

# Behavioral Health System Transformation: Identifying the building blocks for a culturally responsive and inclusive system no matter who is paying

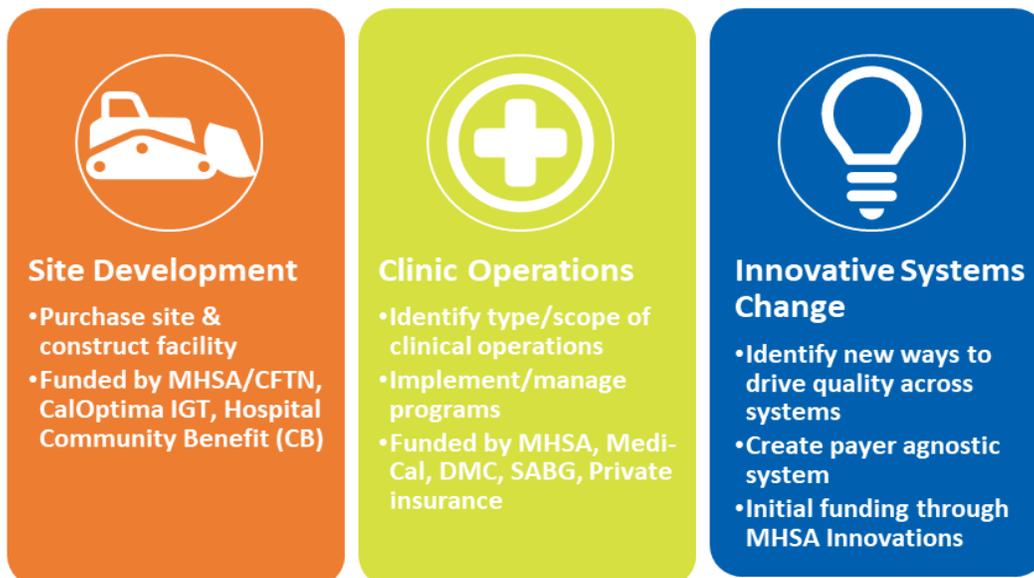
## Background

Local community planning efforts from 2016 to the present have identified a need to transform Orange County's behavioral health system to better meet the needs of the community. Right now, people too often don't get the right care at the right time and face obstacles such as figuring out how services will be paid for and where to turn for care in a very complex system. To address this problem, community stakeholders have identified the need for a partnership between the public and private health care systems that can work together to build a culturally responsive and inclusive system that allows everyone to get the behavioral health care they need, at the right time and the right place, no matter who is paying.



The first example of this public-private partnership for systems change in Orange County will be regional wellness campuses. The wellness campuses will include a variety of mental health and substance use treatment programs that a client can access based on their health need and not their insurance status or type of insurance plan.

Developing the payor-independent campuses and the bigger infrastructure development that will support and sustain the campuses requires sorting out three main issues: (1) site selection, (2) clinic operations, and (3) innovative systems changes that allow for a more culturally responsive, inclusive and integrated system of care rather than multiple systems separated by insurance, payment and/or regulatory factors.

