

Family and Human Services Committee

Public Behavioral Health Services

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Contra Costa Health Services Behavioral Health Director

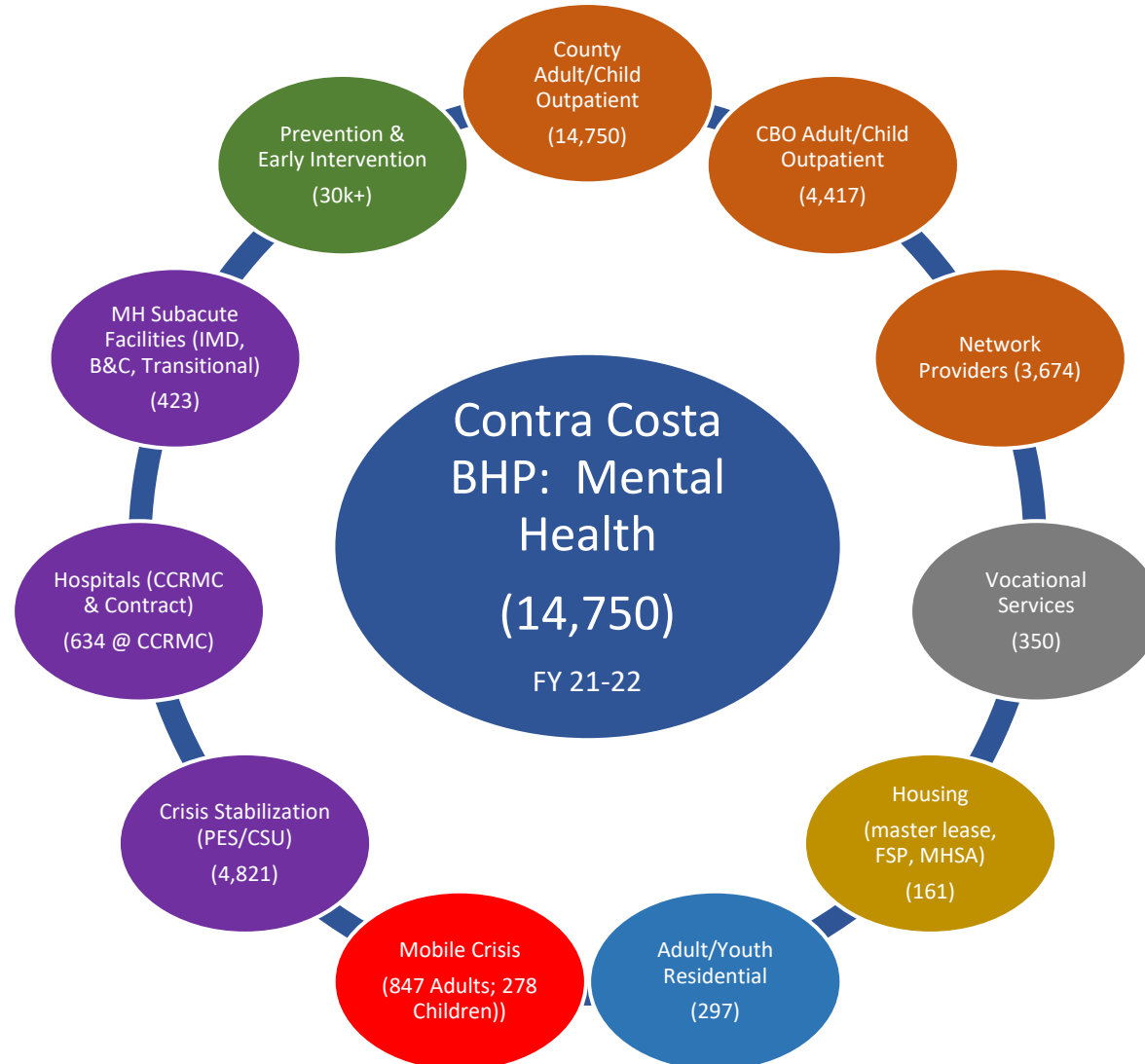
April 28, 2023



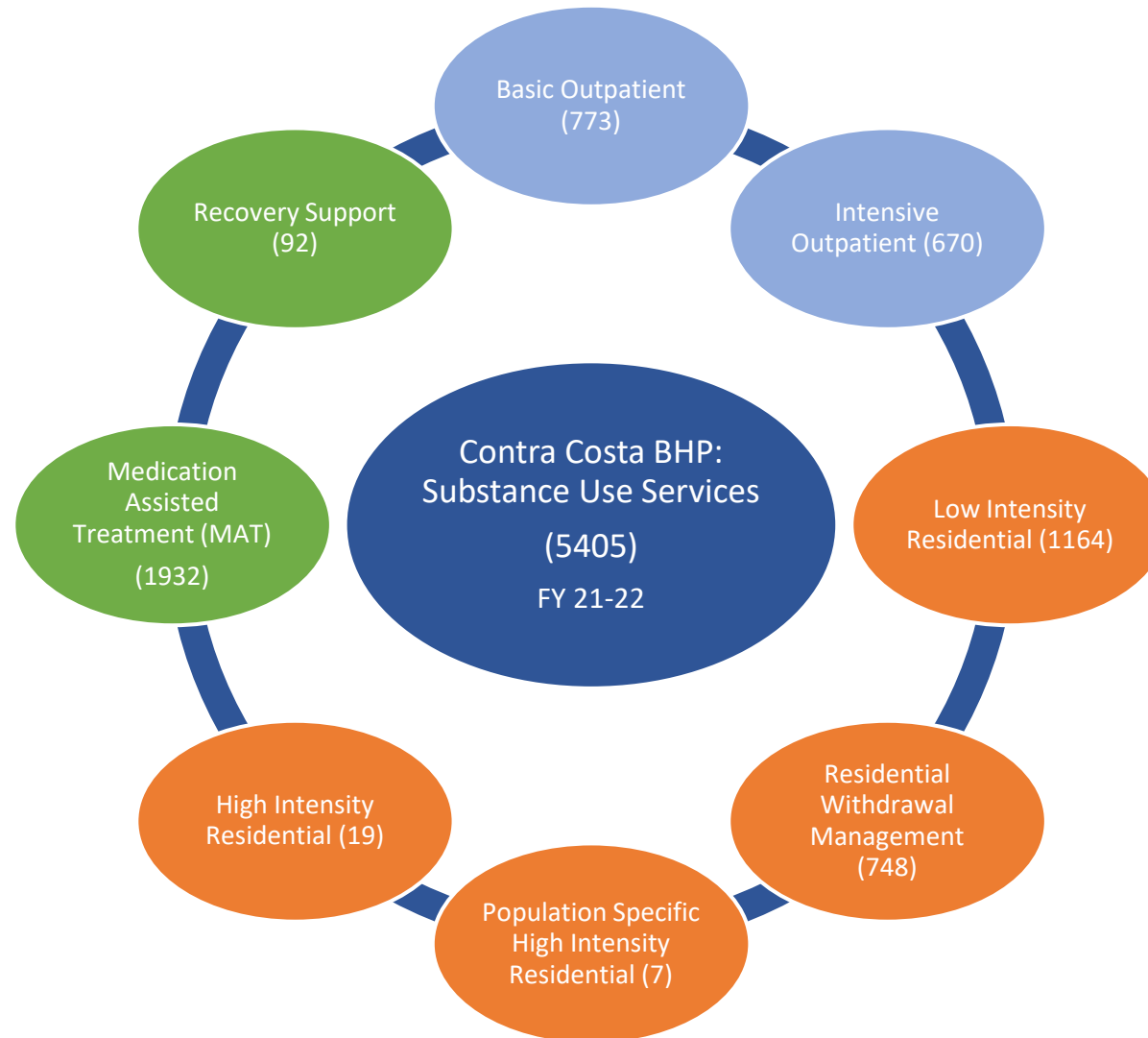
Contra Costa Behavioral Health Plan (CCBHP): Managed Care Services



Contra Costa Behavioral Health Plan: Mental Health Services



Contra Costa Behavioral Health Plan: Substance Use Disorder Services



West County
Children's
Mental
Health New
Building –
Opened 2019



First Hope



Psychiatry Services



We continue to meet Network Adequacy, in ***all age groups***.



