

Acute Crisis Care and Evaluation for Systemwide Services (ACCESS) Workgroup Report

Report Date: May 06, 2022

Submitted To: Dr. Karyn Tribble,
Alameda County Behavioral Health Care Services Director

Submitted by: Dr. Carole Mckindley-Alvarez, consultant

Background:

In November of 2021, an assessment was completed as a mechanism to receive feedback from ACCESS Division staff regarding strategies to enhance service delivery. This Assessment was commissioned by Alameda County Behavioral Health Care Services (ACBH) executive leadership. The ACCESS Division Assessment included the following methodology, interviews, and communications:

1. ACBH Deputy Director interview.
2. ACCESS staff Interviews (including management).
 - a. Participants included Clinical Staff, Manager, and interim ACCESS Director and 1 Clerical Staff member(Supervisor).
3. Group interview/meeting with ACCESS Staff.
4. Email Communications provided directly to Consultant.

Learning questions that were posed to ACCESS Staff included, but were not limited to; (1) What works well in ACCESS; (2) What are areas of growth / focus in ACCESS; and (3) Recommendations to enhance service delivery. General recommendations for staff improvement included a variety of areas, including but not limited to, division operations, division databases, staffing, provider availability and coordination, and inclusivity in decision-making with leadership regarding how to improve the system.





Upon the completion of the ACCESS Division assessment, the following three (3) recommendations were made to ACBH departmental leadership:

1. Establish a time-limited workgroup with membership from ACCESS, Community providers, Health plan staff, Crisis, and other key stakeholders. This workgroup would identify challenges and propose recommendations to meet community needs. The workgroup will not include any leadership (both ACCESS and overall BH) with the exception of the BH Deputy Director who will be responsible to establish the workgroup and ensure staff are able to effectively participate.
2. Establish a process to memorialize the work completed by the workgroup including outcomes.
3. Establish a communication process where updates are provided directly to the ACCESS staff on a monthly basis.

Purpose:

The ACCESS Workgroup was formed as a time-limited group with membership from ACCESS, Community providers, Health plan staff, Crisis, and other key stakeholders. The purpose of the workgroup was to identify challenges and propose recommendations to meet community needs, that will align Alameda County Behavioral Health (ACBH) with larger changes to the public health system in California.

Four (4) virtual workgroup meetings were conducted in March and April 2022. The members and presenters of the workgroup are listed below:





ACCESS Workgroup members	Presenters
<ul style="list-style-type: none">• Ms. Ahumada, Alternative Family Services• Dr. Bhatt, Alameda Alliance• Ms. Byron, ACBH• Mr. Chik, ACBH• Mr. Currie, Alameda Alliance• Ms. Lewis, ACBH• Ms. Ling, ACBH• Ms. Lott, ACBH• Ms. Mullane, ACBH• Ms. Ochoa, La Familia• Ms. Perkins, Magnolia Recovery• Ms. Schouten, BHI-UCSF Benioff• Mr. Schulz, ACBH• Ms. Shockley, ACBH• Mr. Thomas, Options Recovery• Mr. Yip, Asian Health Services• Ms. Johnson, La Familia• Mr. Rio, Live La Familia	<ul style="list-style-type: none">• Dr. Tribble, ACBH• Dr. McKindley-Alvarez, Consultant• Mr. Wagner, ACBH• Ms. Jones, ACBH

Below is an elaboration of topics covered, feedback and recommendations at each meeting.





1st ACCESS Workgroup Meeting

1. Introduction and Overview:

- Mr. Wagner, ACBH Deputy Director of Clinical Operations, welcomed the workgroup members and reviewed the purpose of the meeting.
- Dr. Tribble, ACBH Director provided an overview of Behavioral Health changing landscape and its impact on Alameda County Behavioral Health Department. Dr. Tribble urged the team to use the workgroup platform to rethink and create better services for the beneficiaries.

2. ACCESS Assessment Review:

Dr. McKindley-Alvarez reviewed ACCESS assessment.

