



Changes Impacting Solano Behavioral Health

Presentation to the Board of Supervisors

By Emery Cowan, Behavioral Health Director

Health and Social Services, Behavioral Health Division

April 23, 2024



Overview

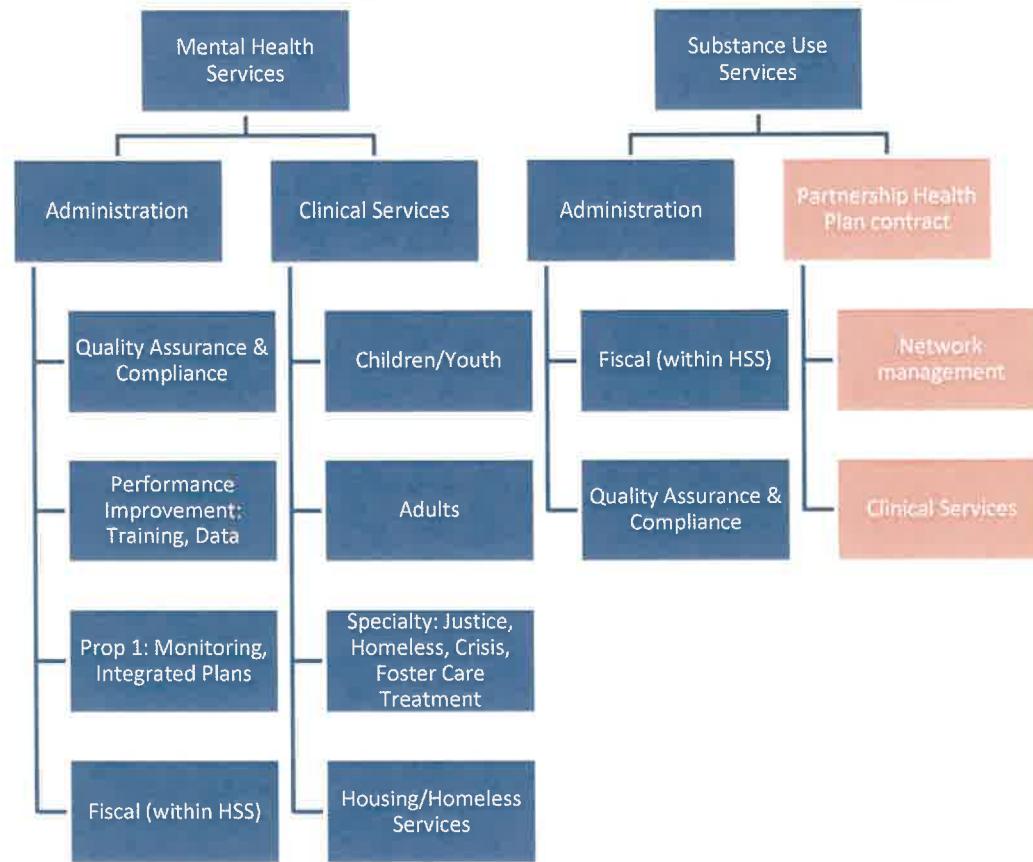
Department of Health Care Services (DHCS) contracts with California's 56 Mental Health Plans (MHPs) for the provision of Medi-Cal **Specialty Mental Health Services** (SMHS) and for the Drug Medi-Cal Organized Delivery System (DMC-ODS) Plan for **Substance Use Disorder** (SUD) services.

Solano Behavioral Health responsibilities:

- MHP: administrative oversight for SMHS as well as service provision through county-operated services and contractors
- DMC-ODS: compliance oversight for SUD through a contract with Partnership Health Plan for administrative management and service delivery via contractors.



Solano Behavioral Health Operations



55 CALIFORNIA BEHAVIORAL HEALTH (BH) CHANGES IMPACTING COUNTIES (2022-present) – Solano

Program/Quality Reforms

Kaiser Carve-In
Prop 1 Behavioral Health Services Act (BHSA)
Payment Reform
Eligibility Criteria
Mental Health & Substance Use Plan Integration
Documentation Reform
BH Quality Incentive Program (BHQIP)
Comprehensive Quality Strategy- NCQA
Current Procedural Terminology (CPT®) codes
Fiscal Reporting (BHSA)
Outcomes Accountability (BHSA)
FSP Levels of Care (BHSA 35%)
SB 525 Min Wage (contractor impact)
Centers of Excellence
Network Adequacy
Cultural Competence Plan Reform
Commercial Plan Contracting Requirement (BHSA)

New Medi-Cal Benefits

24/7 Mobile Crisis Services
90-Day Jail In-Reach/Justice Involved
Peer Support Specialists
First Episode Psychosis (BHSA)

Assertive Community Treatment - ACT (BHSA)

Evidence Based Practices (BHSA)
Supported Employment (BHSA)
Housing (BHSA)
Enhanced Care Management
IMD waiver (option)
Community Supports (option)
Contingency Management (option)
Community Health Workers (option)

Children & Youth Behavioral Health Initiative

Early Intervention
School-Linked Fee Schedule
Family First Prevention Services Act (FFPSA)
AB 2083: Children & Youth System of Care MOUs
Office of Youth and Community Restoration
(OYCR)
Incentive Pool

