



Overview of California's Public Mental Health and Substance Use Disorder Services

June 27, 2019

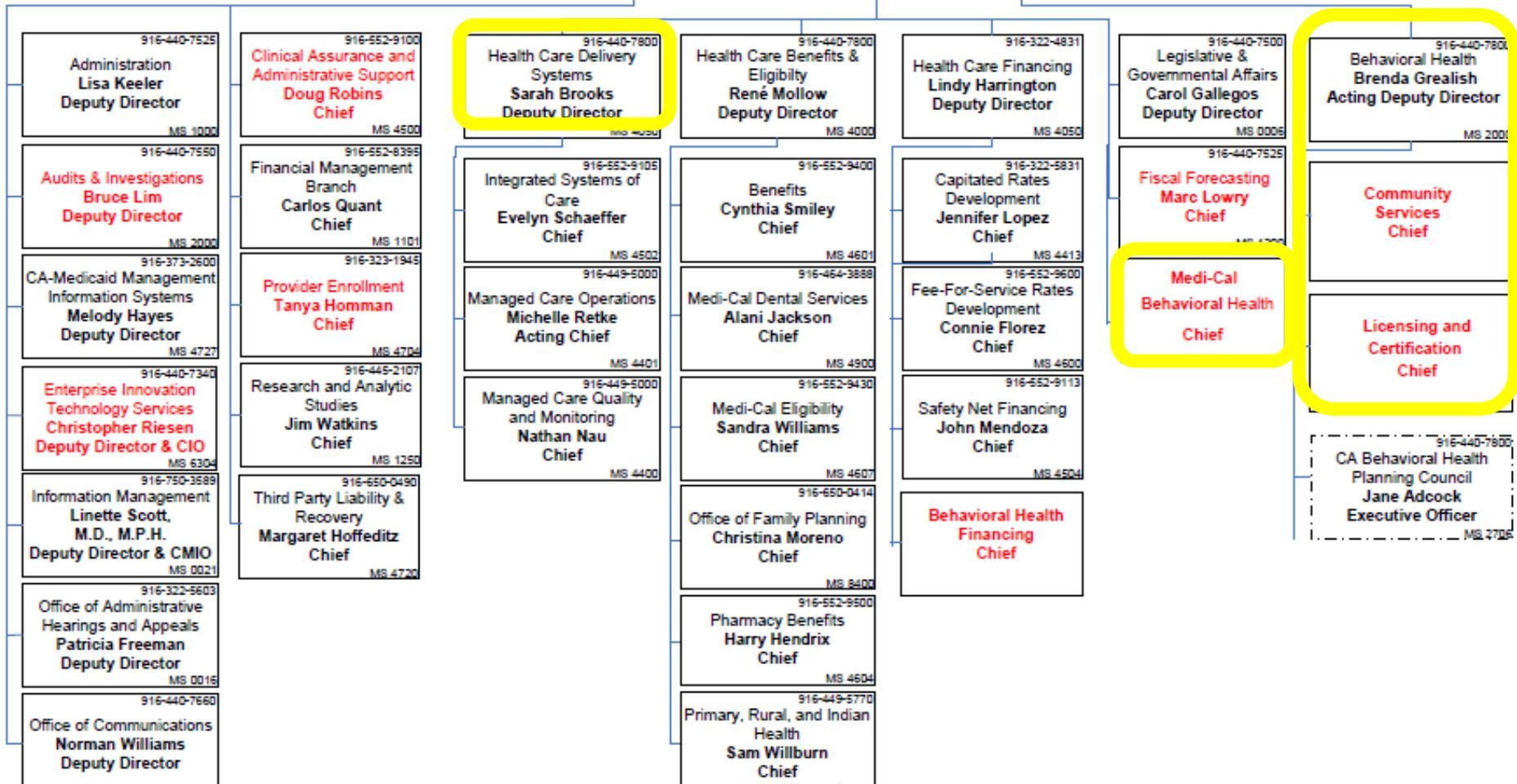
Department of Health Care Services

- DHCS is California's (CA) Single State Agency (SSA) for Medi-Cal, CA's Medicaid Program, and for federal block grants for mental health and substance use disorder services
Administers approximately \$100 billion annually in public funds that support the health of more than 13 Million Californians
- Two areas within DHCS are responsible for public behavioral health care services (approximately \$10 billion):
 - Health Care Programs (Medi-Cal Behavioral Health)
 - Health Care Delivery Systems (non-Specialty Mental Health)
 - Medi-Cal Behavioral Health Division (Specialty Mental Health and Drug Medi-Cal)
 - Behavioral Health (non-Medi-Cal Behavioral Health)
 - Community Services Division
 - Licensing and Certification





