

Forward Motion: Moving a Crisis into Action



Developing Partnerships with County Mental health Plans to Improve Behavioral Health Care Services

Michelle Cabrera
Executive Director
County Behavioral Health Directors Association of California

Veronica A. Kelley, LCSW
Director, San Bernardino County DBH
Past President, CBHDA



1

Forward Motion: Moving a Crisis into Action



Michelle Cabrera
Executive Director
County Behavioral Health Directors Association of California



2



COUNTY BEHAVIORAL HEALTH PARTNERSHIPS

Michelle Doty Cabrera, Executive Director, CBHDA
www.cbhda.org

3

CBHDA STRUCTURE

Non-profit trade association representing behavioral health directors for all 58 counties and two City Mental Health Authorities (Berkeley & Tri-City)

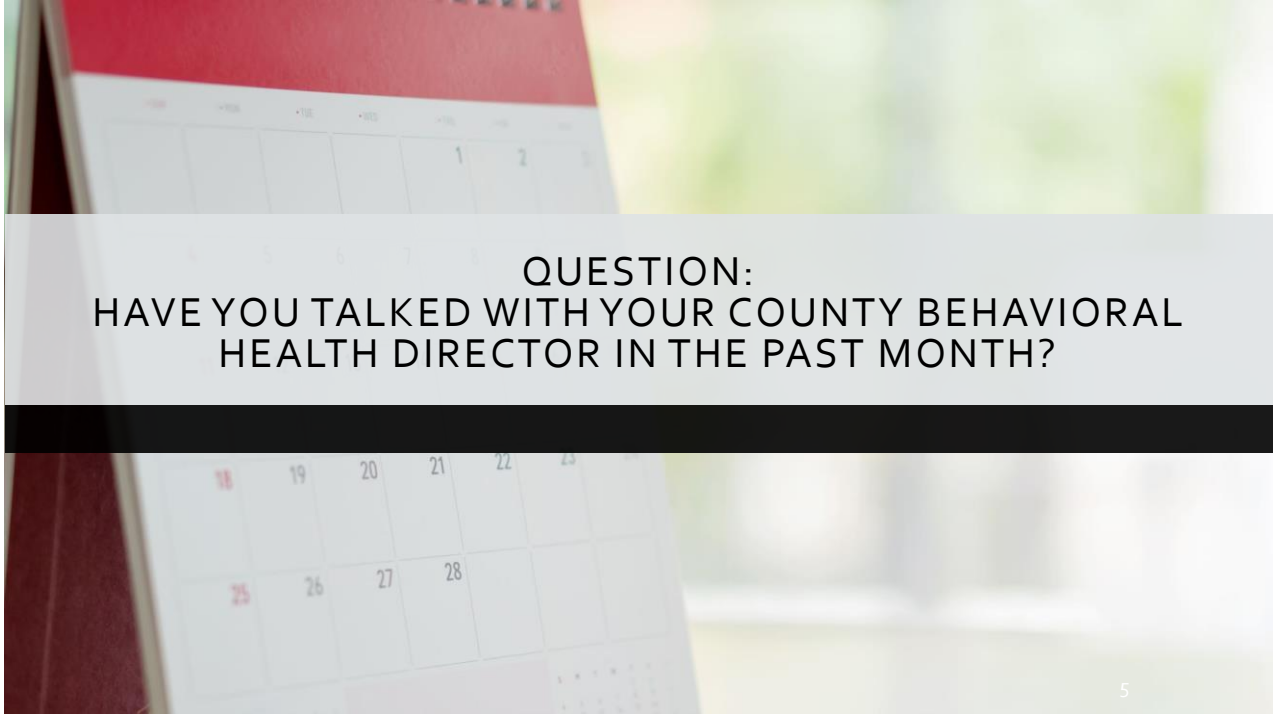
Governing Board:
 The head of each local behavioral health authority, or the mental health and/or substance use authority

Executive Board :
 Association officers (President, President Elect, Secretary-Treasurer and Past President) and 2 Representatives from each Like-Size County group (Extra-Large, Large, Medium, Small and Frontier)

