

California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, January 19, 2023
 Holiday Inn San Diego Bayside
 4875 North Harbor Drive
 San Diegan/Presidio Room
 8:30 a.m. to 12:00 p.m.

- | | | |
|-----------------|--|--------------|
| 8:30 am | Welcome and Introductions
<i>Karen Baylor, Chairperson and All Members</i> | |
| 8:35 am | Welcome New Council Leadership
<i>Jenny Bayardo, CBHPC Executive Officer</i>
<i>Deborah Starkey, CBHPC Chairperson</i>
<i>Tony Vartan, CBHPC Proposed Chair-Elect</i> | Tab 1 |
| 8:50 am | Approve October 2022 Draft Meeting Minutes
Approve December 2022 Draft Meeting Minutes
Approve January 2023 Interim Meeting Draft Meeting Minutes
<i>Karen Baylor, Chairperson and All Members</i> | Tab 2 |
| 8:55 am | Public Comment | |
| 9:00 am | Institutes for Mental Disease (IMD) Presentation
<i>Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association (CBHDA)</i>
<i>Elissa Field, Senior Policy Analyst, CBHDA</i> | Tab 3 |
| 9:50 am | Public Comment | |
| 9:55 am | SMC Responses to DHCS Behavioral Health Policies
<i>Ashneek Nanua, SMC staff</i> | Tab 4 |
| 10:00 am | Public Comment | |
| 10:05 am | Break | |
| 10:20 am | Presentation and Discussion Re: Local Impacts of SMI/SED IMD Waiver
<i>Orange County Health Care Agency Mental Health and Recovery Services</i>
<i>Stanislaus County Behavioral Health Services</i>
<i>San Diego County Behavioral Health Services (Invited)</i> | Tab 5 |
| 10:55 am | Public Comment | |

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 10 working days prior to the meeting date.

California Behavioral Health Planning Council

- 11:00 am** **Behavioral Health Continuum Infrastructure Program (BHCIP) Presentation** **Tab 6**
Holly Clifton, BHCIP Section Chief, CA Department of Health Care Services – Community Services Division
- 11:50 am** **Public Comment**
- 11:55 am** **Wrap Up/Next Steps**
Karen Baylor, Chairperson and All Members
- 12:00 pm** **Adjourn**

The scheduled times on the agenda are estimates and subject to change.

Systems and Medicaid Committee Members

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	
Veronica Kelley	Celeste Hunter	Deborah Pitts
Tony Vartan	Catherine Moore	Karen Hart
Noel O'Neill	Walter Shwe	Liz Oseguera
Dale Mueller	Marina Rangel	Steve Leoni
Daphne Shaw	Susan Wilson	Joanna Rodriguez
Vandana Pant	Jessica Grove	Sutep Laohavanich

Committee Staff: Ashneek Nanua, Council Analyst

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 19, 2023**

Agenda Item: Welcome New Council Leadership

Enclosures: [Systems and Medicaid Committee Work Plan 2022-2023](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the opportunity for the new CBHPC leadership team to learn about the work and intent of the Systems and Medicaid Committee as it relates to the Council's mission, goals, and mandates.

Background/Description:

In January 2023, Deborah Starkey is slated as the California Behavioral Health Planning Council's Chairperson and Tony Vartan is the Council's proposed Chair-Elect. CBHPC will also have a new Executive Officer, Jenny Bayardo.

Due to the Council's leadership changes, the Systems and Medicaid Committee will engage the CBHPC's new Executive Officer, Chairperson, and Chair-Elect in a discussion to address the following questions:

1. How does the committee align with the Vision and Mission of the Council?
2. How does this committee align with the Council's mandates in Welfare and Institutions Code?
3. What does the committee hope to accomplish in the coming year?

TAB 2

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 19, 2023**

Agenda Item: Approve October 2022 Draft Meeting Minutes
Approve December 2022 Draft Meeting Minutes
Approve January 2023 Draft Meeting Minutes

Enclosures: October 2022 Draft Meeting Minutes
December 2022 Draft Meeting Minutes
January 2023 Draft Meeting Minutes

***January 2023 Draft Meeting Minutes will be provided closer to the meeting date.*

Background/Description:

Committee members will review the draft meeting minutes for the October 2022 Quarterly Meeting, December 2022 Interim Committee Meeting, and January 2023 Interim Committee Meeting.

