Expanding the Behavioral Health Continuum of Care: BH-CONNECT Amendment

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Agenda

- **Expanding the Behavioral Health Continuum of Care**
- **Overview of the BH-CONNECT Amendment**
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  - Eligible Medi-Cal Members and County Participation
  - Proposed Options
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- **Timeline for Submission to CMS**

Expanding BH-CONNECT's Continuum of Care

Based on feedback from individuals with lived experience, California is seeking to amend its pending BH-CONNECT demonstration request to further strengthen the continuum of behavioral health care for Medi-Cal members with significant unmet needs.

- Through ongoing work with stakeholders, California identified additional **gaps in the care continuum for Medi-Cal members** with significant behavioral health conditions who have long-term stays in institutions or need enhanced recovery-oriented care.
- DHCS is proposing a BH-CONNECT amendment to be submitted in August 2024 to address these remaining gaps through county options to provide:
  - 1. **Community transition in-reach services** to support individuals with significant behavioral health conditions residing in long-term stays in institutions in returning to the community, and/or
  - 2. **Room and board in qualifying residential settings** for up to six months for individuals with significant behavioral health conditions and specified risk factors.
- The new options reflect that individuals with complex behavioral health needs face expansive challenges when leaving institutional settings or experiencing homelessness, incarceration, or other challenging circumstances and benefit from additional care, recovery, and community integration supports that facilitate transition into community living, including supportive housing.
- Together, the options offer **sustained, person-centered support** to help Medi-Cal members with significant behavioral health care needs **recover, build resiliency, and reside** successfully in the community.

Addressing Gaps in the Continuum of BH Care

California, like other states, lacks community-based care models and settings that effectively enable individuals with the highest needs to move from congregate settings, incarceration, or housing instability and homelessness into stable community living.

» According to the largest representative study of homelessness in the United States since the mid-1990s, **nearly half of individuals experiencing homelessness in California live with chronic and severe behavioral health conditions** and almost **a fifth of these individuals require supports for Activities of Daily Living (ADLs).**

» For these and other Californians with the most significant behavioral health needs:

- Transitions to community living after hospitalization, incarceration, or homelessness often are **more successful with sustained, person-centered support** to recover, build resiliency, and address the expansive challenges that they face
- Services to **facilitate transitions from institutional settings** and **funding for room and board in qualifying residential settings** are key to improving outcomes in stable, safe, and sustainable community-based settings that individuals choose.

Source: UCSF, Toward a New Understanding: The California Statewide Study of People Experiencing Homelessness, June 2023. Available at: https://homelessness.ucsf.edu/sites/default/files/2023-06/CASPEH_Executive_Summary_6202c3.pdf.

