Building Public Behavior Health Infrastructure in California

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California Behavioral Health Policy Overview

2022 Behavioral Health Care Symposium
California Hospital Association

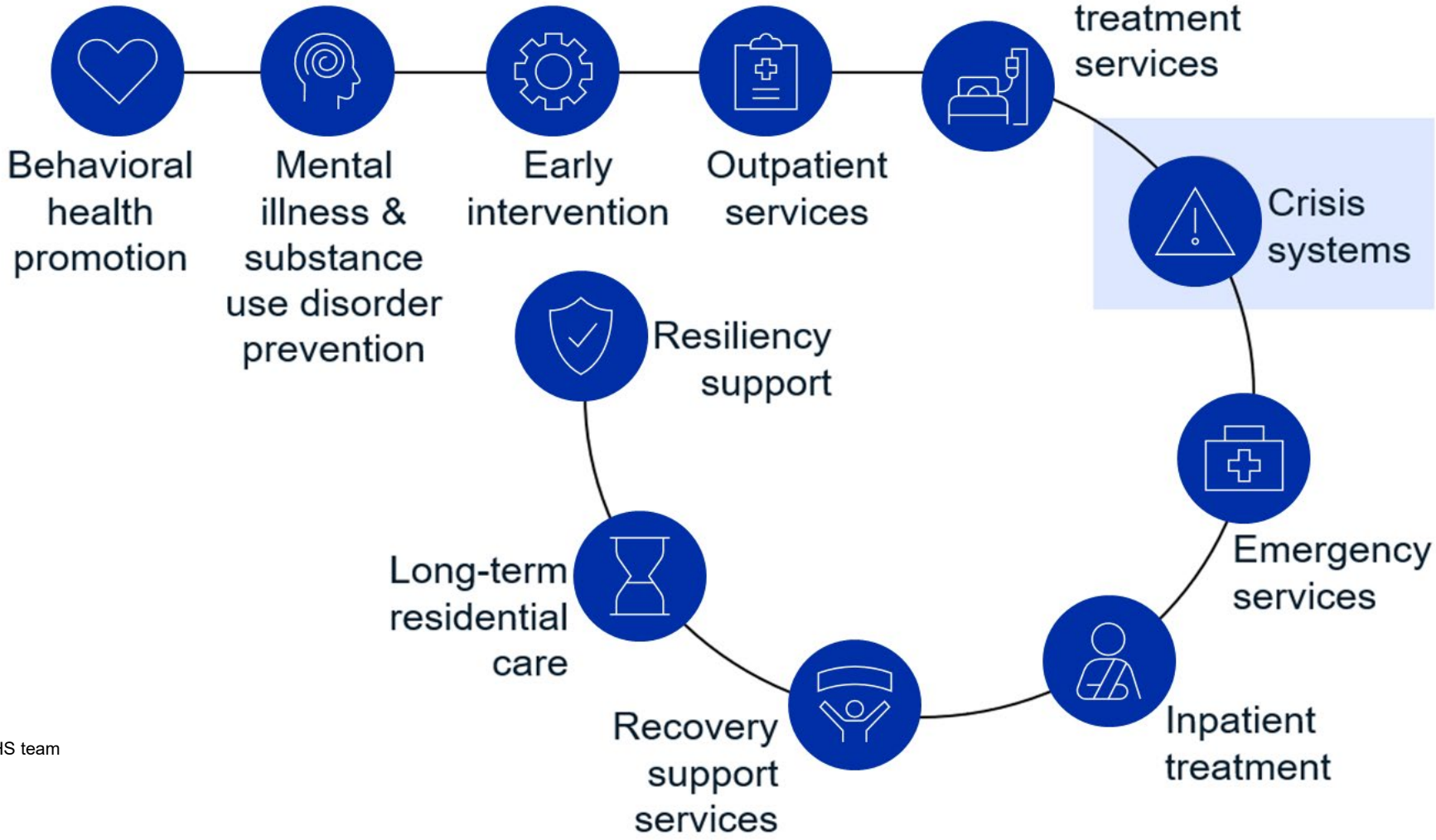
December 5th, 2022

California Health & Human Services Agency

Person Centered. Equity Focused. Data Driven.

