Early Intervention (EI) Transition Information Session

Presenters:

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*Dates: February 19, 2025 & March 13, 2025 (*NOTE: Providers may attend both dates)
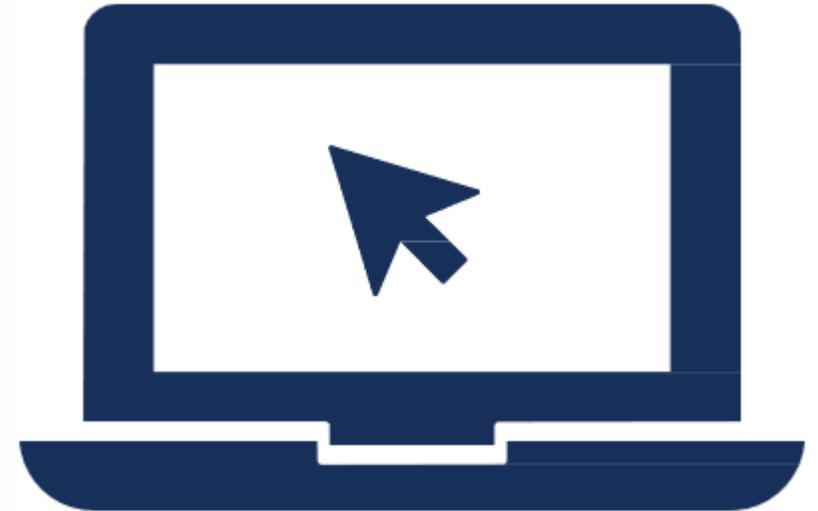
Welcome

We'd like to honor and acknowledge the many communities that have created the rich landscape of Prevention and Early Intervention services over the past 15 years.

Our goal is to retain the cultural legacy of these services while balancing alignment to the new regulations under the Behavioral Health Services Act.

Thank you for your partnership.

Information Session Format

- ACBHD Staff will present information on the Behavioral Health Services Act (BHSA) and a Specialty Mental Health Early Intervention (EI) model, which is an **opt-in opportunity**.

- This event is being recorded: Audio is now broadcasting. We will post the slides, recording, an FAQs on the [ACMHSA](#) website under the [BHSA tab](#).

- **Please note:**

  - This is an informational session.

  - Questions may be submitted via Zoom's Q&A feature.

