

Tri-Counties CalAIM PATH Collaborative

December 18, 2024

Welcome!



Introductions in the chat:

- Name
- Organization
- Your role in CalAIM implementation

Today's Agenda

#	Agenda	
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2.	Spotlight on Proposition 1 and Behavioral Health Transformation <ul style="list-style-type: none"> <i>Guest Speaker: Courtney Lubell, Ventura County Behavioral Health</i> 	25
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2024 Aim Statement and Drivers

The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

Build education and awareness of CalAIM among members, providers, and community partners

Strengthen the provider network to serve all Populations of Focus

Increase ECM & Community Supports referrals and care coordination among providers

Proposition 1 and Behavioral Health Transformation

Prop 1 and Behavioral Health Transformation

What is Prop 1?

California voters passed Proposition 1 in March 2024 to reform and expand our behavioral health system. Prop 1 changed the “Mental Health Services Act” to the “Behavioral Health Services Act” and created a \$6 billion bond.

What is Behavioral Health Transformation?

DHCS refers to the implementation of these statewide changes as “Behavioral Health Transformation.”

What’s the Connection to CalAIM?

Prop 1 is designed to align with CalAIM priority populations of focus and provide new housing and residential treatment options.



V E N T U R A C O U N T Y

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency



VENTURA COUNTY

BEHAVIORAL HEALTH

A Department of Ventura County Health Care Agency

December 2024

CALIFORNIA'S BEHAVIORAL HEALTH TRANSFORMATION (BHT) - PROPOSITION 1:

Overview and BHSA Integrated Planning

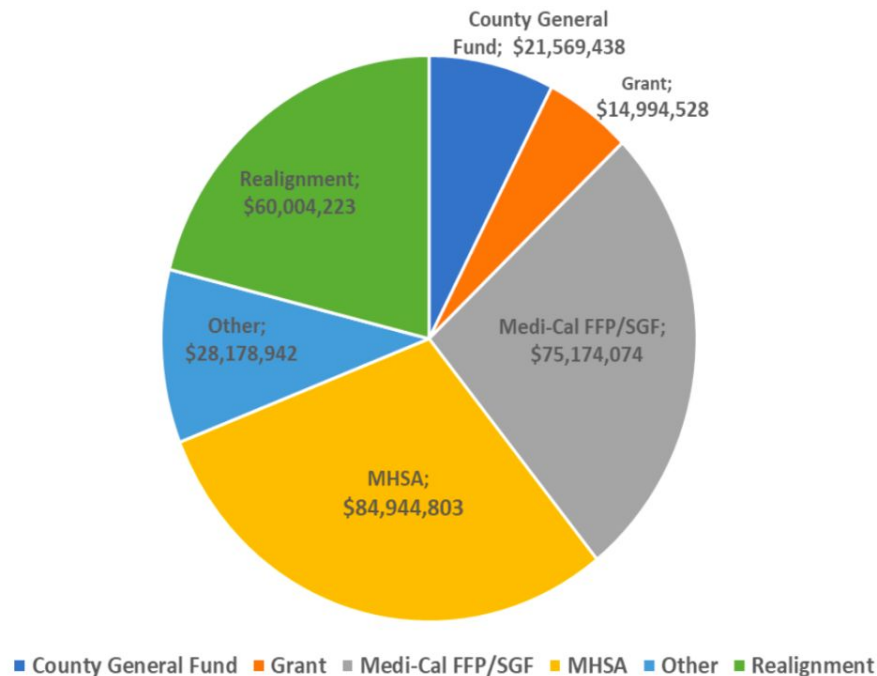
Courtney Lubell, MA, PMP, LSSBB - Special Projects MHSA/BHSA Manager

Behavioral Health Department Funding FY 24/25 Preliminary Budget

- Ventura County Behavioral Health's budget is comprised of the following elements:
 - General Fund
 - Grants
 - MHSA*
 - Medi-Cal
 - Realignment
 - Other
- CalAIM and Payment Reform impacts are still under review.
- New state initiatives on the horizon including Care Court, and BH Connect will also have budgetary impact.