Department of Health Care Services





Background

Former Departments of Mental Health and
Alcohol and Drug Programs

Transition into DHCS



Department of Mental Health (DMH)

- The California Department of Mental Hygiene, which later became DMH, was established per statute in 1943.
- DMH was responsible for administering the State Hospitals and specialty psychiatric programs, as well as the community mental health systems.
- DMH was the primary state agency responsible for administering these programs/services.
- For community mental health services, DMH contracted with the 58 county mental health departments (or 56 mental health plans) for these services and the counties, in turn, provided services to mental health consumers either directly or by contracting with local service providers.



Transition from DMH to DHCS

- Assembly Bill 102 (Committee on Health, Chapter 29, Statutes of 2011) and SB 1009 (Chapter 34, Statutes of 2012), required that the following community mental health state administrative functions performed by the former DMH be transferred to DHCS:
 - Operation of Medi-Cal specialty mental health managed care
 - The Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) program
 - Any other applicable functions related to federal Medicaid requirements
- Initial legislation for this transfer became effective July 1, 2012.
- Administration of certain MHSA responsibilities were transferred to DHCS with the enactment of AB 1467 (Chapter 23, Statutes of 2012).



Department of Alcohol and Drug Programs (ADP)



- The California Department of Alcohol and Drug Programs (ADP) was established per statute in 1978.
- ADP was designated as the Single State Agency (SSA) responsible for administering and coordinating the State's efforts in prevention, treatment, and recovery services for alcohol and other drug (AOD) abuse and problem gambling.
- ADP was the primary state agency responsible for interagency coordination of these services.
- ADP was designed to use each of the 58 county alcohol and drug programs as brokers of service, and the counties in turn provided services to clients directly or by contracting with local service providers.



Transition from ADP to DHCS

- Assembly Bill (AB) 75 (Chapter 22, Statutes of 2013) added Section 11750 to the HSC, which transferred the administration of prevention, treatment, and recovery services for alcohol and drug abuse from the Department of Alcohol and Drug Programs (ADP) to the Department.
- DMC functions transitioned on July 1, 2012.
- All of ADP functions transitioned on July 1, 2013



Medi-Cal



Medi-Cal Managed Care Plan Mental Health Services

Managed Care Plan Mental Health Services

- The Affordable Care Act (ACA) provided the opportunity for millions of individuals and families to access affordable health care.
- Prior to ACA, mental health services in CA were primarily “carved-out” and provided through county Mental Health Plans (MHPs) under the CA 1915 (b) Specialty Mental Health Services (SMHS) Freedom of Choice Waiver.
- In 2013, CA elected to adopt an optional benefit expansion, which expanded services available to beneficiaries in their local Managed Care Plan (MCP) for mild to moderate.



Medi-Cal Managed Care

Effective January 1, 2014, eligible Medi-Cal beneficiaries may receive mental health benefits through Medi-Cal Managed Care Plans (MCPs). These services will continue to be offered as fee-for-service (FFS) benefits for eligible beneficiaries that are not enrolled in an MCP.

- MCP/FFS Mental Health Services:
 - Individual and group mental health evaluation and treatment (psychotherapy)
 - Psychological testing when clinically indicated to evaluate a mental health condition
 - Outpatient services for the purposes of monitoring medication treatment
 - Outpatient laboratory, medications, supplies and supplements
 - Psychiatric consultation





Medi-Cal
Specialty Mental Health Services
1915(b) Waiver



1915(b) SMHS Waiver

- 1915(b) Waiver Authority:
 - Allows states to implement managed care delivery systems, or otherwise limit individuals' choice of provider
 - May not be used to expand eligibility to individuals not eligible under the approved Medicaid State Plan
 - Cannot negatively impact beneficiary access, quality of care of services, and must be cost effective
- Federal Requirements Waived:
 - Freedom of Choice: Each beneficiary must have a choice of providers
 - Statewideness: Benefits must be available throughout the state
 - Comparability of Services: Services must be comparable for individuals (i.e., equal in amount, scope, duration for all beneficiaries in a covered group)



