

Planning Advisory Committee (PAC) Meeting

Mental Health Services Act (MHSA)

May 16, 2024



Today's Agenda

- Welcome and Introductions
- Expressions of Wellness
- Innovation Concept Planning
 - Overview
 - World Café
- Lunch and Hope Card Activity
- Proposition 1 Briefing
 - Open Discussion for Community Program Planning
- Announcements
- Closing

Expressions of Wellness



Wellness Through Art

- Which colors do you associate with positive emotion?
- Which colors do you associate with negative emotion?
- In which environment do you feel more calm: the ocean, desert, or mountains?

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Innovation



Proposition 1

SB 326	AB 531
<p>Changes MHSA to BHSA (Behavioral Health Services Act) to include treatment for people with substance use disorders. BHSA Plan will include ALL Behavioral Health programs and funds. Focus on individuals living with severe SMI/SUD.</p>	<p>Also known as the Behavioral Health Infrastructure Bond Act of 2024, which directs funding to build treatment bed and housing.</p>
<p>Will change how counties can provide services. Counties will have to redirect MHSA funds from 5 components into 3 major “buckets”:</p> <ul style="list-style-type: none"> • Behavioral Health Services and Support (35%) • Full-Service Partnerships (35%) • Housing Interventions (30%) 	<p>Proposes a \$6.4 billion bond to build:</p> <ul style="list-style-type: none"> • 6,800 new beds for people to receive mental health care or drug or alcohol treatment at any one time. • 4,350 housing units for homeless individuals of which 2,350 are set aside for veterans experiencing homelessness.
<p>Will direct more money to the State (10% vs. 5%) and less to Counties (90% vs. 95%). Will result in increased costs to counties to continue current programs. Eliminates Prevention and redirects funding away from treatment to pay for housing subsidies.</p>	<p>The bond would provide housing to approximately 20% of veterans experiencing homelessness across the state.</p>

Mental Health Services Act Innovation Overview & Community Program Planning



Agenda

- MHSA INN Component
- Community Program Planning Overview
- Proposed INN Concepts
- World Café Activity

MHSA INN Component

- Utilizes 5% of Mental Health Services Act (MHSA) funds
- Time-limited; each project is funded up to a maximum of five years
- Focus on evaluation and learning, rather than service delivery
- Change an existing practice or introduce a new approach to the behavioral health system of care
- Project proposals must be approved by Mental Health Services Oversight & Accountability Commission (MHSOAC)
- Approved projects must go through a competitive bidding and contract selection process

Proposed INN Concepts

- **Progressive Improvements of Valued Treatment (PIVOT)**
 - Full-Service Partnership Reboot: Testing a Social Finance Approach to Improve Client Outcomes
 - Integrated Complex Care Management: Testing Whole Person Approaches for Care in Older Adults with Co-Morbid Conditions
 - Developing Capacity for Specialty Mental Health Plan Services in Diverse Communities
 - Innovative Countywide Workforce Initiatives
 - Innovative Approaches for Delivery of Care
- **Psychiatric Advance Directives (PADs) Phase II**

PADs Phase II

- **PADs Phase I** began in May 2022, and focuses on:
 - **Developing** a standardized digital template
 - **Building** a technology platform where the PAD can be created, stored, accessed and shared.
 - **Piloting** the template and platform with select HCA BHS Programs
- **PADs Phase II** will focus on:
 - **Expansion** of the pilot
 - **Trainings** to the larger community.

Objectives:

- Expand PADs training to law enforcement, first responders, crisis teams, courts, and higher education.
- Test the digital platforms use and accessibility in “live” time.
- Work on legislation to align PADs language across Probate, Penal, and Welfare and Institution Codes.
- Create a tool kit to house training videos, informational materials, and promotional items.

