



# Behavioral Health Stakeholder Advisory Committee Meeting

April 29, 2021



# Webinar Tips

- Please use either your computer or phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email: [BehavioralHealthSAC@dhcs.ca.gov](mailto:BehavioralHealthSAC@dhcs.ca.gov)



# Welcome and Introductions



# Director's Update



# 1115 and 1915(b) Waiver Updates



# CalAIM Section 1115 Demonstration & 1915(b) Waiver

**DHCS is seeking two federal waivers to implement many CalAIM initiatives and priorities and is seeking public comments through May 6.**

**Access Public Comment Materials**

## [CalAIM Section 1115 Demonstration & Section 1915\(b\) Webpage](#)

- Public notice
- Section 1115 demonstration application
- Section 1915(b) waiver overview

## [CalAIM Indian Health Program Webpage](#)

- Tribal notice

## [CalAIM Homepage](#)



# CalAIM Section 1115 Demonstration

## CalAIM Section 1115 Demonstration

- Five-year renewal and amendment of the Medi-Cal 2020 Section 1115 demonstration
- Will include **innovative initiatives that are not implemented via State Plan authority or a Section 1915(b) waiver:**
  - Coverage for low-income pregnant women and out-of-state former foster care youth\*
  - Community-Based Adult Services\*
  - Global Payment Program\*
  - Designated State Health Care Programs\*
  - Services for justice-involved populations 30-days pre-release
  - Peer support specialists
  - Traditional Healers and Natural Helpers (in DMC-ODS)
  - Providing Access and Transforming Health Supports
- The [Section 1115 demonstration application](#) is the **draft application**.

\* Represents existing Medi-Cal 2020 1115 demonstration initiatives that will be continued in the CalAIM 1115 demonstration.



# CalAIM Section 1915(b) Waiver

## CalAIM Section 1915(b) Waiver

- California currently has a Section 1915(b) waiver authorizing Specialty Mental Health Services (SMHS).
- DHCS will renew that waiver and **consolidate Medi-Cal managed care programs under the same authority**; the consolidated 1915(b) will include:
  - Medi-Cal Managed Care • SMHS
  - Dental Managed Care • Drug Medi-Cal Organized Delivery System (DMC-ODS)
- DHCS continues to develop the Section 1915(b) pre-print application and has posted the [Section 1915\(b\) overview](#), including **detailed attachments summarizing behavioral health policy improvements** developed through the CalAIM stakeholder engagement process:
  - [Attachment 2: Medi-Cal Behavioral Health Changes](#) (see page 20)
  - [Attachment 3: DMC-ODS Program Description](#) (see page 31)

Additional components of the CalAIM proposal will be implemented via **Medi-Cal State Plan, managed care contract procurement, and state guidance.**





# Specialty Mental Health Services (SMHS) 1915(b) Waiver Extension

## **The 1915(b) waiver will:**

- Clarify division of responsibility between managed care plans and mental health plans
- Clarify criteria to access the specialty MH delivery system, including streamlining access for children experiencing trauma, such as homelessness and child welfare involvement

## **Additional behavioral health policies implemented outside the waiver will:**

- Align medical necessity with federal requirements
- Clarify documentation requirements
- Allow treatment during the assessment period, prior to diagnosis
- No wrong door
- Facilitate treatment of co-occurring diagnoses
- Standardized statewide screening and transition tools
- Facilitated referral and linkage from criminal justice to behavioral health; services prior to release
- Behavioral health payment reform
- Behavioral health regional contracting
- Administrative behavioral health integration



# DMC-ODS Program Authority & Improvements

**DMC-ODS will be authorized in the Section 1915(b) waiver, with program improvements implemented via Medi-Cal State Plan and Section 1915(b)(3) authority.**

- **For alignment purposes, transition DMC-ODS' primary delivery system authority** from Section 1115 to Section 1915(b)
- **Add to the CalAIM Section 1915(b) waiver:**
  - Peer support specialist services
  - Contingency Management benefit (via Section 1915(b)(3))
- **Implement a number of DMC-ODS program improvements through State policy** (e.g., clarification on criteria for services, expanding access to medications for addiction treatment (MAT) and recovery services)

**Included in CalAIM  
Section 1115  
demonstration:**

Medicaid services provided to short-term residents of IMDs and Traditional Healers and Natural Helpers

For more information on DMC-ODS changes, see **Attachment 3** in the [Section 1915\(b\) Overview](#)



# CalAIM Waiver Public Comment Period

The CalAIM waiver public comment period is ongoing. To be considered prior to CMS submission, public comments must be received by 11:59 PT on May 6<sup>th</sup>; comments from Tribes and Indian Health Programs must be received by May 7<sup>th</sup>.