1915(b) SMHS Waiver (continued)

- 1915 (b) SMHS Waiver is California's agreement between Centers for Medicare and Medicaid Services (CMS) and DHCS, as the SSA for the administration of the Medicaid program.
- 1915(b) SMHS Waiver allows California to deliver SMHS through a managed care system.
- Through California's 1915(b) SMHS Waiver, 56 local county mental health plans (MHPs) are responsible for the local administration and provision of SMHS.
- DHCS contracts with each of the 56 MHPs to provide, or arrange for the provision of SMHS.
- The contract is required pursuant to state and federal law.



Mental Health Plan Contract

- Delineates the MHPs' and DHCS' responsibilities and requirements regarding the provision and administration of Specialty Mental Health Services.
- Conforms with federal requirements for Prepaid Inpatient Health Plans (PIHPs). MHPs are considered PIHPs and must comply with federal managed care requirements (Title 42, CFR, Part 438).
- Current MHP contract term: June 1, 2017 – June 30, 2022.

Memorandum of Understanding (MOU)

Objectives:

- Ensure coordination between the managed care plans and specialty mental health plans
- Promote local flexibility that exist at the county level

Core elements:

- Basic Requirements
- Covered Services and Populations
- Oversight Responsibilities of the MCP and MHP
- Screening, Assessment, and Referral
- Care Coordination
- Information Exchange
- Reporting and Quality Improvement Requirements
- Dispute Resolution
- After-Hours Policies and Procedures
- Member and Provider Education



Mental Health Services Responsibilities

Dimension	Medi-Cal MCP	MHP Outpatient	MHP Inpatient
Services	<p>Mental health services when provided by licensed mental health care professionals (as defined in the Medi-Cal provider bulletin) acting within the scope of their license:</p> <ul style="list-style-type: none"> • Individual and group mental health evaluation and treatment (psychotherapy) • Psychological testing when clinically indicated to evaluate a mental health condition • Outpatient services for the purposes of monitoring medication therapy • Outpatient laboratory, medications, supplies, and supplements • Psychiatric consultation 	<p>Medi-Cal Specialty Mental Health Services:</p> <ul style="list-style-type: none"> • Mental Health Services <ul style="list-style-type: none"> o Assessment o Plan development o Therapy o Rehabilitation o Collateral • Medication Support Services • Day Treatment Intensive • Day Rehabilitation • Crisis Residential • Adult Crisis Residential • Crisis Intervention • Crisis Stabilization • Targeted Case Management 	<ul style="list-style-type: none"> • Acute psychiatric inpatient hospital services • Psychiatric Health Facility Services • Psychiatric Inpatient Hospital Professional Services if the beneficiary is in fee-for-service hospital

Authorities: Statutes and Regulations

- Title 42, Code of Federal Regulations
<http://www.gpo.gov/fdsys/browse/collectionCfr.action?collectionCode=CFR>
- California Welfare and Institutions Code commencing with 14700 et seq.
<https://codes.findlaw.com/ca/welfare-and-institutions-code/wic-sect-14700.html>
- Title 9, California Code of Regulations, chapter 11, Medi-Cal Specialty Mental Health Services, commencing with 1810.100 et seq.
[https://govt.westlaw.com/calregs/Document/IE212E2E0DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=\(sc.Default\)](https://govt.westlaw.com/calregs/Document/IE212E2E0DF4A11E4A54FF22613B56E19?viewType=FullText&originationContext=documenttoc&transitionType=CategoryPageItem&contextData=(sc.Default))



Authorities: Medicaid State Plan

- The official contract between the Single State Medicaid Agency- DHCS and CMS by which a state ensures compliance with federal Medicaid requirements to be eligible for federal funding
- Developed by DHCS and approved by CMS
- Describes the nature and scope of Medicaid programs and gives assurances that it will be administered in accordance with the requirements of Title XIX of the Social Security Act, Code of Federal Regulations, and other applicable federal/state laws

