



MHSA STAKEHOLDER GROUP (MHSA-SG)

Friday, May 24, 2024 (1:00-3:00pm)

ZOOM MEETING TELECONFERENCE: [Join Zoom meeting](#)

United States (Toll Free): 877-336-1831; Access Code: 3pvMmT

MISSION	VALUE STATEMENT	FUNCTIONS
<p><i>The MHSA Stakeholder Group advances the principles of the Mental Health Services Act and the use of effective practices to assure the transformation of the mental health system in Alameda County. The group reviews funded strategies and provides counsel on current and future funding priorities.</i></p>	<p><i>We maintain a focus on the people served, while working together with openness and mutual respect.</i></p>	<p>The MHSA Stakeholder Group:</p> <ul style="list-style-type: none"> • <i>Reviews</i> the effectiveness of MHSA strategies. • <i>Recommends</i> current and future funding priorities. • <i>Consults</i> with ACBH and the community on promising approaches that have potential for transforming the mental health systems of care. • <i>Communicates</i> with ACBH and relevant mental health constituencies.

1:00 Meeting Starts

1:05 Icebreaker: “As summer approaches, what is one activity or event you are looking forward to that brings you joy or relaxation?”

1:20 ACCESS Program – Director Charles Edward

- Presentation, Questions & Answers

2:15 BHSA Updates and Group Input

- Questions & Answers

2:40 Open forum

3:00 Meeting adjourns

Documents Attached:

1. Meeting Agenda Packet
2. ACCESS Presentation
3. BHSA Updates

ACCESS to Medi-Cal Mental Health Services

Presenter:

Charles Edwards, LCSW

Division Director, ACCESS Program

Alameda County Health, Behavioral Health Department

ACCESS

Presentation Goals

- To provide insight into how beneficiaries access Medi-Cal mental health services in Alameda County.
- To provide a general overview of what ACCESS is and does.
- To provide insight into how relatively new state initiatives are being administered in our Medi-Cal mental health delivery systems.

ACCESS

Who delivers Medi-Cal mental health services?

In California Medi-Cal mental health services are provided through two systems.

Medi-Cal Managed Care Plans (MCPs)

In Alameda County, Non-Specialty Mental Health Services (NSMHS), considered mild to moderate, are provided by the following MCPs.

- Alameda Alliance for Health
- Kaiser Permanente

County Mental Health Plans (MHPs)

In Alameda County, Specialty Mental Health Services (SMHS), considered moderate to severe, are services provided by the MHP.

- Alameda County Health, Behavioral Health Department (ACBHD) and its contracted providers make up the county MHP.

ACCESS

What are NSMHS?

Services provided by the MCP to beneficiaries who have mild to moderate mental health needs.

Examples of NSMHS

Mental health evaluation and treatment, including group and family psychotherapy.

Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.

Outpatient services for purposes of monitoring drug therapy.

Psychiatric consultation.

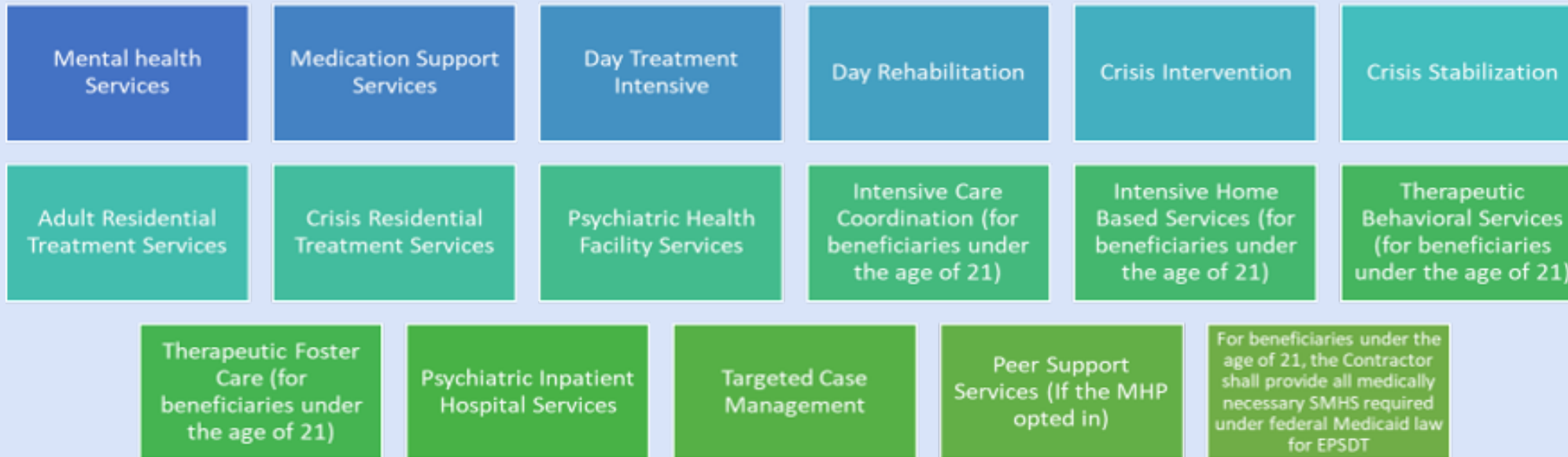
Outpatient laboratory, drugs, supplies and supplements.

