California Department of State Hospitals

California Health & Human Services Agency

Incompetent to Stand Trial Solutions Work Group Meeting #3

October 12, 2021

Agenda: Working Group 2. Diversion and Community-Based Restoration for Felony ISTs

1. Welcome
   - Stephanie Clendenin, Director Department of State Hospitals
2. Working Groups – Overview of Working Group Status to Date and Discussion of Recommendations
   - Karen Linkins, Desert Vista Consulting
   - Working Group Co-Chairs
3. Behavioral Health Initiatives on the Horizon to Support Community Care Alternatives (Overview of Initiatives Launching to Address Gaps in the Behavioral Health Care Continuum and Community Care)
   - Stephanie Welch, Deputy Secretary BH, CHHS; Tyler Sadwith, Assistant Director BH, DHCS; Marlies Perez, Chief, DHCS
4. Call for Public Comment
5. Meeting Wrap Up and Next Steps
   - Stephanie Clendenin, Director, Department of State Hospitals

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Members

Chair: **Stephanie Clendenin**, Director, California Department of State Hospitals (DSH)

Members:

- **Stephanie Welch**, Deputy Secretary of Behavioral Health, California Health and Human Services Agency
- **Nancy Bargmann**, Director, California Department of Developmental Services
- **Adam Dorsey**, Program Budget Manager, California Department of Finance
- **Brenda Grealish**, Executive Officer, Council on Criminal Justice and Behavioral Health, California Department of Corrections and Rehabilitation, Office of the Secretary
- **Tyler Sadwith**, Assistant Deputy Director, Behavioral Health, California Department of Health Care Services
- **Brandon Barnes**, Sheriff, Sutter County Sheriff's Office
- **John Keene**, Chief Probation Officer, San Mateo County & President-Elect, Chief Probation Officers of California
- **Stephanie Regular**, Assistant Public Defender, Contra Costa County Public Defender Office & Co-Chair of the Mental Health Committee of the California Public Defender Association
- **Veronica Kelley**, Director, San Bernardino County Department of Behavioral Health & Board President, California Behavioral Health Directors Association
- **Farrah McDaid Ting**, Senior Legislative Representative, Administration of Justice, California State Association of Counties (CSAC)
- **Scarlet Hughes**, Executive Director, California Association of Public Administrators, Public Guardians and Public Conservators
- **Jessica Cruz**, Executive Director, National Alliance of Mental Illness – California
- **Pamila Lew**, Senior Attorney, Disability Rights California
- **Francine Byrne**, Judicial Council of California
- **Jonathan Raven**, Chief Deputy District Attorney, Yolo County

Ground Rules

- **Statute outlines the goals of the workgroup:**
  - Charge is to generate actionable ideas and solutions to advance alternatives to placement in DSH restoration of competency programs, not to provide oversight.
  - Must submit recommendations to CHHS and the Department of Finance on or before November 30, 2021, for short-term, medium-term, and long-term solutions.
- **Process for Meetings:**
  - Keep discussion moving forward toward solutions
  - This is not an oversight or voting group. Goal is to generate ideas and solutions.
  - Be brief and brilliant. Keep the discussion moving to allow for new ideas from all group members
  - Raise your hand on Zoom to indicate that you have a question or comment to share
  - Work group members, please refrain from using the chat function.
  - Participants may use Q&A function for technical issues, chat for public comment

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Timeframes for Strategies and Solutions – Bridge to Broader Behavioral Health Initiatives

Short-term (April 1, 2022)

Immediate solutions for 1600+ in jail waiting plus new referrals

Provide access to treatment now – in jail or in community including diversion

Identify those who have already restored

Reduce new IST referrals

Medium-term (Jan 10, 2023)

Continue to provide timely access to treatment

Begin other changes that address broader goals of reducing the number of ISTs,

Increase IST treatment alternatives

Long-term (Jan 10, 2024 or Jan 10, 2025)

Implement longer term solutions that can move the needle toward breaking the cycle of criminalization

Reduce the number of individuals found IST on felony charges while broader behavioral health transformation initiatives are implemented

CalAIM, Behavioral Health Care Continuum, Community Care Expansion

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Working Groups – Overview of Working Group Status to Date and Discussion of Recommendations

Working Groups

Deliverables: Define actionable recommendation(s), cost/funding required, statutory changes that may be required, metrics to track and data sources

1. Early Access to Treatment and Stabilization for Individuals Found IST on Felony Charges

2. Diversion and Community-Based Restoration for Felony ISTs

3. Initial County Competency Evaluations

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Working Group #1. Early Access to Treatment and Stabilization for Individuals Found IST on Felony Charges

- **Goal:** Identify short-term solutions to provide early access to treatment and stabilization in jail or via JBCTs in order to maximize re-evaluation, diversion or other community - based treatment opportunities and reduce lengths of stay
- **Chair:** Kate Warburton, DSH and Melanie Scott, DSH
- **Deliverables:** Define actionable recommendation(s), cost/funding required, statutory changes that may be required, metrics to track and data sources
- **Representatives:**