Amendment Goals and Principles

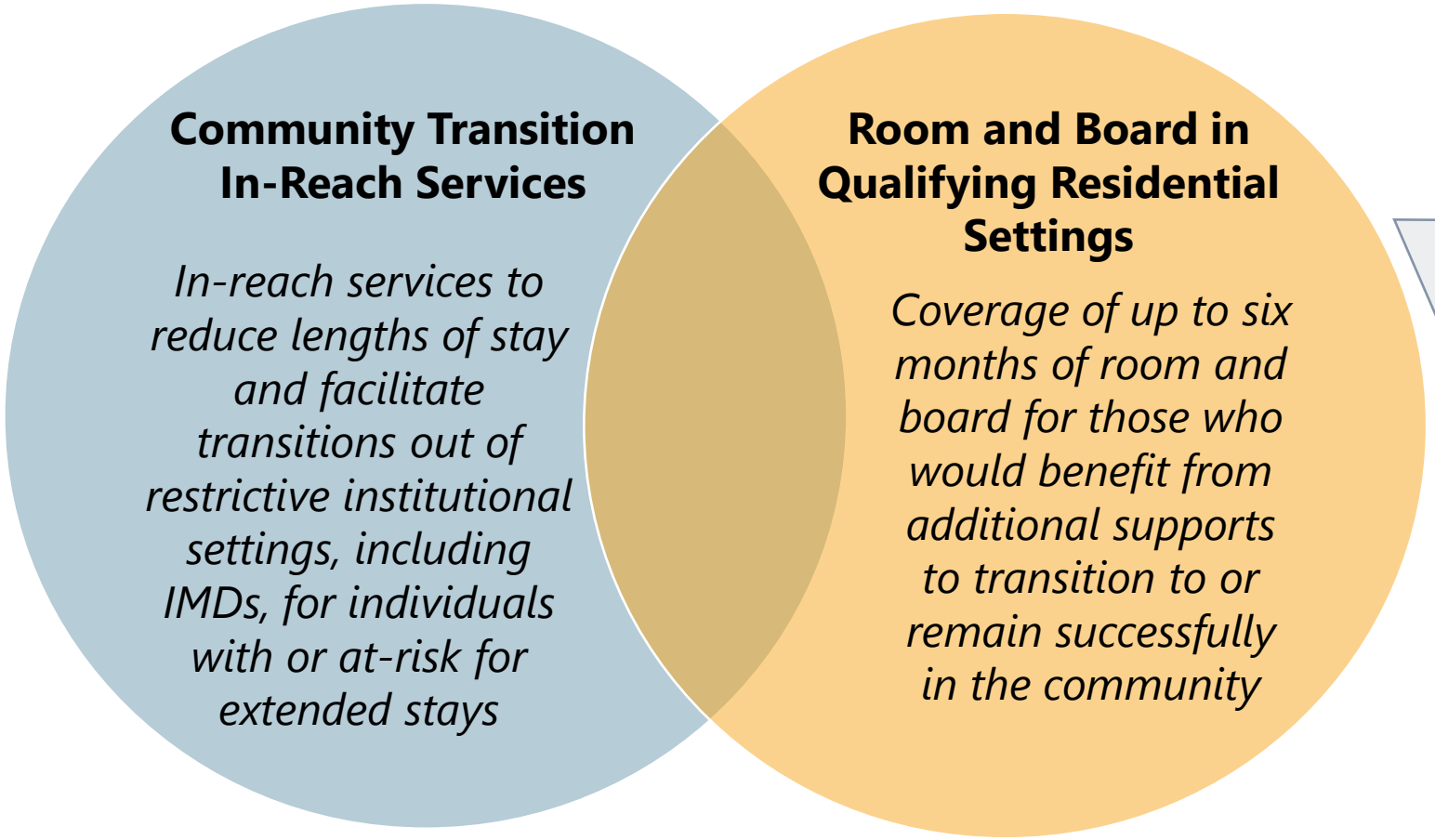
As guided by individuals with lived experience and disability rights advocates, the new county opt-in opportunity will reflect the importance of choice, self-determination, purpose, belonging, and high-quality services and settings that aspire to be inclusive and integrated, and are voluntary and anchored in equity.

Amendment Goals

- Build on BH-CONNECT's goals of **strengthening the continuum of community-based behavioral health services** and **improving health outcomes** for individuals with complex behavioral health conditions
- Ensure people are served in the **least restrictive settings possible and on a voluntary basis**
- **Shorten lengths of stay and reduce the need for institutional care**
- **Provide stable, safe, and sustainable community-based settings that individuals choose**
- **Rebalance the continuum** to create more options for community-based living

Proposed Options

To address the gap in the care continuum, the amendment will request federal authority to implement two county options:



Key Principles:

- Options are voluntary
- Services in qualifying settings include peer supports and other evidence-based practices
- Ultimate goal is to support stable community living

Proposed Member Eligibility and County Participation

The two new options are for Medi-Cal members living with the most complex and significant behavioral health needs. All counties in California may take up one or both options.

Member Eligibility	» **Both new options are available only for Medi-Cal members with the most complex and significant mental health and/or SUD conditions who are**: • Transitioning from extended stays in inpatient, subacute, and residential facilities, including Institutions for Mental Diseases (IMDs) • Justice-involved and require additional supports to successfully transition to the community • Homeless or at risk of homelessness
County Participation	» **As with other services established through BH-CONNECT, all counties may opt-in to participate in the opportunity**

Community Transition In-Reach Services

Counties will have the option to establish community transition teams that provide intensive pre- and post-discharge care planning and transitional care management services via an in-reach model for individuals with extended lengths of stay to support reintegration into the community directly from inpatient, residential, or subacute settings (including IMDs).