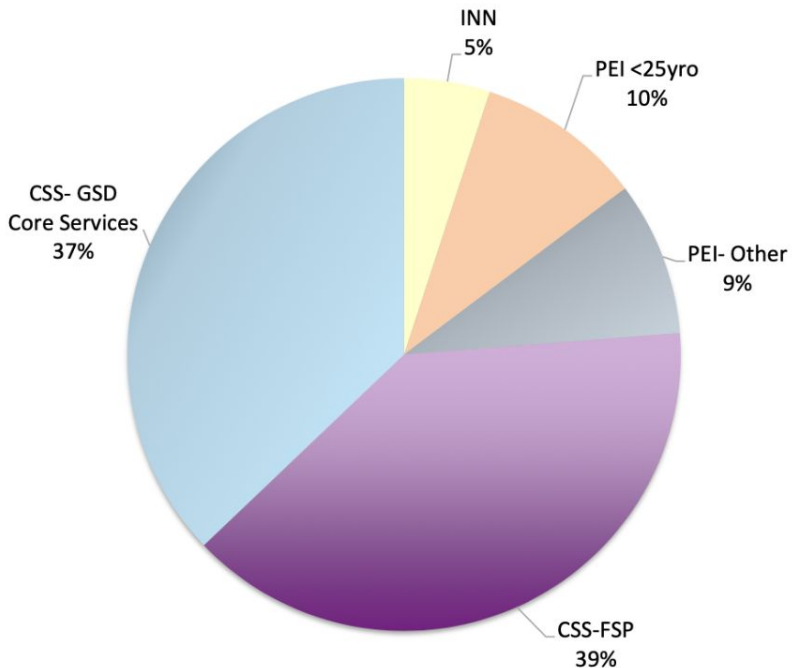
*MHSA increase due to large one-time payment, generally MHSA funds around 25% of VCBH department's budget.