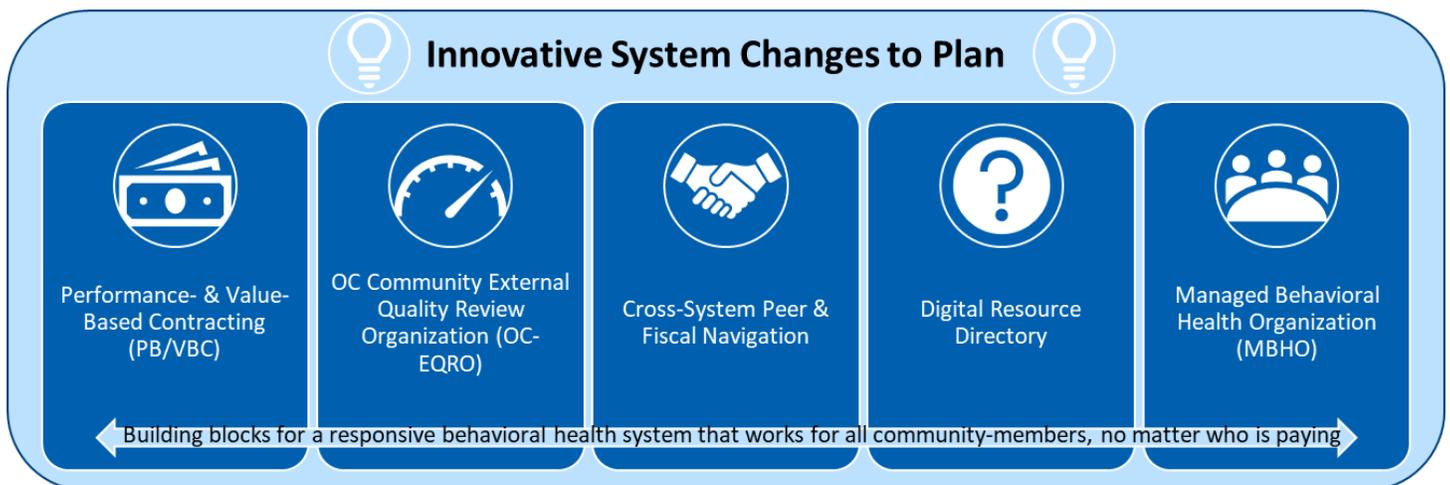


The main focus of this innovation project is on the systems changes, planning the building blocks for a more responsive behavioral health system.

## Project Overview

Local community planning efforts from 2016 to the present have identified several areas where existing practices in Orange County are not meeting the needs of county residents, and that some communities are particularly underserved. The sources of several of these problems can be found in current and past state and federal regulations and the associated payment terms. Through this Innovation project, Orange County will develop the concepts needed to introduce a new approach to behavioral health services that will improve the quality of services provided to the community. To develop a community-driven approach that explores a new model of service delivery requires intensive exploration and collaboration across multiple regulatory entities, payors and service providers. Thus, this proof-of concept proposal aims to test the feasibility of a quality-driven and culturally responsive and inclusive behavioral health system, and plan the building blocks for this system leveraging the campus at Anita Drive to incubate and test the developed model. Orange County will explore whether such a system transformation could be achieved by implementing the following five interwoven elements:

- Performance- & Value-Based Contracting (PB/VBC)
- OC Community External Quality Review Organization (OC-EQRO)
- Cross-System Peer & Fiscal Navigation
- Digital Resource Directory
- Managed Behavioral Health Organization (MBHO)



### Performance- & Value-Based Contracting (PB/VBC)

**Description:** Plan and develop provider contracts that pay for achieving meaningful client, clinical, and administrative goals and outcomes. This planning will focus on finding ways to transform the traditional county procurement and contracting process so that it pays for service quality and improved client outcomes rather than just how many services are provided.

**Problem:** Current payment models for behavioral health services do not structurally drive the achievement of meaningful outcomes.

**Proposed Planning Activities will include, but not be limited to:**

- Meetings with Department of Health Care Services (DHCS)

- Outline new methods for contract development
- Facilitate local planning meetings to establish community values and preferred outcomes
- Provide Technical Assistance to providers so that they are prepared to respond to new contracting standards
- Update MHSOAC on progress
- Execute initial RFPs and contracts based on new contracting standards
- Develop INN implementation proposal that will support revisions to and consultation around new contracting methods

**Proposed Budget:** Approximately \$1.5 million

- Subject matter and legal guidance
- Staffing
- Technical assistance for providers contracting under new terms and conditions
- Meeting costs

### OC Community External Quality Review Organization (OC-EQRO)

**Goal:** Plan the development of an organization that can conduct analysis and evaluation of aggregated information on quality, timeliness, and access to services to support quality improvement and monitor performance of programs

**Problem:** Orange County needs a local, community-driven EQRO to support achievement and identification of meaningful community outcomes and quality improvement approaches that can be used within the new service delivery model and service contracts.