## Email Comments

Email [CalAIMWaiver@dhcs.ca.gov](mailto:CalAIMWaiver@dhcs.ca.gov) and include “**CalAIM 1115 & 1915(b) Waiver**” in email subject line

## Write-In Comments

Mail written comments to:  
DHCS  
Director’s Office  
Attn: Angeli Lee & Amanda Font  
P. O. Box 997413, MS 0000  
Sacramento, CA 95899-74173

## Public Hearings

**Q&A Box.** All information and questions received through the Zoom webinar Q&A box will be recorded as public comments in the three public hearings (April 26, April 30, May 3)

**Spoken.** Participants will have the opportunity to submit public comments in the last half of each of the three public hearings (April 26, April 30, May 3)



# Timeline & Next Steps

Milestones	Proposed Timeline
Conduct 30-day state public comment	April 6 – May 6, 2021
Conduct 30-day Tribal state public comment	April 7 – May 7, 2021
Public Hearing (1 of 2)	April 26, 2021 (1 – 2:30 PM PT)
Tribal Public Hearing	April 30, 2021 (2 – 3:30 PM PT)
Public Hearing (2 of 2)	May 3, 2021 (2 – 3:30 PM PT)
Review public comments and finalize documents for CMS submission	May – July 2021
<b><i>Submit 1115 and 1915(b) applications</i></b>	<b><i>By July 2021</i></b>
CMS conducts federal 30-day public comment period	July – August 2021
Negotiations with CMS	August – December 2021
<b><i>Effective date of Section 1115 demonstration and Section 1915(b) waiver</i></b>	<b><i>January 1, 2022</i></b>



# Peer Support Specialists for Medi-Cal Behavioral Health Services

*Marlies Perez, Chief  
Community Services Division*



# Senate Bill (SB) 803

## Overview

- Enacted January 1, 2021.
- Requires DHCS to seek federal approval to establish Peer Support Specialist (PSS) as a Medi-Cal provider type, able to provide distinct peer support services.
- DHCS is proposing to add peers as a unique provider type within specific reimbursable services and to allow counties to opt in to provide this valuable resource.
- DHCS posts for public comment information regarding proposed federal authorities on the [peers webpage](#).



# Role of Peer Support Specialists

- PSS must be self-identified as having **experience with the process of recovery from mental illness or substance use disorder**, either as a consumer of these services or as the parent or family member of a consumer.
- Through shared understanding, respect, and mutual empowerment, PSS help beneficiaries engage in the recovery process and reduce the likelihood of relapse.



# DHCS Peer Certification Timeline

<b>January 2021</b>	PSS Listening Session #1 <ul style="list-style-type: none"><li>• <i>Materials are available on the <a href="#">DHCS website</a></i></li></ul>
<b>March 2021</b>	PSS Listening Session #2 <ul style="list-style-type: none"><li>• <i>Materials are available on the <a href="#">DHCS website</a></i></li></ul>
<b>April 2021</b>	BH-SAC Meeting
<b>July 2021</b>	Disseminate initial BH Information Notice on PSS-certification program standards
<b>August-December 2021</b>	State technical assistance for PSS certification program standards available to counties ( <i>more information to come</i> )
<b>January 2022</b>	Finalize federal approvals necessary to implement SB 803





# DHCS Peer Certification Website

Current information regarding the implementation of SB 803 and the Medi-Cal PSS certification program are available on the DHCS website:

[https://www.dhcs.ca.gov/services/Pages/  
Peer-Support-Services.aspx](https://www.dhcs.ca.gov/services/Pages/Peer-Support-Services.aspx)



# Stakeholder Process

Since SB 803 was chaptered in September 2020, DHCS has engaged in individual meetings with:

- California Association of Mental Health Peer Run Organizations
- California Behavioral Health Planning Council
- Workforce and Employment Committee
- California Council of Community Behavioral Health Agencies
- Council on Criminal Justice and Behavioral Health
- County Behavioral Health Directors Association
- Consumer and family advocates
- California Department of Social Services
- Mental Health Services Oversight and Accountability Commission
- Office of Statewide Health Planning and Development
- Peer provider organizations



# Listening Sessions

- More than 900 attendees participated in two DHCS-sponsored listening sessions.
- Each session allowed attendees to give feedback on the Medi-Cal PSS certification program.
- Feedback summaries from each listening session are posted on the [DHCS website](#).