FY24-25 Behavioral Health Budget Funding

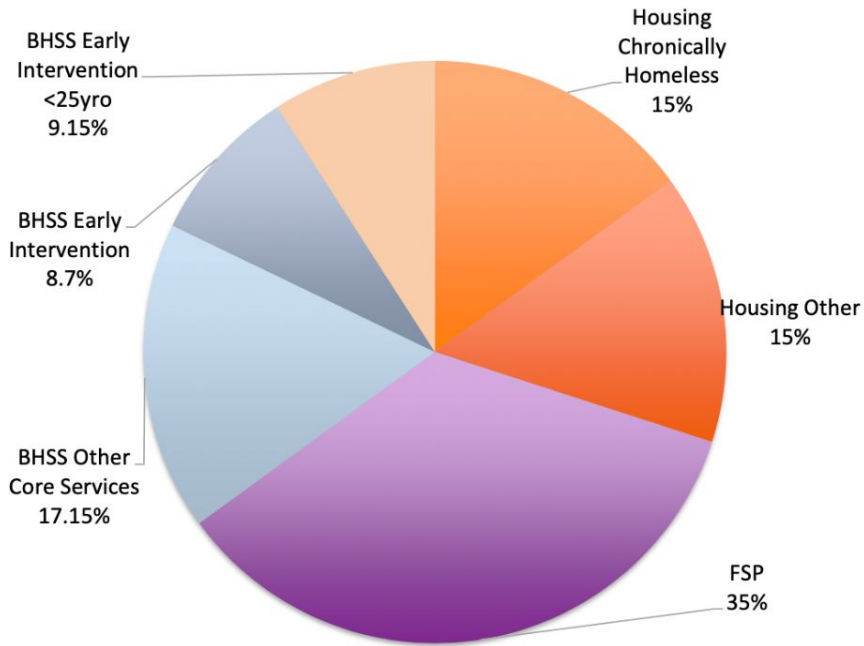


MHSA Components vs. BHSA Categories

MHSA State Funding Components



BHSA Proposed Funding Categories

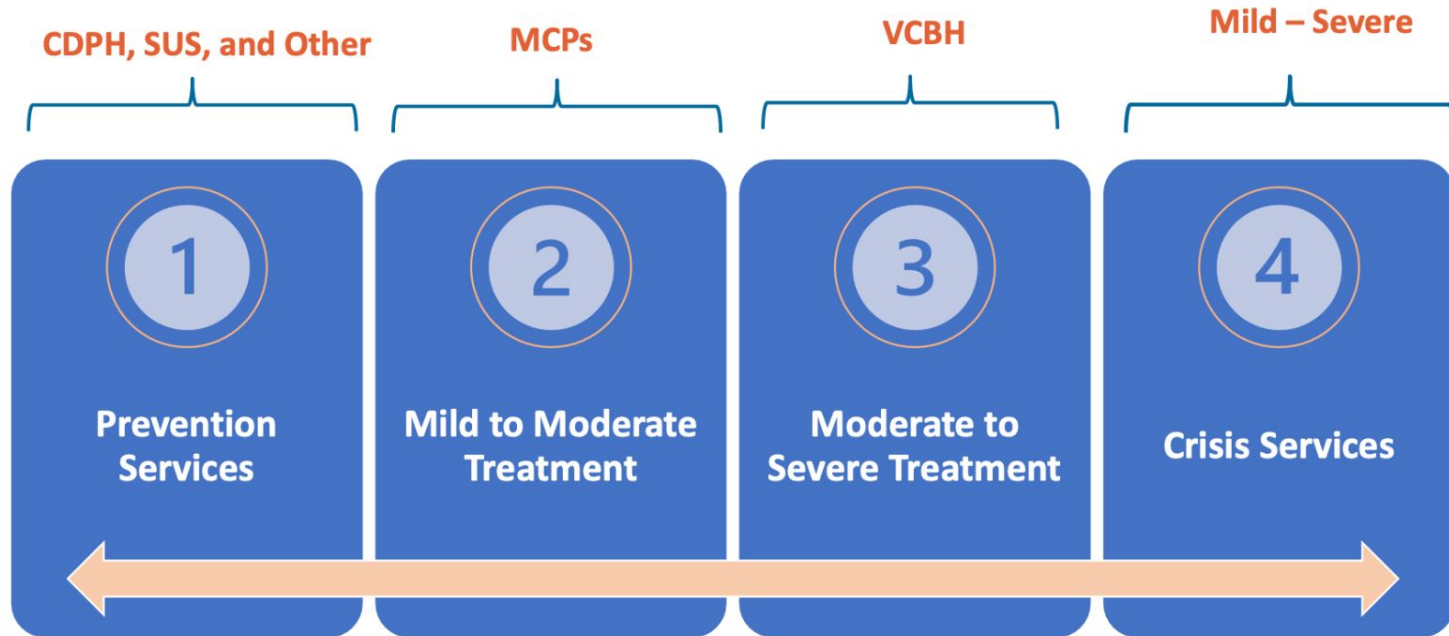


Changes in Amounts per BHSA Category based 3-Year Average Budget

NEW CATEGORIES							
FSP	N/A	BH Services & Supports 35%			Housing 30%		Total
FSP 35%	Prevention	Minimum 51% of BHSS to Early Intervention	Minimum 51% of EI to age <25	Remaining BHSS % for Other Svcs	Minimum 50% to Chronically Homeless	Remaining %	
17,553,900	0	7,676,800	7,990,100	15,052,500	7,209,600	7,209,700	62,692,600
28.0%	0	12.2%	12.7%	24.0%	11.5%	11.5%	100%
Increase	Decrease	Increase	Increase	Decrease	Increase	Increase	

- ❖ Numbers are based on three-year budget average FY22-23, FY23-24, FY24-25
- ❖ Does not reflect changes to Prudent reserve or SUD only expenses yet

Spectrum of Services includes Non VCBH Providers



Priority Populations for BHSA

» Eligible adults and older adults who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or are at risk of being in, the justice system.
- Reentering the community from prison or jail.
- At risk of conservatorship.
- At risk of institutionalization.

» Eligible children and youth who are:

- Chronically homeless or experiencing homelessness or are at risk of homelessness.
- In, or at risk of being in, the juvenile justice system.
- Reentering the community from a youth correctional facility.
- In the child welfare system.
- At risk of institutionalization.

Summary of overall Proposition 1 Impacts



Increased access to housing resources



Increased field-based services



Increased access to substance use services



Decrease in available BHSF funds for outpatient services and community support services



Elimination of local decision making and dissemination of Prevention funds which will be handled by the State



Early Intervention may provide outreach services



No population-based services at the local level, all mental health promotional work will be done at the State level

Behavioral Health Integrated Plan to Guide Visioning

The integrated plan must (**right column**) now include the bolded sections in the Community Planning Process and the final report submitted to DHCS. Integrated 3-Year Plan for ALL BH funding sources including county general funds.