  - Deanna Adams
  - Kirsten Barlow
  - Francince Byrne
  - Elise Devecchio-Cavagnaro
  - Brenda Grealish
  - Paige Hoffman
  - Kristopher Kent
  - Karen Larsen
  - Stephen Manley
  - Farrah McDaid Ting
  - Christy Mulkerin
  - Kim Pederson
  - Dawn Percy
  - Jonathan Raven
  - Stephanie Regular
  - Marni Sager
  - Cory Salzillo
  - Brandon Barnes

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Working Group #2. Diversion and Community-Based Restoration for Felony ISTs

- **Goal:** Identify short-term, medium-term and long-term strategies to implement Diversion and Community-Based Restoration programs
- **Deliverables:** Define actionable recommendation(s), cost/funding required, statutory changes that may be required, metrics to track and data sources
- **Chair:** Kate Warburton, DSH and Stephanie Welch, CHHS
- **Representatives:**

  - Francine Byrne
  - Jessica Cruz, MPA/HS
  - Dr. Sarah Desmarais
  - Elise Devecchio-Cavagnaro
  - Anita Fisher
  - Neil Gowensmith
  - Brenda Grealish
  - Cathy Hickenbotham
  - Tony Hobson
  - Scarlet Hughes
  - John Keene
  - Dr. Veronica Kelley
  - Kristopher Kent
  - Pamila Lew
  - LD Louis
  - Farrah McDaid Ting
  - Dawn Percy
  - Jonathan Raven
  - Marni Sager
  - Gilda Valeros
  - Stephen Manley

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Working Group #3. Initial County Competency Evaluations

- **Goal:** Reduce the number of individuals found Incompetent to Stand Trial by strengthening the quality of the initial county competency evaluation (aka Alienist Evaluations)
- **Deliverables:** Define actionable recommendation(s), cost/funding required, statutory changes that may be required, metrics to track and data sources
- **Chair:** Kate Warburton, DSH and Charles Scott, UCD/DSH
- **Representatives:**
  - Deanna Adams
  - Francine Byrne
  - Katherine Clark
  - Mathew Greco
  - Scarlet Hughes
  - Stephen Manley
  - Farrah McDaid Ting
  - Danny Offer
  - Neil Gowensmith
  - Ira Packer
  - Dawn Percy
  - Jonathan Raven
  - Stephanie Regular
  - Marni Sager
  - Todd Schirmer

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Stakeholders Involved in Working Group Sessions (members and the public)

21+ Counties

ACLU of Northern California

Aging & Adult Services

Attorney General

CA State Association of Counties

CA Association of Public Administrators, Public Guardians, and Public Conservators (CA PA|PG|PC)

CA Association of Social Rehabilitation Agencies

CA Department of Corrections and Rehabilitation

CA Department of Finance

CA Health and Human Services Agency

CA Public Defender Association

CA State Sheriffs' Association

CalMHSA

Chief Executive Office - Legislative Affairs and Intergovernmental Relations Branch

Contracted Treatment Provider

Correctional Health

Council on Criminal Justice and Behavioral Health

County Behavioral Health

County Behavioral Health Director (Small County)

County Behavioral Health Directors Association

County Health and Human Services

Department of Developmental Services

Department of Healthcare Services

Department of State Hospitals

Disability Rights California

District Attorney

Judge / Judicial Council

NAMI

Probation

Public Defender

Public Guardian

RAND

Sheriff

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Overview of Solutions Generated So Far

Working Group	Short (April 2022)	Medium (Jan 2023)	Long (Jan 2024+)
# 1	7	22	3
# 2	12	7	7
# 3	10	20	
Total	29	47	10*

* Long-term solutions under development; to be discussed in Meeting #3 of each working group.