California State Association of Counties (CSAC) affiliate

4

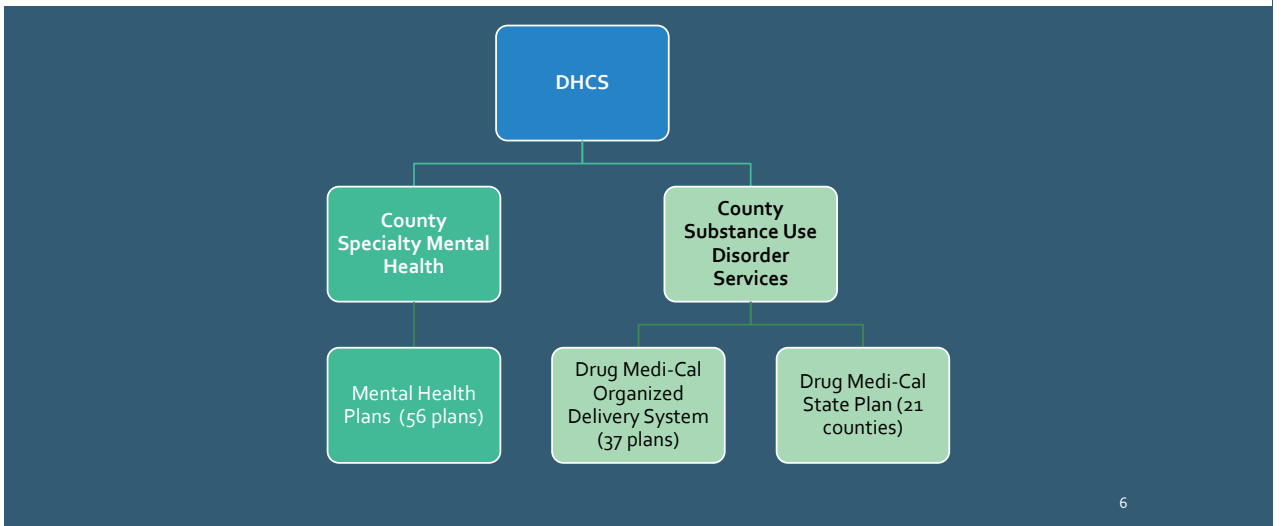
4



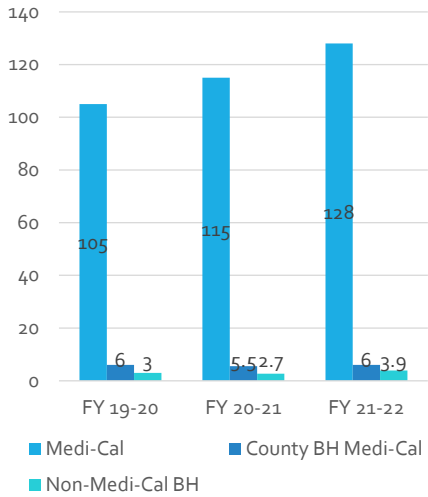
**QUESTION:
HAVE YOU TALKED WITH YOUR COUNTY BEHAVIORAL
HEALTH DIRECTOR IN THE PAST MONTH?**

5

MEDI-CAL SPECIALTY BEHAVIORAL HEALTH



6



MEDI-CAL SPENDING
VS.
COUNTY BEHAVIORAL HEALTH
SAFETY NET
(FIGURES LISTED ARE IN BILLIONS)

7

7

COUNTY BEHAVIORAL HEALTH BEYOND MEDI-CAL

Bronzan McCorquodale Act

- Broad community mental health mandate, to the extent resources are available

Lanterman-Petris-Short (LPS)

- Involuntary Holds/Treatment/Conservatorship
- State Hospitals

Mental Health Services Act

- As directed through community planning or by Oversight & Accountability Commission
- No Place Like Home

Federal Substance Abuse and Mental Health Block Grants

8

8

COUNTY BEHAVIORAL HEALTH OVERSIGHT

DHCS

- Contracts
- Network Adequacy Requirements
- External Quality Review Organization (EQRO)
- Cost Reports
- Compliance Audits
- Licensing & Certification of Facilities
- Grievance & Appeals
- MHS Plan & Annual Revenue & Expenditure Reports
- Cultural Competence Plans

County

- County Board of Supervisors
- MHS Local Planning Body
- Local Mental Health Boards & Commissions

MHSA OAC

- Innovation Fund Approvals
- Transparency Dashboards

9

9

ESSENTIAL BEHAVIORAL HEALTH SERVICES *NOT COVERED BY MEDICAID*



- Prevention
- Outreach & Engagement
- Housing
- Mobile crisis downtime
- Crisis stabilization units over 24 hours
- Residential or inpatient treatment in facilities larger than 16 beds
- Locked settings
- Services delivered across all populations

10

10

KEY CONSIDERATIONS & COMMON MISPERCEPTIONS

- **Overall: “County behavioral health has plenty of funding.”**
 - Funding is variable, categorical, and not tied to the number of Medi-Cal enrollees
 - Compared to other states, California’s funding is on the lower end
- **MHSA: Concerns regarding unspent MHSA or lack of transparency/accountability**
 - Less than 1% is reverted/unspent annually
 - MHSA is highly regulated at the local and state level
 - MHSA funding is restricted in terms of use
 - [MHSA funding leverages over \\$1 billion in Medicaid Federal Financial Participation](#)
- **County behavioral health is highly fragmented/siloed**
 - In fact, county behavioral health partners across health, human services, education, and justice system partners, among others.
- **You’ve Seen One County, You’ve Seen One County**
 - Many services are funded through categorical funding or competitive grants and/or cuts across multiple payers/populations, so services are variable by design. Medi-Cal services are consistent with contract obligations.

