



BHCS Budget Narrative

MISSION STATEMENT

To maximize the recovery, resilience and wellness of all eligible Alameda County residents who are developing or experiencing serious mental health, alcohol, or drug concerns. We envision communities where people realize their potential, and where stigma and discrimination against those with mental health, alcohol and/or drug issues are eliminated.

Alameda County Behavioral Health Care Services (BHCS) values: Access, where every door is the right door for welcoming people with complex needs; Consumer and family empowerment, through shared decision-making Best practices that produce effective outcomes; business excellence including cost-effective use of public resources; health and wellness, by integrating emotional, spiritual and physical health care; Culturally appropriate services built on the strengths and life experiences of culturally diverse consumers and their families; Social inclusion utilizing advocacy and education to eliminate stigma, discrimination, isolation, and misunderstanding of persons with mental illness and substance abuse.

MANDATED SERVICES

Alcohol and Other Drug (AOD) Services - The level of mandated services is determined by State and federal statute. Although local needs and priorities are given primary focus, various federal and State requirements exist regarding prevention activities, services for parolees and perinatal women, as well as HIV/AIDS and tuberculosis services. Beyond those mandates, a full range of services is maintained, including residential, non-residential, prevention, driving under the influence, and drug diversion programs.

Mental Health Services - The level and range of services recommended and the target population are prescribed by AB 1288 (the Bronzan-McCorquodale Mental Health Act). AB 1288 requires the County to fund mental health services for people with a serious, persistent mental illness (or children with serious emotional disturbances within specific funding guidelines). Mandated services include: psychiatric crisis or emergency treatment, inpatient care, outpatient/day treatment, case management, conservatorship, administration, and evaluation.

Medi-Cal Consolidation - requires the Behavioral Health Care Services (BHCS) Department to provide the full range of mental health services to any Alameda County Medi-Cal beneficiary meeting Medi-Cal medical necessity criteria and in need of those services.

Other Mandated Services - includes mental health and substance abuse services to adult inmates in the County jails, and juvenile offenders in Juvenile Hall, as well as services to people with organic brain disease and traumatic brain injuries.



DISCRETIONARY SERVICES

County General Fund dollars over and above those required as a match for State and federal dollars are defined as discretionary. These dollars are used by BHCS to:

- Provide housing support for homeless people with a mental illness and/or alcohol and/or other substance abuse disorder.
- Deliver mental health & substance abuse services based on local Board of Supervisors priorities such as:
 - Adults & children in the criminal & juvenile justice systems
 - Adults with traumatic brain injuries & neurobehavioral problems
 - Children in group homes and out-of-home placements
 - Consumer-run self-help and empowerment programs
 - Vocational training
 - A continuum of alcohol and other drug services
- Serve clients with life threatening crises but who are ineligible for services through the State's mandated (and funded) target population definitions.

ACCOMPLISHMENTS

SYSTEM-WIDE

- *Reduced County general fund contribution to the BHCS budget by \$14.2 million and closed a \$35M funding gap using MHSA dollars to restructure programs in conformance to MHSA system transformation goals.*
- *Implemented improved contract management and monitoring by:*
 - *Establishing the BHCS Network Office*
 - *Completed technology assessment of Network Office for streamlining, better tracking and contracts monitoring*
 - *Revised and updated boilerplate language and template for Community Base Organization contracts*
- *Developed collaborative plan with Public Health (Health Care For The Homeless) for implementation of a joint clinic to serve homeless and other low-income residents.*
- *Implemented State-required methodology for priority billing to users' other health coverage (Short-Doyle II).*

MENTAL HEALTH SERVICES ACT

- *Developed and expanded a public benefits advocacy program with Social Services Agency to serve BHCS and General Assistance clients.*
- *Implemented:*
 - *New MHSA funded programs :*
 - *CHOICES for Community Living,*
 - *Older Adult Peer Program*
 - *Recovery Education Centers*
 - *Mental Health Consultation services, county-wide, in school districts through the MHSA Prevention, Early Intervention component*
 - *Financial Incentive Stipend and Loan Assumption Programs.*
 - *A Training Unit performance management system.*



