment	Adjourned at 2:00 PM	

Minutes submitted by A. Gums