Attendees represented a variety of stakeholders, including:

- Advocacy organizations, including peer organizations
- Counties
- Health plans
- Providers, including peers
- Other state and local agencies



# Federal Authorities

Medi-Cal Program	Federal Vehicle	Optional
Drug Medi-Cal (DMC) State Plan	1115 + SPA	Yes
DMC Organized Delivery Service (DMC-ODS)	1915(b) + SPA	Yes
Specialty Mental Health Services (SMHS)	1915(b) + SPA	Yes

- Both the 1115 and 1915(b) waiver processes allow for public comment before the waivers are finalized.
- DHCS will seek federal approval to establish PSS as a provider type, with associated Healthcare Common Procedure Coding System (HCPCS) codes allowed to provide distinct peer support services under the SMHS, DMC-ODS, and State Plan DMC programs.



# Policy Decision Process

- DHCS is required by statute to solicit stakeholder input, including from certain specified groups.
- DHCS will continue to consider all comments throughout this process, including feedback from stakeholders not specifically listed in statute.
- “DHCS’ Initial Recommendation” does not represent a final decision.
- Stakeholder feedback is point in time and may also change over the next few months.
- Once finalized, DHCS will post a more complete version of the recommendations chart shown in the following slides on the [peer webpage](#).



# Program Requirements: Employment Training

The state must determine the number of required training hours for new PSS.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
80 hours	67% recommended more than 40 hours	60-80 hours	80 hours-DHCS should consider a peer provider internship	60 hours



# Program Requirements: Continuing Education

The state must determine the number of required continuing education hours for PSS who are recertifying.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
20 hours every two years	87% agreed 20 hours every two years is appropriate	20 hours every two years	20 hours per year, 40 hours for recertification	Include required education on related laws



# Statute Requirements: PSS Core Competencies

- (1) Concepts of hope, recovery, and wellness.
- (2) The role of advocacy.
- (3) The role of consumers and family members.
- (4) Psychiatric rehabilitation skills and service delivery, and addiction recovery principles, including defined practices.
- (5) Cultural competence training.
- (6) Trauma-informed care.
- (7) Group facilitation skills.
- (8) Self-awareness and self-care.





# Statute Requirements: PSS Core Competencies

- (9) Co-occurring disorders mental health and substance use.
- (10) Conflict resolution.
- (11) Professional boundaries and ethics.
- (12) Preparation for employment opportunities, including study and test-taking skills, application and résumé preparation, interviewing, and other potential requirements.
- (13) Safety and crisis planning.
- (14) Navigation of, and referral to, other services.
- (15) Documentation skills and standards.
- (16) Confidentiality.



# Program Requirements: PSS Core Competencies

The state must determine if additional core competencies should be added.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
No additional competencies	Add storytelling within a resiliency framework	Add digital literacy and structural competency	Provided training outline linked to SAMHSA core competencies	<ul style="list-style-type: none"><li>• Add team and inter-professional practices as a standalone competency</li><li>• Change language on #5, #11, #14</li></ul>



# Program Requirements: PSS Areas of Specialization

The state must determine what, if any, areas of specialization will exist for state PSS certification.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
Begin with crisis services, forensic, homelessness, and parent peer	<ul style="list-style-type: none"><li>• Parent peers</li><li>• Homelessness</li><li>• Justice involved</li></ul>	Areas of specialization can be developed later	<ul style="list-style-type: none"><li>• Crisis services</li><li>• Forensic</li><li>• Homelessness</li><li>• Parent peer</li></ul>	Target peer training to specific service



# Scope of Practice: PSS

## Range of Responsibilities

The state must determine the range of responsibilities for state PSS.

### Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
Structured, scheduled interactions and activities that promote socialization, recovery, self-advocacy, relapse prevention, development of natural supports, and maintenance of community living skills	<ul style="list-style-type: none"><li>• Wellness</li><li>• Community integration</li><li>• Disability rights</li><li>• Role modeling</li><li>• Housing</li></ul>	Include all services identified in Georgia billing codes plus additional services from under “Other Qualified Provider”	Provided detailed outline that aligns with DHCS recommendations	Not provided



# Scope of Practice in Statute: PSS Qualifications

- Be at least 18 years of age.
- Possess a high school diploma or equivalent degree.
- Be self-identified as having experience with the process of recovery from mental illness or substance use disorder, either as a consumer of these services or as the parent or family member of a consumer.
- Be willing to share their experience.
- Have a strong dedication to recovery.
- Agree, in writing, to adhere to a code of ethics.
- Successfully complete the curriculum and training requirements for a PSS.
- Pass a certification examination approved by DHCS for a PSS.