Motion: Accept and approve the October 2022 Systems and Medicaid Committee draft meeting minutes, December 2022 SMC draft interim meeting minutes, and January 2023 draft interim meeting minutes.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Systems and Medicaid Committee

Meeting Minutes (DRAFT)
Quarterly Meeting – October 20, 2022

Members Present:

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	Catherine Moore
Walter Shwe	Marina Rangel	Sutep Laohavanich
Noel O’Neill	Susan Wilson	Daphne Shaw
Jessica Grove	Deborah Pitts	Tony Vartan
Javier Moreno	Celeste Hunter	Dale Mueller
Vandana Pant	Liz Oseguera	Steve Leoni
Karen Hart		

Staff Present:

Ashneek Nanua, Jenny Bayardo

Presenters:

Ryan Quist, Christie Gonzales, Dana Durham, Jillian Clayton, Michel Huizar

Meeting Commenced at 8:35 a.m.

Item #1 Approve June 2022 Draft Meeting Minutes

The Systems and Medicaid Committee (SMC) reviewed the SMC June 2022 draft meeting minutes. Uma Zykofsky motioned approval of the SMC June 2022 meeting minutes. Noel O’Neill seconded the motion. The motion to approve the minutes passed.

Action/Resolution

The June 2022 SMC Meeting Minutes are approved.

Responsible for Action-Due Date

N/A

Item #2 Behavioral Health Updates

SMC staff provided updates from behavioral health policy meetings held by the state and partner agencies since the June 2022 Quarterly Meeting. Staff alerted committee members that there is in-depth information and upcoming meeting dates provided via links in the electronic copies of the committee packet. Ashneek Nanua invited members

to contact the staff if they would like to receive additional information on any of the meeting updates provided during this agenda item.

Action/Resolution

SMC staff will continue to inform the SMC on statewide activities and initiatives that are relevant to the work of the committee.

Responsible for Action-Due Date

Ashneek Nanua – Ongoing

Item #3 Presentation of Sacramento County Implementation of 988 Suicide Prevention & Crisis Hotline and Crisis Care Continuum

Dr. Ryan Quist, Sacramento County Behavioral Health Director, provided the SMC with an update on the statewide and local implementation of the crisis care continuum and 988 Suicide Prevention and Crisis Hotline. 988 was originally established as part of federal law and then passed to states for local implementation. The federal government made it possible for counties to establish fees on phones to fund the work on the implementation of 988. Dr. Quist expressed that there is a need for comprehensive and organized implementation of all crisis services. He stated that the county is focused on helping people understand what services are available throughout the state. He expressed that there is not a suicide prevention line in every county and if the call volume is too high in one call center, the call will be sent to a different call center which may be in a separate region or out of state.

Dr. Quist stated that areas of interest for advocacy are mobile response and receiving centers but these items do not have state funding to support them yet. DHCS provided time-limited funds from the COVID-19 American Rescue Plan Act funding to establish infrastructure and staff for mobile teams but it is not a sustainable funding source. The state is also having discussions about a waiver to apply for federal funding to support mobile crisis services. However, 75% of Californians are not Medicaid consumers. Some questions on 988 implementation are how taxes will be used to fund 988 and how the benefit may be structured in a way to serve all communities instead of solely Medicaid populations.

Sacramento County is currently working towards implementing 24/7 call centers staffed by clinicians who would receive calls from the 988 phone line and then would de-escalate and link individuals to providers as well as dispatch mobile response when appropriate. The mobile crisis teams would go into the community to de-escalate the situation in the field and help connect the individual to inpatient care when appropriate.

Dr. Quist called out the behavioral health workforce crisis and stated that Sacramento County has 40% clinician vacancy rate despite giving current clinicians a 15% raise. He expressed that fewer clinicians are willing to take night shifts which also poses challenges in staffing.

Additional Sacramento County resources include the Family Urgent Response System (FURS) phone line for foster youth which recently extended the line to all youth up to age 25 and their families. Sacramento County also has an urgent care and is working towards opening the care center 24 hours a day so that individuals in crisis have a place to go at all times. There are Homeless Encampment and Response Teams. Community Support teams are also involved in addressing crisis care in Sacramento County.

Following the Sacramento County update, Christie Gonzales, Chief Program Officer, presented to the SMC on the 988 Suicide Prevention and Crisis Hotline and crisis care continuum in Sacramento, Placer, and Amador counties. Christie first provided background information about the programs and services that WellSpace Health offers to low-income, uninsured, and homeless individuals. She then provided diagrams that illustrated the difference between the process of the current crisis response and the crisis response system with the rollout of SAMHSA-informed 988 lifeline which increases mobile crisis response versus law enforcement and adds a crisis-receiving component to the existing system. Christie reviewed the components of the 988 hotline and WellSpace Health crisis receiving centers, as well as recuperative care/medical respite centers and services offered to individuals on the streets where they reside.