- The assessment was administered during the month of November 2021 to receive feedback from ACCESS staff regarding strategies to enhance service delivery.
- Some recommendations because of the assessment were:
 - a. Establish a time-limited workgroup.
 - b. Establish a process to memorialize the work completed by the workgroup including outcomes.
 - c. Establish a communication process where updates are provided directly to the ACCESS staff monthly.
- For details on ACCESS staff's feedback on what works well, areas of growth / improvement and observations / recommendations, please refer to the assessment here: [ACCESS Assessment Summary](#)





3. Thoughts, Feedback and Recommendations:

Thoughts / Feedback: Meeting #1	Recommendations
<ul style="list-style-type: none">• Foundation to talk to someone was appreciated.• Staff stepping up to support ACCESS when short- staffed was appreciated.• Demystifying what ACCESS is, should be the focus.• Thoughtful implementation of changes to primarily address the needs of the clients and focus on impact to the staff as well.• Access to care and more services.• Development of the tracking system.• Focus on relationship and providers who cater to the needs of the beneficiaries.• Attempt to make sure the provider networks remain available and are not displaced.	<ul style="list-style-type: none">• Primarily address the needs of the clients and focus on impact to the staff as well.• Demystifying what ACCESS is.• Qualifying people for more services. Making sure we are allowing beneficiaries to get access to care and more services.• Improve retention of Behavioral Health Providers.• Development of the tracking system.





2nd ACCESS Workgroup Meeting

1. Alameda County Behavioral Health (ACBH) Overview:

- Mr. Wagner, ACBH Deputy Director of Clinical Operations provided an overview of ACBH department and highlighted some important updates and current initiatives. Mr. Wagner reviewed past and current fiscal year departmental budget, funding sources, department structure including care delivery system, and FY 20/21 demographics data of beneficiaries served.
- For department overview, updates, significant changes, and current initiatives highlights, please refer to the PowerPoint here: [ACBH Updates and ACCESS Data](#)

2. ACCESS Data Review:

- Ms. Jones, Adult and Older Adult System of Care Director / Interim ACCESS Unit Division Director reviewed the purpose of the ACCESS Unit and ACCESS data for January-December 2021.

ACBH ACCESS Unit is an entry portal for Medi-CAL beneficiaries with Behavioral Health needs. The portal is required under ACBH's contract with the California Department of Health Care Services (DHCS). The unit is the first touch point for beneficiaries when receiving care from ACBH.

- Ms. Jones reviewed ACCESS data on FTE, calls by age group, reported presenting problems, referral calls, and drop call rate for 2021.
 - 4.58 FTEs are unfilled out of total 25.58 FTEs.
 - **Top 3 reasons for calls listed are:**
 - Mood Disorders (8,148)
 - Information Only (7,996)
 - Anxiety Disorders (5,528)
 - **Referral calls- "WHO Called":**
 - Self (8,725)
 - Parent / Legal Guardian (2,766)
 - Other Mental Health (2,256)





➤ **Drop Call Rate: 5-6%** calls cannot be completed for various reasons.

- Please refer to the PowerPoint for details on 2021 ACCESS data here: [ACBH Updates and ACCESS Data](#)

3. Thoughts and Feedback:

Thoughts / Feedback: Meeting #2

ACCESS Data that stood out were:

- # Of adults over the age of 60 calling ACCESS was high.
- # Of calls as homelessness might have been lower than expected.
- Referrals: # of referral calls from School / Education were lower.

Mr. Wagner replied: Schools are provided permission to track those numbers themselves, therefore those referral calls might not get access into ACBH system.





3rd ACCESS Workgroup Meeting

1. ACCESS Vignettes and Breakout Groups:

- Four (4) virtual breakout groups were formed to discuss the clinical vignettes.
- Each group was assigned a vignette with group discussion questions.