<https://www.dhcs.ca.gov/formsandpubs/laws/pages/californistateplan.aspx>

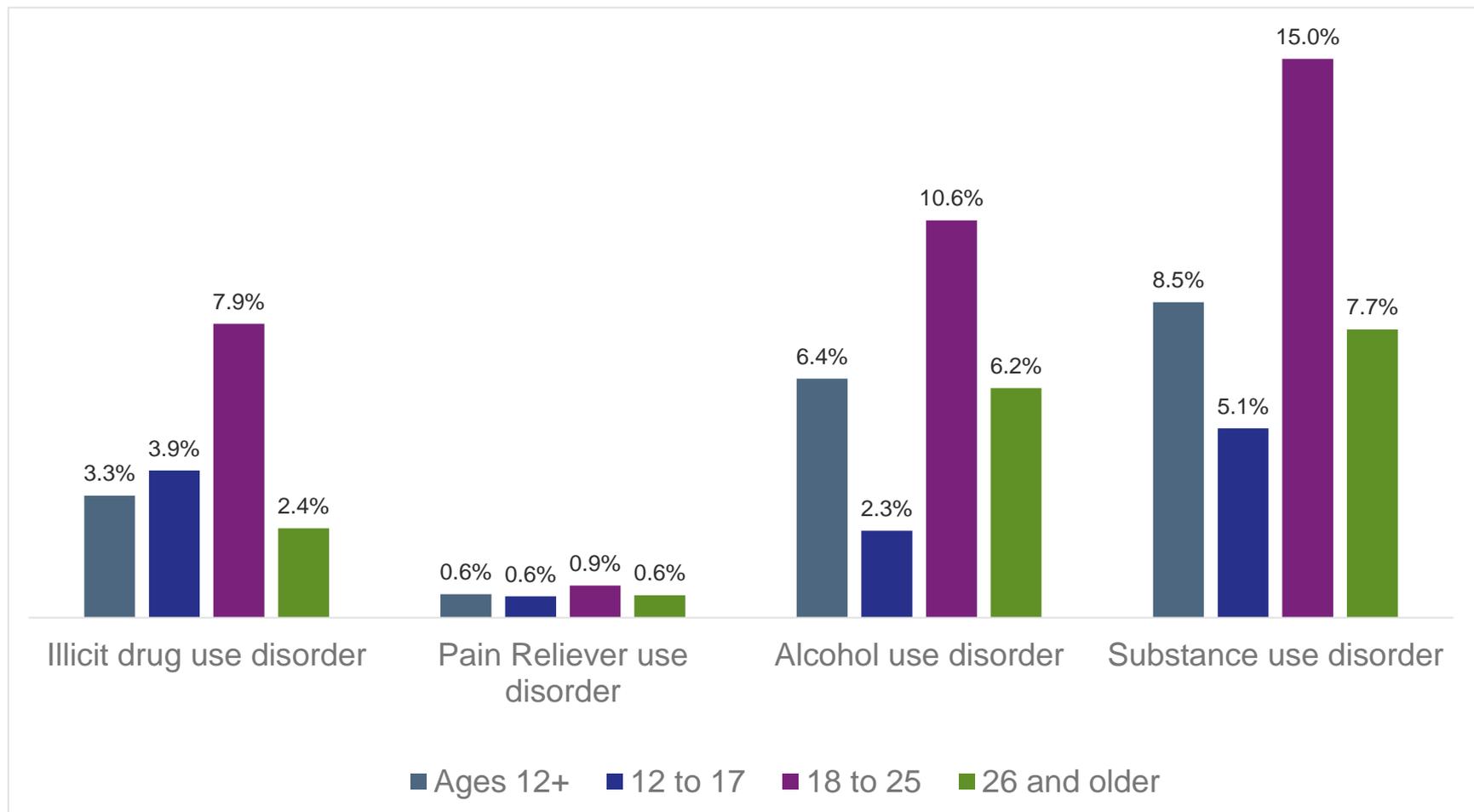




State Plan Drug Medi-Cal (DMC)
&
Drug Medi-Cal
Organized Delivery System (DMC-ODS)



Substance Use Disorder in California





State Plan DMC

All eligible Medi-Cal beneficiaries may receive the following State Plan DMC services through the (mostly) county-administered DMC system:

- Outpatient Drug Free Treatment
- Narcotic Treatment Services
- Intensive Outpatient Treatment (this benefit was previously limited to pregnant and postpartum women, children, and youth under the age of 21)
- Residential Substance Use Disorder Services (this benefit was previously limited to pregnant and postpartum women)
- Voluntary Inpatient Detoxification (Fee-for-Service)
- Screening and Brief Intervention (this service is available to the general adult population for alcohol misuse, and if threshold levels indicate, a brief intervention is covered. This service would occur in primary care settings.)