Committee members engaged WellSpace Health with a question and answer session upon conclusion of the presentations.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Public Comment

Ben Avey, WellSpace Health, stated that WellSpace Health was action-oriented on the crisis receiving center and had three months of funding to prove the concept to Sacramento County. This was important due to the fear associated with the crisis center for individuals with substance use disorders. WellSpace Health was able to show the fears were not as big of a concern. He expressed the importance of being action-oriented in the approach to crisis services. Ben added that WellSpace Health is working on implementing an air control model which is a SAMHSA best practice to have constant communications with the provider and patient to make sure the patient is guided during transitions and referrals to care but there are funding challenges with it. Ben ended his remarks by indicating that 988 launched in California seamlessly because it was built on the existing system that non-profits have been building for decades.

Steve McNally, Orange County, stated that his county has a sobering station on a different model so it would be helpful to examine the different models that exist in the

state to see how individuals can leverage existing services. He also expressed interest to learn how well WellSpace Health did their community model and how it was done so quickly. Steve said that evaluation from day one is critical for anything we do. He said it would be good to see how the crisis service model can help leverage all the other systems and examine the following: how many visits it took specific vulnerable populations (i.e. homeless), how WellSpace built trust to get the individual to the service, what the most important service was that the individual received, and whether the police involvement is limited to a drop-off to a crisis center or what the legal restrictions are. Steve also asked who the allies are at the state who will help build the crisis system at Managed Health Care.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 Providing Access and Transforming Health (PATH) Supports Presentation

Dana Durham, DHCS Managed Care Quality and Monitoring Division and her team Jillian Clayton and Michel Huizar, presented an overview and update on PATH funding intended to support the CalAIM Initiative. DHCS received \$1.44 billion for PATH to maintain, build, and scale the infrastructure and capacity necessary to successfully implement key features of CalAIM, including Enhanced Care Management (ECM), Community Supports (CS), and CalAIM's justice-involved capacity-building program. The department is seeking an additional \$410 million support the implementation of pre-release services.

DHCS reviewed the four key PATH Program Initiatives (justice-involved capacity building, collaborative planning and implementation, capacity and infrastructure transition, expansion, and development (CITED), and technical assistance marketplace). Dana Durham then reviewed the implementation timeline and milestones for each initiative. The SMC engaged the presenters in a question and answer session upon the conclusion of their presentations.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Meeting Adjourned at 12:00 p.m.

Systems and Medicaid Committee

Meeting Minutes (DRAFT)

Quarterly Meeting – December 12, 2022

Members Present:

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	Walter Shwe
Noel O’Neill	Susan Wilson	Tony Vartan
Jessica Grove	Deborah Pitts	Steve Leoni
Javier Moreno	Celeste Hunter	Liz Oseguera
Vandana Pant		

Staff Present:

Ashneek Nanua, Jenny Bayardo

Others Present: Mike Phillips

Meeting Commenced at 12:00 P.m.

Item #1 **High-level Overview of CA Behavioral Health Community – Based Continuum Demonstration Concept Paper**

The Systems and Medicaid Committee (SMC) staff presented a high-level overview of the California Behavioral Health Community-Based Continuum (CalBH-CBC) Concept Paper. The concept paper is a means to develop the Medicaid Section 1115 Demonstration Waiver that the Department of Health Care Services (DHCS) will submit an application for to the Centers for Medicare and Medicaid Services (CMS) in 2023. The Section 1115 Demonstration waiver will include short-term stays (no longer than 60 days) at Institutes for Mental Disease (IMD) on the condition that counties that opt-in have a defined set of services that supports a full continuum of community-based behavioral health care.

Elements covered in the presentation included the vision, objectives, and approach of the CalBH-CBC Demonstration. Staff indicated that the populations of focus are children and youth, justice-involved individuals, and individuals experiencing or at-risk of homelessness. The presentation also included elements of the Demonstration approach, such as the structure, components, and implementation plan. Staff indicated that the public comment period ends on January 13, 2023, and there will be an additional opportunity to provide feedback on the Medicaid Section 1115 Demonstration Waiver application prior to submission to the Centers for Medicare and Medicaid Services after the initial feedback period has concluded for the CalBH-CBC Concept Paper.

CBHPC Systems and Medicaid Committee – December 2022 Meeting Minutes
(DRAFT)

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #2 SMC Discussion and Recommendations for Concept Paper

The Systems and Medicaid Committee provided their thoughts and recommendations for the CalBH-CBC Concept Paper. Key discussion points include the following:

- There are existing Full Service Partnerships (FSP) that have state-funded authority which are informed by Assertive Community Treatment (ACT). It is unclear as to why ACT is being named in the concept paper as a separate and distinct service from FSPs. In order to draw down federal funds, it is also unclear if counties will have both FSP and ACT models or if FSP teams will need to adopt the Substance Abuse and Mental Health Services Administration (SAMHSA) ACT model. The committee will request DHCS to clarify the interaction between FSP and ACT, as well as how they will be used in community-defined and evidence-based practices for the populations of focus.
- There are 3-4 existing models in several counties being implemented for Coordinated Specialty Care for First-Episode Psychosis. It is unclear on whether the programs named in the concept paper are being proposed as parallel programs or integrated into the existing FSP and first-episode psychosis programs.
- There is clarification needed on whether the Short Term Residential Treatment Programs (STRTPs) will be statewide or optional for counties to opt-in.
- The Community Health Worker (CHW) Benefit is being proposed as a county opt-in benefit but the SMC would like to see this service be extended statewide.
- Committee members questioned whether there is a minimum number of items that the state believes are important to have for the county's optional services. For instance, it is unclear what the mandate is for the county opt-in benefits as most of the counties engage in these services already. It was theorized that a bundle of services is needed to draw federal funds instead of one specific service to incentivize counties to opt-in to additional services. The committee proposed that DHCS may consider regional models that are attractive and innovative for counties to opt-in and increase the availability of services statewide.
- There is confusion on what elements of supported employment will be funded by Medicaid. This would require a significant shift in how counties understand and fund supported employment programs. Committee members are seeking clarity on this item as not all supported employment programs are administered by the county or the evidence-based Individual Placement and Supports (IPS) model. There are also questions on how counties that opt-in to supported employment who participate in IMDs will conduct elements of supported employment such as

CBHPC Systems and Medicaid Committee – December 2022 Meeting Minutes
(DRAFT)

long-term job coaching and how are those costs recouped when individuals need services several months after receiving employment because things change as the individual continues to work.

- There needs to be clarity on how bundled services (ACT, FACT, Coordinated Specialty Care, etc.) interface with reimbursement.
- There is concern for the administrative burden connected to the proposal for small counties as these counties already must attend to CalAIM and other initiatives that result in major administrative changes. It may be helpful to have a regional model to assist small counties to be successful with the administrative components of the proposal. Committee members noted that they will forward additional information to SMC staff to include in the committee's response to DHCS.
- There is confusion about how clients and family members will participate in efforts to structure the programs being proposed in the concept paper. SMC staff indicated that specific proposals in the concept paper will have stakeholder sessions with consumers, however, there is not one universal statement regarding stakeholder input for the local stakeholder process. Staff indicated that the committee may propose having a local stakeholder process and include this process for any potential regional models as well.

Action/Resolution

SMC staff will assemble the SMC's recommendations for the CalBH-CBC Concept Paper and provide the recommendations for committee review and approval.

Responsible for Action-Due Date

Ashneek Nanua – January 2023

Item #3 Wrap Up/Next Steps

SMC Chairperson, Karen Baylor, indicated that comments for the CalBH-CBC Concept Paper are due to DHCS on January 13, 2023. She stated that the committee will have a chance to review the recommendations and will schedule a secondary interim meeting in the first week of January for committee approval.

Action/Resolution

SMC staff will assemble the committee's recommendations for the concept paper. Staff will schedule the next SMC interim meeting to review and approve the CalBH-CBC recommendations prior to the stakeholder feedback deadline on January 13, 2023.

Responsible for Action-Due Date

Ashneek Nanua – January 2023

Meeting Adjourned at 1:00 p.m.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 19, 2023**

Agenda Item: Institutes for Mental Disease (IMD) Presentation

Enclosures: *Presentation materials will be provided closer to the meeting date.*
[CMS State Medicaid Director Letter #18-011](#)

Additional Resources:

[California Behavioral Health Community-Based Continuum \(CalBH-CBC\)](#)

[Demonstration Concept Paper](#)

[CalBH-CBC Concept Paper Executive Summary](#)

[Assessing the Continuum of Care for Behavioral Health Services in California Report](#)

[CMS SMI and SED Demonstration Opportunity Technical Assistance Q & A](#)

[CMS Qualified Residential Treatment Programs \(Q RTP\) and SMI/SED Demonstration Opportunity Technical Assistance Questions and Answers](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to inform the SMC about Medicaid-funded Institutes for Mental Disease (IMDs) which is a component of the Department of Health Care Services' Medicaid Section 1115 Demonstration Waiver application. This information will be used to help the committee make informed decisions and advocate to build out the continuum of care while maintaining access and high quality health care for individuals with serious mental illness (SMI) and children with Serious Emotional Disturbances (SED).

Background/Description:

In 2023, DHCS will apply for a new Medicaid Section 1115 Demonstration Waiver to increase access to and improve mental health services for Medi-Cal members statewide. The demonstration, known as the California Behavioral Health Community-Based Continuum Demonstration (CalBH-CBC), takes advantage of the [Centers for Medicare & Medicaid Services' \(CMS\) guidance](#) and associated federal funding aimed at improving care for people living with SMI/SED. The opportunity allows California to make historic investments in building out the full continuum of care for behavioral health care and IMDs are one piece of the application that has been under debate by behavioral health advocates for many years.

