

Behavioral Health Transformation Public Listening Session

County Integrated Plan for Behavioral Health Services and Outcomes

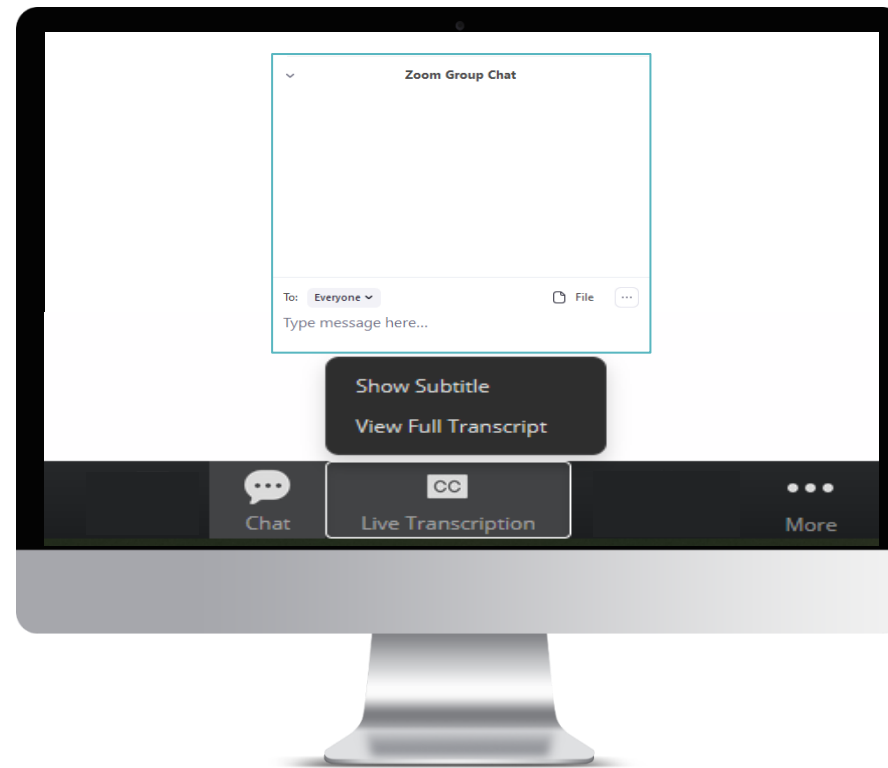
Marlies Perez, Division Chief
Community Services Division
Department of Health Care Services

May 30, 2024



Housekeeping

- » **This event is being recorded:** Audio is now broadcasting
- » **Audio is provided through your computer speakers or headphones:** Your line is automatically muted.
- » **If you have issues with your speakers and would like to connect by phone:** Click Join Audio under audio settings...



- » **Choose phone call tab:** Dial the desired phone number, and enter Meeting & Participant ID.
- » **Live Captioning is Available:** Click the CC Live Transcription button to show and hide captions during today's event.
- » **TECH SUPPORT:** Use the Q&A feature for tech support as well as questions/feedback

Webinar Policies

PARTICIPATION

We encourage your participation through the methods outlined in the housekeeping introduction. Please note that disruptive behavior is not aligned with the purpose of this session and will not be tolerated. Individuals disrupting the meeting may be removed without warning. In the event of a security incident, this session will end immediately and will not resume. If this occurs, a separate email will be sent to all participants with further instructions.

Q&A

Participant comments in the Q&A do not reflect the views or policies of the presenters, the California Department of Health Care Services (DHCS), or their affiliates or contractors. By using the Q&A, you agree to keep your comments relevant to the topic of today's event. While a variety of diverse perspectives and opinions is welcome, disruptive comments are not aligned with the purpose of this meeting, and users creating disruption may be removed without warning.

Public Listening Session Format



For each topic, DHCS will:

1. Present the information specified in the County Integrated Plan for Behavioral Health Services and Outcomes.
2. Solicit stakeholder feedback via the prompt(s).