ACCESS

What are SMHS?

Services provided by the MHP to beneficiaries who have moderate to severe mental health needs.

Examples of SMHS



ACCESS (Acute Crisis Care and Evaluation for Systemwide Services)

What is ACCESS?

ACCESS is ACBHD's major entry point (front door) for Medi-Cal beneficiaries to obtain mental health services.

ACCESS is primarily a telephone service center staffed by licensed mental health clinicians and administrative support staff from 8:30 am – 5:00 pm, Monday – Friday. Crisis Support Services of Alameda County answers calls after-hours, the weekends and holidays.

What does ACCESS provide?

Mental health screening and triage to evaluate eligibility, treatment needs and appropriate entry into SMHS in the county MHP.

Assessment and referral for individuals in immediate crisis.

Information regarding community resources.

ACCESS

Who is eligible for SMHS?

Alameda County residents who have Alameda County Medi-Cal, HealthPAC, or those eligible for Medi-Cal.

Medical necessity for SMHS is generally indicated by significant impairment in one's functioning due to a mental health disorder or a suspected mental health disorder. Specific criteria for SMHS can be found [DHCS BHIN 21-073 \(ca.gov\)](https://www.cdph.ca.gov/Programs/OPA/Pages/P073073.aspx)

Criteria for beneficiaries 21 years of age or older	
Must meet both of the following:	
<input type="checkbox"/> 1) One or both of the following:	<input type="checkbox"/> 2) The beneficiary's condition is due to one or both of the following:
a) Significant impairment, where impairment is defined as distress, disability, or dysfunction in social, occupational, or other important activities.	a) A diagnosed mental health disorder, according to the criteria of the current editions of the Diagnostic and Statistical Manual of Mental Disorders (DSM) and the International Statistical Classification of Diseases and Related Health Problems (ICD).
b) A reasonable probability of significant deterioration in an important area of life functioning. AND →	b) A suspected mental disorder that has not yet been diagnosed.

ACCESS

How does one refer to ACCESS?

Call ACCESS at 1-800-491-9099

What happens when an individual calls ACCESS seeking services?

A clinician will screen for eligibility and appropriateness of referral, and which delivery system the beneficiary should begin in, the MCP or the county MHP.

- As a result of [California Advancing and Innovating Medi-Cal \(CalAIM\)](#), certain circumstances may now require the clinician to use a screening tool when determining where a beneficiary should begin treatment.

Callers are asked to describe their mental health concerns, including the severity of their concerns as well as the impact they have upon day-to-day functioning.

If referral to a MHP provider is appropriate, ACCESS aims to match consumers to providers based on several factors including the consumer's preference for a provider with a specific language/cultural background, provider's gender, geographic location and provider's clinical specialties.

ACCESS

What happens when an individual calls ACCESS seeking services?

The ACCESS telephone menu of options is provided in six languages: English, Spanish, Cantonese, Vietnamese, Mandarin & Cambodian. ACCESS staff utilizes GLOBO for translations service needs and California Relay for persons who are deaf or hard of hearing.