# Scope of Practice: PSS Qualifications

The state must determine Medi-Cal PSS qualifications (if any) in addition to those outlined in statute.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
No additional qualifications	Parent peers should be trained to navigate systems of care	No additional qualifications	<ul style="list-style-type: none"><li>• Written narrative</li><li>• Support group participation</li><li>• Evidence Based Practices</li><li>• No extra county requirements</li></ul>	No additional qualifications



# Scope of Practice: PSS Practice Guidelines

The state must determine Medi-Cal PSS practice guidelines.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
Adopt SAMHSA guidelines	Utilize SAMHSA, National Association of Peer Supporters, and CAMHPRO practice guidelines as models	SAMHSA	Provided DHCS with their own practice guidelines	National Association of Peer Supporters



# Scope of Practice: PSS Supervision Standards

The state must determine supervision standards for Medi-Cal PSS.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
Supervisors should: <ul style="list-style-type: none"><li>• Be a behavioral health professional</li><li>• Receive peer supervisor training</li></ul>	Common themes. Supervisors should: <ul style="list-style-type: none"><li>• Be peers</li><li>• Include both clinicians and peers</li></ul>	Model after Pennsylvania's supervision standards	Non-peer supervisors should receive training in peer role and supervising peers	Focus on expertise and practice experience





# Process Requirements: PSS Code of Ethics

The state must determine Medi-Cal PSS code of ethics.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
Modify CAMHPRO's "Working Well Together" code of ethics	DHCS should review other states' Medicaid PSS code of ethics	Use CAMHPRO's "Working Well Together" code of ethics	Use CAMHPRO's "Working Well Together" code of ethics	DHCS should share a draft with stakeholders for review and input prior to finalization

Note: DHCS will post the proposed code of ethics to the [peers webpage](#) for stakeholder feedback.



# Process Requirements: Biennial PSS Renewal Process

Maintenance and renewal requirements:

1. Adhere to the code of ethics and biennially sign an affirmation.
2. Complete all required continuing education, training, and recertification requirements.



# Process Requirements: Biennial PSS Renewal Process

The state must determine whether to add additional Medi-Cal PSS certification/biennial recertification requirements.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
No additions to statute	<ul style="list-style-type: none"><li>• Support biennial affirmation</li><li>• Biennial review conducted by peers, attestation from peer coach</li></ul>	No additions to statute	Provided recommendations for certification and renewal processes	<ul style="list-style-type: none"><li>• Supports biennial affirmation</li><li>• DHCS should share a draft of the process for stakeholder review prior to finalization</li></ul>



# PSS Process Requirements: Complaints, Corrective Action, Suspension, Revocation, & Appeals

The state must determine guidelines for PSS complaints, corrective actions, etc.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
DHCS will approve county-related processes: <ul style="list-style-type: none"><li>• Counties investigate complaints in a specified timeframe.</li><li>• Substantiated allegations require either education hours, suspension, and/or revocation.</li><li>• Appeal process determined by county or an agency representing the county.</li></ul>	<ul style="list-style-type: none"><li>• Investigative bodies include peers</li><li>• Pursue second chances and/or remediation</li><li>• Investigations conducted by state</li></ul>	Not yet received (will continue to discuss process)	Expert panel/board to oversee complaints, etc.	Not yet received



# PSS Process Requirements: Grandmothering

The state must determine a process for an individual employed as a PSS on January 1, 2022, to obtain certification.

## Policy Recommendations

### *Stakeholders*

#### **Initial DHCS Recommendation**

Adopt CAMHPRO's recommendations for grandmothering, ensuring it is not more restrictive than initial certification process

#### **Listening Session**

- Pass certification exam
- Work experience can substitute for training/exam

#### **CBHDA**

- Work experience or training
- Letters of recommendation
- Pass exam

#### **CAMHPRO**

- Work experience
- Letters of recommendation
- Pass exam
- Evaluation panel (if needed)
- Complete training

#### **BH Planning Council**

- Peers can submit a résumé for review that demonstrates knowledge, skills, and abilities