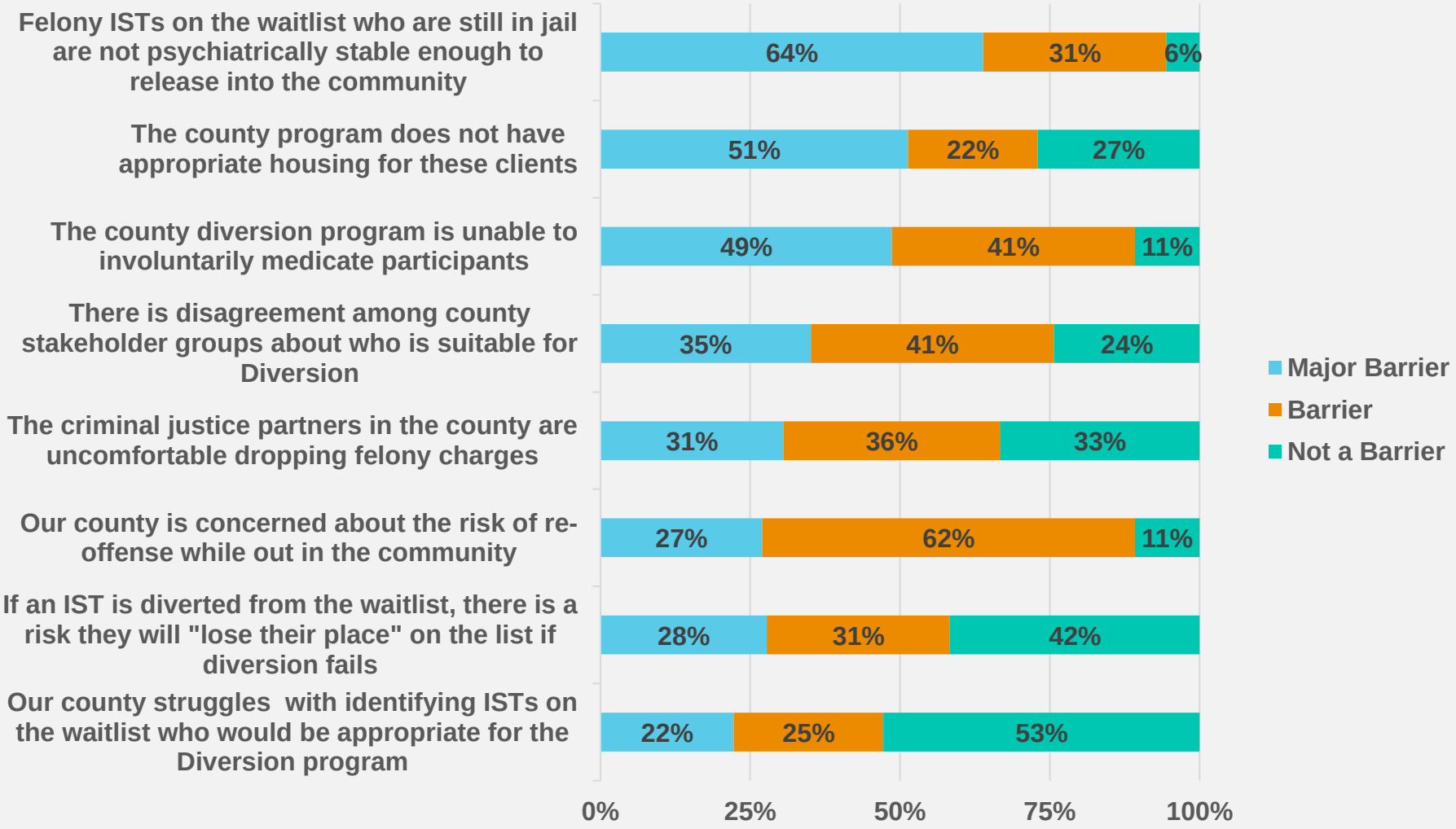
Overview of Solution Types

Solution Type	Working Group #1	Working Group #2	Working Group #3
Policy Change (including statutory)	3	13	6
Admin/Operations	8	5	
Funding	2	1	7
Tech Assistance/Training	5	4	6
Treatment Capacity	8	3	
Standards/Accountability	3		8
Technology	1		1
Communication	1		
Research/Information Sharing	1		2

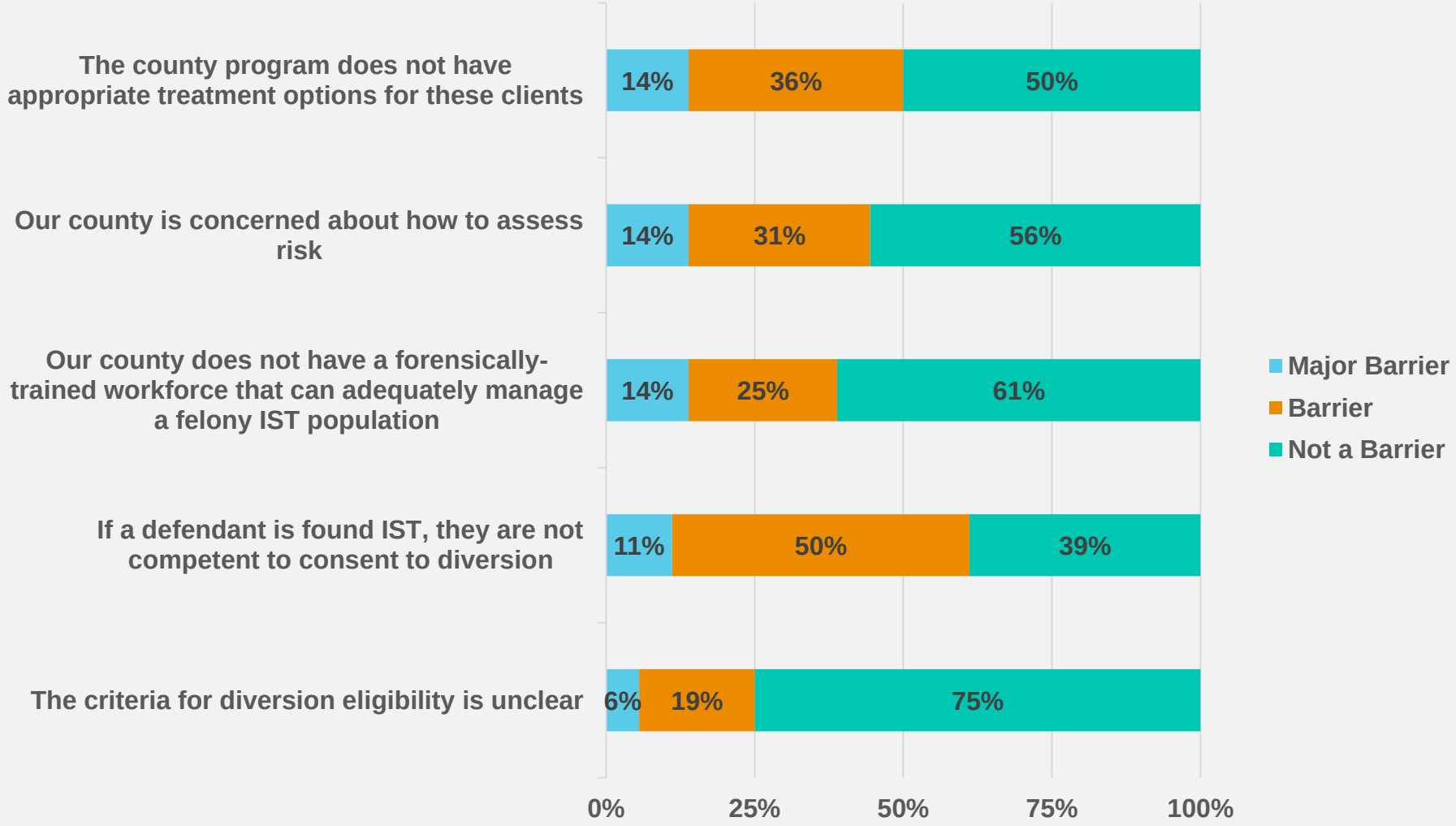
Working Groups 1 and 2 Problems to Solve