Initiative	Description
Initiative-Specific Eligibility Criteria	▪ Medi-Cal members with complex behavioral health conditions who are experiencing or are at risk of experiencing **a length of stay (LOS) of at least 120 days in an inpatient, residential, or subacute behavioral health care setting (including IMDs)**
Approach	▪ **Eligible individuals can receive in-reach services from a community transition team for <u>up to 90 days</u> prior to discharge:** ○ Intensive transitional care management to facilitate community re-integration ○ Participate in proceedings to terminate conservatorships ○ Obtain placement into qualifying residential settings or other community-based living arrangements ○ Facilitate warm hand-offs to community-based behavioral health, physical health, and social services as necessary for successful community re-integration ○ Longitudinal case management following discharge to ensure successful transition and support stability

Community Transition In-Reach Services Cont…

Initiative	Description
Approach	▪ **Services necessary to support the transition will include (as clinically appropriate and desired by the member):** ○ Peer Support Services ○ Clubhouse Model services ○ Supported Employment ○ Forging connections with Assertive Community Treatment (ACT) and Enhanced Care Management teams ▪ **Services delivered through multi-disciplinary teams that include Peer Support Specialist** ▪ **Under no circumstances will services provided by the IMD be covered under this option**

Room and Board in Qualifying Residential Settings

Coverage of up to six months of room and board in qualifying residential settings that meet standards established as part of the demonstration will promote the provision of care in voluntary, community-based, and home-like settings – rather than more restrictive institutional settings – and facilitate transition into supportive housing and full community living.

Initiative	Description
Initiative-Specific Eligibility Criteria	▪ Medi-Cal Members with **complex** behavioral health conditions and specified risk factors, including those **leaving incarceration, institutional care, housing instability or homelessness,** who can benefit from additional care, recovery and community integration supports
Approach	▪ **Coverage of up to <u>six months</u> of room and board in qualifying residential settings as medically necessary** ▪ Limited to 16 beds or less; must be voluntary and unlocked ▪ Includes room and board as key to therapeutic treatment along with voluntary, recovery-oriented services ▪ Qualifying settings must meet statewide standards established by DHCS in consultation with stakeholders

Room and Board in Qualifying Residential Settings Cont..

Initiative	Description
Approach	▪ **Statewide standards for qualifying settings will:** 1. **<u>Reflect core principles</u> of choice, self-determination, purpose, belonging, and inclusivity** by ensuring services and settings are **voluntary, high quality, accessible, and equity anchored** 2. **<u>Provide a physical environment in a homelike environment consistent with therapeutic goals</u>**, including through furnishings, decorations, and physical spaces that provide a welcoming environment and promote healing and recovery, community integration, safety, dignity, privacy, choice, and freedom of movement 3. **<u>Promote access to evidence-based, recovery-oriented services</u>**, either on-site or through direct connections to community providers, that promote self-determination, recovery, and community integration, including: • **Core clinical services** (e.g., care coordination, treatment for co-occurring disorders, individual and group therapy, crisis services, occupational therapy, medication management and counseling) • **Psychosocial and rehabilitation services** (e.g., peer support services, supported employment and education, ACT/FACT, support for ADLs and instrumental activities of daily living (IADLs), recovery-oriented practices, community integration skills) • **Social supports** (e.g., transportation, pre-tenancy services and other Community Supports, Enhanced Care Management)

Standards for Room and Board in Qualifying Residential Settings

No funding will be spent on room and board or services within a locked facility or IMD. While a variety of settings may qualify, all will be required to meet minimum standards and will be expected to engage in reporting to support evaluation of this component of the BH-CONNECT demonstration.