  - Answers to questions received prior to and during the information sessions will be consolidated in a Frequently Asked Questions **(FAQ)** document that will be posted.
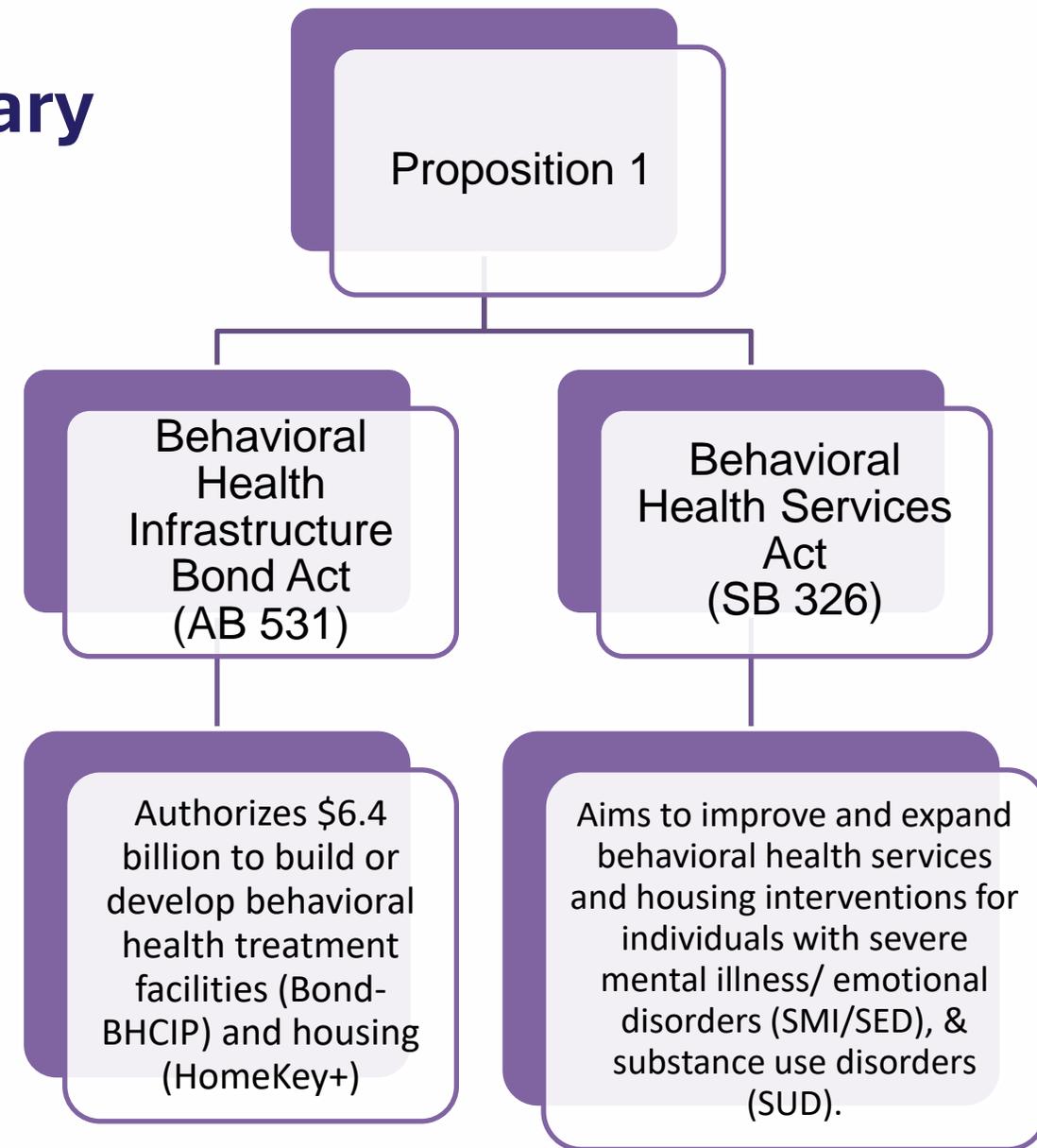
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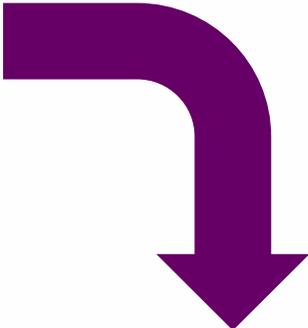
Agenda

Welcome

- ❑ Behavioral Health Services Act (BHSA) Overview
- ❑ Behavioral Health Services and Supports (BHSS) Category
- ❑ Early Intervention (EI) Subcategory
- ❑ BHSA Prioritization of Medi-Cal Billable Services
- ❑ ACBHD Specialty Mental Health EI Model
- ❑ Specialty Mental Health Services (SMHS) Medi-Cal Decision-Making Tool Overview
- ❑ PEI Provider Profile Survey
- ❑ Implementation Timeline
- ❑ Next Steps

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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.

- Significant focus on housing and homelessness.

- Statewide focus on increased accountability and transparency

Proposition 1

Behavioral Health Infrastructure Bond Act (AB 531)

Authorizes $6.4 billion to build or develop behavioral health treatment facilities (Bond-BHCIP) and housing (HomeKey+)

Behavioral Health Services Act (SB 326)

Aims to improve and expand behavioral health services and housing interventions for individuals with severe mental illness/ emotional disorders (SMI/SED), & substance use disorders (SUD).