- *The Document Imaging project.*
- *1st two phases of the Innovations Grant Process*
 - *Phase I - Funded 22 grants for \$1.1M to non-traditional providers in order to examine new and innovative ways of providing services*
 - *Phase II - Funded 15 providers to address system learning objectives to provide more effective, more culturally responsive services for African Americans*
- *Purchased a building (through GSA) for a Wellness and Recovery Center in Hayward for the Geriatric assessment Center, mid-County Family Education Resource Center, South County Crisis Services, and the Medication Consult Service Primary Care and for Co-Occurring Clients in AOD programs.*
- *Developed project implementation plan for new Electronic Health Records system*
- *Provided a consumer and family member training series*

OFFICE OF CONSUMER RELATIONS

- *Implemented:*
 - *The Consumer/Client Participation & Involvement Initiative collaboratively with System of Care Directors.*
 - *The campaign for social inclusion*
 - *The Peer Employment Toolkit*
- *Developed consumer leadership development strategies through the Pool of consumer champions*

OFFICE OF FAMILY RELATIONS

- *Provided broader outreach and services to South and East County.*
- *Opened Family Education and Resource Center (FERC) Offices in: Livermore and Hayward*
- *Increased FERC capacity and consequently reduced Direct Service/Information and Referral Calls to Office of Family Relations*
- *Expanded Family Partners in Children's Services to include bi-lingual, 0 – 5 and Juvenile Justice Center*

OFFICE OF THE MEDICAL DIRECTOR

- *Through a collaboratively process with GSA, re-RFP-ed the Pharmacy Benefit Manager (PBM) services contract for 3 years beginning Sept 1, 2010.*
- *Provided educational tools and support to Family Education Resource Center*
- *Provided CME programs to psychiatrists and primary care MD's*
- *Implemented e-prescribing into physicians' practices with connection to EHR*
- *Implemented behavioral health integrated medical home project with Lifelong Medical Clinic at BHCS' Oakland Adult CSC*

CHILDRENS SYSTEM OF CARE

- *Implemented Mental Health Consultation services, county-wide, in school districts through MHSA Prevention, Early Intervention funding*
- *Increased participation in the Co-Occurring Initiative.*



- *Trained Outpatient Staff. in Trauma Focused Cognitive Behavior Therapy (an evidence based-practice)*
- *Implemented the SAMHSA-funded - Early Connections System of Care for Children 0 -5 and their Families.*

ADULT SYSTEM OF CARE

- *Developed and implemented “Level two” services, including transitional case management and medication support for Low Income Health Plan enrollees.”*
- *Implemented the CHOICES for Community Living pilot project across five MH service teams*
- *Developed a quality improvement and outcome-driven monitoring for AOD programs to enhance engagement and retention of clients.*

TRANSITION AGE YOUTH SYSTEM OF CARE (TAY)

- *Refined “Individualized Supported Employment” (and evidenced-based practice)for TAY*
- *Implemented Supported Education Services at Laney*
- *Provided Leadership Training and Youth development for TAY Advisory Board*

OLDER ADULT SYSTEM OF CARE

- *Implemented:*
 - *Behavioral Health/Primary Care contracts with Asian Health Services and Tiburcio Vasquez Health Center.*
 - *Geriatric Assessment and Response Team (GART) in Central Alameda County.*
- *Established essential collaborative relationships with primary care to improve access to medical care for older adults with behavioral health issues*
- *Provided information, collaboration and training to providers re: the needs of older adults with behavioral health issues.*

MAJOR SERVICE AREAS

OFFICE OF QUALITY IMPROVEMENT

Goals 12/13

- *Identify, track and analyze system-wide performance measures (hospital recidivism; timeliness of access to care; Medi-Cal re-enrollment; HealthPAC enrollment).*
- *Partner with the SOC Directors to identify client 2-3 measurable client outcomes that can be tracked and analyzed across age groups and service strategies.*
- *Partner with the SOC Directors and operational leads to evaluate and select clinical assessment tools for use in the systems of care.*
- *Pilot site-based client/consumer and family satisfaction surveys in each of the systems of care.*
- *Develop and implement:*
 - *An organizational communication plan;*
 - *Competencies that will serve as the foundation for our training efforts and WET financial incentives and career pathways projects.*