The Behavioral Health Continuum of Care

Services from Prevention to Long Term Care



Source: Discussions with CalHHS team

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Growing Need for Behavioral Health Services

California

- The rate of serious mental illness in California has **increased by more than 50%** from 2008 - 2019
- **1 in 13 children** in California has a **serious emotional disturbance**, with rates higher for low-income children and those who are Black or Latino, relative to other racial and ethnic groups
- Rates of suicide among **black youth increased** more than **50% from 2011 to 2020**
- CA drug-related overdose rates **increased 96%** from 2014 to 2020 and **opioid-related overdoses increased 109%** from 2019 to 2021

Nationally

- % of adults experiencing **major depressive episodes** with severe impairment grew by **over 40% from 2010 to 2020**; youth rates more than doubled

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Sources: CHA, 2022; SAMHSA, 2021; CDPH, 2021

Need for Behavioral Health Infrastructure

- Between 1995 to 2017, per capita **psychiatric inpatient beds reduced by 42%**
- California has expanded access to **Substance Use Disorder (SUD) residential treatment** in recent years, but **more can be done, particularly for youth**
- It remains **hard to place individuals with complex conditions** or histories in mental health residential treatment, and some areas have general shortages
- UC San Francisco estimates California will have **41% fewer psychiatrists** and **11% fewer** psychologists, LMFTs, LPCCs, and LCSWs **than needed** by 2028
- Behavioral health practitioners (psychologists, counselors, social workers and psychiatrists) are **2-10x less likely to be Latino** than the general population, **1-2x less likely to be Asian** and **1-3x less likely to be African-American**

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Sources: CHA, 2021 ; UCSF, 2018

Need for Housing and Income Supports

- A top priority of counties and other BH stakeholders; most urgently, is affordable housing, housing supports and supported employment
- **Over 160,000 people experiencing homelessness** in CA
- **23%** of California homeless have **SMI; 22%** have chronic **substance abuse**
- % of **adult psychiatric clients** that are **homeless more than doubled** from 2010 to 2020

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Sources: HUD, 2021; SAMHSA, 2020 / SAMHSA, 2010

CA Behavioral Health Needs Assessment

CA Behavioral Health Assessment confirmed that there are capacity challenges across the continuum. The report calls out the **NEED** for:

- A **comprehensive** approach to **crisis services**
- More **community-based living options**, from housing to long-term residential, for people living with serious mental illness and/or a substance use disorder
- More **treatment options for children and youth** with significant needs as well as efforts to prevent behavioral health conditions
- Services and strategies that **advance equity** and address disparities
- Addressing related **housing, economic and physical health issues** especially for individuals who are **justice-involved**

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Assessing the Continuum of Care for Behavioral Health Services in California Data, Stakeholder Perspectives, and Implications

Behavioral Health Transformation Goals

CalHHS Strategic Priorities

- Create an Equitable Pandemic Recovery
- Build a Healthy California for All
- Integrate Health and Human Services
- Improve the Lives of the Most Vulnerable
- Advance the Well-being of Children & Youth
- Build an Age-Friendly State for All

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Improving California's "Brick and Mortar" Infrastructure – BHCIP Overview

- Passed in FY 2021-22 State budget and awarded $2.2B total to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health
- DHCS releasing these funds through six BHCIP grant funding rounds aimed at targeting various gaps in the state's behavioral health facility infrastructure
- 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 only for new or expanding infrastructure (brick and mortar) projects and not BH services

https://dashboard.buildingcalhhs.com

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BHCIP Funding Rounds

- **Round 1: Mobile Crisis –** Through Rounds 1A and 1B, DHCS awarded $157.7M to 51 entities to fund 237 new or enhanced mobile crisis teams and limited direct services.
- **Round 2: Planning Grant –** Through Rounds 2A and 2B, DHCS awarded a combined total of $7.4M to 51 applicants (19 tribal entities) for support of preparation activities planned for the acquisition and expansion of BH infrastructure. (Limited to counties and tribal entities)
- **Round 3: Launch Ready –** DHCS awarded $518.5M in grants to 46 “launch ready” projects to expand the BH continuum of treatment and service resources.