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Proposition 1: System Change

Community Services & Supports (CSS)	Prevention & Early Intervention (PEI)	Innovation (INN)	Workforce, Education & Training (WET)	Capital Facilities/ Technological Needs (CFTN)

← Mental Health Services Act →

Housing 30%	Full Service Partnerships 35%	Behavioral Health Services & Supports 35%	State Administrative Funds 10%

← Behavioral Health Services Act →

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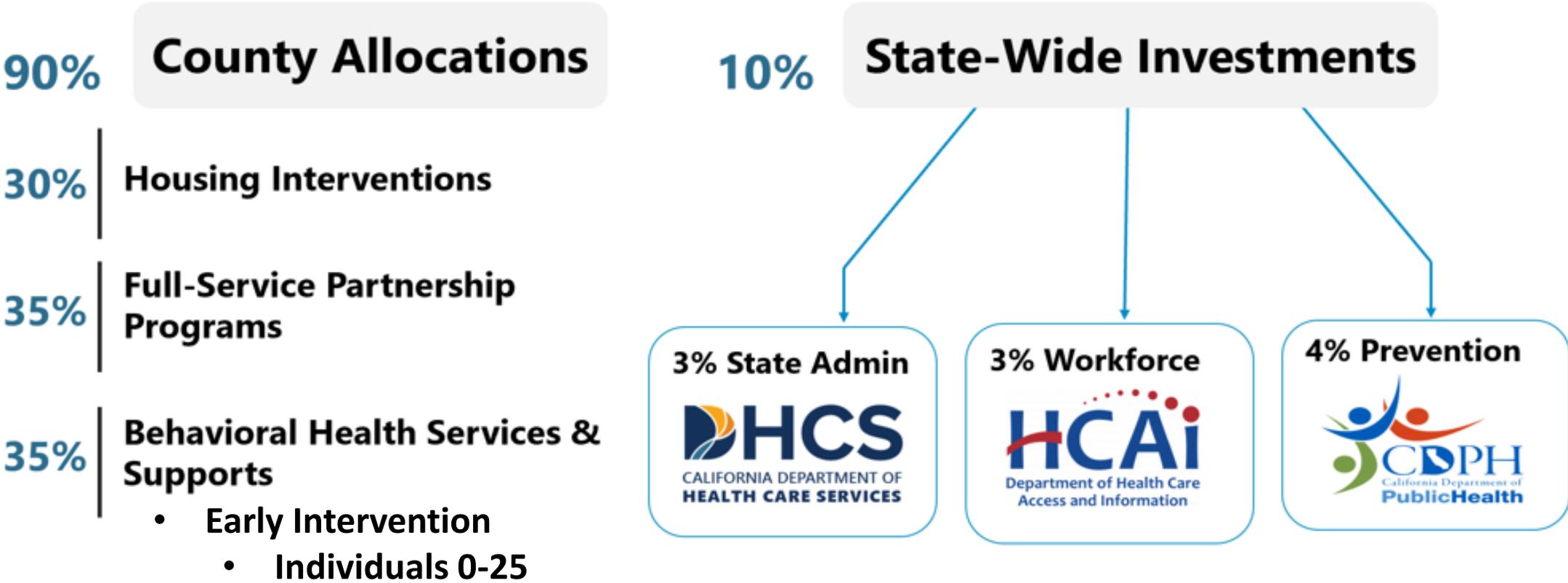
Proposition 1: System Change

BHSA Funding Breakdown

Total BHSA revenue is distributed between county and state-wide allocations.

90% County Allocations

- **30%** Housing Interventions
- **35%** Full-Service Partnership Programs
- **35%** Behavioral Health Services & Supports
  - Early Intervention
    - Individuals 0-25

10% State-Wide Investments

- 3% State Admin — DHCS — CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES
- 3% Workforce — HCAi — Department of Health Care Access and Information
- 4% Prevention — CDPH — California Department of PublicHealth

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Behavioral Health Services and Supports (BHSS) – 35% of the funding allocation:

- Discretionary Component and can include early intervention, crisis services outreach and engagement, non-FSP treatment programming, medication support, primary care integrative services, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.

- A majority (51%) of this amount must be used for Early Intervention services to address the early signs of mental illness or substance misuse.
  - A majority (51%) of these Early Intervention services and supports must be delivered to people 25 years and younger.

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Early Intervention under BHSA

Each county shall establish and administer an early intervention program that is designed to prevent mental illnesses and substance use disorders from becoming severe and disabling and to reduce disparities in behavioral health.**

An early intervention program shall include the following components:
- **Outreach**,
- **Access and Linkage**,
- **Treatment Services** for the purpose of preventing mental health illnesses and substance use disorders from becoming severe.
- Services may include first episode psychosis programming and services that prevent, respond, or treat a behavioral health crisis or activities that decrease the impacts of suicide.

