

## Behavioral Wellness Department Response to KPMG Review and Implementation Timeframe

Recommendation 1.1—**Conduct a comprehensive needs assessment and system of care performance assessment of target population to align service delivery to community needs**

Agree

Timeline: Preparation for the comprehensive needs assessment began in Fall of 2022 and be completed by April of 2023.

Due to the vastness of the system, BWell has initiated a community engagement process including stakeholder involvement building off the model recently deployed for the American Rescue Act Plan Behavioral Health COVID-19 Recovery community survey. This needs assessment is utilizing surveys, focus groups, and collating data reports to facilitate an evaluation of the effectiveness of BWell programs including prevention, early intervention, outpatient, and inpatient services for both substance use and mental health.

The Mental Health Services Act (MHSA) requires that every three years county behavioral health agencies create a comprehensive plan for MHSA spending via the legislated, Community Planning Process. During the FY 21-22 Annual Update, BWell and its MHSA Stakeholders proposed that a comprehensive needs assessment would, in fact, assess the entire BWell system of care, including non-MHSA programs and the Drug Medi-Cal Organized Delivery System (DMC-ODS). In FY 22-23, BWell will conduct the comprehensive needs assessment during the MHSA Three-Year Community Planning Process which will then inform BWell programming for FY 23-24 to FY 25-26. It is only through this overall system assessment that planning for MHSA Three-Year Plan can be most effective and ensure that BWell has the correct type, level, and staffing needed to address the needs of County residents.

Additionally, the Department has begun conducting an analysis of currently available data across its system of care. BWell vigorously collects and analyzes data for all programs within its system of care, which includes both mental health and substance use disorder prevention and treatment. Data is collected from the mental health and substance use disorder electronic health records, Clinician's Gateway, the Department's fiscal management system, Share Care, along with a variety of annual surveys and data reports required by the Department of Health Care Services (DHCS). This data will be synthesized and included in the needs assessment process in addition to currently informing program development and improvements. The inclusion of a performance assessment of the system of care will ensure that BWell's programming, via next MHSA Three-Year Plan, the Drug Medi-Cal Organized Delivery System (ODS), and non-MHSA service programs are set up for maximum success. The performance assessment and subsequent annual outcome measure goals to be evaluated each year will follow the

general framework of the Results-Based Accountability Framework which seeks to assess: how much did we do; how well did we do it; and is anyone better off?

Funding for the population needs assessment was budgeted as part of the MHSA Annual Update which began on July 1, 2022. As of August 2022, BWell is in the process of securing a consultant to design and implement the community behavioral health needs assessment process. Following the needs assessment, BWell's Quality Care Management (QCM) staff will take the lead on a performance assessment to understand how successful the current system of care is meeting the needs of the county's residents.

Recommendation 1.2—**Conduct an analysis of high utilizers of County behavioral health services to identify highest needs population and address gaps in existing services**

Agree

Timeline: See below

Currently, BWell does not currently have an efficient way to identify high utilizers within its system of care. BWell management in Quality Care Management, Information Technology (IT), and the Alcohol Drug Program and Clinical Services will establish a set of data points that will define BWell high utilizers (HU). Ongoing, IT will regularly run a report to present a HU list based on the agreed upon definition. Management will then analyze the report with attention to how departmental communication, both internal and external, and/or additional services may better serve this population. Once gaps and/or needed improvements are identified, the BWell Leadership team will, problem-solve and implement enhancement strategies. Changes to program offerings and protocols will then be evaluated and revised ongoing in response to the data and HU client needs. Reviewing relevant data points and coming up with an agreed upon definition of HU is to be completed by January 2023.

Additionally, BWell is involved in collaborative efforts addressing the identification and service utilization of HU populations. The Stepping Up Steering Committee is a collaboration between law enforcement and health agencies; data being gathered and shared includes number of arrests, number of hospital admissions, and costs for clients. In addition, the County Executive Office, is facilitating countywide California Advancing Innovation in Medi-Cal (CalAIM) preparation, with County Health and Human Services departments, has started working to define "High Utilizers" across systems. The goal is to then create efficient information exchange processes between departments and prompt service delivery transitions that will increase likelihood of successful outcomes for this population.