BHS Medical Director - hired 7/30/21



Current Licensed Psychiatrists by FTE:
37.23

Increased from last month by 0.65 and expected to increase by 1-3 FTE in the next 2 months (actively hiring)



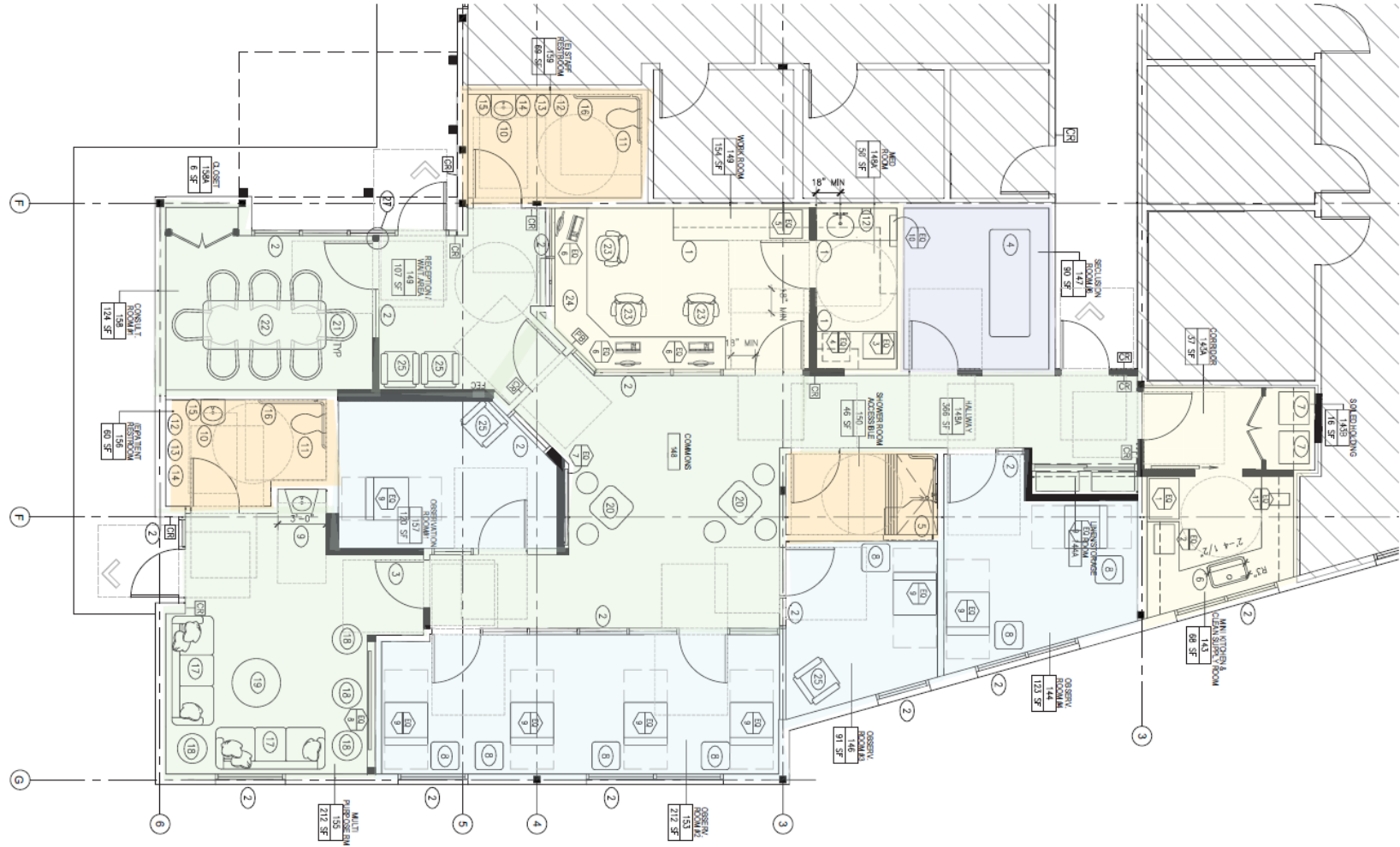
Current Licensed NPs with Psych
training/certification by FTE: 6.79

Increased from last month by 1.0 and expected to increase by 2-4 FTE in the next 2 months (actively hiring)