The County Behavioral Health Directors Association (CBHDA) will present an overview of IMDs to the SMC, including but not limited to the definition of IMDs, the requirements needed to apply for Medicaid reimbursement for IMDs, and how the IMD request fits into the DHCS CalBH-CBC concept paper and Section 1115 Demonstration Waiver application.

Presenter Biographies

Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association

Michelle Doty Cabrera joined CBHDA as Executive Director in May 2019. Prior to joining CBHDA she served as the Healthcare Director for the California State Council of the Services Employees International Union (SEIU California), where she advocated on behalf of healthcare workers and consumers, including SEIU California's county behavioral health workforce, on issues related to the implementation of the Affordable Care Act, Health Equity, Health4All, and cost containment, among others. She served as a Senior Consultant for the Assembly Human Services Committee, where she specialized in child welfare issues and staffed legislation which extended foster care in California to age 21. Ms. Cabrera also served as a Program Officer for the California Healthcare Foundation, working as a liaison on state health policy in Sacramento.

Ms. Cabrera served as a member of Governor Newsom's Council of Regional Homeless Advisors and was recently appointed to the California Disability and Aging Community Living Advisory Committee, representing the needs of individuals with behavioral health conditions. Ms. Cabrera has been an inaugural member of the National Quality Forum's Standing Committee on Disparities and has served on the California Pan-Ethnic Health Network (CPEHN) Board of Directors since 2015.

Elissa Field, Senior Policy Analyst, County Behavioral Health Directors Association

Elissa joined CBHDA in September 2020 and is responsible for policy efforts related to health equity, MHSA, Medi-Cal, and health outcomes. She has worked in the behavioral health field for the past decade, providing direct services, leading multi-agency collaborations, developing community engagement strategies, and analyzing mental health outcomes.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

TAB 4

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 19, 2023**

Agenda Item: SMC Responses to DHCS Behavioral Health Policies

Enclosures: SMC Responses to DHCS Draft Behavioral Health Information Notice (BHIN) Re: Medi-Cal Mobile Crisis Services Benefit Implementation
SMC Responses to DHCS Draft BHIN Re: Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services
SMC Responses to DHCS Draft BHIN Re: CalAIM Adult Screening for Medi-Cal Mental Health Services
SMC Responses to DHCS Draft BHIN Re: Updated Telehealth Guidance for Specialty Mental Health Services and Substance Use Disorder Treatment Services in Medi-Cal
SMC Responses to DHCS Draft BHIN Re: Parity Requirements for Drug Medi-Cal (DMC) State Plan Counties
SMC Responses to DHCS Draft BHIN Re: Guidance to Counties and Providers on Short Term Residential Therapeutic Program (STRTP) Placement and Institute for Mental Disease (IMD) Transitions
[Systems and Medicaid Committee Webpage](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with information about the activities that the SMC has engaged in regards to state-level behavioral health policy development at the Department of Health Care Services (DHCS).

Background/Description:

The Systems and Medicaid Committee staff will provide an update on the Behavioral Health Information Notices (BHINs) and other policies and documents that the committee has provided recommendations for since the October 2022 Quarterly Meeting. The purpose of this agenda item is to maintain transparency on the committee's efforts towards transforming the public behavioral health system in California to better serve individuals with behavioral health conditions. Committee members will use this information to continue tracking behavioral health initiatives based on the goals of the SMC Work Plan as well as advocate and make recommendations to the state regarding Medi-Cal beneficiaries with serious mental illness and substance use disorders.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the meeting materials.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 19, 2023**

Agenda Item: Presentation and Discussion Re: Local Impacts of SMI/SED IMD Waiver

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with information about local implementation considerations of Medicaid-funded Institutes for Mental Disease (IMDs) which is a component of the Department of Health Care Services' (DHCS) Medicaid Section 1115 Demonstration Waiver application. This information will be used to advocate best practices to DHCS on building out the continuum of care while maintaining access and high quality of health care for individuals with serious mental illness (SMI) and children with Serious Emotional Disturbances (SED).

Background/Description:

In 2023, DHCS will apply for a new Medicaid Section 1115 Demonstration Waiver to increase access to and improve mental health services for Medi-Cal members statewide. The waiver opportunity allows California to make historic investments in building out the full continuum of care for behavioral health care, and IMDs are one piece of the application that may have considerable impacts on individuals with SMI/SED at the local level.