Beneficiaries may also use the following language specific ACCESS numbers which are staffed by the following contracted Community Based Organizations:

Asian Languages

- Asian Health Services @ 510-735-3939

Spanish

- La Clinica de La Raza @ 510-535-6200 (Oakland/North County)
- La Familia Counseling @ 510-881-5921 (South County)

Deaf and Hard of Hearing

- Deaf Community Counseling @ 510-225-7013; 510-984-1654 (video phone)

ACCESS

Screening Tools

[Adult Screening Tool for Medi-Cal Mental Health Services](#) (to be used for beneficiaries ages 21 and over)

[Youth Screening Tool for Medi-Cal Mental Health Services](#) (to be used for beneficiaries under age 21)

The Screening Tools are required for use by MCPs and MHPs when individuals contact the MCP or MHP (ACCESS) seeking mental health services.

The Screening Tools are **NOT** required for use:

- With beneficiaries who are currently receiving mental health services in the MCP or MHP.
- When individuals contact providers directly seeking mental health services.

ACCESS

CalAIM

CalAIM is the Department of Health Care Services' (DHCS) multi-year initiative to improve quality of life and health outcomes for Medi-Cal recipients through reforms of the Medi-Cal Program.

One of CalAIM's Behavioral Health Initiatives is to standardize entry into, and transitions between the MCPs and the MHPs, therefore requiring use of new Screening and Transition of Care tools. CalAIM is attempting to ensure access to the right care, in the right place, at the right time.

Prior to January 2023, multiple screening tools were used across the different counties in the state, contributing to inconsistencies about who was seen in the various MCPs and county MHPs.

ACCESS began using and receiving the tools on the first day of business in January 2023.

ACCESS

Screening Tool Example: Martin

Martin is 44 years-old and is experiencing mental health issues. Martin calls ACCESS seeking support and the ACCESS clinician administers the Adult Screening Tool, explaining that the questions will determine the best place for Martin to receive a clinical assessment.

Martin's answers to the questions determine that he should be assessed by the county MHP. The clinician explains next steps to Martin, gathers additional information and begins coordinating the referral to the appropriate county provider. The county provider and Martin will connect to schedule his initial assessment.

ACCESS

Screening Tool Example: Lauren

Lauren is 16 years-old and having mental health challenges. Lauren's mother Olivia, calls ACCESS seeking support for Lauren. The ACCESS clinician administers the Youth Screening Tool, explaining that the questions will determine the best place for Lauren to receive a clinical assessment.

Olivia's answers to the questions determine that Lauren should be assessed by her MCP. The clinician explains next steps to Olivia and begins coordinating the referral to the MCP. The MCP and Olivia will connect to schedule Lauren's initial assessment.

ACCESS

Transition of Care Tool

[Transition of Care Tool for Medi-Cal Mental Health Services](#) (one tool to be used for all Adult and Youth beneficiaries)

Required to be used when a beneficiary needs their care transitioned (entirely or partially) from one mental health system (MCP or MHP) to the other.

A clinician must make the decision (with consulting the beneficiary) to transition and/or add a service from one mental health system to the other.

MCP and MHP must coordinate to facilitate transitions of care or additions of services to the other mental health system and continue to provide care until the beneficiary is connected to the other system.

ACCESS

Transition of Care Tool Example: Lawrence

Lawrence has been receiving mental health services (psychotherapy and medication) from his MCP provider for several months. However, Lawrence has recently been decompensating, resulting in hospitalizations, loss of job, strained relationships, etc. Lawrence is now requiring more intensive services than his MCP provider can provide. Lawrence's provider believes he could benefit from having his services transitioned entirely to the MHP.

Lawrence and his provider consult, then agree that Lawrence should transition his services to the MHP. The provider completes the Transition of Care Tool and sends it to the MHP (ACCESS). ACCESS reviews the tool, connects with Lawrence and completes the referral to the appropriate provider in the MHP.