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BHCIP Round 3 Funding Summary

Total Amount Awarded	$ 493,267,309
Number of Applications	148
Recommended Awardees	46
Set-Aside for Budget Adjustments	$ 25,232,691

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BHCIP Round 3 Funding Summary

- Wide array of facilities awarded, including SUD residential treatment slots, Crisis Stabilization Units, and acute psychiatric inpatient facilities
- Funded **78 crisis stabilization units**, **22 children's crisis residential slots**,**18 urgent care respite slots**, and **336 acute psychiatric inpatient slots**
- Over **$7M** to two tribal awardees for outpatient treatment facilities

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BHCIP Funding Rounds

- **Round 4: Children and Youth –** Will fund $480.5M to qualified entities to construct, acquire and rehabilitate real estate assets for children and youth ages 25 and younger, including pregnant/postpartum women and their children, transition-age youth (ages 18-25), and their families. Award announcements-December 2022
- **Round 5: Crisis and Behavioral Health Continuum –** Will fund $480M in projects to address significant crisis care gaps in California's behavioral health infrastructure, with consideration for funding priority to crisis services. Request for Applications released October 22, 2022; Application due date is January 17, 2023
- **Round 6: Outstanding Needs Remaining After Rounds 3 Through 5 –** This round authorizes $480M in grant opportunities. The focus and RFA are in development and will be available in 2023

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Improving California's "Brick and Mortar" Infrastructure – Community Care Expansion

- The Community Care Expansion (CCE) program funds the acquisition, construction, and rehabilitation of adult and senior care facilities that serve applicants and recipients of Supplemental Security Income/ State Supplementary Program (SSI/SSP) or Cash Assistance Program for Immigrants (CAPI) including individuals who are at risk of or experiencing homelessness.
- CCE was established in 2021 by AB 172 (Chapter 669, Statutes of 2021).
- CDSS is working in collaboration with the Department of Health Care Services (DHCS) to implement CCE alongside the Behavioral Health Continuum Infrastructure Program.

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Improving California's "Brick and Mortar" Infrastructure – Community Care Expansion (cont.)

FY 21-22: $805 million appropriated to support the establishment of CCE, which includes funding for expansion and preservation of residential care settings, including $55M specifically for operating subsidies to existing licensed facilities

FY 22-23: Additional $55M appropriated in FY 2022-23 for operating subsidies for existing licensed facilities

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Community Care Expansion (CCE)

- Led by the Department of Social Services (DSS) the CCE will efficiently and cost-effectively acquire real estate assets and expand the state's housing and care continuum for seniors, adults with disabilities, and people with behavioral health conditions, to ensure better treatment outcomes and prevent the cycle of homelessness or unnecessary institutionalization.

- Investing in these facilities will divert SSI/SSP or CAPI recipients from homelessness and will form a key part of the state's strategic, multi-agency approach to reducing inflow to the homelessness response system as well as increasing housing options for seniors and adults with disabilities.

https://dashboard.buildingcalhhs.com/index.php/cce-data-dashboard

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Community Care Expansion (CCE) (cont.)

Capital Expansion Grants

$570 million dollars in CCE Capital Expansion infrastructure grants are for acquisition, construction, and rehabilitation to expand and preserve adult and senior care facilities serving the target and prioritized population. A portion of project funds may be used to cover operational deficits to support ongoing operations and long-term sustainability.

To date, DSS has issued a total of $100.5 million for 19 projects to produce 668 beds/units across the state. Additional applications are under review and will be awarded on a rolling basis until funds are exhausted.

Community Care Expansion (CCE) (cont.)

Preservation

- The CCE Preservation Program is intended to immediately preserve and prevent the closure of existing licensed residential adult and senior care facilities, including RCFEs, ARFs, or RCFIs. $195 million was made available to California counties with current licensed facilities serving qualified residents.
- Funds may be used to preserve licensed residential adult and senior care facilities, including Adult Residential Facilities (ARF), Residential Care Facilities for the Elderly (RCFE), and Residential Care Facilities for the Chronically Ill (RCFI)
- As of October 5, 2022, DSS has awarded over $186 million in funds accepted by 34 participating counties including 12 County Behavioral Health Agencies that will operate the CCE Preservation funding.