DMC-ODS

- Provides access to a full continuum of evidence-based SUD practices based on the American Society of Addiction Medicine (ASAM) Criteria
- Participating Counties act as Prepaid Inpatient Health Plan (PIHP) for SUD treatment
 - Selective provider contracting
 - Rate setting
 - Quality assurance and utilization controls
- Coordinate different levels of SUD treatment and with primary care and mental health systems
- Have increased control and accountability, including compliance with federal Medicaid Managed Care Rule standards



“ASAM Criteria:” Evidence-Based SUD Treatment



First developed in 1991 by American Society of Addiction Medicine



Used to create comprehensive, individualized patient treatment plans



Treatment levels range from outpatient services to residential or inpatient services, matched to patient need



Expanded Benefits Under DMC-ODS

Drug Medi-Cal (Traditional) Providers contract with: State

Drug Medi-Cal Organized Delivery System (Pilot) Providers contract with: Counties

Outpatient Medication Free Treatment

Outpatient Services

Intensive Outpatient Treatment

Intensive Outpatient Services

Narcotic Treatment Program
(methadone only)

Narcotic Treatment Program (expanded to include methadone, buprenorphine, disulfiram, and naloxone)

Naltrexone Treatment

Perinatal Residential SUD Services
(limited to facilities with 16 beds or less)

Residential Services (not restricted by facility size or limited to perinatal)

Detoxification in a Hospital

Withdrawal Management (at least one ASAM level)

Recovery Services

Case Management

Physician Consultation

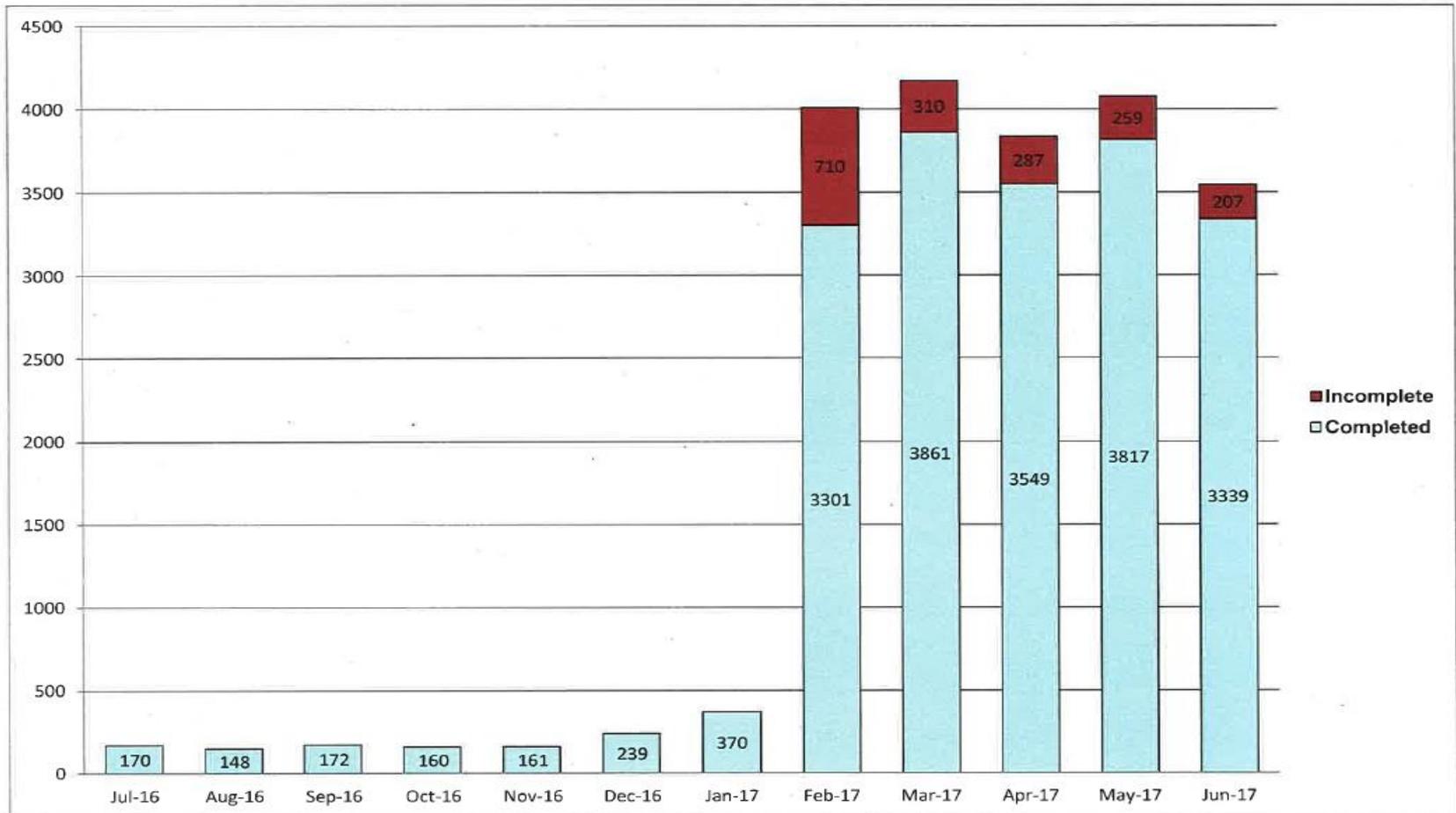
Partial Hospitalization (Optional)