FSP Reboot

- FSP’s “whatever it takes” approach conflicts with the State’s emphasis on Medi-Cal billing.
 - State focuses on “whatever can be billed” rather than personal outcomes that emphasize recovery.
- This component will focus on:
 - **Education** about performance-based contracting
 - **Technical support** to county staff and providers
 - **Project management** of adult FSP programs

Objectives:

- Help county staff and providers learn more about performance-based contracting.
- Offer technical support to county staff and providers to help set up performance-based contracts.
- Provide project management and ongoing monitoring of selected adult FSP programs to track progress and ensure providers are meeting performance-based goals.

Integrated Complex Care Management

- Comprehensive treatment services are often inaccessible, inadequate, or unavailable to older adults living with co-occurring mental health conditions and neurocognitive disorders.
- This component will:
 - **Create a multi-disciplinary team** to identify the needs, gaps and services for this target population.
 - **Develop an older adult system of care** to serve the complex needs of this target population.

Objectives:

- Develop an older adult system of care that will:
 - Train providers on comorbid conditions
 - Conduct outreach and engagement to identify this population
 - Create a multidisciplinary assessment model
 - Develop a complex care management/ navigation plan

Capacity Building

- Community Based Organizations (CBO's) are often the most culturally competent to work with specialty populations but can only serve clients living with mild to moderate mental health conditions.
 - County is the only specialty mental health provider that can serve clients living with serious mental illness
- This component will:
 - **Determine steps for CBOs** to become a specialty mental health plan provider

Objectives:

- Assess what it takes for a CBO to become a Medi-Cal provider.
- Review technical assistance needed to support project development and implementation.
- Determine if embedding culturally based approaches for specialty mental health care improve both penetration rates and outcomes.
- Identify successful CDEPs that can be designed to generate revenue and be recognized by the state.

Workforce Initiatives

- The Health Care Agency is experiencing a shortage of behavioral health workers due to competition amongst systems and restrictions and/or limitations in County policies.
- This component will:
 - **Create a seamless pathway** from paid internship to employment for diverse professional and paraprofessionals.

Objectives:

- Utilize third-party vendor to pay individuals for participating in the internship program.
- Provide option to extend paid learning opportunities beyond their educational requirement.
- Develop a standard pay scale that incentivizes longevity.
- Provide incentives during period between graduation and receipt of a clinical registration number that is required to qualify for county clinical positions.

World Café Activity

Process:

- Please move to one of the 5 areas around the room, where you will stay for the entire World Café activity.
- An INN Team member will be in each area to facilitate the discussion.
- Your group will discuss the identified topic for 10 minutes.
- After 10 minutes, the INN Team will move to the next group and repeat the process so that everyone has an opportunity to discuss each topic.



World Café Topics



Group 1:

PADs Phase II

Group 2:

FSP Reboot: Testing a Social Finance Approach to Improve Client Outcomes

Group 3:

Integrated Complex Care Management: Testing Whole Person Approaches for Care in Older Adults with Co-Morbid Conditions

Group 4:

Developing Capacity for Specialty Mental Health Plan Services in Diverse Communities

Group 5:

Innovative, Countywide Workforce Initiatives

Thank you!



Hope Card Project

The Hope Card Project aims to spread hope and build connections in the community through the personal crafting and giving of handmade cards.

Please help to support wellness and wellbeing by making a card!



Enjoy Your Lunch



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Timeline

July - December 2024

- **Planning**
- MHSAs Annual Update for FY 2025/26 - align with available funds
 - Annual Update CPP process
 - Innovation concepts finalized and approved
- RFP for SME consultation and facilitation (release and selection process)
- System Mapping and Redesign
- Data Review, Synthesis, and Analysis in prep for stakeholder engagement
- System outreach and alignment

January - December 2025

- **BHSA Begins**
- BHSA Effective January 1, 2025
 - Guidance received from DHCS
- Community Program Planning for BHSA Integrated Plan
 - Engage stakeholders in system redesign discussions
 - Aligning administrative processes to support new timeline
- Annual Revenue and Expenditure Report
- MHSAs Annual Update for FY 25/26
 - CPP process (30 day posting, Public Hearing, and BOS approval by June 30, 2025)