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CCE Preservation Program Overview

Operating Subsidy Payments (OSP) Funds

- The intent of the OSP funds is to provide operating subsidies to existing licensed residential adult and senior care facilities to preserve them and avoid their closure, as well as to increase the acceptance of new SSI/SSP or CAPI applicants and recipients.
- Operating costs are associated with the day-to-day physical operation of the qualified setting. The OSP is intended to help facilities cover facility operating deficits.

Eligible Uses

- Utilities
- Maintenance and repairs
- Staff and payroll costs attributed to the facility as a whole
- Marketing and leasing, including advertising, credit investigations, and leasing fees
- Taxes and insurance
- Office supplies and expenses
- Accounting
- Strategic planning and coordination to support sustainable long-term facility operations

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CCE Preservation Program Overview (cont.)

Capitol Project (CP) Funds

- The intent of CP funds is to preserve facilities in need of repairs or required upgrades, thereby potentially preventing a facility closure and exits to homelessness.
- Funds can be applied to physical repairs and upgrades on an approved facility's property, including inside or outside the facility, within its property line.
- The CP funds can also be used for repairs needed for facilities to ensure they are compliant with licensing standards.

Eligible Uses of CP Funds

- Weather stripping repair, windows repair or upgrades
- Outdoor activity space upgrades, perimeter fencing
- Signal system upgrade
- Elevator repairs, appliance and furniture upgrades
- Locked storage area upgrades
- Fire protection and fire alarm system upgrades
- Carpet and flooring upgrades
- Roof repairs or replacement
- ADA upgrades
- Seismic upgrades to applicable facility types
- Solar panel purchasing, installation, and other green upgrades that will reduce long-term operating costs
- HVAC repairs

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Community Care Expansion (CCE) Program
CCE DATA DASHBOARD

CDSS CALIFORNIA DEPARTMENT OF SOCIAL SERVICES

COMMUNITY CARE EXPANSION PROGRAM

Community Care Expansion Awards

Total Funding Awarded: $100,269,274

Pages

- **Highlights**
- Projects
- Geography

Filters

Region

All

Clear Filters

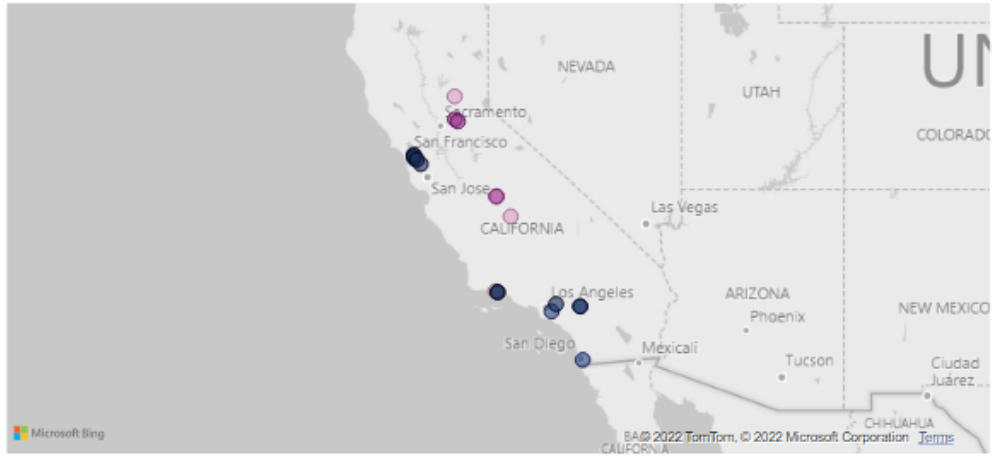
19
Number of Awards

9
Counties with Projects

668
Total Proposed Beds

$100.27M
Total Funding Awarded

Map of Awardees



Entity Type County · For-Profit Corporation · Individual or Other Private Organiza... · Nonprofit Corporation · Tribal Entity

ID	Organization Name	Region	Total Proposed Beds	Total Grant Amount
152	Alameda Point Collaborative	Bay Area	50	$15,500,025
299	Bay Area Community Services (BACS)	Bay Area	156	$19,408,936
155	Berkeley Food and Housing Project	Bay Area	15	$1,180,325
7	County of Nevada	Balance of State	6	$2,777,562
Total			668	$100,269,274