- Variability in IMO utilization rates across the state
- Nearly half (47%) of the 1700 individuals on the waitlist are potentially eligible for diversion
- Significant barriers related to diversion identified by counties

County Identified Barriers to Diversion for Felony ISTs (part 1)



County Identified Barriers to Diversion for Felony ISTs (part 2)



Group 1
Short-Term Solutions Examples

- Provide technical assistance to Sheriffs Departments to expand use of IMOs, when appropriate, in jail settings.
- Expand use of technology/telehealth for IMO and/or other medication/treatment determinations.
- Expand the use Long-Acting Injectables in Jail Settings.

Group 1
Medium-Term Solutions Examples

[In conjunction with and building on Short-Term Solutions]

- Prioritize community-based restoration and diversion by:
  - Allowing an individual deemed IST with felony charges who is awaiting treatment with DSH to retain their place on the waitlist
  - Improving communication between DSH and local courts so that a person is not removed from diversion prematurely if a bed is available at DSH.
- Establish required timelines for evaluation and report submission to reduce the length of time people wait in jail
- Implement mental health & SUD screening at booking; immediately assess those screened as mentally ill to determine treatment course that can begin in jail, including medications
- Ensure that an experienced District Attorney and Public Defender are present daily to review cases of those screened as mentally ill at booking to eliminate cases that will not be filed (defendant to be released). For defendants in situations where complaint is likely to be filed, review as to conditions for release pre-trial into treatment and services for a recommendation to the Judge at or before arraignment. Attorneys would work with a team from Behavioral Health in formulating recommendations.
- Leverage CalAIM opportunities under Enhanced Care Management and ILOS for jail population
- Provide counties with funding to hire forensic peer specialists to support treatment engagement of county jail inmates
- Establish means for IMO to follow discharge

Group 2
Short-Term Solutions Examples

- Presumptive Eligibility
  - Assume all individuals currently on waitlist are eligible for the DSH Diversion Program, and specified exemptions would be needed to exclude them from the program. (with SME TA, Forensic Peer Support Specialists, and Probation Partnerships; also considering Psychiatric Advanced Directives and Housing)
  - Require the Court to consider diversion before committing a defendant to the State Hospital.
  - Require that Evaluators, if finding incompetency, include an opinion on whether or not the defendant would be suitable for diversion, and clarify that IMOs may be issued and follow the defendant into community treatment if diversion is granted.
- Enhance Data Sharing & Collaborations
  - Standardize dissemination of waitlists from state to counties
  - DSH partner with County Behavioral Health to jointly triage the existing DSH waitlist (requires additional information)
  - Improve communication solutions between criminal justice partners and county BH agencies
  - Provide TA to counties, including best practice guides in partnership with key stakeholders
- Pursue conservatorship under 1370 for gravely disabled

Group 2
Medium-Term Solutions Examples

[In conjunction with and building on Short-Term Solutions]

- Leverage CalAIM opportunities from Enhanced Care Management and ILOS
- Add an amendment to 1370 so others (beside the judge) can recommend re-evaluation as PD might find clients with drug induced psychosis have restored competency while in jail and could be removed from IST waitlist
- Reform PC 1001.36 definition of “unreasonable risk to public safety” to “clear and present risk to public safety” and to allow the judge to offer and authorize diversion over the objection of the prosecuting attorney similar to PC 1001.95.
- For defendants held in jail after commitment beyond statutory time require a re-evaluation as to stability and suitability for diversion with a mandated report to the Court.
- Leverage potential opportunity of expanded role of probation in diversion process to focus on rapport building and increasing client engagement in treatment and prescribing
- Provide flexibility and expedited licensing to stand up access to inpatient beds and housing which is critical in LA-ODR model.
- Establish civil commitment for people who need involuntary medication, similar to what Wisconsin uses (Chapter 51) – can be used without removing a person's rights (conservatorship) and can be utilized before the person is ending up in custody.