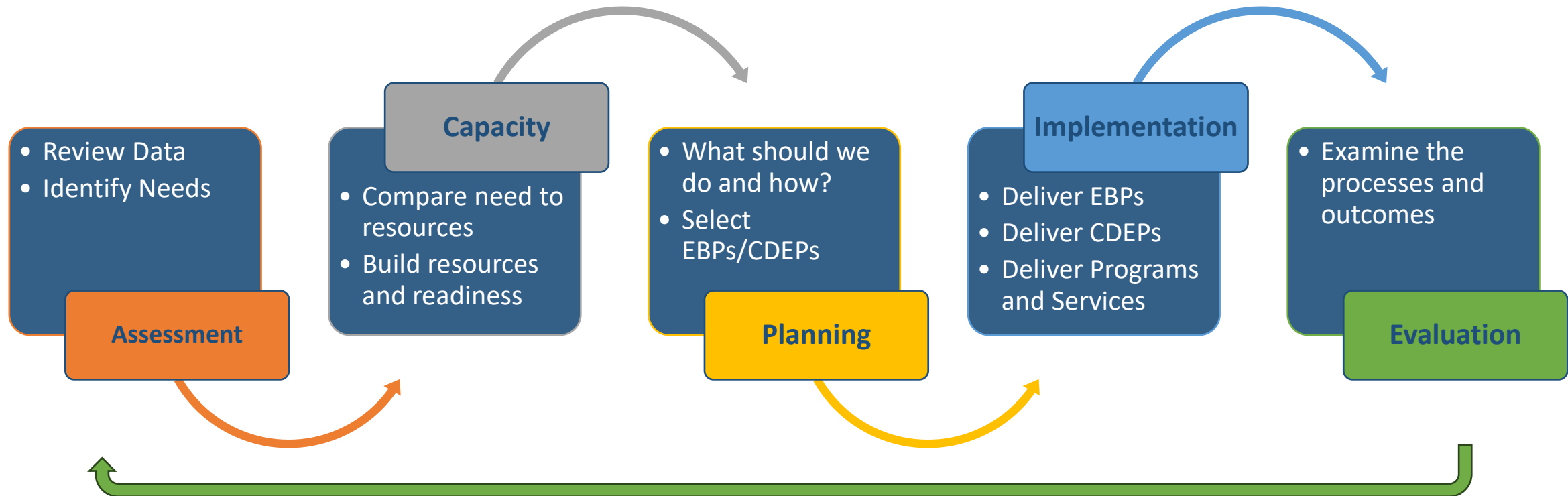
January - June 2026

- **Review and Approval**
- Annual Revenue and Expenditure Report
- Draft BHSA Integrated Plan completed by December 2025
- Three Year PEI and Innovation Reports (pending guidance)
- Submission to DHCS for 30 day review (Jan 2026)
- 30 Day Public Comment and Posting (Feb/March 2026)
- Public Hearing (April 2026)
- BOS approval by June 30, 2026

July 2026 - June 30, 2028

- **Implementation**
- MHSAs Sunsets 2027 (pending)
- All aspects of Plan must be implemented by 2028