Additional Medication Assisted Treatment (Optional)



Impact: Riverside County

Substance Use CARES Line Monthly Call Volume June 2016 – June 2017





DMC-ODS Evaluation

- The University of California Los Angeles, Integrated Substance Abuse Programs conducts the evaluation to measure and monitor outcomes of the DMC-ODS, using information gathered from existing state data sources, as well as new data collected specifically for the DMC-ODS evaluation.
- The evaluation focuses on four areas:
 - Access to care
 - Quality of care
 - Cost
 - Integration and coordination of SUD care, both within the SUD system and with medical and mental health services
- UCLA has issued three evaluation reports, which can be found at: <http://www.uclaisap.org/dmc-ods-eval/html/reports-presentations.html>



DMC-ODS Evaluation

- UCLA will release a 4th evaluation report in the Fall.
- In the 3rd year evaluation, analysis showed:
 - Implementation has varied substantially by county.
 - The seven counties that have implemented DMC-ODS for at least one year show an 81% increase in beneficiaries in the first fiscal year.
 - Level of care placement decisions generally match the level indicated by initial assessments (Three Counties).
 - Counties reported the waiver has positively influenced:
 - Establishment of beneficiary access lines
 - Quality improvement activities
 - Communication between SUD and MH and Physical Health Services



EQRO Requirements

- CMS requires that EQRs be conducted by an independent, external contractor pursuant to 42 CFR Part 438.
- Access, timeliness, quality and outcomes are the core values and requirements related to the reviews.
- EQRs include the evaluation of Performance Measures (PMs), Performance Improvement Projects (PIPs), billing integrity, care management and delivery systems, and client satisfaction (experience of care) survey use and validation.
- EQR requirements must be phased in within 12 months of the county's commencement of Waiver services.



External Quality Reviews FY18-19

- EQRs for San Mateo, Riverside, and Marin were conducted in FY18-19.
- All three counties shared traits which contributed to their success in the launch of new DMC-ODS services. Some of the key elements that helped in these communities were:
 - Leadership with effective communication with stakeholders, elected officials, staff, providers, clients and general public.
 - Commitment of resources, openness of change, innovation with challenges, inspiration of staff and community members including family and persons with an SUD.
 - Expanded clinical resources with newly certified providers and expanded capacity with existing providers.
- BHC is wrapping up 14 EQRs in Fiscal year 2018-19 for the annual report, which will be released in the Fall.



Non-Medi-Cal



Mental Health 1991 Realignment



1991 Realignment

- Bronzan-McCorquodale Act (W&I Code, Division 5, Part 2)
 - Realigned responsibility to pay for community mental health services provided to indigent Californians from the State to the Counties.
- Target Population Criteria (W&I Code, Section 5600.3)
 - Children and youth who have a serious emotional disturbance.
 - Adults and older adults who have a serious mental illness.
- To the Extent Resources are Available
 - Counties are required to provide community mental health services to the target population to the extent resources are available. (W&I Code, Section 5600.3)



1991 Realignment Services

- W&I Code, Section 5600.4
 - Pre Crisis and Crisis Services
 - Comprehensive Evaluation and Assessment
 - Individual Service Plans
 - Medication Education and Management
 - Case Management
 - Twenty-four Hour Treatment Services
 - Rehabilitation and Support Services
 - Vocational Rehabilitation Services
 - Residential Services
 - Services for Homeless Persons
 - Group Services



Mental Health Services Act (aka, Prop 63)



5 MHSA Program Components

Welfare and Institutions Code, Section 5890 restricts the use of MHSA funds to 5 specific program components.