MENTAL HEALTH SERVICES ACT

The Mental Health Services Act, (MHSA) or Proposition 63, is a State initiative approved by voters in 2004, which provided for a new tax of 1% on incomes over \$1 million to fund mental health services in California. The intent of the Act is to transform the public mental health system by offering new and innovative services, especially to individuals who have never before received treatment. It provides approximately \$35-\$40 million annually to the department 70% of which funds services provided by local, community-based organizations. Alameda County is one of only five counties in California to achieve approval for all five components of MHSA.

MHSA Goals 12/13

- ***Implement mental health prevention services with Alameda County Community College Districts.***
- ***Provide start-up funding and supports for development of “SSI Trust Clinic” operated by Public Health to provide primary care, behavioral health, and benefits management services to low-income and homeless residents of Alameda County.***
- ***Implement an integrated behavioral health-primary care service delivery model at one or more Federally Qualified Health Centers in Alameda County.***

OFFICE OF CONSUMER RELATIONS

The Office of Consumer Relations exists to help persons who have experienced mental health issues become meaningfully involved in the transformation of the behavioral health system into a recovery-based system. Key areas of involvement include:

- System of change, including leadership, policy development, and system design.
- Development, delivery and evaluation of training and education programs for the behavioral health community, including participants and those being trained on the major issues affecting consumers’ lives.
- Consumer employment throughout all levels of the behavioral health system.
- Growth and development of consumer-run programs and peer support services.

Consumer Relations Goals 12/13

- ***Develop and implement a strategic plan for the 10 x 10 campaign that addresses the needs of persons who have severe mental illness who are on service teams.***
- ***Convene a conference on Trauma informed Care and identify a trauma assessment tool that can be used by clinicians to help persons who are suffering from trauma.***
- ***Disseminate BHCS administrative position statement on Spirituality and implement actions resulting from the statement.***
- ***Develop collaboration between POCC and older adult system of care that will improve Mental Health Services for older adults.***

OFFICE OF FAMILY RELATIONS

The Office of Family Relations exists to promote family participation and family involvement by ensuring that:



- Family members are an integral part of developing systems of support for their loved one who is experiencing mental illness and substance abuse issues, and as their needs and roles change across their life spans.
- A well-informed family member voice is included in a distinct and specific role, at the direct service, advocacy, provider and policy levels of the behavioral health care system in collaboration with consumer voices to build bridges and improve outcomes.

Family Relations Goals 12/13

- ***Expand outreach and services for families in South and East County.***
- ***Increase Family Participation in the Adult System Service Teams and with the CHOICES Program***
- ***Increase Family Participation in the TAY System with the existing TAY programs***

OFFICE OF THE MEDICAL DIRECTOR – Physician Practices

The Office of the Medical Director develops implements and directs the psychiatric medical care, policies, procedures, systems and standards for county-operated and contracted Behavioral Health Care Services (BHCS) programs. The Office oversees the development, implementation and direction of a BHCS pharmacy system to ensure the availability and provision of psychotropic medications to all patients in a cost-efficient and quality manner, provides clinical consultation, and serves as an advisor to other BHCS administrative units (e.g., Utilization Management and Authorization Unit).

Office of the Medical Director - Goals 12/13

- ***Continue expansion of Psychiatric Consultation Services to our Primary Care Partners.***
- ***Expand the PATH Project (Primary Care services in Level I Behavioral Health Programs) to the Tri-City CSC. Goal of 250 Clients enrolled by April 2013 and development of written financial sustainability plan by June 2013.***
- ***Expand availability of psychiatric consultation to residential AOD Programs.***
- ***Roll out Consumer “Med ED” Program with Pharmacist and Consumer Educators deployed to provide education to other consumers regarding psychotropic medications (Initial roll out at Eden CSC planned for June 2012)***

CHILDRENS SYSTEM OF CARE (CSOC)

The Behavioral Health Care Services Department provides prevention, early intervention and treatment services to improve the lives of children and youth (birth to 16 years) and their families. The Department emphasizes the development of strength-based knowledge and effective treatment approaches, identification of early signs and symptoms of emotional and behavioral problems, increasing services to underserved populations, improved services to youth in or at-risk of residential placement, and services for uninsured children and youth.