# PSS Process Requirements: Reciprocity

The state must determine requirements for PSS certification reciprocity between counties, and for peer support specialists from out of state.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
Adopt CAMHPRO's recommendations for grandmothering (GM)/reciprocity, ensuring it is not more restrictive than initial certification process	<ul style="list-style-type: none"><li>• Consider out-of-state certification</li><li>• Reciprocity requirements should be like GM</li></ul>	<ul style="list-style-type: none"><li>• PSS from outside CA will need to meet GM requirements</li><li>• Counties will recognize the certifications approved by other CA counties</li></ul>	<ul style="list-style-type: none"><li>• Work experience</li><li>• Letters of recommendation</li><li>• Pass exam</li><li>• Pass evaluation panel</li><li>• Complete training (same as GM)</li></ul>	Supports DHCS initial proposal



# PSS Pilot Program: Submission Items

The state must determine requirements for county pilot program plans and fee schedules.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
No additions to statute	No comments received	No additions to statute	Not yet received	Not yet received



# PSS Pilot Program: Periodic Reviews

The state must determine requirements for periodic reviews of county pilot programs.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
DHCS would include state reviews in county triennial review protocols. Counties would need to submit their peers training plans to DHCS for approval and institute monitoring and quality assurance	No comments received	Triennial review process should adapt the External Quality Review Organization (EQRO) protocols	Not yet received	Not yet received





# PSS Pilot Program: Program Reports

The state must determine requirements for county pilot program reports.

## Policy Recommendations

	<i>Stakeholders</i>			
<b>Initial DHCS Recommendation</b>	<b>Listening Session</b>	<b>CBHDA</b>	<b>CAMHPRO</b>	<b>BH Planning Council</b>
DHCS is gathering information to include in program reports	<ul style="list-style-type: none"><li>• Demographics</li><li>• Employment data</li><li>• Career opportunities</li><li>• Efficacy of peers</li></ul>	<ul style="list-style-type: none"><li>• Provided specific data to include</li><li>• Board of Behavioral Science should review reports</li></ul>	Not yet received	Not yet received

# Next Steps

Proposed Dates	Step
April 6 – May 6, 2021	30-day <a href="#">State public comment period</a> for <a href="#">1115</a> and <a href="#">1915(b)</a> waivers
April 7 – May 7, 2021	30-day Tribal state public comment period for <a href="#">1115</a> and <a href="#">1915(b)</a> waivers
May/June 2021	Feedback will be solicited on the <a href="#">website</a> and/or through an additional stakeholder process regarding DHCS' final policy recommendations in the coming months
July 2021	State guidance on the Medi-Cal PSS certification program will be published via Behavioral Health Information Notice
July 2021 and beyond	Interested counties will have the opportunity to opt in to Medi-Cal PSS services
July/August 2021	CMS conducts federal 30-day public comment period
2022 (Upon CMS approval)	Medi-Cal PSS services under State Plan DMC, SMHS, and/or DMC-ODS would be billable



# Questions?



# Mobile Crisis Response: New Opportunities in the American Rescue Act

Kelly Pfeifer, MD

Deputy Director, Behavioral Health  
Department of Health Care Services



# Crisis Now model



*Who to call?*  
988  
Crisis Line

*Who to respond?*  
American Rescue  
Plan Act

*Where to go?*  
BH Continuum  
Infrastructure Proposal



# CA 988 Implementation: “Who To Call”

- **988 Implementation grant:**
  - \$335,000 grant from Vibrant Health, led by Didi Hirsch.
  - Project scope may include the diversion of 988 calls from 911, mobile crisis teams, crisis stabilization units, network of warm lines to crisis lines, media outreach, and funding options.
  - California joined learning community with other state grantees.
- **Progress update:**
  - Monthly convening of the 13 crisis centers.
  - Monthly calls with Lifeline and other technical assistance opportunities.
  - Monthly meetings of a leadership advisory for the projects: DHCS and CDPH, Office of Emergency Services, Wellspace, Steinberg Institute, County Behavioral Health Directors Association, California Hospital Association, Didi Hirsch, and others.
- **Timeline:**
  - Draft 988 planning report due by August 30, 2021.
  - Final 988 implementation and scaling plan due by December 31, 2021.



# American Rescue Plan Act: Mobile Crisis Services Opportunity “Who to Respond”

- **Mobile crisis services:**
  - Must otherwise be covered by Medicaid.
  - Must be provided by a multidisciplinary team to enrollees experiencing a MH or SUD crisis outside a hospital or other facility setting.
- **Enhanced match:**
  - 85% Medicaid federal match for 12 months.
  - Available April 1, 2022, through March 30, 2027.