Key MHSA and BHSA Plan Requirements

Topic	MHSA	BHSA
County Demographics and BH Needs	County demographics, FSP demographics, narrative analysis of the MH needs of unserved, underserved/inappropriately served, and fully served, CSS priorities and disparities based on race/ethnicity and gender, Capacity Assessment	County demographics, unmet BH needs and disparities, collaboration with MCPs and local health jurisdiction , plans to improve BH outcomes for specified populations
Plan Goals and Performance Reporting	Report on achievement of performance outcomes for MHSA-funded services established by DHCS and MHSOAC	County goals and objectives and description of alignment with statewide and local goals , outcome measures, and performance outcomes measures
Service and Expenditure Plan	Plan and budget for MHSA-funded services and programs only	Description of all planned local, state, and federally funded BH services, including Continuum of Care capacity and budget

1. Must collaborate with **5 most populous cities, MCPs and continuums of care to outline responsibilities and coordination of housing interventions.**
2. Requirement to **partner with MCPs** in the development of their **Population Needs Assessments (PNA)** and **local Health Jurisdictions in the development of their Community Health Assessments (CHA)**
3. Demonstration of how other local planning efforts e.g., PNA, CHA and commercial health plans, **maximizes and leverages funding and services from other programs including MCPs and commercial plan**
4. Demonstration of how plan addresses needs of the priority populations.
5. Adds language re **stakeholder representation** to include marginalized communities to include **racially and ethnically diverse communities, LGBTQ community, victims of domestic violence and sexual abuse and people with lived experience of homelessness.**

Requirements Related to Local Planning Processes

Starting January 2025, Counties must engage with LHJs and MCPs on CHAs/CHIPs across three main areas. Given that counties' Integrated Plans and LHJs' CHAs and CHIPs are driven by the unique needs of each community, the requirements outlined below provide overarching guidance rather than mandate a standardized process that all California communities must follow. These areas mirror MCP requirements for meaningful participation on LHJ CHAs/CHIPs.

Collaboration

Counties are required to:

- Work with MCPs and LHJs on each PNA/CHA/CHIP in that County.
- Attend key CHA and CHIP meetings and serve on CHA and CHIP governance structures, including CHA and CHIP subcommittees, at the request of LHJs.*

* Especially when discussions are relevant to behavioral health issues.

Data-Sharing

Counties are required to:

- Begin to identify priority areas to:
 - Share relevant data to support behavioral health-related focus areas of the PNA/CHA/CHIP.
 - Utilize and stratify relevant data from MCPs and LHJs to inform Integrated Plan development.

Stakeholder Engagement

Counties are required to:

- To the extent possible, coordinate stakeholder activities/findings for Integrated Plan development with MCP/LHJ engagement on the PNA/CHA/CHIP.
- Consider input from diverse populations and a wide range of community stakeholders.

Integrated Plan Development – Prop 1 Driven

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Beginning Early 2025

Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for Integrated Plans.



Summer 2026

Integrated Plan

New Integrated Plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)



Status of Ongoing Stakeholder Engagement

Established weekly and bi-weekly **key internal stakeholder** groups

Joined weekly **key external stakeholder** groups with report back mechanisms

Attend all **DHCS Listening sessions** and provide **public comment**

Discussions with **Prevention** providers to discuss impact of legislative changes related to **Prevention \$\$ going to California Dept of Public Health (CDPH)**

Discussions with **Early Intervention** providers to discuss **unfolding changes to Early Intervention**

Presented Prop 1 implications at **Board of Supervisors (December 2023 & May 2024)** and **BHAB (August 2024)** as well as other internal and external meetings

Working with Ventura County Community Health Improvement Collaborative (**VCCHIC**) on the development of the **Community Health Needs Assessment (CHNA)**

Meeting with **city managers** to orient them to Prop 1 including the **Behavioral Health Continuum Infrastructure Program (BHCIP)**