**Proposed Planning Activities will include but not be limited to:**

- Meetings with DHCS
- Facilitate local planning meetings to establish community values and preferred outcomes
- Outline ideal model based on guidance from DHCS, regulatory requirements, and feedback from community stakeholders
- Establish provider standards and desired metrics
- Update MHSOAC on progress
- Develop INN implementation proposal that will establish and evaluate the effectiveness of the locally-driven EQRO in improving program performance and client outcomes, particularly in the context of the new contracting terms and conditions

**Proposed Budget:** Approximately \$500,000

- Subject matter and legal guidance
- Staffing
- Technical assistance for stakeholders
- Meeting costs

### Cross-System Peer & Fiscal Navigation

**Goal:** Plan how to offer 24/7 navigation assistance for clinical needs to clients by persons with lived experience, including parent partners, as well as how to offer financial/billing support for services received in this shared behavioral health care system.

**Problem:** The current, separated systems do not provide adequate peer support to clients and families, and the need for navigation assistance will only be increased in a shared public-private service model. Peers encourage resiliency, wellness and self-management of health and behavioral health both while at the Wellness Campus and while integrating into the community. Linking peers to individuals served will help them get the right care at the right time and will help remove obstacles such as figuring out how services will be paid for and where to turn for care in a very complex system.

**Proposed Planning Activities will include but not be limited to**

- Outline proposed roles and duties
- Outline roles/duties of financial navigators
- Provider facilitates local planning meetings with community members and stakeholders to ensure engagement and for guidance and feedback
- Update MHSOAC on progress
- Define scope (e.g., training, 24/7 staffing pattern, etc.)
- Develop INN implementation proposal

**Proposed Budget:** Approximately \$500,000

- Subject matter expertise
- Staffing
- Development of peer training models
- Meeting costs
- Stipends for peer and family members
- Develop INN implementation proposal that will evaluate the effectiveness of the peer and fiscal navigators as they work across the public and private systems, particularly in the context of improving timely access to the appropriate type and level of care and of decreasing payment and reimbursement challenges experienced by clients and/or families.

### Digital Resource Directory

**Description:** Plan how to create and maintain a dynamic online curated resource directory to assist navigation, allowing providers to keep their information updated in real time and for client reviews of resources. This planning will be informed by a digital tool developed to assess client needs and strengths across social determinant and mental health domains.

**Problem:** Critical information to help stakeholders navigate a complex system is not housed in a central spot or curated to make it accurate and accessible to providers, clients, and others who need it. Moreover, individuals who are not familiar with behavioral health systems often do not know how to identify needed services appropriately without guidance

**Proposed Planning Activities will include but not be limited to**

- Outline scope of directory
- Identify local stakeholders to include in planning groups
- Facilitate local planning meetings with community members and stakeholders to ensure engagement, guidance and feedback
- Develop social determinants survey that will help guide/filter search results based on client needs and strengths/resources
- Build digital directory and survey

- Beta test and revise
- Update MHSOAC on progress
- Develop INN implementation proposal that will evaluate the effectiveness of the digital resource directory and social determinants survey in improving access to services both in timeliness and in appropriateness of the services themselves

**Proposed Budget:** Approximately \$5 million

- Subject matter and technical expertise
- Staffing, which will be intensive to meet the short turn-around time for an initial product release that coincides with the opening of the Anita Wellness Campus
- Technical assistance for stakeholders
- Meeting costs
- Develop INN implementation proposal that will support future iterations and expansions of the directory that will incorporate stakeholder feedback on the initial product release, and changes in the implementation of Anita Wellness Campus and/or MBHO services.