Data Updated On: 10/13/2022

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Housing and Income Supports

- The **2021 and 2022 Budget Acts** included a historic **$14 billion** to prevent and end homelessness, including funding for new community-based residential settings and long-term stable housing for people with severe behavioral health conditions
- Various efforts at DSS to prevent and address housing insecurity, including:
  - **Supplemental Security Income/State Supplementary Payment (SSI/SSP)** Increase—$150M in both 2022-23 and 2023-24 for an SSP increase effective January 1, 2023. The Budget assumes an additional $296 million General Fund in 2023-24 and $593 million ongoing General Fund for an additional increase beginning January 1, 2024
  - **Housing and Disability Advocacy Program (HDAP)** assists individuals to apply for disability benefit programs while also providing housing assistance and other necessary services to help stabilize clients who are experiencing or at risk of homelessness

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Housing Supports – Behavioral Health Bridge Housing

- The $1.5B Behavioral Health Bridge Housing (BHBH) program will fund clinically enhanced bridge housing settings for people experiencing unsheltered homelessness who have serious behavioral health conditions (mental health and/or substance use disorders)
- Will provide community-based care and housing aimed at preventing institutionalization and incarceration
- One-time grant funding administered by DHCS
- Qualifying entities are counties and tribal entities

Housing Supports – Behavioral Health Bridge Housing (cont.)

- BHBH will **not** pay for specialty mental health and SUD services provided by counties – these funded by Medi-Cal
- Goal is to pay for housing and housing-related services not covered by Medi-Cal (including Community Supports)
- Clinically enriched services are an essential aspect of the proposal: treatment, case management, peer support, recovery services
- Technical assistance will be offered to assist counties in understanding how this funding should be woven in with existing housing programs and services

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Human Infrastructure – Building the Behavioral Health Care Workforce

Children's and Youth Behavioral Health Initiative

$765 million

Workforce for All Initiative

$1.43 billion

Annual Budget Items/ Other

Ongoing

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Building the Behavioral Health Care Workforce

More than $1.4B investment to **hire**, **train**, and **advance** a **diverse behavioral health workforce**, including:

$391.1M to increase behavioral health specialists (e.g., psychiatrists, social workers), including:

- **$50M** to create training positions for addiction/psychiatric residents, psychiatric mental health nurse practitioners, psychology interns/fellows, and psychiatric nurses.
- **$55.1M** from the Opioid Settlement Fund to fund Substance Use Disorder workforce training
- **$60M** to expand MSW slots in public universities and colleges
- **$52M** for University/College grants and training programs to increase number of licensed behavioral health professionals
- **Golden State Social Opportunities Program: $10M** for scholarships to support youth with lived experiences as foster and homeless youth pursue careers in social work

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Community Health Workers/Promotores (CHW/P) $281.4 Million

- Recruit, train, and certify **15,000 CHW/Ps**
- **Summer 2022:** CMS approved State Plan Amendment (SPA) to make CHW/Ps Medi-Cal reimbursable
- HCAI to establish training program and certification by **Spring 2023**

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Behavioral Health Coaches/Wellness Coach $338M

HCAI developing model to train and certify a diverse pool of behavioral health coaches, who will provide core services to children and youth 0-25:

- Wellness promotion and education
- Screening
- Care coordination
- Individual support
- Group support
- Crisis referral

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Other Key BH Initiatives to Know

- Reduce State hospitalization for individuals who are Incompetent to Stand Trial (IST)
- Expanded Substance Use Treatment
- CARE Act
- Advancing Diversity, Equity, and Inclusion
- Peer to Peer Services
- Children and Youth Behavioral Initiative
- Crisis Care Continuum Implementation

Community Alternatives to State Hospitalization

CA is doubling down on efforts to reduce State hospitalization for individuals who are Incompetent to Stand Trial (IST)

2022-23: $535.5M GF ongoing

2025-26: Increases to **$638M GF ongoing**

Early Access to Treatment and Care Coordination

- **$66.8M** in FY 2022-23 and ongoing

Increase residential beds for State Hospital Diversion

- **$241M** for community infrastructure required to support the felony IST population
    - Anticipated to add ~5,000 new beds over four years

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SUD Treatment

Opioid Settlement Funds: $86M

- **$50M:** Youth opioid and fentanyl risk awareness campaign
- **$5M:** Improving ability to collect and analyze opioid overdose data
- **$26M:** Behavioral health provider training on opioid treatment
- **$5M:** Naloxone distribution to homeless service providers

