Mental Health Services Act

Representative Stakeholder Steering Committee Meeting
February 23, 2022

Agenda

Welcome and Introductions

FY 2020-2021 RER

FY 2021-2022 Plan Update for Innovations CPP

CalAIM Overview

Strategic Initiatives

Discussion

Looking Ahead – Next Steps

Questions

Fiscal Year 2020-2021 Revenue and Expenditure Report (RER)

Revenue and Expenditure Report (RER)

What is the RER?

Why does it have to be done?

Where can it be found?

Funding for Innovations Community Planning Process and Stakeholder Input

FY 2021-2022 Plan Update Focus

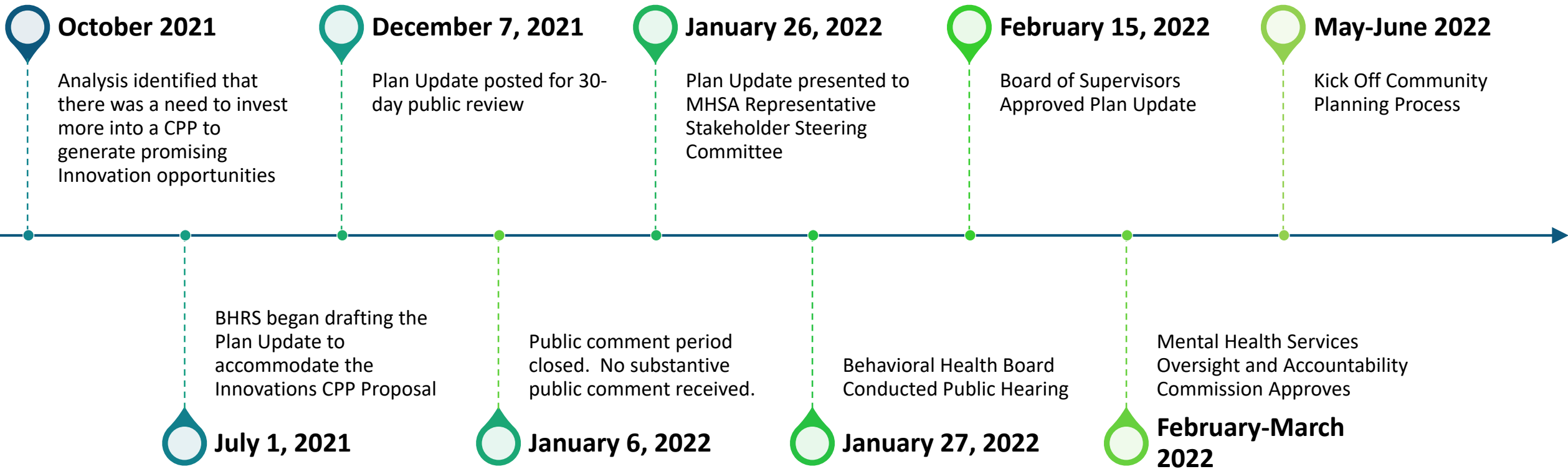Innovations funding available and no projects in the works

Opportunity to invest in a community planning process to inform MHSA and the BHRS Strategic Plan