A key obstacle to using one definition of HU across County departments is that the definition of "high utilizer" varies across systems. Additionally, local, state, and federal regulations are not in alignment in regards to data information exchange for individuals served and this presents treatment barriers, even within BWell's own system of care, for

referral and follow up for clients. Restrictions created by CFR 42 Chapter 2 and Health Insurance Portability and Accountability Act of 1996 (HIPAA) are confounding efforts. 42 CFR Part 2 (“Part 2”) is a federal regulation that requires substance abuse disorder treatment providers to observe privacy and confidentiality restrictions with respect to patient records. The HIPAA Privacy Rule also limits use and disclosures of information found in patient records. The sharing of data and establishment of privacy agreements are components of both these collaborative efforts. Moreover, BWell’s legacy Electronic Health Record (EHR) is limited and BWell is currently in process of contracting with the California Mental Health Services Authority (CalMHSA) for a new County behavioral health EHR that will operate statewide and comply with all CalAIM requirements, including data sharing and privacy. The CalAIM EHR project began in 2022 and is anticipated to rollout for the next three years.

The Stepping Up Steering Committee has identified a specific category of high utilizers and the process for exchanging information between most, if not all of the services these HU’s touch. Service gaps and opportunities have been identified. For example, more coordinated discharge planning and warm hand-off processes are being explored and can be improved within current resources. The Stepping Up Steering Committee is working with the Sheriff Department’s to coordinate mental health (MH), substance use disorder (SUD), and primary care services for clients who are in custody and being discharged from the Santa Barbara jails. Matching reports of individuals in-custody with BWell clients now occurs on a regular basis. A process is being developed, in collaboration with WellPath and jail discharge planners to secure Universal Releases of Information (UROI) while clients are in custody, which will allow the exchange of information including hospital emergency departments to identify client needs and service gaps. The Stepping Up Steering Committee is utilizing the consultation services of Health Management Associates (HMA) to guide the process.

It is anticipated that care coordination and case management services will be needed to assist HU clients. This process and services will be employed not only for HU, but for other clients with complex needs. BWell is working with the Sheriff’s Department to explore human resource (HR) needs that will be necessary to provide the care coordination and case management services. Additionally, CalAIM will create opportunities for in-reach efforts to allow and encourage Enhanced Care Management (ECM) and related care coordination of mental health and substance use disorder professionals to provide triage services within the jail and probation institutional settings. BWell is in discussions with CenCal Health and the Sheriff’s department to establish and satisfy those needs. It is anticipated that these services will begin by July 1, 2023.

**Recommendation 2.1 and 2.2—Develop a utilization plan for existing grants and a prioritization and utilization plan for grant pursuits to align the pursuit and utilization of funding to the Department’s strategy to meet the needs of its target**

**population/Develop a grant performance dashboard to track the performance and usage of grant funding on a regular basis**

Agree

Timeline: June 2023

A Grants Coordinator was hired in Spring 2021 to support the varied and numerous grants requiring implementation, coordination and utilization review for efficacy from a BWell system of care perspective. The Grants Coordinator (GC) is creating an electronic tracking tool, utilizing SmartSheets, that will list and monitor deliverables for each current grant and anticipate deployment in Fall 2022.

The GC has begun regular meetings with contracts and fiscal teams to create an electronic approval process that leadership will be required to complete prior to presenting a request to seek a grant. This process will ensure the system is prepared for the grant, including appropriate staffing and operations budget and implementation and ongoing execution timelines for required grant deliverables. Utilizing the communitywide behavioral health needs assessment and comprehensive review of programming performance described in Recommendation 1.1, the assessment will serve to inform and guide the prioritization of future grants the grant approval process when leadership evaluates which opportunities are to be pursued. This process will be complete by June 2023. The GC will develop a grant performance dashboard to enable the tracking of performance and usage of grant funding on a regular basis to assist in decision-making surrounding funding by January 2023.

Additionally, BWell has embraced a progressive but realistic approach to grants. The Department will identify service gaps using a wide variety of data sources including but not limited to, electronic health record data, DMC-ODS, Substance Use Disorder California Outcome Measurements (CalOMS), External Quality Review Opportunities findings, client and family surveys, including equity services, contract monitoring and input from contracted providers and the Behavioral Wellness Commission to identify important service gaps. Moreover, relevancy and/or appropriateness of grants pursued will also be based on BWell leadership's analysis of legislation or funding changes. Grants will not be pursued unless they fill those gaps and can be sustained.