*Please note: DHCS is **gathering information** and will not be responding to questions during the public listening session. We will only offer points of clarification.*

How to Provide Feedback

1. Type your feedback/comments in the Q&A box (click the icon located on your control panel).
2. Send an email to BHTinfo@dhcs.ca.gov with the subject line "Public Listening Session." Feedback will be accepted through **June 7, 2024**. Feedback received after this date will still be considered, but not included in the summary document.



Marlies Perez, Division Chief

**Community Services Division
Department of Health Care Services**

Behavioral Health Transformation

In March, California voters passed Proposition 1, a two-bill package to modernize the state's behavioral health care system, including substantial investment in housing for people with behavioral health care needs.

Behavioral Health Services Act

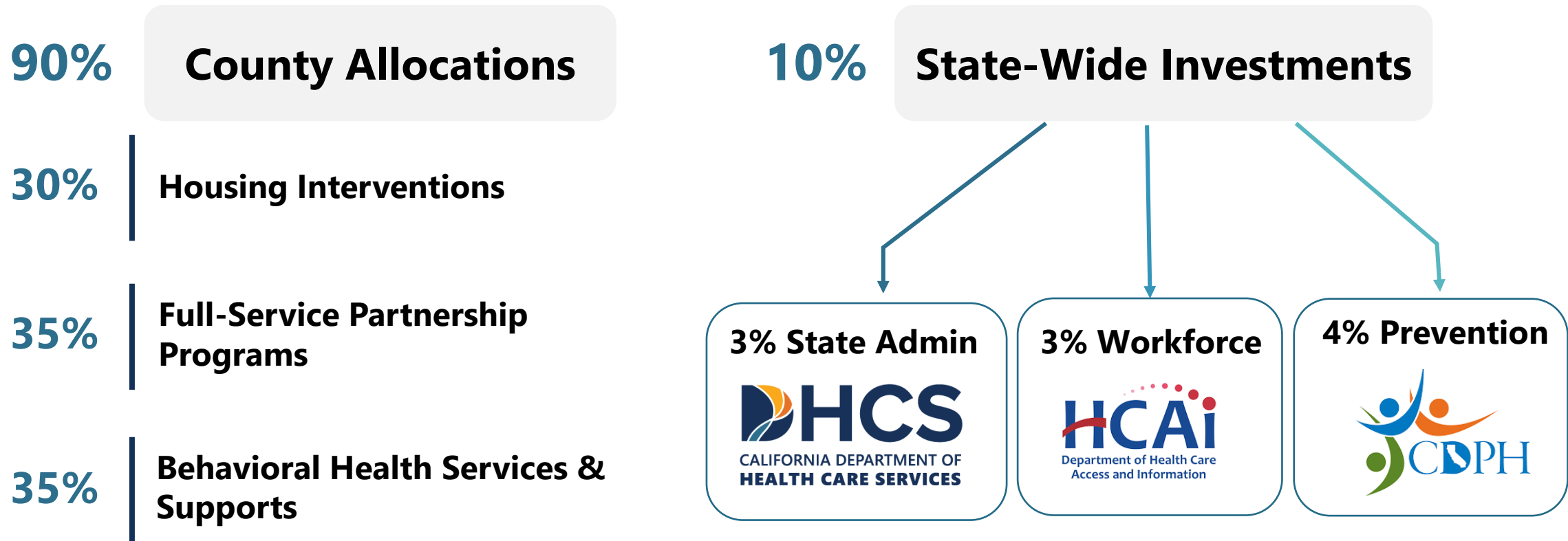
- » Reforming behavioral health care funding to provide services to those with the most serious mental illness & to treat substance use disorders.
- » Expanding the behavioral health workforce to reflect and connect with California's diverse population.
- » Focusing on outcomes, accountability, and equity.