Ensure active and ongoing engagement across diverse community stakeholders

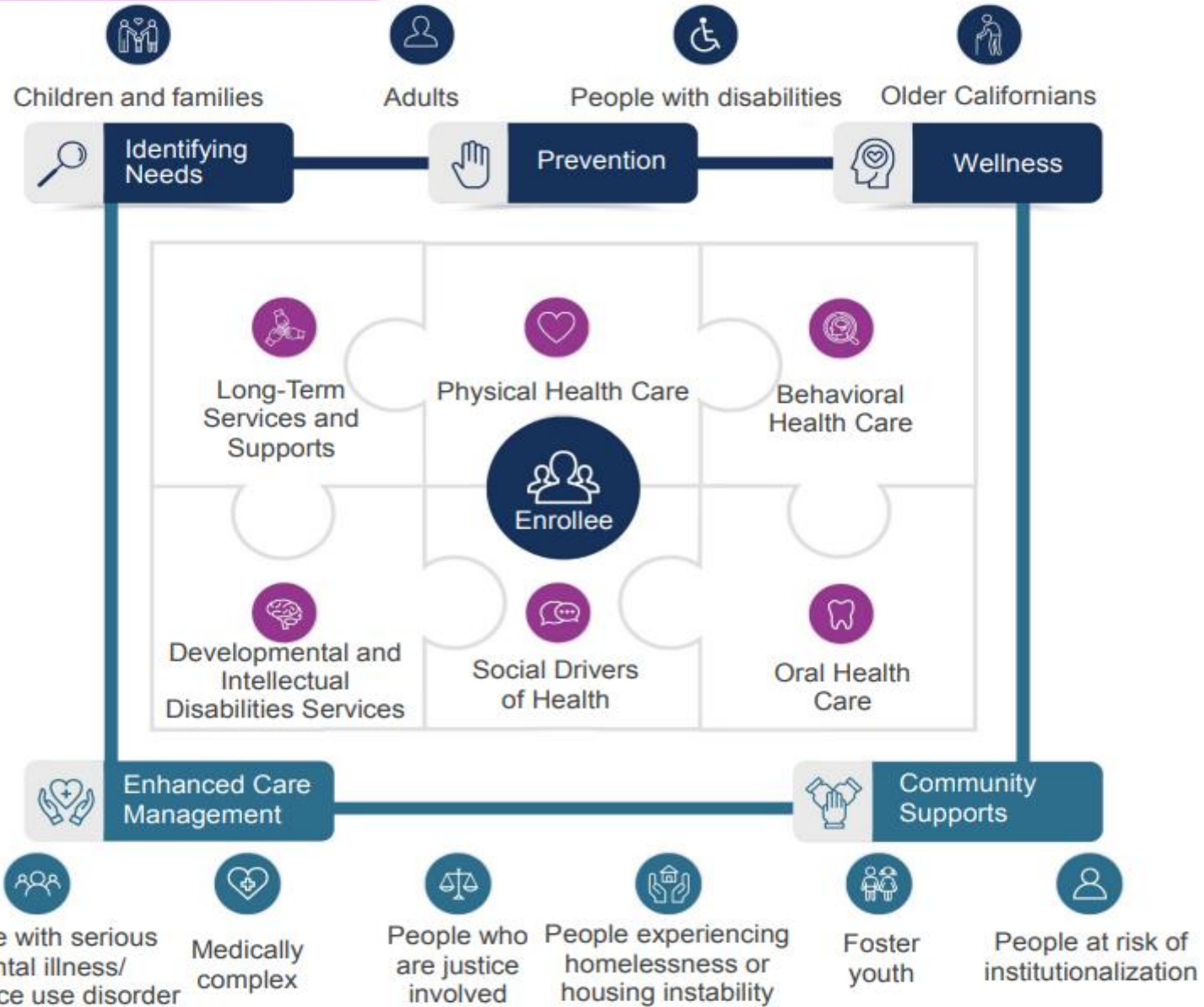# FY 2021-2022 Plan Update Funding for Innovations Community Planning Process

October 2021

Analysis identified that there was a need to invest more into a CPP to generate promising Innovation opportunities

December 7, 2021

Plan Update posted for 30-day public review

January 26, 2022

Plan Update presented to MHSA Representative Stakeholder Steering Committee

February 15, 2022

Board of Supervisors Approved Plan Update

May-June 2022

Kick Off Community Planning Process

BHRS began drafting the Plan Update to accommodate the Innovations CPP Proposal

July 1, 2021

Public comment period closed. No substantive public comment received.