Meeting with **Continuum of Care (CoC)** on Housing Collaboration

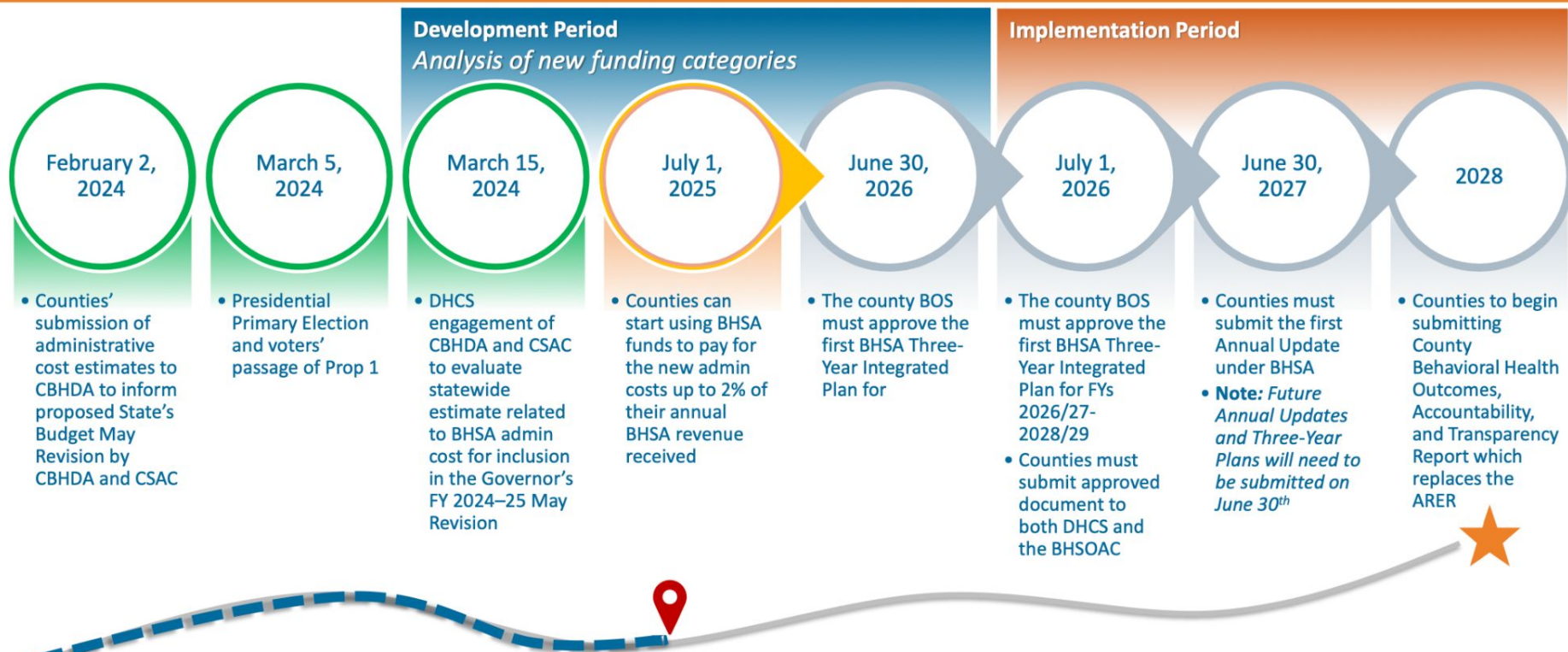
Meeting with **Criminal Justice** Stakeholder group

Working to submit **two BHCIP applications** by December 13 for an BHCIP funding opportunities



As soon DHCS provides more guidance (**expected early 2025**) staff will engage with **increased stakeholder engagement**

BHSA Timeline Overview



Q&A

Discussion Questions

- **How should our Collaborative continue to engage in ongoing Behavioral Health Transformation efforts in 2025?**
- **Prop 1 increases funding for housing at the local level, and decreases funding for local outpatient services and prevention. What impact(s) do you anticipate this having on ECM and Community Supports programs?**

Managed Care Plan Updates

2024 Year in Review

2024 Collaborative Aim & Objectives

The Collaborative will increase the number of members referred to ECM and Community Supports, and the number of those successfully enrolled in and utilizing services.

San Luis Obispo	Santa Barbara	Ventura
ECM % Change (2023 Data): 205% Increase	ECM % Change (2023 Data): 170% Increase	ECM % Change (2023 Data): 3.6% Increase
Community Supports % Change (2023 Data): 200% Increase	Community Supports % Change (2023 Data): 316% Increase	Community Supports % Change (2023 Data): 561% Increase

2024 Collaborative Meeting Highlights

- 18 Collaborative meetings this year, including 4 in-person meetings
- Over 90 participating organizations in 2024
- Over 390 participating individuals in 2024
- Average meeting attendance of 80 individuals