11

11

2021 HISTORIC INVESTMENT IN BEHAVIORAL HEALTH INFRASTRUCTURE

**Behavioral Health
Continuum
Infrastructure Program
(BHCIP)**
\$2.2 billion via DHCS

Board & Care
\$805 million via DSS

**Mobile Crisis
Infrastructure**
\$225 million via DHCS

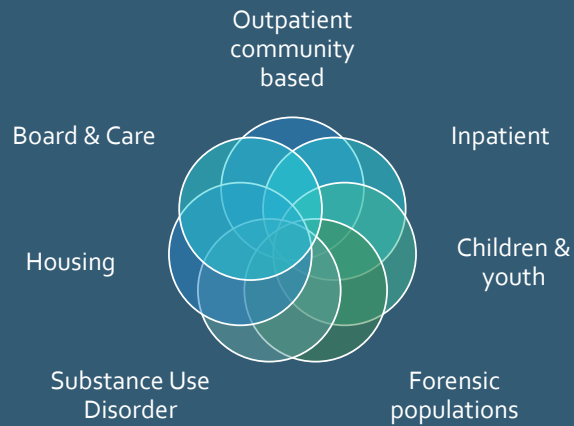
Schools
\$400 million through
Medi-Cal Managed Care
Plans/DHCS

Schools
\$205 million through
MHSAOAC/
County BH

12

12

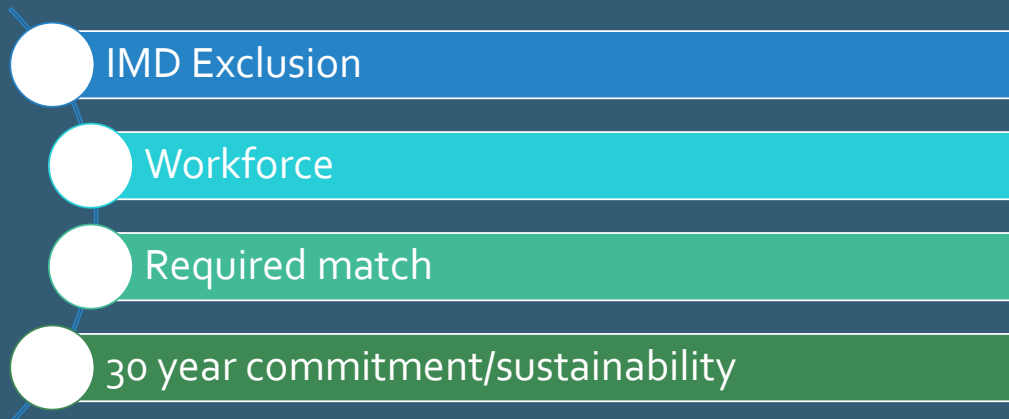
INFRASTRUCTURE FUNDING



13

13

CONSIDERATIONS



14

14

Forward Motion: Moving a Crisis into Action



Veronica A. Kelly, LCSW
Director, San Bernardino County DBH
Past President, CBHDA



15

Partnership is not a posture but a process—a continuous process that grows stronger each year as we devote ourselves to common tasks.

John F. Kennedy

16

Why Hasn't This Worked?

Historically, Hospitals and County MHPs have been placed in a competitive and at times antagonistic relationships with each other.

Both of us provide a scarce resource

Both of us have shrinking workforces

Both of us have competing priorities

17

Why Should We Make This Work?



We can build a better system



We can get all our needs met



Our lack of human resources will continue so we need a better plan

18

Partnership Examples

- Nevada County DBH and Nevada Memorial Hospital
- Sacramento County DBH and Metro Fire
- Ventura County BH and Dignity
- San Bernardino County Department of Behavioral Health and Kaiser Fontana
- Arrowhead Regional Medical Center and SBC DBH

19



20

Current and Future Opportunities

Timing

Behavioral Health
Infrastructure
Funding

CaAIM

Incompetent to
Stand Trial (IST)
Shifts

Lanterman Petris
Short Act
Vulnerability

21

*"If everyone is moving forward together,
then success takes care of itself."*

- Henry Ford

22

Behavioral Health Care Symposium 2021
Forward Motion:
Moving a Crisis into Action



Questions?



23

Behavioral Health Care Symposium 2021
Forward Motion:
Moving a Crisis into Action



Thank You

Michelle Cabrera
 Executive Director
 County Behavioral Health Directors Association of California
mcabrera@cbhda.org

Veronica A. Kelley, LCSW
 Director, San Bernardino County DBH
 Past President, CBHDA
vkelly@dbh.sbcounty.gov



24