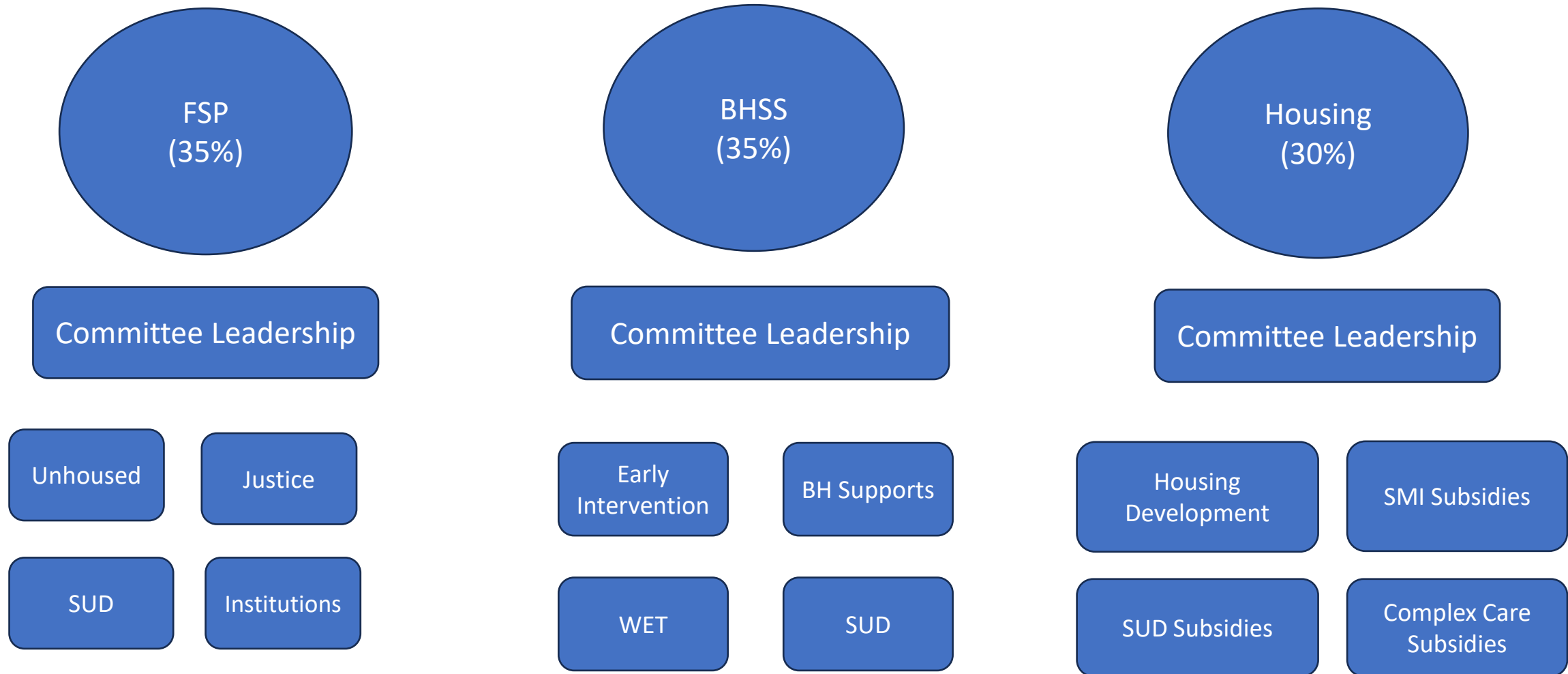
Planning Framework (Model)



System Planning Sample Model



BHSA Integration Planning Sample Model



Open Discussion

Questions and Comments
about Proposition 1, Ideas for
Planning, and/or Other
Thoughts/Recommendations

Join at

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Opportunities

Behavioral Health Services Act (Public Listening Session)

On May 30, from 1 to 2 p.m., DHCS will host a [Behavioral Health Services Act \(BHSA\) public listening session](#) on the County Integrated Plan for Behavioral Health Services and Outcomes. This session is open to the public.

In March, California voters passed Proposition 1, which includes the [BHSA](#) and [Behavioral Health Infrastructure Bond](#). The BHSA calls for a new County Integrated Plan for Behavioral Health Services and Outcomes that includes all local behavioral health funding and services. The plan requires counties to demonstrate coordinated behavioral health planning using all services and sources of behavioral health funding to provide increased transparency, stakeholder engagement, and outcomes for all local services. During the public listening session, attendees can provide direct input on the guidance DHCS is developing for the County Integrated Plan for Behavioral Health Services and Outcomes.

Visit the [Behavioral Health Transformation \(BHT\) webpage](#) for more information about the monthly public listening sessions and additional resources. Please send questions related to BHT and/or the public listening sessions to BHTinfo@DHCS.ca.gov.

Thank you for your participation

For questions or to request a meeting, please contact

Michelle Smith at msmith@ochca.com

or call (714) 834-3104

For MHSA information

please call (714) 834-3104 or email mhsa@ochca.com

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