CSOC - Goals 12/13

- ***Develop a Juvenile Justice strategy that addresses trauma, recidivism, and school enrollment/performance for youth on probation or discharging from the JJC.***



- ***Align the behavioral health deliverables between EPSDT & Probation contracted providers that include best practices, service coordination & outcome measures.***
- ***Require all CSOC providers to use the Community Functioning Evaluation (CFE) for use in program evaluation, data collection, and program planning for FY 13/14.***
- ***Develop 3 -5 outcome measures for all children and youth served by the CSOC in partnership with the County partner child serving systems: Social Services, Juvenile Probation, School Districts & First Five.***
- ***For Early Childhood (0- 5) system of care, the goals for FY 2012-13 include:***
 - ***Family Partnership Sustainability***
 - ***Early Connections Broad-Based Governance***
 - ***Cross Systems Care Coordination***

TRANSITION AGE YOUTH (TAY) SYSTEM OF CARE

Transitional Age Youth System of Care (ages 16-24) provides options to help youth grow and develop in spite of mental health issues including:

- Increased TAY Specific Programming
- Collaborations with Community Systems
- Building Youth Leadership and the Youth Voice

TAYSOC - Goals 12/13

- ***Provide early intervention Services and services that allow TAY to return quickly to their normal live without become long-term mental health clients.***
- ***Increase options available to TAY for school and employment***
- ***Increase natural Peer Supports as part of normal Peer Growth and Development.***

ADULT SYSTEM OF CARE (ASOC)

The Adult System of Care (ASOC) is a values-based, consumer focused and culturally welcoming service delivery system aligned with the mission of maximizing the wellness and recovery of indigent and low-income adults experiencing acute or serious mental health or substance use disorders. Within the structure of a specialty managed care organization, the ASOC offers a comprehensive, quality and outcome driven continuum of both professional and peer assisted recovery services that are integrated with family, housing, employment, physical health and social service supports to nearly thirty thousand county residents aged 18-64 each year.

ASOC - Goals 12/13

- ***Graduate clients from Service Teams to the Community Wellness***
- ***Establish performance management evaluation criteria for all Level 1 Recovery-based Service Programs and use them to establish a base for outcomes that are marketable in a managed care environment.***
- ***Implement meetings between senior management and contract management staff to coordinate strategy and policy for performance management***

**OLDER ADULT SYSTEM OF CARE (OASOC)**

The Older Adult System of Care's (OASOC) primary goal is to develop a range of service options that are comprehensive, age appropriate, culturally competent, collaborative, and integrated that meet the unique needs of older adults with serious mental health concerns, their families, their caregivers, and their extended community supports. The focus of the OASOC is to develop supports that consumers with serious mental health concerns can readily access and negotiate to help facilitate their recovery and achieve quality of life as defined by the consumer.

OASOC - Goals 12/13

- *Develop Clinical Consultative Relationships with Alameda County OA Providers.*
- *Fully Operationalize*
 - *Geriatric Assessment and Response Team*
 - *Senior Peer Counseling Program*
 - *OA Innovation and SUD Prevention Programs*
 - *OA consumer involvement and leadership opportunities, e.g. with OA POCC subcommittee*

PERFORMANCE MEASURE SUMMARY TABLE

(UPDATED 3.21.12)

What do we do? How much do we do?