Expanding Access to Medication Assisted Treatment (MAT): $96M in 2022-23 and **$61M** ongoing

Contingency Management pilot: outpatient substance use treatment incentives

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Community Assisted Empowerment and Recovery (CARE) Act SB 1338

- **CARE** is a new approach and a paradigm shift to deliver behavioral health services to the **most severely ill and vulnerable individuals,** while **preserving self-determination** and **community living**
- **Upstream diversion** to prevent more restrictive conservatorships or incarceration
- Based on evidence that many people can **stabilize, begin healing**, and **exit homelessness** in less restrictive, community-based care settings
- Holds both participants and counties accountable
- CARE website
- **Next steps:** Convene CARE Working Group January 2023

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Advancing Diversity, Equity and Inclusion

- **Equity and Practice Transformation Provider Payments - $700M** available over 5yrs for payments to Medi-Cal managed care plans or providers to advance equity, reduce COVID-19-driven care disparities, improve quality measures in children's preventive, maternity, and **behavioral health care.**
- **California Reducing Disparities Project (CRDP) - $63M** to support statewide policy initiatives to **identify solutions for historically unserved, underserved, and inappropriately served communities.** CRDP is focused on funding and evaluating the promising practices
- **The Department of Managed Health Care -** DMHC will collect health plan data on 13 health and equity measures, including Depression Screening and Follow-Up for Adolescents and Adults.
- **Justice, Equity, Diversity and Inclusion (JEDI) Workgroup -** Supports agency-wide coordination and collaboration to assess and address systemic injustices, including access and quality of BH services

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Peer to Peer Services

Peer Support Services under Medi-Cal

- **SB 803 (2021):** established peer support services as an established provider type and reimbursable service for Medi-Cal beneficiaries. **48 out of 58 counties** have opted in as of June 2022.

Peer Personnel Training and Placement Program

- Grants to organizations that train, recruit, and place Medi-Cal reimbursable peer specialists, with typical annual awards totaling approximately **$2M**. This year 12 organizations received over **$12M** for peer supports specializing in youth, TAY, and families.

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CA Master Plan for Kids' Mental Health

In August 2022, Governor Newsom announced California's Master Plan for Kids' Mental Health, an integrated multi-year effort uniting historic investments across disciplines to more holistically serve the state's diverse children, youth, and families.

- **CYBHI at the Core** of the Master Plan
- **$4.7B so every Californian aged 0-25 has increased access** to mental health and substance use supports
- **Whole Child,** "All of the Above" Approach

Additional investments and initiatives that are being implemented in coordination and collaboration with the CYBHI.

- $4.1B on a community schools initiative
- $5B on a Medi-Cal CalAIM initiative
- $1.4B to build the healthcare workforce
- Additional State budget investments in school-based behavioral health workforce

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Crisis Care Implementation

- **Crisis Care Mobile Units (CCMU) Project – $205M** Support and expand behavioral health mobile crisis and non-crisis services
- **Medi-Cal Mobile Crisis Services Opportunity – $1.4B** to add qualifying community-based mobile crisis intervention services as a Medi-Cal covered benefit available to eligible Medi-Cal beneficiaries exclusively through the Medi-Cal behavioral health delivery system

Crisis Care Implementation (cont.)

- **Warm Lines & Crisis Lines**
  - **$30M** over 3 years for CalHOPE (in addition to **$13M** for base operations)
  - **$20M** one-time investment of State General Fund to build call center capacity for 988 implementation
  - **$14.48M** SAMHSA grant to DHCS to expand Lifeline Crisis Centers and workforce
- **CA Office of Emergency Services – $~5M** technology budget granted to CalOES
- **Crisis Care Continuum Plan** – CalHHS is developing a plan to support connections between prevention efforts like hotlines and peer support services, 9-8-8 mental health crisis call centers, and mobile crisis response at the local level.
  - Expected publish date January 2023.

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Questions and Discussion

Additional Resources

California Health and Human Services Home

Building Infrastructure - BHCIP & CCE

CARE Act

9-8-8

CalHOPE

Behavioral Health Task Force

Children and Youth Behavioral Health Initiative

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Thank You

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