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Group 3: Problems with Reports

- Over 50% did not provide DSM diagnosis or lacked diagnosis justification.
- Less than 20% linked mental disorder with CST impairments.
- Minimal use of structured assessments.
- Lack of understanding of legal standards
- Relying only on evaluee self-report (malingering, but other problems as well)
- Not considering acute effects of substance use
- Not tying the opinion on competence to the data

Group 3
Short-Term Solutions Examples

- Provide training for current alienists and future pipeline
  - TA with videos, template reports, checklists, etc. to increase knowledge for existing alienists (DSH website resource page for evaluators, Sheriffs for IMOs)
- Triage waitlist (i.e., CO criteria) – identify needs for acute hospitalization
- Address IMO issues in reports, including whether there is TA needed to address whether psychologists can make this recommendation rather than only psychiatrists
- Identify potential and requirements of tele-evaluations (i.e., San Diego)
- Identify field of current evaluators – solicit lists from counties
- Clarify potential for 1370 court competency re-evaluations

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Group 3
Medium-Term Solutions Examples

[In conjunction with and building on Short-Term Solutions]

- Establish dedicated funding pool with standards and accountability/quality oversight to support increased funding for and quality of reports
  - Identify low-quality evaluators and establish mechanism to exclude
- Provide legislative clarification that psychologists can opine IMOs
- Change statutory language from “may” to “shall” consider and make specific findings as to whether or not the defendant would be appropriate for diversion
- Statute change to require alienist recommendation of probability of restoration – address neuro-cognitive disorders and medical factors)
- Set time frames for appointment, receipt of reports, etc. that are mandatory (absent a showing of good cause) as a Rule of Court (or statute)
- Identify administrator to assemble packet with key legal docs for evaluation
- Identify demographics and cultural and linguistic competence of evaluators. Ensure training of alienists include information on discrepancies and biases in evaluations.
- Treat 1170(h) felonies (so-called “county jail felonies”) like misdemeanors per 1370.01, including diversion to other type of treatment – noted potential for increase due to potential malingering, unintended consequences

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Next Steps for Working Groups

- Meeting # 3:
  - Discuss detail on:
    - Resource needs
    - Metrics and Outcomes
    - Flag recommendations that require statutory or regulatory changes
    - Long-term solutions to address root causes, like housing, sector alignment and collaboration

Behavioral Health Initiatives on the Horizon to Support Community Care Alternatives

- Stephanie Welch, Deputy Secretary BH, CHHS
- Tyler Sadwith, Assistant Director BH, DHCS
- Marlies Perez, Chief, DHCS

Incompetent to Stand Trial Workgroup Meeting #3: CalAIM Initiatives

October 12, 2021

Agenda

- CalAIM Overview
- Justice-Involved
- Behavioral Health Policy Updates
- Enhanced Care Management and Community Supports

CalAIM Section 1115 Demonstration & 1915(b) Waiver

DHCS is seeking two federal waivers to implement many CalAIM initiatives and priorities

CalAIM Section 1115 Demonstration

CalAIM Section 1115 Demonstration

- Five-year renewal and amendment of the Medi-Cal 2020 Section 1115 demonstration submitted to CMS on June 30, 2021

- Will include **innovative initiatives that are not implemented via State Plan authority or a Section 1915(b) waiver:**
  - Coverage for low-income pregnant women and out-of-state former foster care youth*
  - Community-Based Adult Services*
  - Global Payment Program*
  - Designated State Health Care Programs*
  - Services for justice-involved populations 90-days pre-release
  - Peer support specialists
  - Traditional Healers and Natural Helpers (in DMC-ODS)
  - Providing Access and Transforming Health Supports

** Represents existing Medi-Cal 2020 1115 demonstration initiatives that will be continued in the CalAIM 1115 demonstration.*

CalAIM Section 1915(b) Waiver

CalAIM Section 1915(b) Waiver

- California currently has a Section 1915(b) waiver authorizing Specialty Mental Health Services (SMHS).
- DHCS will renew that waiver and **consolidate Medi-Cal managed care programs under the same authority;** the consolidated 1915(b) will include:
  - Medi-Cal Managed Care
  - Dental Managed Care
  - SMHS
  - Drug Medi-Cal Organized Delivery System (DMC-ODS)
- DHCS submitted the waiver to CMS on June 30, 2021, including **detailed behavioral health policy improvements** developed through the CalAIM stakeholder engagement process

Additional components of the CalAIM proposal will be implemented via **Medi-Cal State Plan, managed care contract reprocurement, and state guidance.**

Mental Health and SUD Investments in Jails and Prisons

DHCS supports services for justice-involved populations through several federal funding sources.

State Opioid Response

Expanding MAT in Criminal Justice (CJ) Settings Project

- 34 county-based teams to expand access to MAT in jails and drug courts

California Department of Corrections and Rehabilitation (CDCR) Training & TA

- Implement curriculum for Addiction Medicine Certification
- Expand access to MAT in the prison system and train providers

Substance Abuse Prevention & Treatment Block Grant

California MAT Re-Entry Incentive Program (AB 1304)

- Reduction in parole period for persons released from prison who are on parole and who were enrolled in or successfully completed a SUD program that employs MAT.