Psychiatry Timeliness

		# Of Business Days from Psych Referral Order to First Offered Psychiatry					Psychiatry Timeliness 15-day Std Met?	
		# Of Psych Referrals	Mean	Minimum	Maximum	Range	No	Yes
							Row N %	Row N %
By Age	Child	63	13	3	62	59	12.7%	87.3%
	Adult	164	22	0	58	58	42.9%	57.1%
	Older Adult	16	19	3	52	49	31.3%	68.8%
	All Ages	243	19	0	62	62	34.3%	65.7%
By Service Group	Adult Clinics	177	22	0	58	58	42.0%	58.0%
	Children's Clinic	66	13	3	62	59	13.6%	86.4%
	CBO	0						
	All Services	243	19	0	62	62	34.3%	65.7%
By Foster Care Status at Acuity Screening	Yes	6	11	4	18	14	16.7%	83.3%
	Previously	8	7	2	13	11	0.0%	100.0%
	No	229	20	0	62	62	36.0%	64.0%
		243	19	0	62	62	34.3%	65.7%

New Crisis Stabilization Unit (CSU) Location: Opening July, 2023

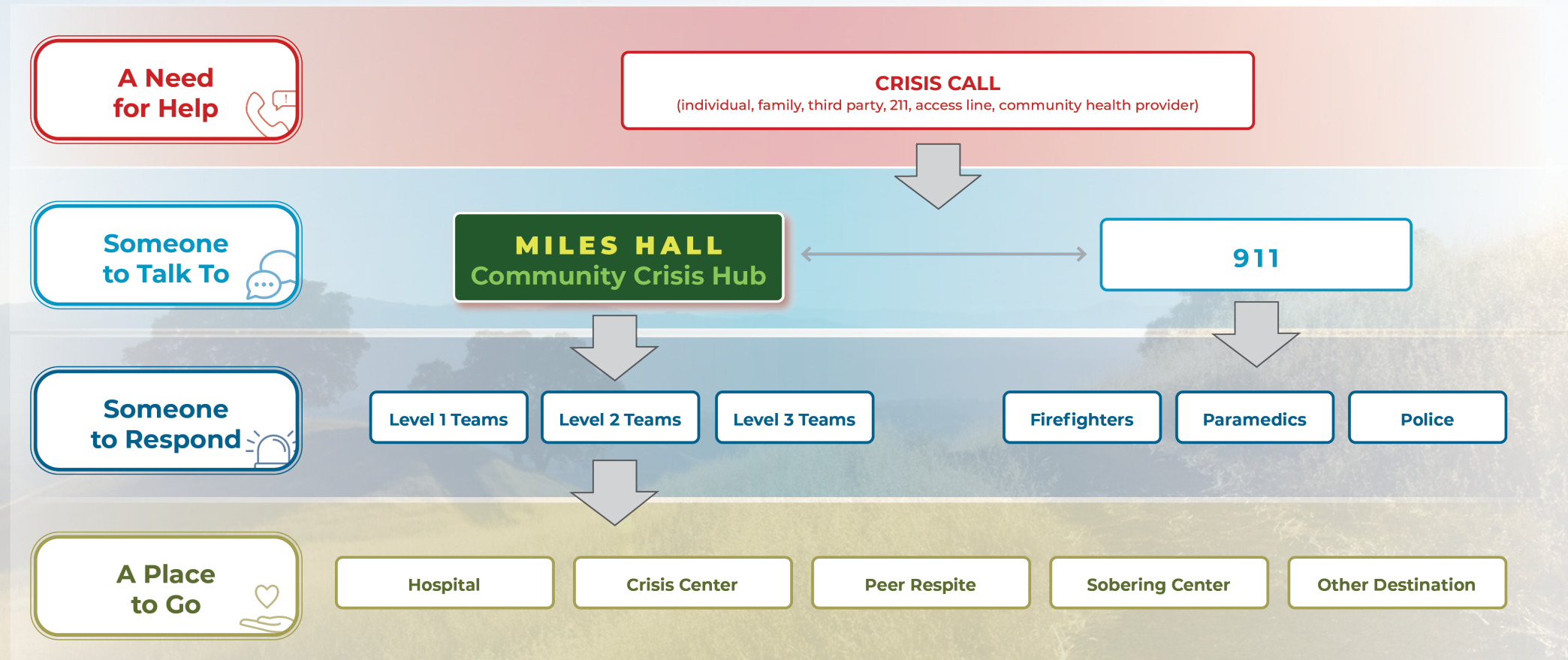


A3 Mobile Crisis Model: Anyone, Anywhere, Anytime

CONTRA COSTA

A³ Model

anyone, anywhere, anytime



A3: Anyone, Anywhere, Anytime

A3 is composed of county-operated services for adults in need of mobile crisis services and contracted services for children in need of mobile crisis response