January 6, 2022

Behavioral Health Board Conducted Public Hearing

January 27, 2022

Mental Health Services Oversight and Accountability Commission Approves

February-March 2022

California Advancing and Innovating Medi-Cal (CalAIM) Overview

Population Health Management

CalAIM Goals

- Whole person care approach
- Improve quality outcomes
- Reduce health disparities
- Transform the delivery system
- Make services easier to navigate

01

Improve Access/ Reduce Barriers

- No Wrong Door
- Integrate mental health and substance use disorder services

02

Improve Quality

- Payment Reform
- Contingency Management

03

Improve Care Coordination

- Foster care reforms

Behavioral Health Initiatives

Behavioral Health Initiatives Timeline

Policy	Go-Live Date
Changes to Eligibility Criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation Redesign for SUD & SMHS	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Standard Screening & Transition Tools	January 2023
Payment Reform Phase 1	July 2023

CalAIM Implementation Plan

GOAL 1 PAYMENT REFORM

GOAL 2 IMPLEMENTATION OF CALAIM BEHAVIORAL HEALTH POLICY CHANGES

GOAL 3 DATA EXCHANGE

CalAIM Behavioral Health Key Milestones

Appointed Implementation Manager

DHCS Guidance Under Review

Formed Workgroup

Completed Cost Survey for Payment Reform

Submitted Implementation Plan

CalAIM Behavioral Health Next Steps

Review Additional Guidance as Released

Update Policies and Procedures

Develop EHR

Provide Training

Develop Data Sharing

Migrate to new EHR

Pilot Implementation

Broader CalAIM Initiatives

Enhanced Care Management for highest-need through intensive coordination

Community Supports ("In Lieu of Services") designed to address social drivers of health

Improve the health of Justice-Involved Individuals

Broader CalAIM Initiatives - Populations of Focus

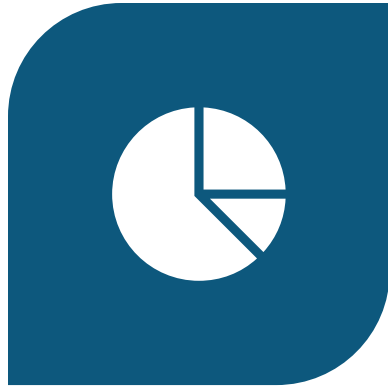|		
People with serious mental illness/substance use disorder	People experiencing homelessness or housing instability	Foster youth
People at risk of institutionalization	Medically complex	People who are justice involved

Enhanced Care Management (ECM)

5% OF ENROLLEES = 50% OF TOTAL MEDI-CAL SPENDING

COMPLEX HEALTH CONDITIONS INVOLVING PHYSICAL, BEHAVIORAL, AND SOCIAL NEEDS

MULTIPLE DELIVERY SYSTEMS TO ACCESS CARE

Community Supports ("In Lieu of Services" ILOS)

COMPLEX HEALTH + UNMET NEEDS = HIGH RISK OF HOSPITALIZATION OR INSTITUTIONALIZATION

HOMELESS EXPERIENCE LONGER HOSPITAL STAYS AND HIGHER READMISSION RATES

20% OF CALIFORNIA FOOD INSECURE

65% OF MEDI-CAL REPRESENT COMMUNITIES OF COLOR

Justice-Involved Adults and Youth

63% INCREASE IN MENTAL HEALTH CARE IN JAILS

66% INMATES NEED SUD TREATMENT

OVERDOSE RATES 100X HIGHER

RACIAL DISPARITIES

Broader CalAIM Initiatives – Partnership Development

County Departments

- Behavioral Health and Recovery Services
- Health Services Agency
- Community Services Agency
- Sheriff
- Probation