Representatives from Orange County Health Care Agency Mental Health and Recovery Services and Stanislaus County Behavioral Health Services will share how IMDs are used in the counties and how individuals are transitioned back to community behavioral health services after completion of an SMI/SED IMD stay. Representatives from Orange County, Stanislaus County, and potentially San Diego County will provide the local perspective on the use of IMDs so that the Planning Council may inform DHCS of best practices for creating policy that builds out the continuum of community-based behavioral health care continuum in California's public behavioral health system.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 19, 2023

Agenda Item: Behavioral Health Continuum Infrastructure Program (BHCIP) Presentation

Enclosures: Behavioral Health Continuum Infrastructure Program (BHCIP) Presentation

[DHCS BHCIP Webpage](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with an overview of the Behavioral Health Continuum Infrastructure Program (BHCIP) aimed to build and expand the infrastructure needed to support statewide behavioral health initiatives such as CalAIM. Committee members will utilize this information to provide recommendations on how to build a robust continuum of care needed for individuals with serious mental illness (SMI) and substance use disorders (SUD).

Background/Description:

The Department of Health Care Services (DHCS) was authorized through 2021 legislation to establish the Behavioral Health Continuum Infrastructure Program (BHCIP) with \$2.2 billion to construct, acquire, and rehabilitate real estate assets or to invest in needed mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. DHCS is releasing BHCIP grant funds through six rounds that target various gaps in the state's behavioral health facility infrastructure. These resources would expand the continuum of services by increasing capacity for short-term crisis stabilization, acute and sub-acute care, crisis residential, community-based mental health residential treatment, substance use disorder residential treatment, peer respite, mobile crisis, community and outpatient behavioral health services, and other clinically enriched longer-term treatment and rehabilitation opportunities for individuals with behavioral health disorders, in the least restrictive and least costly setting.

The Department of Health Care Services will present an overview of the BHCIP to the SMC. Committee members will have the opportunity to ask questions and engage DHCS with comments and recommendations as appropriate.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Presenter Biography

Holly Clifton, BHCIP Section Chief, DHCS Community Services Division

Holly Clifton has 17 years of combined experience working in both public and private sectors. Currently, Holly works at the Department of Health Care Services (DHCS), Community Services Division (CSD) and serves as the Section Chief over the Behavioral Health Continuum Infrastructure Program (BHCIP) Section. Holly and her team provide implementation and oversight of the BHCIP grant funding program, which expands the behavioral health continuum of treatment and service resources in California. Prior to working in CSD, Holly worked in the Department's Licensing and Certification Unit where she was instrumental in leading a team responsible for implementing policy requiring DHCS licensed residential substance use disorder treatment programs to obtain level of care designations consistent with the American Society of Addiction Medicine criteria. Prior to joining DHCS, Holly has worked in several healthcare settings focusing on program operation and policy, organizational strategic planning and development, program administration and monitoring, quality assurance and evaluation, and accreditation processes. Holly earned her Bachelor's Degree in Clinical Nutrition and Master's Degree in Health Administration.

Behavioral Health Continuum Infrastructure Program (BHCIP)

Presented by:

Holly Clifton, Section Chief

Community Services Division

Department of Health Care Services

Behavioral Health Continuum Infrastructure Program (BHCIP)

A decorative graphic consisting of several overlapping, wavy, horizontal bands in various shades of purple, extending across the width of the slide below the title.

BHCIP Guiding Principles and Priorities

- » Invest in behavioral health and community care options that advance racial equity
- » Seek geographic equity of behavioral health and community care options
- » Address urgent gaps in the care continuum for people with behavioral health conditions, including seniors, adults with disabilities, and children and youth
- » Increase options across the life span that serve as an alternative to incarceration, hospitalization, homelessness, and institutionalization

BHCIP Guiding Principles and Priorities

- » Meet the needs of vulnerable populations with the greatest barriers to access, including people experiencing homelessness and justice involvement
- » Ensure care can be provided in the least restrictive settings to support community integration, choice, and autonomy
- » Leverage county and Medi-Cal investments to support ongoing sustainability
- » Leverage the historic state investments in housing and homelessness

Assessing the Continuum of Behavioral Health Services in California

- » To provide data and stakeholder perspectives for DHCS as it implements major behavioral health initiatives and expands the behavioral health infrastructure through BHCIP
- » Released by DHCS on January 10, 2022
- » [Assessing-the-Continuum-of-Care-for-BH-Services-in-California.pdf](#)

Data from Needs Assessment

- » Nearly 1 in 10 California adults has a substance use disorder (SUD); about 1 in 20 with a serious mental illness (SMI)
- » 75% of stakeholders report an urgent need for psychiatric acute care and inpatient treatment beds for youth
- » 32% of outpatient facilities do not treat children and youth
- » 75% of counties lack residential beds specifically for youth
- » 53% of counties report lack of crisis residential treatment facilities

BHCIP Overview

- » Passed in FY 2021-22 State budget
- » \$2.2 billion total
- » Amends [Welfare and Institutions Code](#)
- » Provides competitive grants for counties, cities, tribal entities, non-profit and for-profit entities to build new or expand existing capacity in the continuum of public and private BH facilities
- » Funding is limited to new or expanding infrastructure (brick and mortar) projects and not BH services or preservation of existing facility capacity