Community Mental Health Services Block Grant

- Funding to counties for 24-hour crisis intervention, day treatment/partial hospitalization, intensive outpatient treatment, and psychiatric rehabilitation services, whether they are provided within jail settings or in community settings
- Screening for those in need of State hospital services for psychiatric care
- Competency restoration for individuals with SMI so that they can understand charges against them and participate in their own defense

Demonstration Objectives

California has requested approval to authorize Medicaid matching funds for the provision of a targeted set of Medicaid services to eligible justice-involved populations in the 90-day period immediately prior to release.

This demonstration will advance the objectives of the SUPPORT ACT and Medicaid program by ensuring that justice-involved individuals with a high level of physical and behavioral health and social needs receive coverage and health care services upon re-entry into the community. Since the majority of California's justice-involved population is eligible for Medi-Cal upon re-entry, bridging coverage and care should result in better outcomes and access to care.

This demonstration seeks to:

Improve physical and behavioral health outcomes of justice-involved populations upon re-entry

Reduce emergency department visits, hospitalizations and other avoidable services by connecting justice-involved to on-going community-based physical and behavioral health services

Promote continuity of medication treatment for individuals receiving medications

California Statutory Mandate for Justice-Involved Populations

California has a statutory mandate to provide a full package of Medi-Cal physical and behavioral health and social services to inmates of prisons, county jails, and youth correctional facilities, in order to support their successful transition to the community upon release.

Full Medi-Cal Package of Investments for Justice Involved Individuals

- Mandatory Medi-Cal application process upon release from county jails and juvenile facilities
- Behavioral health warm handoff to plans and counties
- Enhanced Care Management (ECM) population of focus for coordinated re-entry
- In-lieu-of services (e.g., housing support) for justice involved upon re-entry
- Access to recovery services for individuals, including for justice-involved populations
- Enhancements for facilitating data sharing, including for justice-involved populations

1115 Waiver Specific:

- Services for eligible justice-involved populations for 90 days pre-release
- Providing Access and Transforming Health Supports (PATH) supports to help justice-involved initiatives' capacity building

Eligible Populations

Select Medi-Cal-eligible individuals will be eligible for Medi-Cal coverage 90-days pre-release from county jails, state prisons and youth correctional facilities.

Eligibility Criteria for Pre-Release Medi-Cal Services

To be considered eligible, incarcerated individuals must:

- ✓ Be part of a **Medicaid Eligible Group**, and
- ✓ Meet **one** of the following health care need criteria:
  - Chronic mental illness
  - SUD
  - Chronic disease (e.g., hepatitis C, diabetes)
  - Intellectual or developmental disability
  - Traumatic brain injury
  - HIV
  - Pregnancy

Note: All incarcerated youth are eligible for pre-release services and do not need to demonstrate a health care need

Medi-Cal Eligible Individuals

- Adults
- Parents
- Youth Under 19
- Pregnant People
- Aged/blind/disabled
- Current and former foster care youth

Covered Services

As part of its strategic investments for justice-involved individuals, DHCS seeks authority to provide limited Medi-Cal services to inmates of prisons, county jails, and youth correctional facilities during the 90 days prior to their release and return to the community.

Covered Services

- In-reach intensive care management/care coordination for eligible inmates
- In-reach physical and behavioral health clinical consultation services provided via telehealth or in-person, as needed, via community-based providers;
- Limited laboratory/x-rays;
- Medication Assistance Treatment (MAT);
- Services provided within jail/prison for post-release:
  - 30 days of medications, including up to 30 days of MAT (depending on timing of follow-up visit), for use post-release into the community;* and/or
  - Durable medical equipment (DME) for use post-release into the community

Note: *Because medications used for addiction include those that create high risk of overdose or diversion, the quantity of these medications depends on the timing of the arranged follow-up visit, the particular risk for the patient, and the clinical judgment of the prescriber.

Medi-Cal Application Processes in Prisons and Jails are Central to Pre-Release Services

All county jails are required to establish pre-release Medi-Cal application processes by January 1, 2023.

The mandated county inmate pre-release application process will **standardize policy, procedures, and collaboration** among California's county jails, county sheriff's departments, youth correctional facilities, county behavioral health and other health and human services entities.

- **Jails:** At least **a quarter of county jails** already have some form of pre-release application processes already in place.
- **Prisons:** As of May 2015, **all state prisons** implemented a standardized process for pre-release applications for all state inmates.

The goal of the proposed mandate is to **ensure the majority of county inmates/juveniles that are eligible for Medi-Cal** and are in need of ongoing physical or behavioral health treatment **receive timely access to Medi-Cal services upon release from incarceration**.

Source: AB-720 Inmates: health care enrollment; California Advancing & Innovating Medi-Cal (CalAIM) Proposal February 2021

CalAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Changes to criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation redesign for SUD & SMHS	July 2022
Co-occurring treatment	July 2022
No Wrong Door	July 2022
Standard screening & transition tools	January 2023
Payment reform	July 2023

Criteria for Access to SMHS

January 2022

- Language crafted thorough multiple iterations with stakeholders and finalized in AB 133.
- Goal to increase access: covering services during assessment period, allowing treatment without confirmed diagnosis, and expanding criteria for individuals under age 21 to include experience of trauma, such as homelessness, child welfare or juvenile justice involvement.