# American Rescue Plan Act: Mobile Crisis Services Opportunity “Who to Respond

- **Non-supplantation clause:** Cannot supplant existing mobile crisis services.
- **Planning funds:**
  - \$15 million will be available for state planning grants (more information pending)
- **CMS guidance pending on details**





# BH Continuum Infrastructure Budget Proposal: “Where to Go”

- **Governor’s budget proposal**
  - \$750 million General Fund.
  - Eligible applicants: counties and tribes.
  - Applicant match: 25% (can include real estate or land).
  - Funding to expand capacity for facilities, including, but not limited to:
    - Crisis intervention, crisis stabilization, and crisis residential
    - Residential treatment
    - Day rehabilitation, day treatment, and partial hospitalization with housing supports
    - Adult residential care facilities/board and care (with BH services)
- **Timeline**
  - Capacity/gap analysis to be completed by November 1, 2021.
  - Applications released January 2022.
  - Funding released in spring 2022.
  - Must be expended by June 2024.



# Questions and Discussion



# **Coronavirus Response and Relief Supplemental Appropriations Act (CRRSAA)**

## **Substance Abuse Block Grant (SABG) and Mental Health Block Grant (MHBG) Funding**

Marlies Perez, Chief

Community Services Division

Department of Health Care Services



## National and State Data Overdose Increases in 2020 (July 2019 – July 2020)

- Nationally, all drug overdose deaths are predicted to increase by **24%** to **86,000**.
- National psychostimulant deaths (except cocaine) increased by **42%**, and cocaine increased by **30%**.
- In California, all drug-related deaths increased by **20%** to **6,954\***.
  - Fentanyl **was** a factor in **36%** of overdose deaths, an increase of **89%** from the prior year.
  - Psychostimulant (except cocaine) increased by **21%**, and cocaine overdose deaths increased by **49%**.



# California Detailed Overdose Data

(July 2019 – July 2020)

**6,954**

**All Drug  
Overdose Deaths**

**3,251**

**Psychostimulant  
Overdose Deaths**

**2,521**

**Fentanyl  
Overdose Deaths**

**1,044**

**Cocaine  
Overdose Deaths**



# Funding Overview

- **March 11, 2021:** DHCS received CRRSAA funding from the Substance Abuse and Mental Health Services Administration (SAMHSA).
- **Supplement:** Funding received to supplement existing SABG and MHBG awards with greater flexibility than normal.
- **SAMHSA Priorities:** Address COVID-19 impacts to behavioral health and invest in prevention, intervention, harm reduction, treatment, and recovery support framework.
- **Performance Period:** March 15, 2021 - March 14, 2023.
- **\$238 Million:** SABG Supplemental.
- **\$108 Million:** MHBG Supplemental.
- **SAMHSA Approval:** All projects described are proposed until approval by SAMHSA.



# CRRSAA Timeline

**March 2021:** CRRSAA funding received from SAMHSA

**April 5, 2021:** California application submitted to SAMHSA

**Spring 2021:** DHCS to issue guidance for county projects

**July 1, 2021:** County projects begin

**Summer 2021:** DHCS to issue RFAs for statewide projects

**Summer 2021:** Statewide projects are awarded

**March 2023:** All projects conclude at end of CRRSAA grant period



# Funding Priorities Statewide Projects

**Eligible organizations (depending on project):** Counties, Tribes, providers, non-profits, and consultant organizations.

- **Telehealth Expansion (SABG & MHBG)**
  - Support purchase of **provider telehealth equipment**, including laptops, desktops, monitors, internet and Electronic Health Record subscriptions, kiosks, and HEPA filters.
- **Workforce Expansion (SABG & MHBG)& MHBG**
  - Expand BH workforce statewide
  - Support expansion of peer workforce





# Funding Priorities Statewide Projects

**Eligible organizations (depending on project):** Counties  
Tribes, providers, non-profits, and consultant organizations

- **BH Mobile Crisis and Non-Crisis (SABG & MHBG)**
  - Support implementation and expansion efforts, including services, vehicle purchases, equipment, personnel, and medication.
- **Justice Intervention (SABG & MHBG)**
  - Embed social workers, counselors, case managers, and PSS with local law enforcement during emergency responses.
- **Naloxone (SABG Only)**
  - Continuation funding for DHCS' existing Naloxone Distribution Project after September 2022.



# Funding Priorities Statewide Projects

**Eligible organizations (depending on project):** Counties, Tribes, providers, non-profits, and consultant organizations

- **Mental Health Continuum Analysis (MHBG Only)**
  - Research mental health gaps to inform state policy on mental health service capacity and need.
- **Project Consultant (SABG only)**
  - Training and technical assistance to DHCS and specific statewide projects.
  - Provide assistance with data collection, reporting, and developing, publishing, and disseminating materials.