2. Recommendations:

Recommendations: Meeting #3

Group 1:

- The assessment should include details on past care management or medication history, if any. In addition, detailed social history including job, housing, education status, etc. should be assessed.
- Rigorous follow up to identify how client is doing immediately after the care, to identify helpfulness of services, and to note if there are other care and wraparound needs.
- The ideal plan should be to connect client to immediate services to stabilize situation, continuous follow up and connection to long term services including support groups.

Group 2:

- Three-way call between ACCESS, Beacon, and Alameda Alliance to support early linkage and ensure follow up thereafter.
- In case, the client's insurance is not figured out or remains uninsured for some time, ACCESS should connect client to the funded services to ensure long term care.

Group 4:

- Connect to specialist with good handle on Fetal Alcohol Syndrome. Talk therapy might not be the most important for this client. Some physical intervention could however be useful, like support groups. There are a lot of services that client could be referred to, but targeted and useful services should be the goal, which would require strong assessment.





Final ACCESS Workgroup Meeting

1. Review of past workgroup meetings:

- Mr. Wagner reviewed discussions, feedback, and recommendations from last three workgroup meetings and informed the group that the final report will be posted on the county website for public comment for 30 days.

2. Final meeting recommendations:

Recommendations: Final Meeting

- Hiring bilingual staff. Providing training and certification to non-bilingual staff on culturally appropriate services.
- Expand ACCESS unit from telephonic response to in-person, telehealth while sitting ACCESS staff at various high utilization areas.
- Developing designated county ACCESS staff positions for case management to provide 90 days of intensive follow up and linkage to long term services, especially for our complex clients (e.g., homeless clients as needed through street medicine or at health centers).
- Expanding vision for better care coordination to rest of the treatment team. Utilizing ACCESS as a point of recruitment and creating an opportunity to capture ROIs at entry and use partners like Alliance to link clients to the care team.
- Three-way call for direct warm handoff to necessary services. Not recreating what's already done.
- Centralized space or a go-to point for training and psychoeducation.
- Creating a mental health awareness website or YouTube channels for psychoeducation.
- Referring clients as needed to psychoeducation and hospice. This would free ability for providers to see more clients.





- Brief group therapy and training for clients with Acute Anxiety issues, so clients are introduced to self-care strategy.
- Developing an in-person or tele-health opportunities for clients, as needed (as some clients might not have access to technology to connect remotely).
- Equity, access, and parity across insurance options.
- Facilitating community providers and resources list.
- Having access to a system that allows providers to check hospital bed availability, especially for clients who need beds urgently.
- Creating and retaining enough clinician pool. Maintaining therapist pool for long term therapy.
- Higher reimbursement to clinicians to ensure retention.
- Recruitment and retention of staff as it trickles to relationship with clients, who then may decide to stay connected to care long-term.
- Developing better client tracking system to avoid losing clients in transition.
- Streamlining insurance, billing, and linkage resources information to support clients.
- Extended or additional office hours at county operated agencies or CBOs.
- Creating a healthy level of centralization within county behavioral health system to manage and provide better oversight of the services.
- Centralization of some functions into the ACCESS unit in order to better track referral process for services, real time understanding of where a beneficiary is receiving care, and management of a complicated network of providers.





Summary:

The ACCESS workgroup meetings primarily provided a venue to the workgroup members to further discuss areas of growth and provide recommendations to enhance service delivery. The workgroup members voiced that the meetings stimulated right kind of discussions, the most significant and pertinent being identifying methods to support clients connect to long-term services and care, such as: intensive follow-up and warm hand off to appropriate services, hiring bilingual staff, expanding vision for better care coordination to rest of the treatment team, creating and retaining enough clinician pool, developing an in-person or tele-health opportunities for clients, and streamlining insurance, billing, and linkage resources information to support clients. In addition, the members reported being updated with changes and current initiatives within the ACBH system in alignment with the changing behavioral health landscape in the larger public health system.

The report and review documents will be posted in the internal and public websites for public comment for 30 days.