Managed Care Plans

- Health Plan of San Joaquin
- Health Net

Medi-Cal and Other Service Providers

- Hospitals
- Clinics
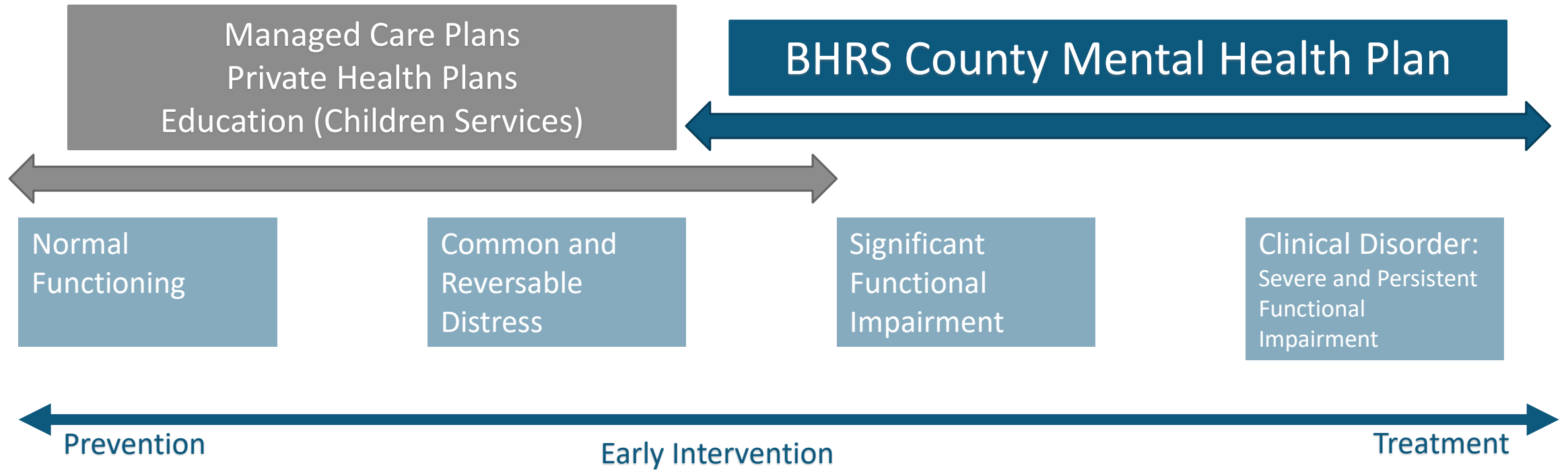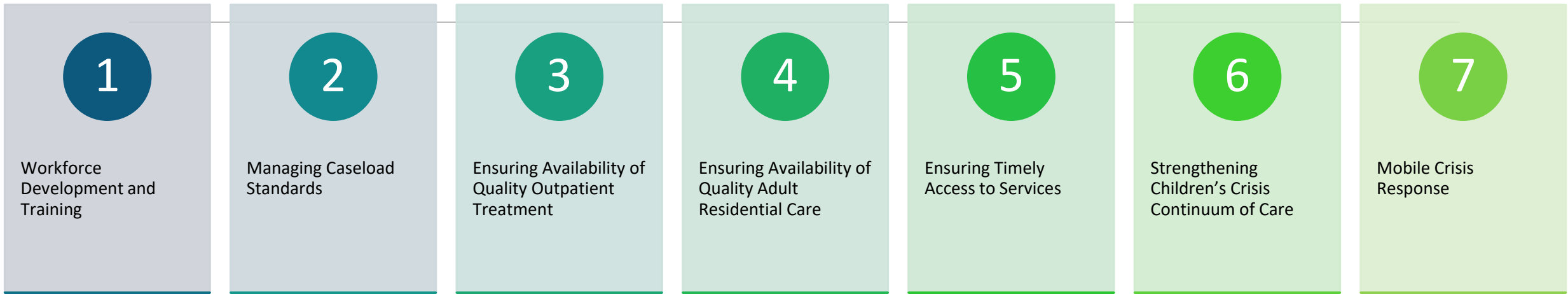- Community Based Organizations

Strategic Initiatives

Core Treatment Model

Population	Adults/Children with SMI/SED with functional impairment

Performance Measure "Better Off"	Increase functioning / Decreased impairment *As measured by the LOCUS/CANS/DCR/Perception Surveys*

Core Treatment Model
Strategies to Increase Functioning & Decrease Impairment

Treatment Services	Providers	Clinical Standards
Medication Services Medication prescription, administration, and monitoring.	Psychiatrist Registered Nurse Other prescribers	
Mental Health Clinical Services • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Clinical Intervention • *Psychosocial Rehabilitation* • Care & Services Coordination	Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians	• Evidence Based Practice • Cultural Competency • Network Adequacy Standards • Provider Clinical Skill & Knowledge
Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid	

Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions

Mental Health Continuum of Care

1 Workforce Development and Training

2 Managing Caseload Standards

3 Ensuring Availability of Quality Outpatient Treatment

4 Ensuring Availability of Quality Adult Residential Care

5 Ensuring Timely Access to Services

6 Strengthening Children's Crisis Continuum of Care

7 Mobile Crisis Response

Core Treatment Model Capacity Building

Community Stakeholders Engagement

Givens:
- Treatment
- Population
- # Clients
- # Providers/Teams
- MHSA Stakeholder priority population requirements

Improve Access?