# Funding Priorities County Projects

**Eligible organizations:** Identical to annual SABG and MHBG funding.

- **Recovery Housing (SABG & MHBG)**
  - Support for recovery residence, transitional housing, and residential treatment in order to facilitate continued engagement in SUD treatment and related recovery support services.
- **Prevention (25% of total award) (SABG Only)**
  - Support Friday Night Live programs, school-based SUD education programs, and awareness and education campaigns.
  - DHCS will create a statewide prevention plan with a cohort of counties to perform meta-analysis on emerging or best practices in prevention that can be replicated in underserved and communities of color.



# Funding Priorities County Projects

**Eligible organizations:** Identical to annual SABG and MHBG funding.

- **Perinatal (5% of total award) (SABG Only)**
  - Support screening and assessment, treatment planning, referrals, interim services, case management, and strengthening the relationships between women and their OB/GYNs.
- **Youth & Adolescent (SABG Only)**
  - Support needs of youth and their families, including screening and assessment; diagnosis; placement; treatment; planning; youth development approaches to treatment; family interventions and support systems; structured recovery-related activities; and specimen testing.



# Funding Priorities County Projects

**Eligible organizations:** Identical to annual SABG and MHBG funding.

- **First Episode Psychosis (10% of total award) (MHBG Only)**
  - Support evidence-based programs for individuals experiencing first episode psychosis.
- **Crisis Stabilization (MHBG only)**
  - Support for short-term (under 24 hours) observation and crisis stabilization services to all referrals in a home-like, non-hospital environment.
- **Early Intervention (MHBG Only)**
  - Support for mental health early intervention, including screening and assessment, diagnosis, referral services, cognitive behavioral therapy, relaxation, social skills, and training.



# Questions?



**For updates on the latest CRRSAA projects, visit the [DHCS webpage](#).**



# **California's rise in overdose deaths: What is the state doing about the problem?**

Kelly Pfeifer, MD

Deputy Director, Behavioral Health  
Department of Health Care Services



# California Detailed Overdose Data (July 2019 – July 2020)

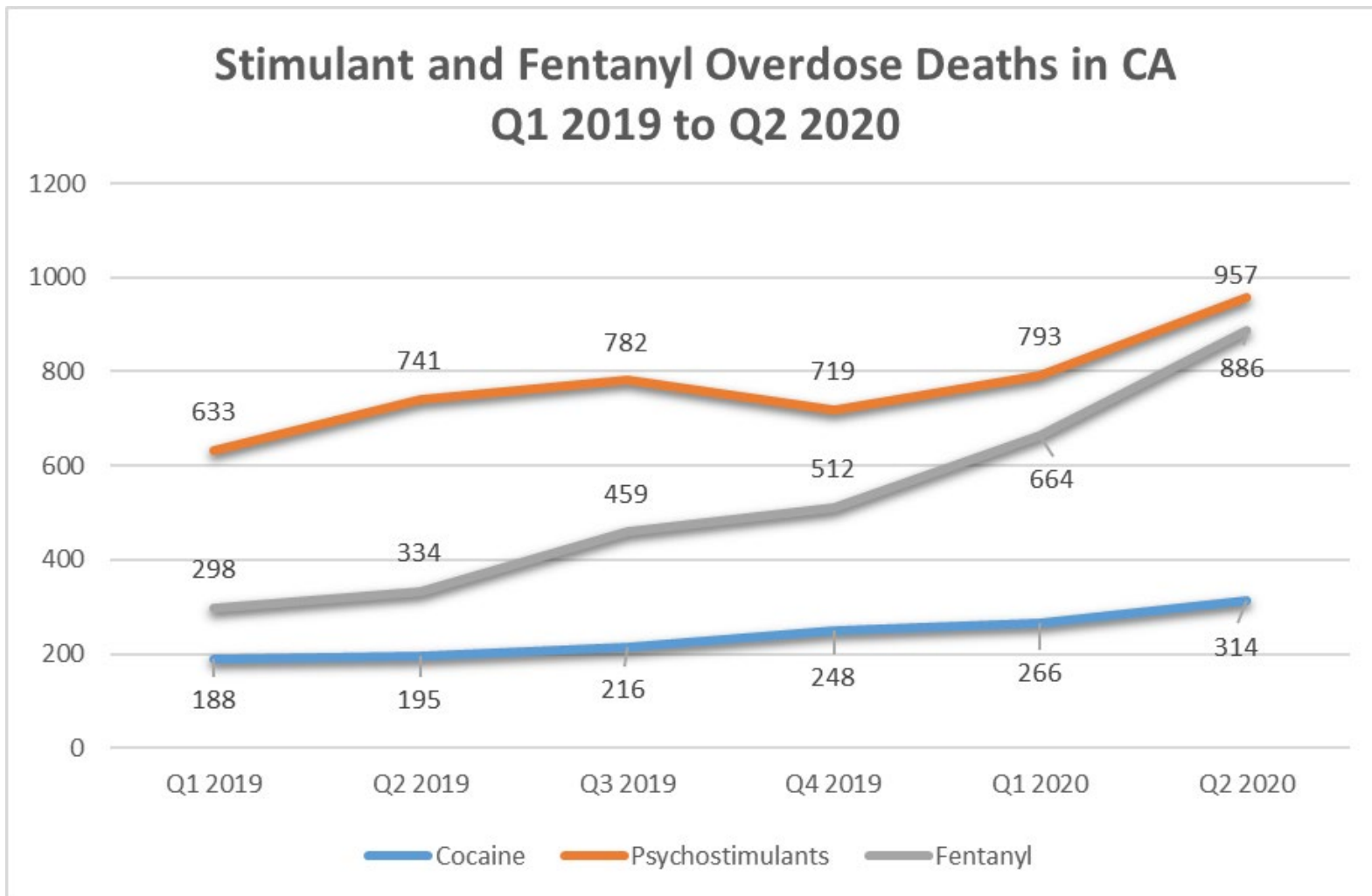
**6,954**  
**All Drug**  
**Overdose Deaths**