**Recommendation 2.3—Commence departmental CalAIM readiness assessment to help ensure operational and fiscal alignment in conjunction with countywide efforts to prepare for this transition**

Agree

Timeline: See Below

In Spring 2022, BWell received approval for its CalAIM Behavioral Health Quality Improvement Plan (BHQIP). The BHQIP is a readiness tool that ensures county

behavioral health departments have necessary policies, partner agreements, updated codes, billing system information updated, and new screening and documentation requirements in place for CalAIM beginning with first deliverables deadline of September 2022 and completion through September 2023.

Additionally, beginning in Spring of 2022, BWell submitted cost surveys to DHCS for both the mental health services plan (MHP) and DMC-ODS as part of CalAIM's Behavioral Health Payment Reform preparation. BWell is conducting an internal fiscal and operational assessment to understand the impact of CalAIM cost reimbursement reforms on the Department. The assessment will reflect impacts on funding for MHSA and other community services which will be affected. This process will assist the Department in identifying strategies to maximize reimbursement and ensure the Department's financial position is not adversely impacted as a result of the CalAIM reforms. Completion of this assessment is anticipated by December 2022 in preparation for the FY 22-23 County budget process.

Additionally, the Department has initiated discussions with the Managed Care Plan, CenCal Health, to identify fiscal and operational feasibility of on-boarding Enhanced Case Management services (ECM) available for funding by Managed Care Plans statewide as a part of CalAIM. A key fiscal challenge in moving forward is that CenCal Health's rates for service are far below BWell's costs. The key operational challenge is that ECM services cannot supplant current BWell services. As the County behavioral health provider, clients for whom ECM is intended include persons needing specialty mental health services or care at higher level than CenCal behavioral health services and most likely already receive ECM-type services as members of BWell's various team-based approach care programs. As a result, the agencies are establishing a Business Associates Agreement (BAA) to share information and will begin to identify mutual members and do a pilot of ECM services with those not yet connected to the BWell system of care. Pilot to begin Fall 2022.

Additionally, BWell's FY 2022-23 Budget added three positions to focus on quality care management and fiscal and regulatory compliance in order to meet all requirements of CalAIM and other State-mandated behavioral health regulations.

In conjunction with the CEO Office, BWell is developing short, medium and long-term (one-to-five-year) transition plan for CalAIM implementation. The plans will outline the steps and timelines required to achieve the fiscal and operational changes required under CalAIM. Progress toward achieving plan steps, goals, timelines, and outcomes will be regularly monitored with the plan updated periodically to account for any changes to planned progress. This includes various data integration/sharing initiatives and the HHS dashboard development as well as the HHS High Utilizer effort.. This project management process began Spring 2022, aligns with DHCS timelines, and is anticipated to be fully complete in 2027.

Recommendation 3.1—**Develop role-specific utilization targets and implement leading practices to enhance staff utilization across positions**

Agree

Timeline: October 2021 May 2023

Moving into CalAIM healthcare reform, utilization targets will be important for reimbursement. BWell began a time study in October 2021 with five staff at a time for a two-week period in SmartSheet and data reports are available for this study. The overall goal is to report data by program and job classification and the Department is currently refining the tool. In Fall 2022, training of supervisors on goals and importance of the tool will occur. In building this model out, BWell is expanding the study group of staff in September 2022 and will analyze data in December 2022 with the intention to define expectations based on data in January 2023. Once expectations are defined, BWell leadership in service-delivery programs will be responsible to regularly (weekly or biweekly) oversee staff duties to ensure adherence to established utilization targets, using best practice standards for clinical supervision and staff accountability. Leadership will be provided necessary training on clinical supervision and team management, tracking and monitoring and support of service-delivery staff and how to effectively utilize BWell's personnel policies to encourage performance.

Moreover, CalAIM reforms for billing will include role-specific billing reimbursement which will support this recommendation as well. Once expectations are defined based on the time studies mentioned above, the Department may consider utilizing supervisors to engage collaboratively with clinical staff on a weekly basis to develop a weekly scheduler and implement practices to enhance utilization.