Priority Populations?
Where?
When?
Collaborative Partners?

Strengthen treatment capabilities?

Partners that have a role in the treatment of SMI/SED?

Support clients and families through treatment?

Mental Health Treatment RBA Framework (DRAFT)

Population	Adults with Sever Mental Illness with functional impairment Children with Severe Emotional Disturbance with functional impairment
Performance Measure "Better Off"	Increase functioning / Decreased impairment As measured by the LOCUS/CANS/DCR/Perception Surveys

Core Treatment Model Strategies to Increase Functioning & Decrease Impairment	Treatment Services	Providers
	Medication Services Medication prescription, administration, and monitoring.	Psychiatrist Registered Nurse Other prescribers
	Clinical Services • Assessment* • Crisis Prevention/Intervention • 1:1 & Group Supportive Therapy • Psychosocial Rehabilitation • Care & Services Coordination	Mental Health Clinicians* Behavioral Health Specialist Clinical Service Technicians
	Family, Peer and Community Support	Behavioral Health Specialist Behavioral Health Advocate Clinical Service Technician Community Clerical Aid Community Partners

Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions

Prevention   Early Intervention   Treatment

Community Stakeholders Engagement

Collaborative Planning
- Medi-Cal Managed Care Mental Health
- School-based mental health
- Criminal Justice/Public Safety
- Healthcare
- Private/Commercial Health plans

Strengthen treatment capabilities?

Improve Access?

Priority Populations?
Where?
When?
Collaborative Partners?

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Performance Measures "How well we provide services"	Client & Provider Engagement / Access to Services / Medi-Cal Key Indicators / Provider Clinical Skill / Appropriate Level of Care Placement & Interventions

Support clients and families through treatment?

Prevention ←————————— Early Intervention —————————→ Treatment

Building Administrative Infrastructure

CalAIM Regulatory Changes	CalAIM Documentation Redesign	CalAIM New Electronic Health Record Implementation	CalAIM Payment Reform
Training and Learning	Performance Outcomes	Aging Facilities and ADA Requirements	Technology Needs