The State Department of Health Care Services _may require_ a county to implement specific evidence-based and community-defined evidence practices.

**See SB 326 SEC 50. Section 5840

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Early Intervention Funds for Children and Youth

51% of Early Intervention funds must be used for children and youth 25 years of age or younger
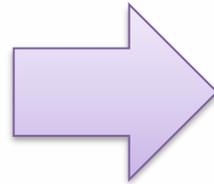
Early Intervention funds <u>must prioritize</u> **childhood trauma** through addressing the root causes of Adverse Childhood Experiences or other social determinants of health that contribute to early origins of mental health and substance use disorder, including strategies focused on:

- Youth experiencing homelessness
- Justice-involved youth
- Child welfare-involved youth with a history of trauma
- Other populations at risk of developing serious emotional disturbance or substance use disorders
- Children and youth in populations with identified disparities in behavioral health outcomes (WIC Sections 5840 and 5892)

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MHSA to BHSA: BHSS Early Intervention Aims

The Behavioral Health Services Act requires that Early Intervention programs focus on reducing the likelihood of certain adverse outcomes (WIC Section 5840(d)).

» Suicide and **self harm**

» Incarceration

» School **suspension, expulsion, referral to an alternative or community school,** or failure to complete*

» Unemployment

» Prolonged suffering

» Homelessness

» **Overdose**

» Removal of children from homes

» **Mental illness in children and youth from social, emotional, developmental, and behavioral needs in early childhood**

Bold represents additional goals for counties under the Behavioral Health Services Act

* Including early childhood 0 to 5 years of age, inclusive, TK-12, and higher education

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Opportunity to *retain*, *scale*, and *sustain* critical community-based early intervention services

ACBHD is offering this opt-in opportunity for PEI providers that *currently provide* early intervention program components (as defined by the State) to transition to Early Intervention Medi-Cal programs.

- PEI program models with early intervention components *and* that are most consistent with Specialty Mental Health Services SMHS Medi-Cal program models will be the programs that the department will focus on during the initial transition stage.

- The upcoming BHSA shift will realign prevention services from county to State responsibility. ACBHD remains committed to our Prevention providers and will share information about the process of administration of these prevention funds once more information becomes available.

Mental Health treatment services

Medi-Cal Billing experience
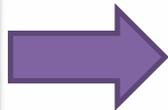
1:1 Early Intervention (EI) Services experience

Minimum required staffing structure

Access & Linkage experience

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BHSA Prioritization of Medi-Cal Billable Services

Goal: Expand access to high-quality care through the efficient use of state and county resources.
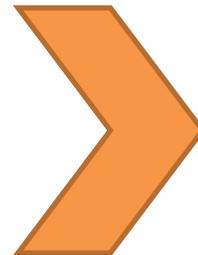
Prioritize billable services.

→

Ensure that BHSA funds are directed where they are most needed.

→

Beginning in 2029 Counties will be given a billable services benchmark to attain and maintain.

Retain•Scale•Sustain

ACBHD Specialty Mental Health EI Model

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BHSA Opportunity to *Retain, Scale, & Sustain* CBO Programs & Services for Target Populations

Opportunity: To transition Prevention & Early Intervention (PEI) providers that currently provide early intervention program components to a **Specialty Mental Health Early Intervention (EI) Medi-Cal program model.**

Leverage State Policies:
- Behavioral Health Workforce expansion with paraprofessionals
- CalAIM Documentation Redesign (aka lean documentation)

Leverage Existing Paraprofessional Training Programs/Models:
- SB803 Certified Peer Support Specialist (CPSS)
- Lay Counselor Academy (LCA)

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Specialty Mental Health Services (SMHS) Medi-Cal Decision-Making Tool

Purpose: Assistance to determine whether to opt-in to become a SMHS EI Medi-Cal organizational provider.

The next slides will highlight the four key areas needed to become a SMHS EI Medi-Cal organizational provider. The key areas are listed in order of recommended starting points based on completion time.

Organizations that decide to move forward will receive the Medi-Cal Onboarding Tool, which will provide additional details and mechanisms to assist with status tracking and monitoring.