Principles and Standards Developed with Partners

- Services and settings will **demonstrate commitment to peer recovery values,** including "nothing about us without us". Peer-run respite programs that meet minimum standards are a core example of a qualifying residential setting.
- Services and settings are **truly voluntary**—this means that participants opt into the settings and services voluntarily and without punitive or negative consequences
- **Qualifying residential settings will be as home-like** as possible, including by being unlocked, voluntary, highly integrative of community-based services and peer supports, and have 16 beds or fewer

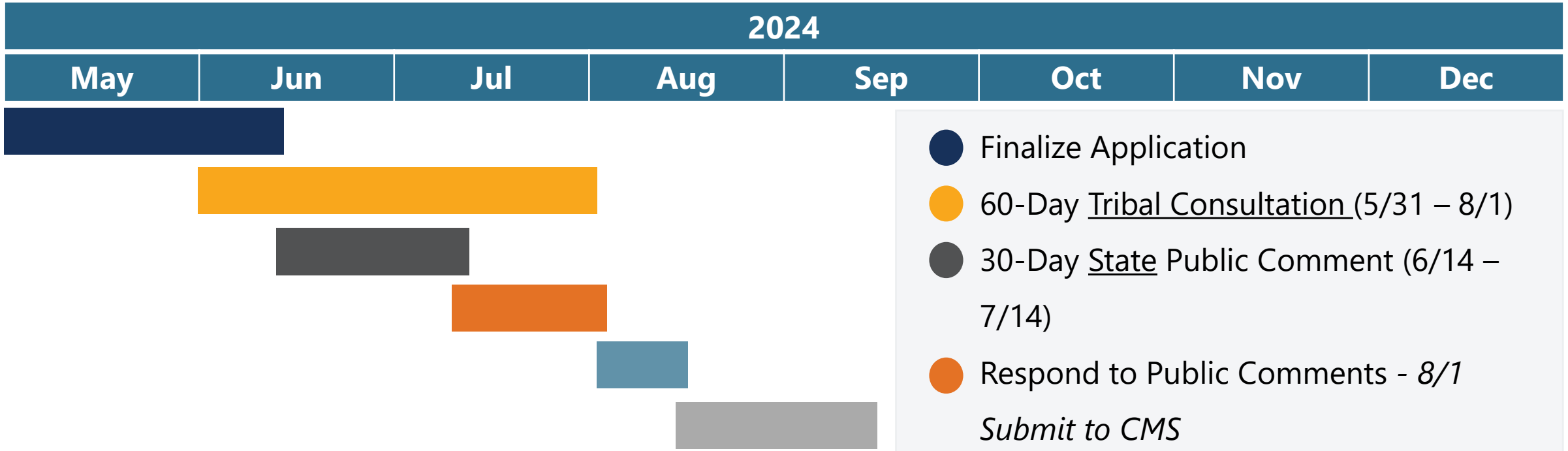
Standards for Room and Board in Qualifying Residential Settings Cont…

Principles and Standards Developed with Partners

- Approach will help to ensure **individuals have meaning and purpose in their lives** and that they have a **sense of belonging** not only where they live but within the community that they reside in, with a deep focus on quality of life
- Approach is designed to provide individuals the "dignity of risk"—the **ability for individuals to make their own decisions**, including decisions that others may not support or agree with, so people can learn and grow, without losing access to services or choices
- **Counties will commit to overseeing the qualifying residential settings** and ensure they meet minimum statewide standards; settings will be subject to reporting requirements to support evaluation of this component

BH-CONNECT Amendment Submission Timeline

California will launch a state public comment period for the amendment to the BH-CONNECT application from June 14 to July 14, 2024. The state will submit the amendment to CMS on August 1, 2024.



Ongoing negotiations with CMS on BH-CONNECT (inclusive of amendment components)
Will Likely Extend through ~Q4 2024

Appendix

California's Investments in the BH Continuum of Care

California is making unprecedented investments, both one-time and ongoing, to dramatically expand community-based behavioral health care, housing and social supports for individuals living with mental illness and/or a SUD.

Key Investments

- Behavioral Health Continuum Infrastructure Program
- Behavioral Health Bridge Housing Program
- New behavioral health initiatives under CalAIM
- California Bridge Navigator Program
- Elevate Youth California
- Behavioral Health Workforce Development Project
- Behavioral Health Justice Intervention Services Project
- Community Mental Health Equity Project
- Children and Youth Behavioral Health Initiative
- Medi-Cal mobile crisis services
- 988 expansion
- BH-CONNECT 1115 Demonstration (pending with CMS)
- New 2024 Model Contract for Medi-Cal Managed Care Plans