### Managed Behavioral Health Organization (MBHO)

**Description:** Plan how to create a network of providers who will serve clients regardless of payer source and who can address cultural needs currently unmet by existing systems/services (e.g., Veterans, ethnic/monolingual communities, deaf and hard of hearing, LGBTQ, etc.). This will also involve planning how to establish universal reimbursement rates in coordination with payer sources and establish processes for verifying providers' stated expertise/training and credentials.

**Problem:** Current provider networks' availability and quality of care vary and depend on where payments are coming from, which makes it hard for clients and families to know which providers they can turn to for care. There are also too many communities that remain unserved and underserved despite expansions in services and program capacities.

**Proposed Planning Activities will include but not be limited to:**

- Meetings with DHCS
- Identify all state and federal rules and regulations
- Outline ideal model that factor in rules and regulations
- Identify potential vendor qualifications
- Contract with qualified vendor
- Facilitate local planning meetings with community members and stakeholders to ensure engagement and for guidance and feedback
- Develop MBHO organizational structure, etc.
- Update MHSOAC on progress
- Develop INN Implementation proposal will evaluate the effectiveness of the MBHO in increasing access to behavioral health services, particularly among unserved and underserved individuals.

**Proposed Budget:** Approximately \$500,000

- Subject matter, legal, and technical expertise
- Staffing
- Technical assistance for MBHO providers
- Meeting costs

## Supporting Infrastructure for Planning Project

### Evaluation

**Activities will include but not be limited to:**

- Outline scope of Proof of Concept evaluation
- Evaluate INN Proof of Concept Project
- Write final INN Proof of Concept report
- Develop INN implementation evaluation proposals

**Proposed Budget:** Approximately \$1 million

- Subject matter and technical expertise
- Staffing
- Technical assistance for stakeholders

### Backbone, Legal, and Administrative

**Activities will include but not be limited to:**

- Manage, coordinate, and support the overall work of the planning project, including ongoing development, management, and planning
- Manage relationships with SMEs, other vendors, and stakeholders
- Ensure alignment of activities across different components to support the overall project goals

**Proposed Budget:** Approximately \$2 million

- Overall subject matter and technical expertise
- Staffing
- Technical assistance for stakeholders
- Contract management

### Joint Powers of Authority/Fiscal Intermediary

**Activities will include but not be limited to:**

- Contract monitoring
- Facilitate and coordinate all stakeholders to move forward with the overall system changes
- Provide the structure, finance administrative services, and expert counsel to ensure the project is successful and compliant with fiscal requirements

**Proposed Budget:** Approximately \$2 million

- Comprehensive finance, accounting and contracting services
- General liability insurance
- Human resources and payroll services
- Tax, audit, lobbying filings and other services to ensure project is in full compliance with local, state, and federal regulations

## Summary

**Problem:** People don't get the right care at the right time, or the right place and face obstacles such as figuring out how services will be paid for and where to turn for care in a very complex system.

**Project:** Planning the innovative systems changes needed to create a culturally responsive and inclusive behavioral health system that works for all community-members, no matter who is paying.

**Innovation:** Introduces a new practice or approach to the overall mental health system, including, but not limited to, prevention and early intervention.

**Primary Purpose:** Promotes interagency and community collaboration related to Mental Health Services or supports or outcomes.

**What's being planned:**

- Performance- & Value-Based Contracting (PB/VBC)
- OC Community External Quality Review Organization (OC-EQRO)
- Cross-System Peer & Fiscal Navigation
- Digital Resource Directory
- Managed Behavioral Health Organization (MBHO)

**Need:** To determine what ways Orange County can braid funding sources and work with regulations so that the person being served is the center of patient care and not the payment source.

**Learning:** How to best create key building blocks of a responsive behavioral health system that works for all community-members, no matter who is paying.

**Duration:** up to 24 months

**Total Proposed Budget:** Estimated at \$13 million, but may be up to \$15 million, depending on final details, such as vendor budgets to provide subject matter and technical expertise.