Behavioral Health Infrastructure Bond Act

- » Funding behavioral health treatment beds, supportive housing, and community sites.
- » Directing funding for housing for veterans with behavioral health needs.

BHSA Funding Breakdown

Total BHSA revenue is distributed between county and state-wide allocations.



DHCS Initial BH Transformation Milestones

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Starting Spring 2024

Stakeholder Engagement

Stakeholder Engagement including public **listening sessions** will be utilized through all milestones to inform policy creation.



Starting Summer 2024

Bond Funding Availability Begins

Requests for application for bond funding will leverage the BHCIP and HomeKey models.



Starting Early 2025

Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.



Summer 2026

Integrated Plan

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)



Transitioning to the Integrated Plan

Overview of MHSA vs. BHSA Reporting Requirements

MHSA Requirements

- Three-year Program and Expenditure Plans
- Annual Updates
- Annual Revenue and Expenditures Report (ARER)

BHSA Requirements

- Three-year Integrated Plans
- Annual Updates
- Behavioral Health Outcomes, Accountability, and Transparency Report (BHOATR)

Integrated Plan for Behavioral Health Services and Outcomes

	Three-Year County Integrated Plans (IP)
Purpose	Prospective plan and budget for all county BH services.
Goal	Standardize data collection and reporting to increase transparency, promote stakeholder engagement, and improve local outcomes.
Frequency	Developed every three years.
Timing	First due June 30, 2026.

See [Welfare and Institutions Code 5963.02 \(SB 326 Sec. 109\)](#)

Expanded Focus of Integrated Plan

The expanded scope for the Integrated Plan will support the state in achieving the following goals:

- Collect local and aggregate information on all behavioral health services delivered statewide.
- Increase transparency and accountability in county reporting and ensure counties are efficiently using federal dollars.
- Conduct robust data analysis across counties, services, and funding streams and identify gaps in service delivery.

Integrated Plan Goals

- » Using the Integrated Plan as a planning tool is key for successful implementation of Behavioral Health Transformation.

For Counties

- » Understand capacity
- » Support community planning
- » Integrate program planning
- » Develop outcome metrics unique to the County, and strategies to improve outcome metrics identified statewide
- » Leverage county reporting and monitoring

For Stakeholders

- » Transparency in the County's progress towards their goals
- » Transparency in allocation of funding
- » Opportunity to provide feedback on local priorities

Elements of the Integrated Plan

Key MHSA and BHSA Plan Requirements

Topic	MHSA	BHSA
Stakeholder Engagement	<p>Stakeholder involvement on:</p> <ul style="list-style-type: none"> • Mental health policy • Program planning and implementation • Monitoring • Quality improvement • Evaluation • Budget allocations <p>Requires participation from unserved/underserved populations, individuals with SMI or SED and their families; providers of mental health, physical health, and/or social services; educators or their reps; law enforcement.</p>	<p>Stakeholder involvement on:</p> <ul style="list-style-type: none"> • Mental health and substance use disorder policy • Program planning and implementation • Monitoring • Workforce • Quality improvement • Health equity • Evaluation • Budget allocation <p>Also requires sufficient participation from diverse groups</p>
Public Comment and Hearing	30-day comment, public hearing, and annual report on recommendations not included in plan	30-day comment, public hearing, and annual report on recommendations not included in plan

Key MHSA and BHSA Plan Requirements

Topic	MHSA	BHSA
County Demographics and BH Needs	County demographics, FSP demographics, narrative analysis of the MH needs of unserved, underserved/inappropriately served, and fully served, CSS priorities and disparities based on race/ethnicity and gender, Capacity Assessment	County demographics, unmet BH needs and disparities, collaboration with MCPs and local health jurisdiction , plans to improve BH outcomes for specified populations
Plan Goals and Performance Reporting	Report on achievement of performance outcomes for MHSA-funded services established by DHCS and MHSOAC	County goals and objectives and description of alignment with statewide and local goals , outcome measures, and performance outcomes measures
Service and Expenditure Plan	Plan and budget for MHSA-funded services and programs only	Description of all planned local, state, and federally funded BH services, including Continuum of Care capacity and budget