1. Provide behavioral health services to low-income residents of Alameda County	FY09-10	FY10-11	FY 11-12 Projected
a. Number of County residents receiving behavioral health services <i>*Unique count of users who may appear in both counts below (MH and SUD)</i>	37,904*	36,977*	37,000*
i. Residents receiving mental health (MH) services	32,494	32,298	32,000
ii. Residents receiving substance use disorder (SUD) services	8,660	7,909	8,000
b. Number of behavioral health visits provided to County residents	1,461,715	1,470,670	1,475,000
i. Number of mental health visits	812,954	851,188	850,000
ii. Number of substance use disorder visits	648,761	619,482	625,000
iii. Number of visits in criminal justice setting	39,752	37,533	35,000
2. Provide a broad continuum of mental health (MH) services to meet varying demands of severity.	FY09-10	FY10-11	FY 11-12 Projected
a. Number of County residents who received hospital/acute care services	10,536	10,003	10,000
b. Number of County residents who received 24-hour, sub-acute care services	698	714	700
c. Number of County residents who received outpatient services	31,844	31,965	33,000
d. Number of County residents who received mental health crisis services	3193	3136	3200
e. Number of County residents who received MH early intervention services	78	336	350
f. Number of County residents who received MH prevention services	14,767	17,993	23,200



3. Provide a broad continuum of substance abuse disorder (SUD) services to meet varying demands of severity.	FY09-10	FY10-11	FY 11-12 Projected
a. Number of County residents who received residential SUD services	977	603	650
b. Number of County residents who received day treatment	119	73	100
c. Number of County residents who received outpatient services	4440	3849	4500
d. Number of County residents who received methadone treatment services	1493	1509	1500
e. Number of County residents who received sobering/detoxification services	2385	2392	2400
f. Number of County residents who received SUD prevention services (duplicative counts)	12,309	12,671	13,000

4. Manage a County-wide network of community-based MH and AOD providers	FY09-10	FY10-11	FY 11-12 Projected
a. Number of provider organizational providers managed & monitored	194	196	207
b. Number of office-based providers managed & monitored	502	488	498
c. Number of provider invoices received and processed (within 10 days standard)	2,440	2,236	2,215
d. Claims billed to State/Federal sources (in millions)	\$154.2M	\$156.8M	\$146.2M

5. Reduce the stigma associated with serious mental illness	FY09-10	FY10-11	FY 11-12 Projected
a. Number of anti-stigma and/or social inclusion media events and activities	5	55	60
b. Number of unique visits to Social Inclusion website	NA	8,351	15,000
c. Number of presentations made to stakeholders and policy makers regarding social inclusion of persons with serious mental illness	7	24	35

How well do we serve our clients?

6. Provide easy access to behavioral health services	FY09-10	FY10-11	FY 11-12 Projected
a. Number of calls to our centralized ACCESS Program	36,231	36,457	40,590
b. Number of referrals made through our centralized ACCESS Program	7105	7055	7245
c. Number of students served in school-based programs	4183	4322	4377
d. Schools with behavioral health services compared to total number of schools (389)	212/389	214/389	214/389

7. Address needs of under-served populations	FY09-10	FY10-11	FY 11-12 Projected
a. Number of residents served through ethnic-specific (non-English) programs	5,096	5,169	8,200
b. Number of homeless and at-risk for homelessness individuals provided housing	#	#	#

8. Reduce psychiatric re-hospitalizations	FY09-10	FY10-11	FY 11-12 Projected
a. Percentage of re-hospitalizations within 30-days of discharge	18.5%	17.4%	17%
b. Percentage discharges with outpatient service within 30 days	44.7%	44.6%	45%



9. Support and empower consumers and family members	FY09-10	FY10-11	FY 11-12 Projecte d
a. Number of consumer and family members employed in system	89	144	154
b. Number of family members served by Family Education & Resource Center, Early Connections & Family Partnership programs	#	2924	3200
c. Number of participants served through Wellness Recovery Action Plans (WRAP)	462	584	500

10. Increase access to Primary Care through referrals to Low Income Health Program	FY09-10	FY10-11	FY 11-12 Projecte d
a. Number of primary care referrals from MH/AOD programs	1352	1431	2000
b. Number of BHCS clients identified as likely eligible for Low Income Health Program	NA	2392	800