DMC-ODS 2022-2026

January 2022

- Sustain recent policy updates (e.g. coverage during assessment period; remove annual residential treatment limits; require providers to offer or refer for MAT; recovery services available immediately after incarceration)
- New services pending CMS approval (e.g., contingency management pilot; Traditional Healers and Natural Helpers)

Current 1115 Waiver Programs Ending on Dec 31, 2021

Whole Person Care (WPC) Pilots

In **2015**, DHCS launched the Whole Person Care (WPC) Pilots as part of its Medi-Cal 2020 Section 1115 Demonstration. WPC Pilots have tested patient-centered interventions to coordinate physical, behavioral and social services, such as housing.

23 WPC Pilots currently participate in the program.

Health Homes Program (HHP)

In **2018**, DHCS launched the Health Homes Program (HHP). The HHP serves eligible Medi-Cal managed care plan Members with complex medical needs and chronic conditions who may benefit from intensive care management and coordination.

HHP is administered by 17 Health Plans across 12 counties.

Transition from Current State to 2022

ECM and Community Supports will replace both WPC and HHP beginning on January 1, 2022, with the initiatives scaling up to eventually form a statewide care management approach.

Enhanced Care Management

A **Medi-Cal managed care benefit** that will address clinical and non-clinical needs of high-need, high-cost individuals through the coordination of services and comprehensive care management.

Community Supports

Services that **Medi-Cal managed care plans are strongly encouraged, but not required, to provide** as medically appropriate and cost-effective alternatives to utilization of other services or settings such as hospital or skilled nursing facility admissions.

More information about ECM and Community Supports can be found here: https://www.dhcs.ca.gov/Pages/ECMandCommunity Supports.aspx

DHCS' Vision for ECM and Community Supports (ILOS)

- Build on both the design and the learning from the WPC Pilots and the HHP.
- **Move beyond county pilots to standardized, statewide implementation of community-based care management and coordination spanning across physical health, mental health and social services.**
- Integrate the work into the Medi-Cal Managed Care delivery system.
- Keep the interventions community based by setting requirements on plans to contract with community-based providers and community-based organizations (CBOs) for both ECM and Community Supports.

Behavioral Health Continuum Infrastructure Program and Community Care Expansion

Presented by:

Marlies Perez, Chief

Department of Health Care Services

CA Infrastructure Investment

- California is making a significant investment in infrastructure by providing competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets
- $3 billion in infrastructure funding opportunities are available through the Behavioral Health Continuum Infrastructure Program at DHCS and the Community of Care Expansion Program and the California Department of Social Services (CDSS)

Collaboration

DHCS and CDSS are closely collaborating on the BHCIP and CCE infrastructure grants

- Combined stakeholder meetings with counties and tribal entities
- Joint Planning Grant for Counties and Tribal Entities
- Leveraging TA resources
- Alignment on policy, when feasible
- Timing RFA releases to support local efforts

CA Homeless/ Housing Efforts

- These infrastructure investments are part of a larger effort to rebuild the state's portfolio of housing and treatment options for people with severe behavioral health challenges who are at risk of or experiencing homelessness
- California is investing $12B over the next two years to end and prevent homelessness including flexible funding to local governments with strong accountably measures and investments in the social safety net and healthcare delivery system

BHCIP Vision

- BHCIP offers a tremendous opportunity to create new capacity within the BH facility infrastructure in California
- DHCS is excited to lead out such a significant project that will have a lasting impact on the BH field
- BHCIP will align with DHCS' other efforts around integration, CalAIM, Children and Youth Behavioral Health Initiative, address homelessness and expanding BH access

BH Needs Assessment

- DHCS will publish a behavioral health capacity and gap analysis in November 2021.
  - Assessment of the current state's BH continuum of care, including mental health and SUD systems
  - Determine the need for expanding existing capacity and/or proposing enhancements to the existing continuum
  - Inform the BHCIP rounds of grant applications, in addition to the SMI/SED IMD waiver.
  - The Needs Assessment will be one source of information to determine the need for statewide capacity.

BHCIP Overview

- Passed in FY 2021-22 State budget.
- $2.2B total for the BHCIP
- Amends Welfare and Institutions Code
- Provides competitive grants for counties, 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 will be **only** for new or expanding infrastructure (brick and mortar) projects and not BH services

BHCIP Overview

- DHCS will release Request for Applications (RFAs) for BHCIP through multiple rounds
- Rounds will target various gaps in California's BH facility infrastructure
- Rounds will remain open until funds are awarded
- Different entities will be able to apply in each round for specific projects to address identified infrastructure gaps
- Stakeholder engagement will occur throughout the project

Facility Types

- BH Wellness Centers
- Short-term crisis stabilization
- Acute and subacute care
- Crisis residential
- Community-based MH residential
- Substance use disorder residential
- Peer respite
- Mobile crisis
- Community and outpatient
- Other clinically enriched longer term treatment and rehabilitation options for persons with BH disorders in the least restrictive and least costly setting

Requirements in Law

Part 1, Chapter 7, Section 5960.15. An entity shall meet all of the following conditions in order to receive grant funds pursuant to Section 5960.5(a), to the extent applicable and as required by the department:

(a) Provide matching funds or real property

(b) Expend funds to supplement and not supplant existing funds to construct, acquire, and rehabilitate real estate assets.