Recommendation 3.2—**Update data systems to enhance the reporting accuracy and data quality related to utilization tracking and unaccounted time**

Partially Agree

Timeline: Fiscal Year 2022-23

Data systems within BWell need to be enhanced. BWell Leadership, at all levels, will pursue training regarding how to define and what constitutes "accounted/unaccounted time" as related to service delivery responsibilities and how to analyze and use data for relevant, effective problem-solving. How to conduct data driven decision-making was identified for FY 2022-23 as a key goal for BWell. There are data systems in place that provide accurate data. Recommendation 3.1 can assist in monitoring unaccounted for time. Additional training will also, be provided to appropriately assess and understand the issue of unaccounted for time, meaningful change in the system will not occur. Updates to Tableau reports and data trainings to staff will be completed by June 2023.

**Recommendation 3.3—Develop a strategy and timeline related to EHR tools to address legacy systems and increase functionality**

Agree

Timeline: July 2022 - July 2025

As part of CalAIM, in Summer 2022, BWell joined a statewide initiative with other counties to adopt a standardized EHR. This project is coordinated by California Mental Health Services Authority (CalMHSA). DHCS is targeting CalAIM payment reform for behavioral health on July 1, 2023. As a result, BWell anticipates that initial deployment of the new standardized EHR will be in place by end of June 2023 and full departmental implementation within the following two years. Currently, IT uses data analytics, various systems operations programs, Tableau and SmartSheet, as well as working with legacy EHR vendors to address needs and increase functionality of their systems. BWell will implement a parallel process of using both its current legacy system with the new standardized EHR to ensure client data is not lost and billing continues successfully. BWell anticipates securing funding for the new EHR September 2022, initiating contract with new EHR vendor by January 2023, beginning initial deployment of new EHR by June 2023, and full implementation across the system of care by July 2025.

**Recommendation 4.1—Review client acuity across ACT programs to assess viability of combining ACT Teams and transition to Flexible Assertive Community Treatment (FACT) Model to better tailor service delivery to the needs of the target population**

Agree

Timeline: In FY 2022-23, BWell will conduct the comprehensive needs assessment during the MHSA Three-Year Community Planning Process which will then inform BWell programming for FY 23-24 to FY 25-26.

The rigid structure of ACT, an evidenced-based program, is increasingly challenging to maintain given rates of workforce shortages and wide range of needs across those clients identified as “high acuity” BWell is in process of evaluating all ACT and Full-Service Partnership (FSP) programs it funds across the county. An FSP program is a modified version of assertive community treatment (ACT) and include individualized treatment, 24/7 support, and focus on integrated care of the individual. FSP modifications include an explicit client-driven and recovery-oriented focus, and flexible funding for supports such as housing, child care and transportation, support to gain employment, and non-covered medical expenses such as dental or vision. “Whatever it takes” is the catch phrase for the FSP model of care. Moreover, MHSA legislation in 2004 identified the FSP treatment model as the State’s preferred model for treatment of those most significantly challenged by living with a serious and persistent mental illness.

The evaluation of BWell's current branch of care for its most high acuity clients includes review of program criteria and referral system, current population demographics served, and consistency of operation among programs. Preliminary discussions with BWell ACT/FSP programs and Community Based Organizations (CBOs) began in May 2022. Regular meetings began to plan for coordinated reset of the ACT and FSP programs to follow the FSP model. Initial planning will include resetting expectations for this level of service, identifying necessary training on vital FSP skills sets including motivational interviewing, non-violent crisis intervention, and the strengths-based model. Design of new forms, establishment of operational protocols, and training timelines will begin in October 2022. New referral forms, referral tracking and CBOs and BWell FSP teams will begin meeting quarterly in January 2023 to move all programs into alignment. Training of all FSP staff will begin in February 2022 with full implementation of new FSP system of care for high acuity clients to begin July 2023.

At the time of the KPMG report, vacancies in treatment caseloads prompted the recommendation to possibly combine ACT Teams. Data from the staffing utilization report and update to data systems identified in Recommendations 3.1 and 3.2 will guide the decision in regard to combining ACT teams.