ACBHD will provide additional support, resources, and technical assistance.

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Key Area 1

Medi-Cal Site Certification Requirement
• Obtain a Medi-Cal Site Certification through ACBHD • Reference: [Site Certification Checklist: Community Based Organizations (CBOs)](#) • Average completion time: 5 months
☐ Ensure that your agency and providers who will be billing Medi-Cal have a National Provider Identifier (NPI)[1] **Note**: If you have a SmartCare Program ID (formerly known as a Reporting Unit), your agency likely already has an NPI #.
☐ Obtain or verify that you have a **Fire Clearance**[2,3] obtained within the last 12 months.
☐ Submit a [Program Change Request Form](#) (PCR) to ACBHD Contracts Unit to initiate the process to become a SMHS Medi-Cal organizational provider   **Note**: Requires valid NPI and Fire Clearance. A prefilled PCR template will be available.
☐ Create and/or revise required Policies and Procedures (P&Ps)[4] and make them available to ACBHD Quality Assurance (QA) prior to the ACBHD onsite review   **Note**: [ACBHD P&Ps](#) may be leveraged to create agency-specific P&Ps.

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Key Area 2

Privacy and Security Requirements[5]

- Ensure you have appropriate technical and physical safeguards in place to protect the privacy and security of clinical records.

- Average completion time: Varies

☐ Determine whether your agency will utilize the ACBHD clinical EHR (Clinician's Gateway) or your own. Privacy and technical security safeguards[7] are accounted for by the ACBHD Clinical EHR. If using your own Clinical EHR, your agency must account for privacy and technical security safeguards.

☐ Ensure facility and workstation physical safeguards[6] for Protected Health Information (PHI) hardcopies and electronic (ePHI) are met (e.g. PHI/ePHI not in publicly accessible space, use of double locks such as a cabinet and a door).

☐ Ensure safeguards[6] for transportable electronic media (e.g. cell phones, tablets, memory cards) are met.
Note: Alameda County Health (ACH) policies and templates may be leveraged

☐ Ensure process for PHI/ePHI retention, storage, and destruction[6]

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Key Area 3

Program and Staff Requirements[8, 9, 10]
• Ensure you meet all program and staff licensure and training requirements. • Average completion time: 3 months
☐ Identify type(s) of Outpatient SMHS (e.g. Mental Health Services, such as therapy and collateral; Case Management/ Brokerage; Crisis Intervention; Peer Support Services[11]) your agency will deliver).
☐ Ensure your agency has identified a Head of Service (HOS)[9] with appropriate licensure (i.e. Licensed Mental Health Professional, such as LCSW, LMFT).
☐ Dedicate or designate Quality Assurance (QA) staff time to ensure Medi-Cal requirements are supported on an ongoing basis and liaise with ACBHD QA.
☐ Develop a process to credential and re-credential staff (i.e. verification of identity, license (if applicable), and exclusion status)[10], and ensure all staff are appropriately credentialed.
☐ Ensure all agency staff have completed Training Requirements[12] (e.g. Documentation).

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Key Area 4

Medi-Cal Quality Assessment, Performance Improvement, and Data Collection
• Ensure you have a process to track compliance with Medi-Cal requirements, including data collection and reporting. • Average initial set up completion time: 3 months
☐ Understand and complete ongoing data collection and reporting (e.g. network adequacy and timely access).
☐ Actively participate in ongoing Quality Assessment and Performance Improvement (QAPI) (e.g. State and ACBHD chart audits, beneficiary surveys, quality improvement projects, evidence based clinical practices).
☐ Understand and ensure Member Rights and Protections (i.e. informing materials, grievances, and appeals) are adhered to.

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Sources and Links in the Checklist

[1]See https://www.acbhcs.org/providers/npi/npi.htm for NPI information.

[2] For sites that have a room/office number listed on the fire clearance, include the room/office number in the primary practice site address section in NPPES.

[3] See Fire Clearance Requirements for Medi-Cal Site Certification

[4] Step 2 in Site Certification Checklist: Community Based Organizations (CBOs).

[5] 45 CFR Part 164 - Security and Privacy.