**3,251**  
**Psychostimulant**  
**Overdose Deaths**

**2,521**  
**Fentanyl**  
**Overdose Deaths**

**1,044**  
**Cocaine**  
**Overdose Deaths**





Note: Psychostimulant data excludes cocaine, but includes methamphetamines, 3,4-Methylenedioxymethamphetamine (MDMA), dextroamphetamine, levoamphetamine, and Ritalin. Cocaine is tracked separately by the Centers for Disease Control and Prevention and the California Department of Public Health.



# Medication-Assisted Treatment (MAT) Expansion Project

Treatment starts here: Health care, criminal  
justice, community

## MAT by the numbers:

30+

projects

\$476M

from SAMHSA

650+

Access points for MAT

55,000+

New patients receiving MAT



# Naloxone Distribution Project:

Saving lives through harm reduction

SINCE OCTOBER 2018, THE NALOXONE  
DISTRIBUTION PROJECT HAS DISTRIBUTED:

**600,000+** units of naloxone

to **800+** organizations

in **57** of **58** counties, resulting in

**31,000+** overdose reversals



# CalHOPE:

Prevent isolation and despair



California  
**HOPE**

**HOPE** LIVES HERE

**CalHOPE** offers a warm line and individual crisis counseling through live video, phone and chat, web-based resources, and school services.

## Far-reaching media campaign:

### Populations:

- Youth, Millennials, Gen Z
- Adults and seniors
- African Americans
- Latinos/Latinx
- Asians
- Healthcare and policymakers
- Veterans
- LGBTQ+
- Men 40-64 (gun ownership)
- Women
- Parents

### Channels:

- TV
- Radio
- Social/digital
- Out of home (billboards and buses)
- Print
- Specific vendors/niche markets
- Magazines focused on specific markets
- Hockey helmets and sports promotions
- Ambassadors: popular music, clergy



# Proposals to Build Capacity

Strengthen and expand continuum of care

- **School behavioral health:** Bring care to young people, where they are.
- **Behavioral Health Continuum Infrastructure:** Find and address gaps, and ensure care is available for crisis and residential needs.
- **988 crisis line and mobile crisis services:**
  - 988 line launches in July 2022
  - American Rescue Plan Act allows new enhanced Medicaid match.



# Leverage New Funding CRRSAA

- Telehealth infrastructure
- SUD and mental health workforce
- Mobile crisis and non-crisis services
- Crisis stabilization
- First episode psychosis
- Youth and adolescent treatment
- Perinatal treatment and recovery
- Justice-involved interventions: deflection and diversion
- Naloxone distribution
- Prevention services
- Early intervention services
- Recovery housing support



# California Advancing and Innovating Medi-Cal (CalAIM)

Creating the Medi-Cal program of the future

- Remove barriers to care for mental health and SUD treatment services
- Streamline and simplify access
- Promote integration
- Reform payment
- Expand DMC-ODS to new counties
- Add contingency management for stimulant use disorder treatment



# Questions and Discussion





# Public Comment