Guest Speakers

2024 Meetings Included:

- Recuperative Care
- Homelessness and CalAIM
- Serving the Serious Mental Health (SMH) and SUD Populations of Focus
- Medically Tailored Meals and Medically Supportive Food
- The CalAIM Justice-Involved Initiative
- Ventura's Community Information Exchange
- The Role of Hospitals and Health Systems in CalAIM
- Referrals 101
- Individuals at Risk of Long Term Care and Dementia Care
- Behavioral Health Transformation and Prop 1



2025 CalAIM Policy Timeline

2025 “Go Live” Policy Updates

Launching January 1st:

- ECM Referral Standards
- ECM Presumptive Authorization Policy

Coming later in 2025:

- Closed-Loop Referrals Implementation Policy
- Updated Community Supports Definitions

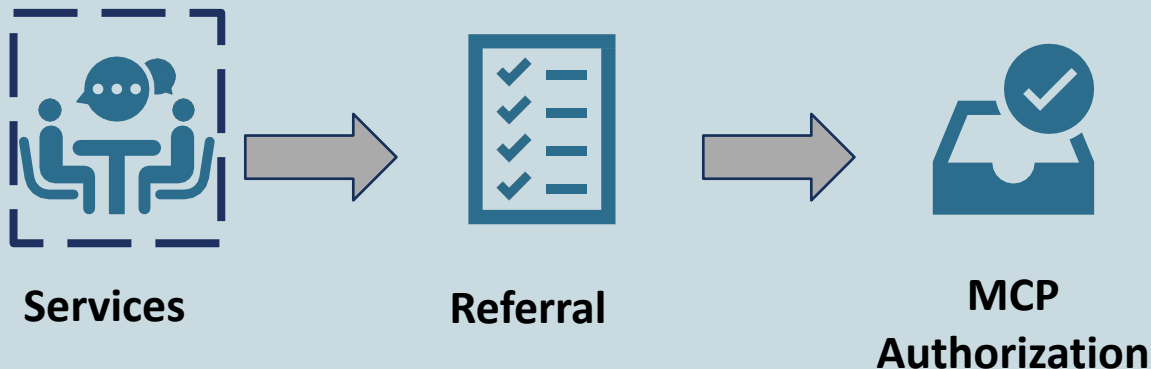
ECM Referral Standards and Form Templates

- The ECM Referral Standards create a unified set of information that all MCPs collect as part of any referral for ECM. **MCPs must adopt these standards by January 1, 2025.**
- The standards include technical information that MCPs can use to build electronic ECM referrals via provider portals, EMRs, HIE, etc.
- The ECM Referral Form Templates are an application of the ECM Referral Standards for use when the referring entity cannot use an electronic format. **DHCS always encourages and prefers electronic referrals over PDFs/hard copy forms but understands that not all community entities can refer Members this way.** There are two form templates - Adult and Child/Youth.

ECM Presumptive Authorization

Starting on Jan. 1st 2025, MCPs are required to allow select ECM Providers to quickly initiate ECM services prior to submitting an ECM referral to an MCP and reimburse Providers for services during a 30-day timeframe.

New Presumptive
Authorization
Process *(For Select
ECM Providers &
POFs)*



Under the ECM presumptive authorization process, select ECM Providers can start services **before** a referral is submitted to an MCP to authorize ECM services.

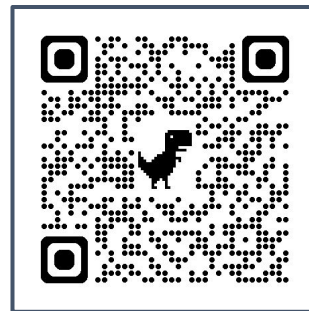
Resources and Events

CITED Funding: Round 4

- **CITED Round 4 applications will be open from January 6 to March 7**
- **State priorities for funding include:**
 - County-Specific ECM and Community Supports gaps
 - Statewide ECM and Community Supports gaps:
 - Birth Equity, Justice-Involved, and Transitional Rent
 - Tribal Entities or other entities serving tribal members
 - Entities serving individuals whose primary language is not English
 - Local CBOs

CITED Info Session!
Tuesday, January 7
11:30am - 12:30pm

Register Here!



[Visit CITED webpage](#)
for more information



WEBINAR SERIES

CalAIM

ACADEMY FOR HOSPITALS & HEALTH SYSTEMS

Funded by the California Health Care Foundation (CHCF)

The CalAIM Academy for Hospitals & Health Systems aims to create a broad cadre of hospital and health system leaders who understand the unique opportunities presented by CalAIM transformation efforts and are primed to partner across the health care sector to improve the health of Medi-Cal members collectively.