Discussion

- What did you hear?
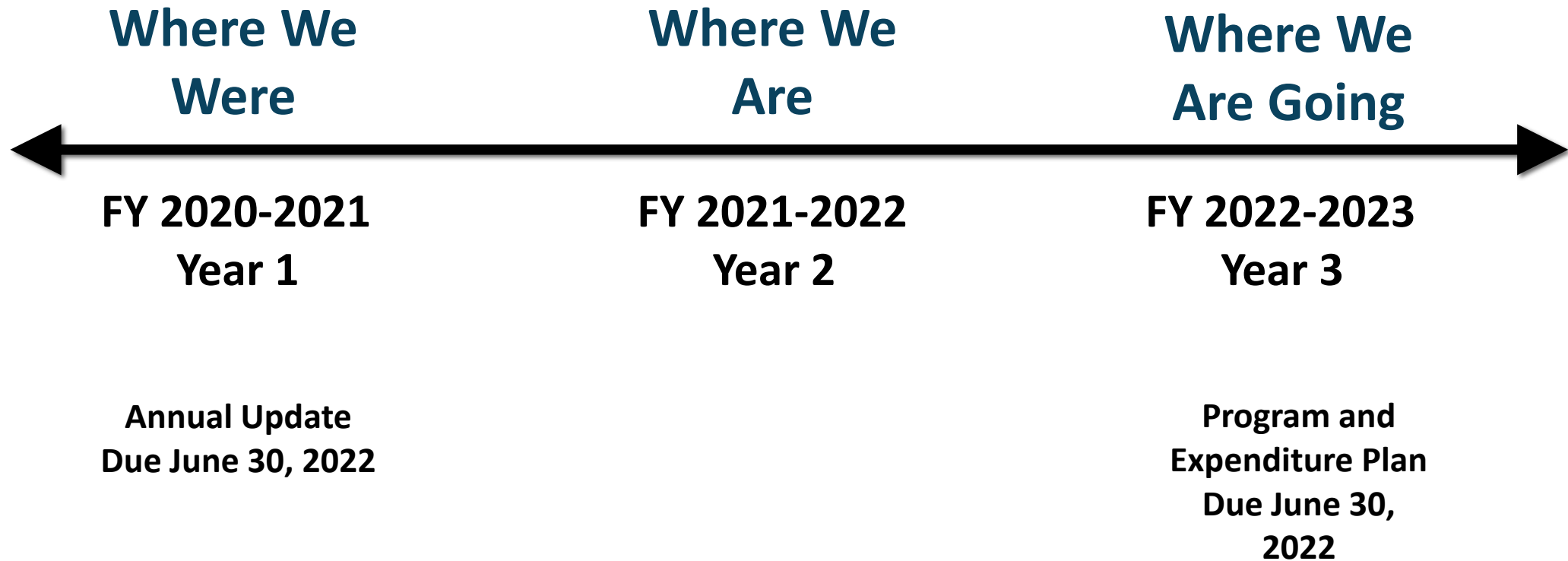- What did you like?
- Other reactions/comments?

Looking Ahead

- What's Coming Up For MHSA?

MHSA FY 2020-2023 Program Cycle

Where We Were

Where We Are

Where We Are Going

**FY 2020-2021
Year 1**

**FY 2021-2022
Year 2**

**FY 2022-2023
Year 3**

**Annual Update
Due June 30, 2022**

Program and Expenditure Plan Due June 30, 2022

MHSA Annual Update for FY 2020-2021 (Looking Back)

- Reflects data for FY 2020-2021
- Completes Year 1 of the 2020-2023 Program Cycle

What's next?

— *Teams are collecting, reviewing and synthesizing program data for reporting*

— *RSSC Meeting (April 20, 2022)*

— *Board of Supervisors (Tentatively May 2022)*

— *Annual Update Due: June 30, 2022*

Prevention and Early Intervention 3-Year Evaluation Report (Looking Back)

- Reflects data for FY 2018-2019, 2019-2020, and 2020-2021
- Evaluation of PEI outcomes to inform program planning and enhance program delivery

What's Next?

— *Teams are finalizing PEI Report*

— *RSSC Meeting (April 20, 2022)*

— *Board of Supervisors (Tentatively May 2022)*

— *PEI Report Due: June 30, 2022*

MHSA Expenditure Plan for FY 2022-2023 (Looking Ahead)

Update to spending plan based on expenditure/revenue trends and further implementation of the Strategic Plan

What's next?

— *Internal Planning Teams reviewing/developing program plans, and budgets (October – March 2022)*

— *RSSC Meeting (April 20, 2022)*

— *Board of Supervisors (Tentatively May 2022)*

— *Plan Update Due: June 30, 2022*

Future Stakeholder Engagement Opportunities

- April 20, 2022 (1 p.m. – 4 p.m.)
  - Annual Update for FY 2020-2021
  - PEI 3-Year Evaluation Report for FY 2018-2019, 2019-2020, and 2020-2021
  - 3-Year Program and Expenditure Plan Update for FY 2022-2023

- May/June (tentative)
  - Innovations Community Planning Process

- September/October 2022 (tentative)
  - Stakeholder Training

Future Stakeholder Training Opportunities

May 2022 (tentative)

- New Stakeholder Training

September/October 2022 (tentative)

- Overview of Programs and Services

- BHRS and Contract Partner Leadership

- Update on California's Advancing and Innovating Medi-Cal (CalAIM)

Questions?

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