Key MHSA and BHSA Plan Requirements

Topic	MHSA	BHSA
Workforce/ Personnel	Identification of personnel shortages to provide MHSA-funded services	Strategy to ensure BH workforce is robust, well-supported, and culturally and linguistically concordant with populations served
Prudent Reserve	Prudent reserve for MHSA-funded services	Prudent reserve for BHSA-funded services
Local Certification	Compliance with MHSA requirements and state fiscal requirements	Compliance with all pertinent policies and fiscal accountability requirements

Capturing BH Funding

- » BHSA requires counties to submit three-year Integrated Plans for Behavioral Health Services and Outcomes (IP) that outline planned county activities and projected expenditures for all county behavioral health services funded under the following behavioral health funding streams¹
 - Bronzan-McCorquodale Act (1991 and 2011 realignment);
 - Medi-Cal behavioral health, including Specialty Mental Health Services, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS);
 - Federal block grants;
 - Opioid settlement funding; and
 - BHSA.

Macro Questions Addressed Through the Integrated Plan



How are counties spending behavioral health dollars across all types of funding?



To what extent are counties braiding/blending funds to maximize value?



What existing disparities or gaps in BH services are the counties seeking to address?



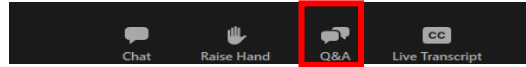
What local impact are these behavioral health services having (e.g., key outcomes measures across counties/statewide)?



What are counties doing to ensure their behavioral health workforce is appropriately sized and culturally and linguistically concordant with the community? How are investments addressing local workforce needs?

Feedback

(Please Use Q&A Feature)



1. Do the macro questions capture the key areas to address through the Integrated Plan? Would you add or change any?

Local Development Process

While DHCS will pre-populate data where possible, there are also areas of the IP where counties must:

- Work with each Medi-Cal managed care plan on development of the population needs assessment and work with the local health jurisdiction on development of the community health improvement plan.⁴
- Demonstrate a partnership with constituents and stakeholders that includes meaningful stakeholder involvement on MH and SUD, policy, program planning, health equity, budget allocations, etc.⁵
- Include stakeholders with sufficient participation from individuals representing diverse viewpoints (i.e., youth from historically marginalized communities, LGBTQ+ individuals, people with lived experience of homelessness, etc.)⁶
- Circulate a draft plan for review and comment to stakeholders and interested parties for at least 30 days⁷
- Have established behavioral health board⁷ conduct a public hearing on draft integrated plan and annual updates at close of 30-day comment period⁸

⁴ 5963.02

⁵ 5963.03(2)(A)(i)

⁶ 5963.03(2)(A)(ii)

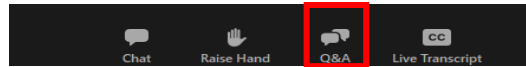
⁷ 5963.03(2)(B)

⁸ 5604

⁹ 5963.03(2)(b)

Feedback

(Please Use Q&A Feature)



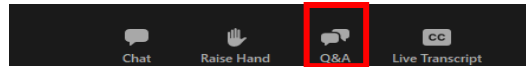
2. What guidance or technical assistance from DHCS to counties would you like to see regarding the local development process for the Integrated Plan?