15 Adult teams in operation; 11 youth teams in operation

Current Miles Hall Crisis Call Center and Mobile Crisis Services are operating from 8:00am to 12:30 am 7 days/week. Planned 24/7 by July 1, 2023.

New Medi-Cal benefit starts July 1 to more robustly support mobile crisis services

FY21-22:

Calls: Adult Mobile Response – 3097/ Child – 1060

Dispatches: Adult Mobile Response – 854/ Child – 278

Phone:

844-844-5544

City	Total # Calls
Concord	647
Antioch	380
Richmond	375
Walnut Creek	240
Pittsburg	162
Pleasant Hill	161
Martinez	153
San Pablo	97
San Ramon	89
Oakley	70

CalAIM - California Advancing and Innovating Medi-Cal

GOAL: Transform and strengthen Medi-Cal, offer the people we serve a more equitable, coordinated, and person-centered approach to Behavioral Health care. The goal of CalAIM is to maximize health outcomes and improve the quality of life of Medi-Cal beneficiaries

THREE MAJOR AREAS OF CHANGE:

- Reducing barriers to care and improving timely access to services
- Coordination of care through improved data exchange
- Payment Reform

Reducing barriers to care and improving timely access to services

Beneficiaries can receive timely services without delay regardless of where they seek care. There is no wrong door.

Practitioners can provide and claim for clinically appropriate treatment without prohibition of “correct” delivery system (MHP vs MCP)

Complex conditions (co-occurring mental health and substance use conditions) can be addressed where the client seeks care

Clients can receive mental health services from both the MCP and the MHP if treatment is coordinated and non-duplicative

Clients concurrently can receive mental health and substance use disorder treatment services

CalAIM Implementation Schedule

Policy	Go-Live Date
Criteria for Specialty Mental Health Services	January 2022
Drug Medi-Cal Organized Delivery System 2022-2026	January 2022
Drug Medi-Cal ASAM Level of Care Determination	January 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2021-2022	January 2022
Documentation Redesign for Substance Use Disorder & Specialty Mental Health Services	July 2022
Co-Occurring Treatment	July 2022
No Wrong Door	July 2022
Updated Annual Review Protocol and Reasons for Recoupment FY 2022-2023	October 2022
Standardized Screening & Transition Tools	January 2023
Behavioral Health CPT Coding Transition	July 2023
County Behavioral Health Plans Transition to Fee-for-Service and Intergovernmental Transfers	July 2023
Administrative Behavioral Health Integration	January 2027

Payment Reform

- Payment reform will transition counties from cost-based reimbursement funded via Certified Public Expenditures (CPEs) to fee-for-service reimbursement funded via Intergovernmental Transfers (IGTs), eliminating the need for reconciliation to actual costs.
- Specialty mental health and SUD services will transition from existing Healthcare Common Procedure Coding System (HCPCS) Level II coding to Level I coding, known as Current Procedural Terminology (CPT) coding, when possible.
- DHCS sets the rates for services rendered by each county. Each county has a different set of rates.
- Rates depend on provider type and service type



Behavioral Health System: Psycho-social Rehabilitation Model that Addresses SDOH

Social Determinants of Health



Social Determinants Contribute to 70% of Health Outcomes: Healthy People 2030, U.S. Department of Health and Human Services, Office of Disease Prevention and Health Promotion. <https://health.gov/healthypeople/objectives-and-data/social-determinants-health>



Enhanced Care Management – Whole-person Care Approach

- Target populations include:
 - High utilizers -- frequent hospital or emergency room visits/admissions;
 - Individuals at risk for institutionalization with SMI, children with SED, or SUD with co-occurring chronic health conditions;
 - Individuals transitioning from incarceration; and
 - Individuals experiencing chronic homelessness or at risk of becoming homeless.

THANK YOU



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HEALTH SERVICES