[6] 45 CFR § 164.310 - Security Physical Safeguards

[7] 45 CFR § 164.312 - Security Technical Safeguards

[8] Basic requirements of outpatient mental health services, in accordance with 9 CCR § 680

[9] HOS is a licensed mental health professional or other appropriate individual as described in 9 CCR § 622 through 630.

[10]1603-3-2-Credentialing-&-Re-Credentialing-Verification-P&P.pdf

[11] BHIN 22-026 Peer Support Services

[12] See https://bhcsproviders.acgov.org/providers/QA/memos/2025/Training_policy_Memo.pdf

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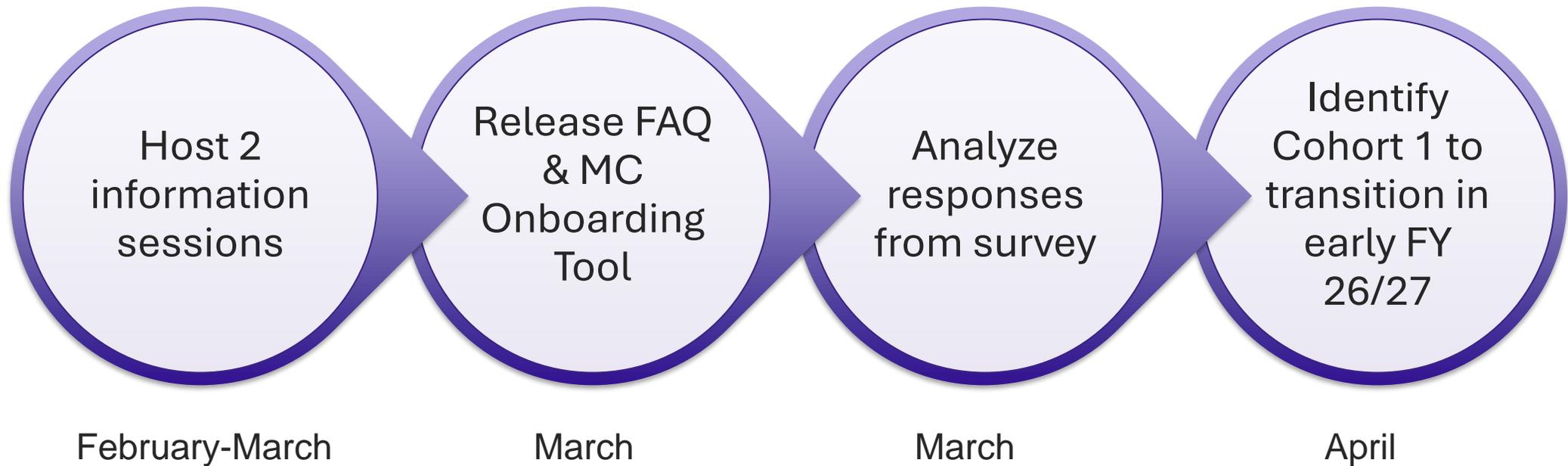Alameda County Health

PEI Provider Survey

Your answers to this brief survey will help the Transition Team build profiles for providers that currently are or may become Medi-Cal organizational providers, including their fiscal, TA, and infrastructure needs.

➢ Regardless of survey responses all PEI providers will retain funding for FY 25/26, as this is the last year of MHSA.

➢ For this transition ACBHD expects to support two cohorts of providers. One that will begin in early FY 25/26 and another in mid FY 25/26.

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FY 24/25 Timeline

Host 2 information sessions

Release FAQ & MC Onboarding Tool

Analyze responses from survey

Identify Cohort 1 to transition in early FY 26/27

February-March

March

March

April

**A more detailed timeline for FY 25/26 will be available once Cohort 1 is identified.

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Next Steps

- Complete the survey
  - This will help ACBHD identify which programs (that currently have EI program components) will opt into the transition process.

- Send questions to BHSA@acgov.org

- Track updates for prevention funds that will be available through the California Department of Public Health(CDPH)
  - **BHSAinfo@cdph.ca.gov** with questions or feedback on the CDPH planning and   engagement process.

- ACBHD's implementation timeline will be developed and released in April.

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Thank You.

Comments & Questions?