Housing, Homeless, Infrastructure

Behavioral Health Continuum Infrastructure
Program (\$2.2 billion)
\$6.2 billion bond (BHSA)
No Place Like Home

Community Care Expansion (CCE)

Workforce Funding
Data Exchange
BHSA Housing Category (30%)
Behavioral Health Bridge Housing (Rounds)

LPS & Crisis Continuum

SB 43 Expands Grave Disability Criteria
Involuntary SUD
New medical and personal safety
AB 2275- time frame for involuntary holds
AB 2242- use of mhsa for hold coordination
988 call centers

Department of State Hospitals

Community Based Restoration
Diversion
IST Growth Cap/Penalties

New Initiatives

CARE Court- Cohort 2 in 2024
Opioid Settlement Funds



CalAIM- Behavioral Health

Change	Why	Impact	Funding
Payment Reform	Shift from cost-reimbursement to Fee for Services; new coding system to pay for services	Higher rates; Adjustment of contractor rates; Sustainability standards; more performance monitoring; Incentive payments; keep revenue to reinvest (no more cost settlement). Lost revenue due to inability to meet Milestone for data exchange. Also impacts Fiscal and DoIT for changes to electronic health record.	Initial one-time incentive payments through BH Quality Improvement Plans (Sept. 2022-Mar. 2024) No ongoing funding
Policy and Documentation Reform	Reduce clinical paperwork burden, improve tools/access, ensure systems talk to each other	Changes to processes and transitions for clients; meet national Accreditation standards; Also impacts DoIT for changes to electronic health record & health information exchange with hospitals, jails, managed care.	No new funding
Justice Involved	Reduce the jail population with BH issues, early identification to divert to treatment	Significant changes to jail procedures; allows for Medi-Cal billing 90 days pre-release; Sheriff's Office/Jail is the driver; requires data exchange (DoIT support)	BH: PATH Round 3 funds through 2026. SO: Path Round 1 funds No ongoing funding



Prop 1- Behavioral Health Services Act

Change	Why	Impact	Funding
Category shift	Counties must focus on more severe conditions; redirect prevention out of County to State	Changes to contractor funding and scope of work; performance metrics and reporting tracking; DoIT impact	No new funding
Includes SUD	MHSA could not be used for SUD-only	May be able to tap into funds to support gaps in SUD services; leverage DMC-ODS, fiscal tracking	No new funding
County Integrated Plans	Currently there are no requirements for planning the use of other funding sources; focus on community engagement	Will require one community strategic plan for all funding sources, with data metrics and fiscal accountability; extensive BH Admin, Fiscal, DoIT impact	No new funding
Housing focus	Housing is redefined as treatment and expanded to prevent further homelessness or deterioration; This expands our scope beyond that of residential treatment placements.	Increases BH administrative oversight of housing, development, placement; Impact to DoIT, Fiscal for required tracking and reporting; ongoing coordination with COC. BH departments are now directed into the developer business.	New General obligation bond, Behavioral Health Bridge Housing, and Behavioral Health Continuum Infrastructure Program (BHCIP), other grants



Other New Mandates

Initiative	Why	Impact	Funding
Kaiser Carve In	Absorbing around 600 clients initially from kaiser into SMHS. Starts July 2024.	Expanding staffing and contractor capacity to triage and treat across various services, including inpatient costs.	~\$7M in Realignment
Crisis Continuum	Mobile crisis and access to 988 to alleviate emergency rooms, inpatient facilities, and prevent suicide deaths.	Expansion of mobile crisis; DoIT impact for data reporting; Fiscal/Admin support needed to bill commercial insurance for their use	Initially 100% MHSA funded, pending a new higher reimbursement rate for mobile crisis (need State approval).
Care Court	A court-ordered response to compel those with untreated BH issues to get treatment and housing, or conservatorship. Starts December 2024.	Significant workload impacts to the Court, BH, Counsel, Public Defender, and DoIT for data reporting and exchange. Some volume will impact on Conservator/Public Guardian.	No new funding for BH services or housing. Funds for Court include Court Hearing Time, Court Report, Outreach and Engagement, Noticing.
LPS Reform	SB43 to broaden definition of grave disability and add SUD. Starts January 2026.	More involuntary holds; not enough receiving facilities/placements, especially for SUD; retraining staff, law enforcement; Impact on Counsel, DoIT for reporting, hospitals. Some volume will impact on Conservator/Public Guardian.	No new funding



Workload Indicators

2023:

- 7,208 persons served
 - 5,878 clients for specialty mental health services through County and contractor programs
 - 1,330 clients for substance use services by providers throughout the Regional Model
- Continued statewide shortage mental health professionals
- 30% increase in contracts since August 2023 due to required program changes



Opportunities and Gaps

Opportunities:

- New payment reform rates expected to
 - support providers to hire and support clients
 - increase revenue for system reinvestment
- New sustainability metrics and performance monitoring expected to maximize revenue and optimize outcomes

Gaps:

- Within BH:
 - Major administrative obligations- each contract will require more oversight requiring contract managers, planning analysts, comprehensive analytics tools
 - More clinical provider engagement to meet standards and obligations
- Significant support needed from
 - Fiscal to support projections
 - DoIT to support data interoperability, health information exchange, tools
 - Counsel, and other partners to quickly determine changes