(c) Report data to the department within 90 days of the end of each quarter for the first five years.

(d) Operate Medi-Cal services in the financed facility for the intended purpose for a minimum of 30 years.

<u>Proposed Additional Requirements</u>

- DHCS will also require that Medi-Cal beneficiaries are served in grant funded facilities
- The 30 years begins after construction is completed

BHCIP Proposed Rounds

Round 1: Mobile Crisis $150M (July 2021)

Round 2: Planning Grants $8M (Nov 2021)

Round 3: Launch Ready $585M (Jan 2022)

Round 4: Children and Youth $460M (*Aug 2022*)

Round 5: Addressing Gaps #1 $462M (*Oct 2022*)

Round 6: Addressing Gaps #2 $460M(Dec *2022*)

Proposed BHCIP Timeline

July 2021	Release Round 1: Mobile Crisis RFA
September 2021	Award Round 1: Mobile Crisis Projects
Sept/October 2021	Re-Release Round 1: Mobile Crisis RFA Part 2
October 2021	BHCIP/DSS Listening Session
November 2021	Release BH Assessment Report
November 2021	Release Round 2: Planning Grants RFA
January 2022	Award Round 2: Planning Grants
January 2022	Release Round 3: Launch Ready RFA
April 2022	BHCIP Listening Session for Rounds 4-6
May 2022	Award Round 3: Launch Ready Grants
August 2022	Release Round 4: Children and Youth RFA
October 2022	Release Round 5: Addressing Gaps #1 (TBD)
December 2022	Release Round 6: Addressing Gaps #2 (TBD)

CDSS Community Care Expansion

The CCE program will fund the acquisition, construction, and rehabilitation of adult and senior care facilities that serve applicants and recipients of Social Security Income (SSI) including individuals who are at risk of or experiencing homelessness and those who have behavioral health conditions.

Overlapping Characteristics of the CCE and BHCIP

- BHCIP facility types are broader but include adult and senior care facilities
- CCE aims to serve the SSI population, but is inclusive of individuals with behavioral health conditions
- Like the BHCIP, the CCE will require a match and a commitment of long term use of the facility for the intended purpose

BHCIP and CCE Coordination

- DHCS and CDSS are working collaboratively on the design and implementation of these programs and will continue to engage stakeholders jointly
- Applicants are encouraged to consider both funding streams when planning for system of care enhancements
- Conducting stakeholder engagement in November
- Releasing RFA in January 2022

Round Two: Planning Grants

- Eligibility limited to counties and Tribes
- Planning will encompass all rounds, incorporate DSS grant opportunities and other planning efforts such as expanding workforce
- Up to $100K per Planning Grant
- Counties and tribal entities may apply as a regional model
- Release RFA Oct 21, Due Nov 21, Award Jan 22
- Project period Jan 22-Dec 22
- Encourage stakeholder engagement at the local level to participate in the planning process.

Contact Information

Current information regarding the implementation of BHCIP can be found online: BHCIP-Home (ca.gov)

Written comments and feedback can be submitted to the BHCIP mailbox at: BHCIP@dhcs.ca.gov

Written comments for the CDSS CCE Project at: housing@dss.ca.gov

Timeframes for Strategies and Solutions – Bridge to Broader Behavioral Health Initiatives

Short-term (April 1, 2022)

Immediate solutions for 1600+ in jail waiting plus new referrals

Provide access to treatment now – in jail or in community including diversion

Identify those who have already restored

Reduce new IST referrals

Medium-term (Jan 10, 2023)

Continue to provide timely access to treatment

Begin other changes that address broader goals of reducing the number of ISTs,

Increase IST treatment alternatives

Long-term (Jan 10, 2024 or Jan 10, 2025)

Implement longer term solutions that can move the needle toward breaking the cycle of criminalization

Reduce the number of individuals found IST on felony charges while broader behavioral health transformation initiatives are implemented

CalAIM, Behavioral Health Care Continuum, Community Care Expansion

DSH

CHHS California Health & Human Services Agency

Public Comment

- Public Comment will be taken on any item on the agenda
- There are 3 ways to make comments:
  - Raise hand on zoom to speak – please keep comments to 2 min.
  - Type comment in chat function
  - Email comment to ISTSolutionsWorkgroup@dsh.ca.gov

Meeting Wrap Up and Next Steps

- Next Work Group Meetings
  - November 5, 2021 – 10:00 a.m. – 12:00 noon
  - November 19, 2021 11:00 a.m. – 1:00 p.m.
- Work group subject to the Bagley-Keene Open Meeting Act
- Agendas and meeting materials will be posted on the IST Solutions Workgroup webpage at https://www.chhs.ca.gov/home/committees/ist-solutionsworkgroup/

DSH

CHHS California Health & Human Services Agency