ACCESS

Resources

ACBHD ACCESS Program: 1-800-491-9099

Crisis Support Services of Alameda County (24-hour crisis line): 1-800-309-2131

ACBHD Substance Use Access & Referral Helpline: 1-844-682-7215

Managed Care Plans (Mild to Moderate Mental Health)

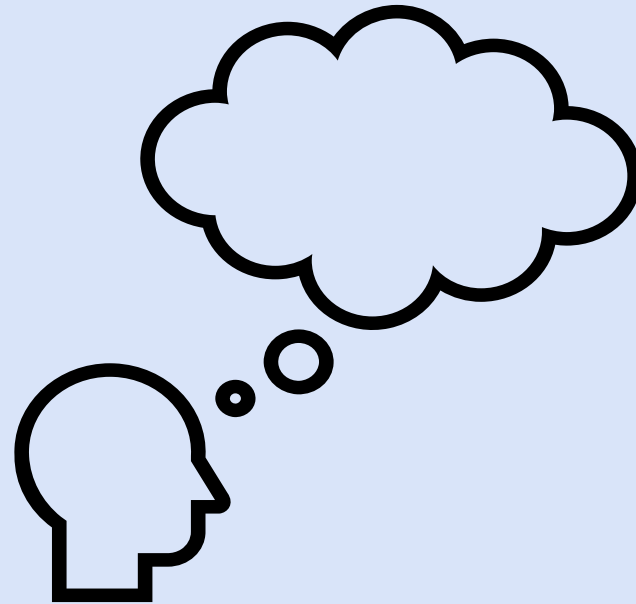
- Alameda Alliance for Health: 1-855-856-0577
- Kaiser Oakland: 510-752-1075
- Kaiser San Leandro: 510-626-2800
- Kaiser Union City: 510-675-3080
- Kaiser Fremont: 510-248-5050

Screening and Transition of Care Tools for Medi-Cal Mental Health Services

Screening-and-Transition-of-Care-Tools-FAQ

ACCESS

Questions?



ACCESS

Thank You


Behavioral Health Services Act (BHSA) Brief Overview MHSA Stakeholder Group


Friday May 24, 2024




**Behavioral Health
Department**
Alameda County Health

Mental Health Services Act - Current Review

76%  **Community Services & Supports (CSS)**
Direct treatment and recovery services for serious mental illness or serious emotional disturbance
51% Full Service Partnerships

19%  **Prevention & Early Intervention (PEI)**
Interventions prior to the onset of mental illness and early onset of psychotic disorders

