

Better Health for All*County of Santa Clara Health System*

2325 Enborg Lane, Suite 320

San Jose, California 95128

Phone: (408) 885-6868

Fax: (408) 885-4051

DATE: September 17, 2021

TO: Honorable Members of the Board of Supervisors
Jeffrey V. Smith, M.D., J.D., County Executive

FROM: René G. Santiago, Deputy County Executive/Director, County of Santa Clara Health System (Health System) ^{ds}RS
Sherri Terao, Director of Behavioral Health Services Department (BHSD) ^{ds}ST

SUBJECT: Contract Flexibility to Support Outreach and Reengagement Activities

During the Finance and Government Operations Committee (FGOC) on May 20, 2021 (Item No. 21), Supervisor Chavez requested that the BHSD provide an off-agenda report on how BHSD is studying the needs for increased outreach and engagement to build flexibility in its contracts and who are the leads in this study once this pilot initiates.

The BHSD operates a whole array of intensive programs, such as the Assertive Community Treatment (ACT), Forensic Assertive Community Treatment (FACT), Intensive Full-Service Partnership (IFSP), and Full-Service Partnership (FSP), that offer outreach and engagement activities as part of their service mix. Outreach activities take place over a period of time, usually 30 to 90 days pre-enrollment, from the date a new referral is received to the date the individual is admitted into treatment. Outreach may be facilitated within the community, at home, the hospital, or any location where the individual chooses to meet. If the individual and family determine to receive services during the outreach period, the individual is immediately admitted into the program.

On August 8, 2021 and August 23, 2021, the BHSD service delivery directors (Margaret Obilor of the Adult and Older Adult [AOA] System of Care and Zelia Faria Costa of the Children, Youth, and Family [CYF] System of Care) held collaborative meetings with the impacted contract providers (i.e., Abode Services, Community Solutions, Momentum for Health, HomeFirst Services of Santa Clara County, LifeMoves, and Gardner Family Health Network) to study the need for flexibility in contracts related to outreach and engagement activities. The goal was to understand the challenges and develop a strategy to ensure that contract providers have the flexibility in their contracts to conduct and bill outreach and reengagement activities for individuals for whom traditional methods of engagement are not sufficient.



The contract providers requested that the BHSD find a technical solution to allow billing for reengagement activities in intensive programs (i.e., FSP, IFSP, ACT, and FACT) serving the hardest to engage individuals, while utilizing existing outreach budgets in their contracts. Contract providers discussed, in addition to their initial outreach efforts to engage an individual in services, the need to bill for specific service types of reengagement activities. It is common, for the hardest to engage populations (e.g., homeless) to disengage after initial engagement and participation in treatment due to significant symptomology and functional impairment from a mental health and/or substance use condition. Additional reengagement efforts by providers are needed to find the individual and reengage in treatment.

The BHSD found a technical solution in the current provider billing system (Unicare) to build the flexibilities needed by creating an additional service type. To address the issue of tracking the reengagement of beneficiaries within the Unicare system, the BHSD will modify the service status of the "Activity" service in the Electronic Health Record (EHR). The BHSD will be adding an additional service status called "re-engagement." This modification will allow the service provider to document the amount of outreach and reengagement time for each individual beneficiary. This modification will provide several benefits:

- Allow for exact documentation of time spent on each beneficiary;
- Provide an accurate view to both the provider and the County of whether the outreach effort is a success for individual beneficiaries; and
- Allow for accurate tracking of time for reimbursement.

This modification will impact all high acuity programs (i.e., FSP, IFSP, ACT, and FACT). Once this is built into the Unicare EHR system, BHSD will provide visual training guides on how to use the new service status, as well as offer four training sessions via Microsoft Teams. Ongoing training and support will also be available as needed. This effort will also be developed and built into the County's Netsmart system for all programs' future use. The approach described will be immediately implemented. The BSHD will monitor the activities to track utilization and outcomes for individuals. Additionally, BHSD and the contract providers will work together to shift underutilized unsponsored dollars in their contracts to support reengagement activities without amendments to contracts for further flexibilities.

cc: Miguel Marquez, Chief Operating Officer
James R. Williams, County Counsel
Megan Doyle, Clerk of the Board
Chief Board Aides
Bianca Jones, OBA
Agenda Review Administrator