However, even without the need to combine teams, BWell agrees that transitioning staff to the Flexible Assertive Community Treatment model which has components different from ACT, will serve to provide a broader range of care and services to more clients.

The timeline for completion will coincide with the MHSA community planning process.

**Recommendation 4.2—*Implement demand-driven staffing and develop program-specific performance measures for Justice-Involved Services programs to enable effective service delivery, measure program outcomes and cost benefit***

Agree

Timeline: See Below

In order to bring its programs into full alignment with its and the countywide values of equity and inclusion, BWell has changed the title of its programming addressing persons involved in the criminal justice system as "justice-involved" vs "forensic" services in June 2022. The new title leads with a person's experience; while the former led with the emphasis on "crime" and "criminal behavior". BWell will utilize time study from Recommendation 3.1 (to be completed January 2023), to develop and pilot a Justice-Involved Services specific time tracking tool (March 2023). That data will be analyzed and utilize to determine staffing and program specific performance measures. Specifically, the BWell Assistant Director will oversee Justice-Involved service, program delivery and outcome measurements and will work with the Division Chief of Specialty Programs to identify caseload guidelines and population size to develop a data driven staffing model by April 2023.

Program performance measures will assess outcome and the cost-benefit of the program and be completed by June 2023.

Recommendation 4.3—**Collaborate with County HR to review pay differentials for PHF nursing staff and adopt a team-based model of care to reduce recruitment and retention challenges**

Agree

Timeline: Completed

In order to address recruitment and retention needs for PHF staffing, The Board of Supervisors approved a specific increase in August of 2022. Team-based approach to care began July 2022, with a small cohort and will be expanding to be program wide at the Psychiatric Health Facility (PHF) by June 2023.

Recommendation 4.4—**Collaboratively engage with Department HR to establish a policy for the managing of sick leave and implement methods to reduce instances of sick leave**

Partially Agree

Timeline: January 2023

In June 2022, requested policies and procedures from various County departments to determine potential solutions. Managing sick leaves would be determined by Memorandums of Understanding and Management Classification and Salary Plan (MCSP). BWell will collaboratively engage with HR to plan and conduct leadership wide training ensure appropriate utilization, tracking and management of sick leave. Timeline to finalize policy and is by January 2023.

Recommendation 5.1—**Collaborate with County HR to review human resource processes to speed recruitment timelines and develop recruiting pipelines**

Agree

Timeline: Completed and ongoing

In May 2022, BWell Director and Interim Human Resources (HR) Manager met with County HR leadership and asked that the two departments work collaboratively to address five key areas identified by BWell as particularly challenging in regard to recruitment. County HR began to immediately work with BWell to eliminate administrative barriers as much as possible. One resulting improvement is the grant of additional permissions to BWell staff in the County's requisition work-flow software; allowing

applicants to be reviewed and selected directly by BWell staff. Clarifying roles and responsibilities at each stage of the requisition process has also yielded noticeably quicker processing times. Continuous recruitment strategy is used for difficult to hire positions. Lastly, a 72-hour turnaround time for County HR to approve requisitions was implemented. Expediting recruitment continues to be an area for improvement, the lines of communication and collaboration established in May continue to flow and ensure that barriers, when identified, can be more quickly worked through.

Recommendation 5.2—**Develop a proactive strategy to enhance succession planning and department resiliency**

Agree

Timeline: July 1, 2023

In September 2022, the Executive Team will implement a new strategy for leadership development of staff at the line level of BWell's workforce. Specifically, each division will nominate a colleague to meet quarterly with others in a direct-support/line staff cohort to develop a presentation they will then present that same quarter to Executive Team that brings forth observations, comments and ideas for solutions to department challenges across the system of care. The group will provide executives and their colleagues action items to complete the following quarter. These representatives will rotate out each year. Staff will be provided technical assistance for how to come together with diverse ideas, how to prioritize, how to set agendas, how to follow through on action items, and presentation skills. Cross training opportunities and promotion pathways will also be explored.