5%  **Innovation (INN)**
New approaches and community-driven best practices

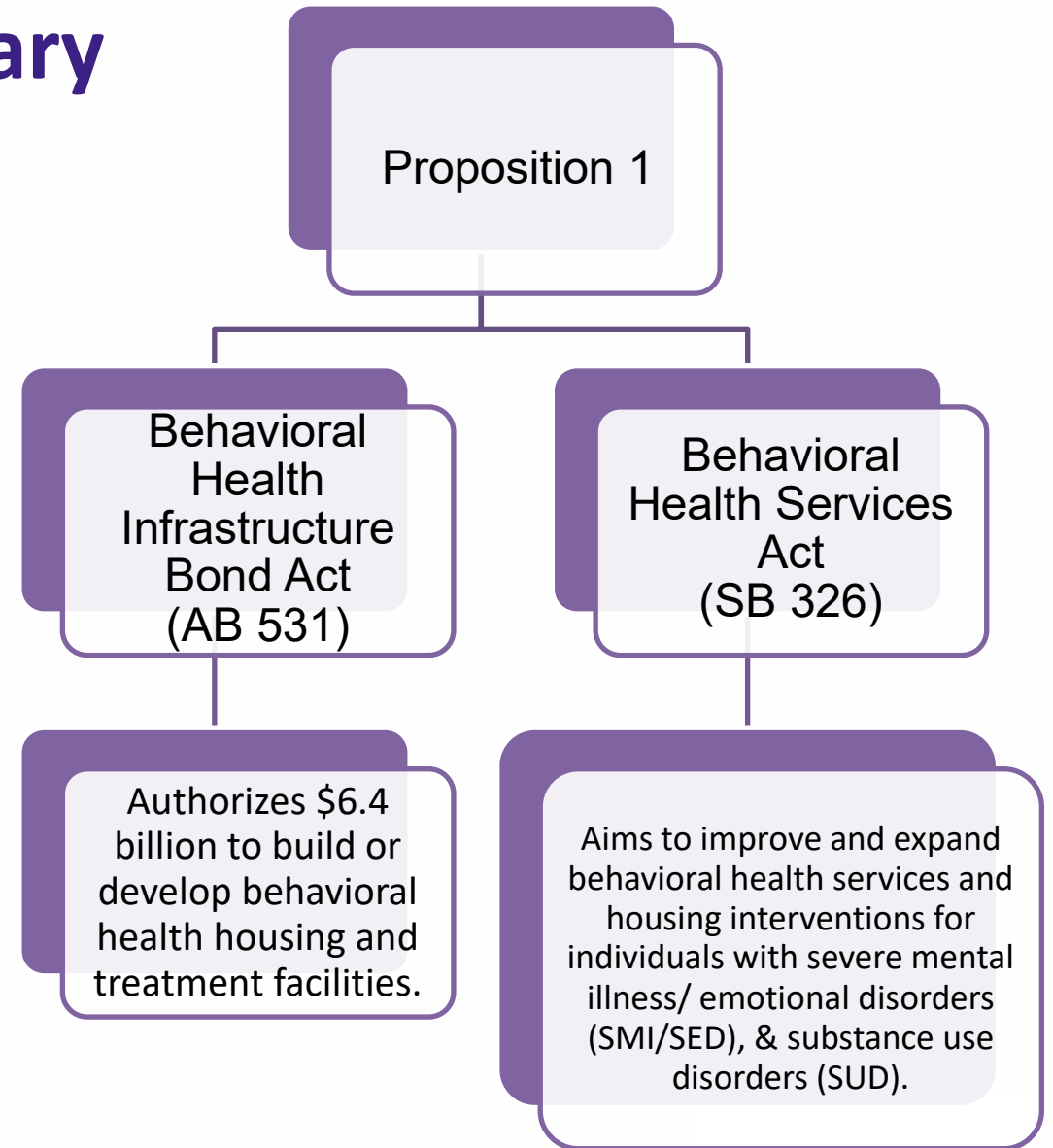
Workforce Education and Training (WET)
 Education, training and workforce development to increase capacity and diversity of the mental health workforce

Capital Facilities and Technology Needs (CFTN)
 Buildings and technology used for the delivery of MHSA services to individuals and their families.

1% tax on personal income over \$1M; Alameda County: FY 24/25 Budget: \$194M, funds 197 County Civil Service Positions. MHSA is highly leveraged and makes up ~26% of the ACBHD total budget.

Proposition 1: High-Level Summary

- Philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the most severely mentally ill individuals.
- Inclusion of eligible programming for those with substance use conditions.
- Services and supports primarily focused on housing.



Governor's "Transformation of Behavioral Health Services"

1. Housing and behavioral health treatment in unlocked, community-based settings (AB531)

- New unlocked community behavioral health beds in residential settings (6000+ units/beds)
- Permanent supportive housing for people with behavioral health conditions (1,800 units)
- Housing for veterans experiencing or at risk of homelessness who have behavioral health conditions (1,800 units)

2. Reforming the Mental Health Services Act to the *Behavioral Health Services Act* (SB326)

- Changes local categorical funding buckets
- Broadens the target population to include those with debilitating substance use disorders
- Focuses on the most vulnerable individuals with a mental illness or substance use disorder
- Commits 3% of county allocations to develop a statewide workforce initiative

3. Focusing on outcomes, accountability, and equity

- Requires a new County Integrated Plan for Behavioral Health Services and Outcomes
- Increases Fiscal accountability, reporting and updates to county spending and revision of county processes
- Reduces the allowable prudent reserve from 33% to 20% for large counties, such as Alameda County.

MHSA to BHSA Transition



Proposition 1: Funding categories

30%* Housing Interventions

- Rental subsidies, operating subsidies, capital investments, shared and family housing, and nonfederal share of transitional rent.
- At least 51% for chronically homeless with focus on encampments.