BHCIP Overview

- » DHCS releasing Request for Applications (RFAs) for BHCIP through six funding rounds
- » Funding rounds target various gaps in California's BH facility infrastructure
- » Funding rounds will remain open until funds are awarded
- » Stakeholder engagement occurs throughout the project
- » Applications received and funding requested for Round 3: Launch Ready and Round 4: Children and Youth far exceed available BHCIP funding. Anticipate same for remaining rounds

BHCIP Round 1: Mobile Crisis

- » Awarded to California county, city, and tribal entity behavioral health authorities to implement or expand mobile crisis infrastructure and limited direct services.
- » Through Rounds 1A and 1B, DHCS awarded \$157.7 million to 51 entities to fund 237 new or enhanced mobile crisis teams.

BHCIP Round 2: Planning Grants

- » Awarded California counties and tribal entities in support of preparation activities to plan for the acquisition and expansion of BH infrastructure throughout the state.
- » Through Rounds 2A and 2B, DHCS awarded a combined total of \$7.4 million to 51 applicants. Of the 51 applicants, 19 were tribal entities.

BHCIP Round 3: Launch Ready and Community Care Expansion

- » DHCS and Department of Social Services (DSS), released a coordinated application for the BHCIP Round 3: Launch Ready and Community Care Expansion Program (CCE) Capital Expansion funding opportunities in January 2021
- » BHCIP projects proposed for this round of funding were required to be Launch Ready
- » Eligible applicants for BHCIP, included counties, cities, tribal entities, nonprofit organizations, and for-profit organizations, were invited to apply for either funding or both
- » In June 2022, DHCS awarded \$518.5M in BHCIP funding to 43 projects

BHCIP Round 4: Children and Youth

- » DHCS released the application for BHCIP Round 4: Children and Youth on June 2022. Application submission due by August 2022
- » Eligible applicants for BHCIP Round 4: Children and Youth included counties, cities, tribal entities, nonprofit organizations, and for-profit organizations
- » The target population for this round of funding focused on children and youth ages 25 and younger, including pregnant/postpartum women and their children, transition-age youth (ages 18-25), and their families
- » In early December 2022, DHCS awarded \$480.5 million in grant funding to 54 projects for this BHCIP round of funding

Minimum Threshold Requirements for “Project Readiness”

- » A sustainable business plan with (pro forma) projections of future objectives and strategies for achieving them
- » A conceptual site plan with a forecast of the developmental potential of the property
- » Stakeholder support as demonstrated by letters of support from internal boards of directors and professional/community partners

Minimum Threshold Requirements for “Project Readiness”

- » A demonstration of county and Medi-Cal investments to support ongoing sustainability of the behavioral health program
- » An identified match amount
- » An initial budget—one for each phase and a total budget for acquisition and construction

Match

- » Applicants are required to provide matching funds. Match requirements are set according to applicant type
 - Tribal entities = 5% match
 - Counties, cities, and nonprofit providers = 10% match
 - For-profit providers and/or private organizations = 25% match
- » Match in the form of cash and real property-such as equity in land/existing structures-to the real cost previously incurred by project are allowable
- » Services are *not* an allowable match

Round 4 Project Highlights

Project/Organization Name	Highlights
<p>Kedren South- Psychiatric Acute Care Hospital & Children's Village</p> <p>Kedren Inc</p>	<ul style="list-style-type: none"> • Funds a Psychiatric Acute Care Hospital with 36 beds. • Provides the only children's psychiatric acute care hospital in LA County. • Campus with co-located services. • Serving minority groups, justice-involved, and foster youth population.
<p>Encompass TAY Capacity Expansion Project</p> <p>Encompass Community Services</p>	<ul style="list-style-type: none"> • Funds an Adult Residential Treatment Facilities for SUD with 7 beds and Outpatient Treatment for SUD with 106 slots. • Campus with co-located services. • Serving predominantly the Latinx population, youth, and justice involved.
<p>TTC 44447 10th St. West</p> <p>Tarzana Treatment Centers, Inc.</p>	<ul style="list-style-type: none"> • Funds an Outpatient Treatment for SUD with 100 slots. • Focus on people experiencing homelessness, minority groups, justice-involved, and veterans; serves high percentage of Medi-Cal beneficiaries.
<p>Yurok Youth Center</p> <p>Yurok Tribe, Yurok Health and Human Services</p>	<ul style="list-style-type: none"> • Funds a Community MH Outpatient Clinic with 300 slots, Community Wellness/Youth Prevention Center with 1,450 slots, Outpatient Treatment for SUD with 27 slots, and School Linked Health Center with 50 slots. • Only facility to serving native and non-native youth in the area. • Serving Native youth & families, perinatal, and justice-involved.
<p>Be Well Irvine Campus</p> <p>Orange County Health Care Agency</p>	<ul style="list-style-type: none"> • Funds an Adolescent Residential Treatment Facilities for SUD Youth with 32 beds, Perinatal Residential SUD with 24 beds, and Community MH Clinic Outpatient with 2626 slots. • County-run facility. • Serving BIPOP, families & children and SUD perinatal services.