Recommendation 6.1—**Engage with County Counsel to increase specificity of expectation around turnaround times and scope of review to increase efficiency**

Agree

Timeline: Completed

In Spring of 2022, BWell converted the process to review and manage contracts with County Counsel to be in alignment with how County Counsel works with other County departments. County Counsel procedures, at a high level, are that reviews are undertaken in the order received unless otherwise directed by Department leadership, and reviews shall be completed within 10-days. The number of BWell staff interacting with County Counsel was also streamlined to focus Counsel's efforts on clear Department priorities.

Recommendation 6.2—**Implement an electronic contract management system to better coordinate workflows and streamline the contract review and approval process**

Agree

Timeline: July 2023

BWell will develop an internal contracting process through a written policy and procedure and or other workflow documents to clearly define roles and responsibilities and the efficient process by which contracts and purchase orders can be developed and processed by December 2022. All staff will be oriented and trained on these standardized policies and procedures or workflows to eliminate the confusion and inconsistencies within the Department by June 2023. County Counsel will be involved in the development of these new processes. Timeline: June 2023.

Implementing an electronic management system is a workflow improvement that will be reviewed for feasibility and in conjunction with other County initiatives and systems, including the new countywide Enterprise resource planning (ERP) project. The analysis to pursue a unique BWELL electronic contract management system will be completed by July 2023.

Recommendation 7.1—**Enhance collaboration between homeless outreach efforts within Behavioral Wellness (homeless outreach team and clinic staffing) and between Behavioral Wellness and Community Service Department (CSD) to streamline and enhance service offerings**

Agree

Timeline: October 2022

Bwell provides key staffing to the current Multidisciplinary Team (MDT) for homeless encampment response. These resources/staff are being augmented with ARPA funds to enhanced encampment response in FY 2022-23 and FY 2023-24. BWell will also submit a MHSA Innovation Plan for approval to the Mental Health Services Oversight and Accountability Commission (MHSOAC) in Summer 2022 that will create a housing division and collaborate with other County agencies by providing staff specifically targeting retention of persons in housing once placed. This service will fill a gap increasingly identified by both BWell and CSD. Approval of the plan by MHSOAC would be by October 2022. Additionally, BWell will conduct a review of homelessness funding, as well as new and upcoming legislative mandates, with focus on sustainable homeless outreach programming, that will allow for more strategic planning of staffing and service offerings to meet the needs of this target population starting July 2022. Should the Innovation Plan not be approved by the MHSOAC, BWell will take the identified gap/need to the MHSA Stakeholders during the Three-Year Planning Process and seek a solution,

albeit likely modified in terms of number of staff and number of clients planned to be served. In the meantime, BWell will build on the effectiveness of the Homeless Interagency Policy Council County Directors' Meeting, facilitated by the CEO's Office, held monthly. BWell will also establish weekly meetings across the homeless outreach teams operating in each region to ensure collaboration and tracking of clients experiencing homelessness throughout the county. Outpatient clinic staff who have clients that are unhoused will be invited to attend as well to ensure coordination of resources and assistance by October 2022.

Recommendation 7.2—**Strengthen and expand partnerships with criminal justice agencies to connect eligible justice-involved residents to behavioral health services**

Agree, see recommendation 1.2 for criminal justice (CJ) and BWell integration efforts

Timeline: January 2025

There are a variety of opportunities to meet this recommendation including the Stepping Up Steering Committee, a new discharge planner funded by the Community Corrections Partnership that will assist with coordination during discharge for the collaboration of these partners, and a new collaborative partnership between BWell and the Public Defender's Office to work on diverting individuals who are known to and/or suspected to benefit from BWell services. Specifically, Senate Bill 317 took effect in January 2022 and eliminates misdemeanor incompetent to stand trial placements in California. In this new post-SB 317 world, an early diversion group consisting of staff from BWell and Public Defender's Office meet weekly to coordinate referrals, provide updates and improve collaboration across systems.