Integrated Plan Assumptions

- » Integrated Plan should be a useful tool for counties to use during their community planning process
- » Integrated Plan should have portions where DHCS is pre-populating data for counties while also providing opportunities for counties to add local data or narrative in other areas
- » Integrated Plan and annual update should be automated
- » Integrated Plan must have a uniform format that allows for comparison across counties

Feedback

(Please Use Q&A Feature)



3. What other assumptions should DHCS take into consideration when developing the Integrated Plan guidance?

County BH Funding



The Integrated Plan will also require counties to show how the county has considered other local program planning efforts in the development of the integrated plan to ***maximize opportunities to leverage funding and services*** from other programs, including federal funding, Medi-Cal managed care, and commercial health plans.¹⁰



The Integrated Plan will include a **budget template** for counties to provide information on their BH funding sources and prudent reserve

Funding Streams & Comprehensive Reporting Structure

- » W&I Code section 5963 requires reporting across the continuum of prevention and wellness, community-based outpatient care, residential services, crisis services, acute services, and housing services and supports, for both planned services and expenditures.

Behavioral Health Funding Streams (W&I Code section 5963.02)

- | | |
|---|---|
| <ul style="list-style-type: none">• Bronzan-McCorquodale Act (1991 realignment)• 2011 Realignment• Federal block grants• BHSA funds• Other BH-focused federal, state, and local funds | <ul style="list-style-type: none">• Medi-Cal behavioral health, including Specialty Mental Health Services (SMHS), Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) |
|---|---|

Budget Reporting Structure

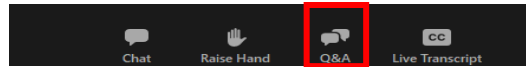
Disaggregated by MH and SUD

Disaggregated by Adults and Children

Reporting each COC category by projected dollar amount from each funding stream

Feedback

(Please Use Q&A Feature)



4. When preparing the budget reporting structure for the Integrated Plan, what key elements would you want DHCS to capture?

Framework for the Continuum

County Behavioral Health Continuum of Services Capacity

- » The Integrated Plan is also required to include a demonstration of how the county will utilize various funds for behavioral health services to deliver high-quality, culturally responsive, and timely care ***along the continuum of services*** in the least restrictive setting from prevention and wellness in schools and other settings to community-based outpatient care, residential care, crisis care, acute care, and housing services and supports.⁹

Behavioral Health Services and Program Reporting

DHCS is working toward a behavioral health services and program reporting framework that allows for gap analysis and one-to-one comparisons of services offered under different funding streams.

There is not a straight path for categorizing all mental health and substance use disorder services, but defining mutually exclusive categories will help support county planning & reporting.

The goal is to use an integrated behavioral health services framework with mutually exclusive service categories.

Behavioral Health Services Reporting Framework: The Behavioral Health Continuum of Care

- » DHCS developed the framework described in DHCS' 2022 Report Assessing the Continuum of Care for Behavioral Health Services in California to help guide the state's assessment of service delivery statewide.
- » The BH Continuum of Care includes eight core service categories that make up the backbone of a robust behavioral health system.

Draft Revisions to the BH COC Framework

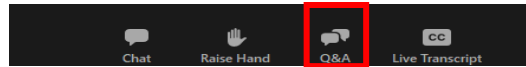
2022 DHCS COC Framework Category
Prevention and Wellness Services
Outpatient Services
Intensive Outpatient Treatment Services
SUD Residential Treatment
Intensive Treatment Services
Crisis Services
Community Services and Supports
Peer and Recovery Services
<i>Not previously matched</i>
<i>Not previously matched</i>

Revised BH Continuum Framework Category
Prevention Services
Early Intervention Services
Outpatient Services
Intensive Outpatient & Intensive Home-Based Services
Inpatient and Residential Treatment
Crisis Services
Housing Services and Supports
Health-Related Social Services and Supports
<i>Peer Support Services</i>
<i>Case Management/Care Coordination</i>
<i>Family Services and Supports</i>

} **Cross-cutting**
34

Feedback

(Please Use Q&A Feature)



5. What are your thoughts on utilizing the BH Continuum of Care Framework for organizing data in the Integrated Plan? Are there other changes you would recommend to the revised framework?

Thank You

For More Information

BHTinfo@dhcs.ca.gov