BHCIP Expansion Rounds 3 and 4 Combined

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Outpatient Facilities and Slot Counts

Facility Type	Current # of Facilities in CA*	# of Round 3 Facilities	# of Round 3 Slots	# of Round 4 facilities	# of Round 4 Slots	Total # of R3 & R4 Facilities	Total # R3 & R4 Slots	Total % Increase of Facilities (from R3 & R4)
Behavioral Health Integrated Outpatient**	-	-	-	13	24,585	13	24,585	-
Community Mental Health Clinic/outpatient clinic	81	2	4,800	9	14,952	11	19,752	13.6%
Community wellness/youth prevention center	-	8	55,408	9	16,178	17	71,586	-
Crisis Stabilization Unit (CSU)	72	8	29,307	5	17,048	13	46,355	18.1%
Hospital-based outpatient treatment/detox	-	1	600	0	0	1	600	-
Intensive Outpatient Treatment	484	5	4,090	0	0	5	4,090	1.0%
Narcotic Treatment Program (NTP)	157	2	670	0	0	2	670	1.3%
Office Based Outpatient Treatment	-	12	21,304	0	0	12	21,304	-
Outpatient Treatment for SUD	785	1	1,000	7	653	8	1,653	1.0%
Partial Hospitalization Program	238	0	0	3	1,305	3	1,305	1.3%
School-linked health center	-	0	0	2	146	2	146	-
Sobering Center	11	2	9,678	0	0	2	9,678	18.2%
Total	1,790	41	126,857	48	74,867	89	201,724	5.0%

*Existing facility data comes from California Open Data and the Manatt BH Needs Assessment; facilities with no current count was unavailable;

**BHCIP Round 3 did not collect BH outpatient information on wellness/prevention centers with the same specificity as BHCIP Round 4.

Residential Facilities and Bed Counts

Facility Type	Current # of Facilities in CA*	# of Round 3 Facilities	# of Round 3 Beds	# of Round 4 facilities	# of Round 4 Beds	Total # of R3 & R4 Facilities	Total # R3 & R4 Beds	Total % Increase of Facilities (from R3 & R4)
Adult Residential Treatment for SUD**	866	15	669	3	50	18	719	2.1%
Adolescent Residential Treatment for SUD	26	0	0	3	64	3	64	11.5%
Children's Crisis Residential Program (CCRP)	0	4	24	5	52	9	76	900%
General Acute Care Hospital	-	1	42	0	0	1	42	-
Mental Rehabilitation Center (MHRC)	28	3	130	0	0	3	130	10.7%
Peer Respite	-	2	36	0	0	2	36	-
Perinatal Residential SUD Facility	58	0	0	7	132	7	132	12.1%
Psychiatric Acute Care Hospital	31	0	0	4	105	4	105	12.9%
Psychiatric Health Facility (PHF)	29	1	8	4	71	5	79	17.2%
Recovery Residence/ Sober Living Home	-	2	28	0	0	2	28	-
Short-Term Residential Therapeutic Program (STRTP)	430	1	16	3	24	4	40	1.0%
Social Rehabilitation Program	210	4	64	0	0	4	64	1.9%
Total	1,678	33	1,017	29	498	62	1,483	3.7%

*Existing facility data comes from California Open Data and the Manatt BH Needs Assessment; facilities with no current count was unavailable;

**TAY specific for Round 4.

Remaining BHCIP Rounds

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BHCIP Round 5: Crisis and Behavioral Health Continuum

- » The RFA was released on October 2022
- » Application deadline was extended to February 13, 2023
- » Round 5 aims to expand crisis and behavioral health infrastructure with funding priority given to expanding capacity for crisis services
- » Expansive list of eligible facilities relating to crisis and behavioral health services
- » DHCS plans to award \$480 million in grants by Spring 2023

BHCIP Round 6: Outstanding Needs Remaining After Rounds 3 Through 5

- » Round 6 authorizes \$480 million in grant opportunities
- » The focus and RFA are in development
- » More information on Round 6 will be updated on the BHCIP website

BHCIP Award Overview

- » Four rounds of BHCIP funding has awarded a total of \$1.22 billion
- » Total of \$960 million remains in BHCIP funding for Round 5 and Round 6
- » Overall, BHCIP funds will provide more facilities in California to support the ongoing efforts of the behavioral health continuum

For More Information



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Website: <https://www.infrastructure.buildingcalhhs.com/>

Questions