The Stepping Up Steering Committee has demonstrated a variety of successes in its collaboration. The group has identified a specific category of high utilizers and the process for exchanging information between most, if not all of the services these HUs touch. Service gaps and opportunities have been identified. For example, more coordinated discharge planning and warm hand-off processes are being explored and can be improved within current resources. The Stepping Up Steering Committee is working with the Sheriff Department's to coordinate mental health, substance use disorders, and primary care services for clients who are in custody and being discharged from the SB jails. Matching reports from the in-custody with BWell clients now occurs on a regular basis. A process is being developed, in collaboration with WellPath and jail Discharge planners to secure Universal Releases of Information (UROI) while clients are in custody, to exchange information with hospital EDs to identify client needs and service gaps. The Stepping Up Steering Committee is utilizing the consultation services of Health Management Associates (HMA) to guide the process.

It is anticipated that care coordination and case management services will be needed. These services will be employed not only for HUs but other clients with complex needs. BWell is working with the Sheriff's Department to explore human resource needs that will be necessary to provide the care coordination / case management services. CalAIM objectives points to in-reach efforts to allow and encourage Enhanced Care Management (ECM), and related care coordination of mental health and substance use disorder professionals to provide triage services within jail settings. BWell is exploring HR resources with CenCal and the Sheriff's Department.

However, as noted in Recommendation 1.2, data sharing and privacy issues are a recurring challenge that is at times, outside control of either partner. Every effort will be made to orient all CJ partners, WellPath and BWell staff on the importance of obtaining UROIs from clients to appropriately exchange client information for client-driven care. Care will be taken to ensure that every client will be oriented to the UROIs and provided meaningful informed consent before clients sign them. This is a focus of the Health and Human Services CalAIM prep High Utilizers effort as well and these discussions are being coordinated.

As noted, BWell is currently exploring CalAIM-driven initiatives to provide in-reach, care coordination/case management and Enhanced Care Management for justice involved clients. Utilizing existing and possible future dedicated Care Managers to connect eligible justice-involved residents to behavioral and primary care services is a current focus of BWell's Assistant Director and Executive Team and will be completed in collaboration with Public Health and CenCal Health.

Recent legislation establishing CARE Court throughout the State sets January 2025 deadlines for having the County and judicial system coordinate for persons diagnosed with psychotic disorders to receive coordinated care including mental health services and housing.

**Recommendation 7.3—*Conduct CalAIM reform planning to increase integration between Regional Health Authority (CenCal) and complementary County Departments including Public Health***

Agree

Timeline: September 2023

BWell's CalAIM Behavioral Health Quality Improvement Plan (BHQIP) was approved by DHCS in April 2022. BWell workgroups were created and are working on first set of deliverables due September 30, 2022. Additionally, as discussed in Recommendation 2.3, In Spring 2022, BWell received approval for its CalAIM Behavioral Health Quality Improvement Plan (BHQIP), a readiness tool that ensures county behavioral health departments are ready for CalAIM, with first deliverables deadline of September 2022 and completion through September 2023.

In addition, BWell works closely with the CalAIM coordination via the CEO's Office and has bi-monthly meetings with County Public Health to work on the coordination and integration of care. The purpose of the meeting is to provide a forum for BWell Practitioners and Public Health Behavioral Health Specialists to work together to achieve integrated client care goals as outlined in CalAIM. These goals include data sharing agreements, policies and protocols for "no wrong door", and documentation reform. Successes thus far include staff in both are reaching out to discuss shared clients; Public Health gaining familiarity with the broad range of DMC-ODS services offered by BWell; select BWELL staff gaining access to Public Health's electronic health record, OCHIN; select Public Health Department staff gaining access to BWELL's electronic record, Clinician's Gateway and prescription e-record, RxNT; regional meetings between medical staff are being scheduled; the group is working on setting up instant messaging between EHRs.

Finally, BWell has staff from IT, QCM, and the Executive Team participating in monthly countywide meetings on CalAIM planning that involves those departments impacted directly by CalAIM, including PHD, BWell, Social Services, Sheriff, Community Services, and Probation as improved access to care for those exiting the justice system and those experiencing homelessness are key CalAIM priorities as well. In Spring 2022, BWell joined these specialized monthly collaborative meetings to deploy CalAIM initiatives focused on information technology, program leadership planning, and standardized and improved access to Medi-Cal services. These collaborative groups will review integration of services and infrastructure required by CalAIM including technology, buildings, and personnel.

Please see Recommendation 2.3 for more details regarding discussions with CenCal around ECM services and CalAIM implementation planning with County agencies and community partners, including Public Health.