Join us for **six bi-weekly 90-minute virtual sessions starting February 12**, where there will be opportunities to learn from expert faculty, bright spots in the field, and other health care leaders also embarking on this work.

We invite all hospital stakeholders across California to join the CalAIM Academy.

By the end of the CalAIM Academy, you will:

- Build and/or expand your understanding of what CalAIM is and why it is important
- Articulate and advocate for the business case and sustainability models for CalAIM, including PATH CITED round 4.
- Plan strategies for implementing CalAIM and improving population health outcomes
- Develop the capability to partner within broader ecosystems
- Foster connections with other health systems and hospital champions

Registration is complimentary! Register now to access registration dates and times.



Peer Support Events

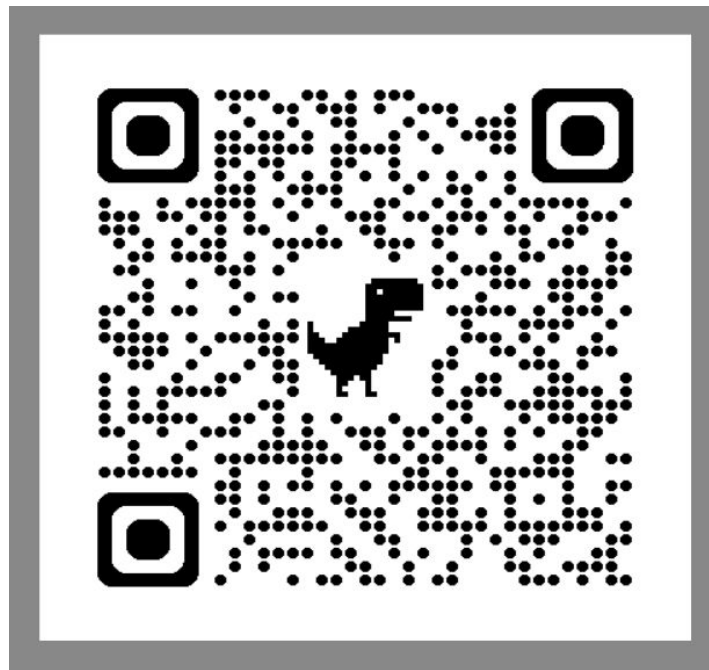
- Thanks to those who joined our SLO Event on December 3!
- [Santa Barbara Event](#) - Monday, January 13, 4pm at the Santa Barbara Public Library - *meals provided*
- [Ventura Event](#) - Tuesday, January 14, 4pm at the Ventura County Community Foundation - *meals provided*



DHCS Participant Survey

We value your input!

Please take a few minutes to complete the Collaborative Planning and Implementation Initiative biannual Participant Survey!



See you in January!

[Register Here](#) for January +
Tri Counties All Collaborative
Meetings:

**January Meeting:
Wednesday, January 22
11:00am - 12:30pm
On Zoom**



2025 Calendar Invites

Join us on Wednesdays in 2025!

Register to add the January Meeting to your calendars

Once you register, please make sure to
add to calendar:

[Add to Calendar\(.ics\)](#) | [Add to Google Calendar](#) | [Add to Yahoo Calendar](#)

To edit or cancel your registration details, [click here](#).

Please submit any questions to: info@connectingforbetterhealth.com.

WAYS TO JOIN ZOOM

Join from PC, Mac, iPad, or Android

Join Meeting



[Register Here](#) for January +
Tri-Counties Full Collaborative
Meetings:



January 22: Full Tri Counties

February 19: SLO & SB

February 26: Ventura

March 19: Full Tri Counties

Questions or suggestions?
pathinfo@bluepathhealth.com



Office Hours



Appendix

CalAIM TA Marketplace

Step 1: Registrant Eligibility Verification

Applicant completes TA Marketplace registration process



Applicant(s) Identifies Project Associated with PATH



Review TA Marketplace for OTS or Hand-On Services and by Which Vendor?



Applicant completes application form & submits to TPA



Step 3: Project SOW and Budget

PA issues payment directly to TA vendor based on agreed rates upon completion and verification of milestones/deliverables



If approved *Applicant and Vendor co-develop SOW with services description, deliverables & milestones



DHCS makes final decision on approval.



TPA review with Accept/Reject Recommendation to DHCS