35%* Full-Service Partnerships (FSP)

35%* Behavioral Health Services and Supports (BHSS)

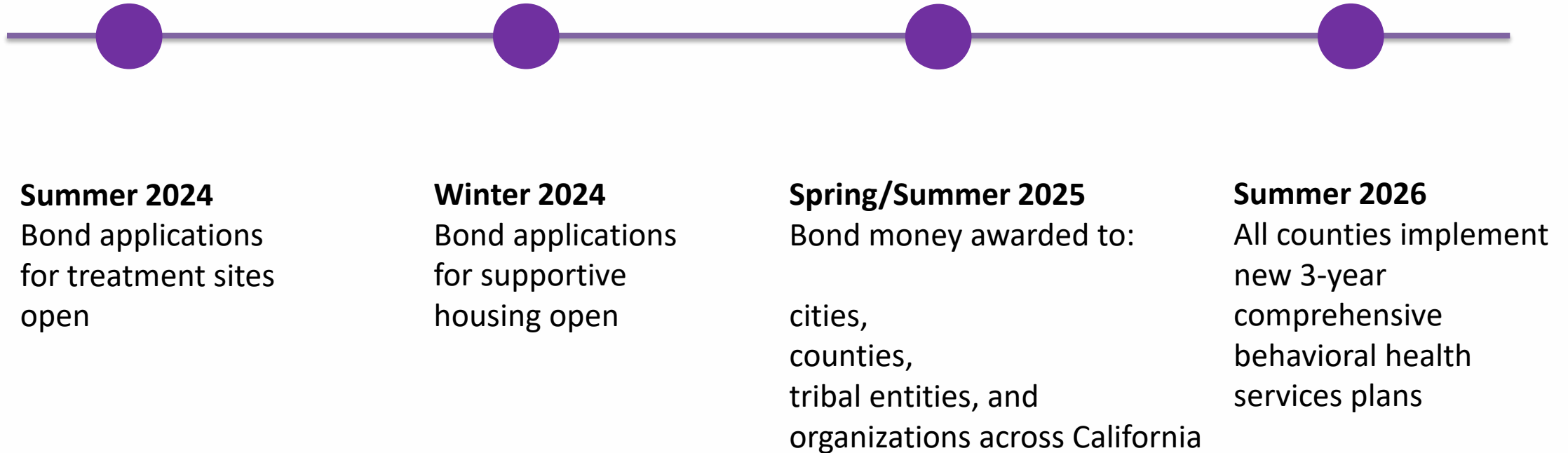
- At least 51% Early Intervention and 51% of this allocation for youth ages 0-25.
- Components being eliminated at the *local level*:
 - Prevention, Innovation, Workforce Education and Training and Capital Facilities & Technological Needs.

**Can transfer up to 7% per category, 14% max total (must receive approval from DHCS).*

Broaden Target Population

- Utilize BHSA funding for treatment and services to individuals who have substance use disorder (SUD) but do not have a co-occurring mental health disorder.
- Increases access to SUD services for individuals with moderate and severe SUD.
- Counties are required to incorporate SUD prevalence and local unmet need data into spending plans. Uses data to inform and develop accountability to improve the balance of funding for SUD.
- Expanding the BHSA target population will help address the rising number of individuals living with SUDs, prevent co-occurring mental health conditions, and allow counties to use BHSA funds in combination with federal funds to expand SUD service offerings

Key Prop 1 and BHSA Implementation dates*



* As of 5/15/2024 <https://mentalhealth.ca.gov/>

Proposition 1 Next Steps

- Sharing information and encouraging all to stay informed.
- Working closely with California Behavioral Health Directors Association (CBHDA) and other counties to analyze, understand impacts and make recommendations.
- Listening to community questions and concerns.
- New website from the State: <https://mentalhealth.ca.gov/>
- DHCS has set up a transitions website: [BHT webpage](#)
 - They will be hosting listening sessions starting in April. The sessions will be listed here when scheduled: <https://www.dhcs.ca.gov/BHT/Pages/Stakeholder-Engagement.aspx>

Thank you
&
Questions/Comments



or

<https://www.surveymonkey.com/r/BVQC9JV>