1. Community Services and Supports (Division 5, Part 3 and Part 4) – 76% of the current allocation
2. Prevention and Early Intervention (Division 5, Part 3.6) – 19% of the current allocation
3. Innovation (Part 3.2) – 5% of the current allocation
4. Workforce Education and Training (Part 3.1) - \$444.5 million one-time allocation in 2004 that had to be spent by FY 2016-17.
5. Capital Facilities and Technological Needs (Section 5847) - \$453.4 million one-time allocation in FY 2007-08 that also had to be spent by FY 2016-17.



Community Services and Supports

- Full Service Partnerships (CCR, Section 3620)
 - Full Service Partnerships (FSPs) consist of a service and support delivery system for the public mental health system's hardest to serve clients, as described in W&I Sections 5800 et. seq. (Adult and Older Adult Systems of Care) and 5850 et. seq. (Children's System of Care).
 - The FSP is designed to serve Californians in all phases of life that experience the most severe mental health challenges because of illness or circumstance.
 - FSPs provide substantial opportunity and flexibility in services for a population that has been historically underserved and greatly benefits from improved access and participation in quality mental health treatment and support services.
 - FSPs provide wrap-around or “whatever it takes” services to clients. The majority of CSS funds are dedicated to FSPs.



Community Services and Supports (continued)

- Outreach and Engagement (CCR, Section 3640)
 - Outreach and engagement activities are specifically aimed at reaching populations who are unserved or underserved.
 - The activities help to engage those reluctant to enter the system and provide funds for screening of children and youth. Examples of organizations that may receive funding include racial-ethnic community-based organizations, mental health and primary care partnerships, faith-based agencies, tribal organizations, and health clinics.



Community Services and Supports (continued)

- General Systems Development (CCR, Section 3630)
 - General System Development (GSD) funds are used to improve programs, services, and supports for the identified initial full service populations, and for other clients consistent with MHSA target populations.
 - GSD funds help counties improve programs, services, and supports for all clients and families and are used to change their service delivery systems and build transformational programs and services. For example, GSD services may include client and family services such as peer support, education and advocacy services, and mobile crisis teams.
 - GSD programs also promote interagency and community collaboration and services, and develop the capacity to provide values-driven, evidence-based and promising clinical practices.
 - This funding may only be used for mental health services and supports to address mental illness or emotional disturbance.



Prevention and Early Intervention

- CCR, Section 3705 requires counties to provide specific PEI programs and to imbed specific PEI strategies within those programs.
 - Prevention Programs
 - Early Intervention Programs
 - Outreach for Increasing Recognition of Early Signs of Mental Illness Programs
 - Access and Linkage to Treatment Programs
 - Stigma and Discrimination Reduction Programs



Prevention and Early Intervention (continued)

PROGRAMS

- Prevention Programs (CCR, Section 3720)
- Early Intervention Programs (CCR, Section 3710)
- Outreach for Increasing Recognition of Early Signs of Mental Illness Programs (CCR, Section 3715)
- Access and Linkage to Treatment Programs (CCR, Section 3726)
- Stigma and Discrimination Reduction Programs (CCR, Section 3725)

STRATEGIES

- Improve Access and Linkage to Treatment (a)(1)
- Improve Timely Access to Mental Health Services for Individuals and/or Families from Underserved Populations. (a)(2)
- Use Strategies that are non-stigmatizing and non-discriminatory (a)(3)



Innovation

- Introduce a new mental health practice or approach that is new to the overall mental health system, including, but not limited to, prevention and early intervention
- Make a change to an existing practice in the field of mental health, including but not limited to, application to a different population.
- Apply to the mental health system a promising community-driven practice or approach that has been successful in non-mental health contexts or settings.
- CCR, Section 3910



Capital Facilities and Technological Needs

- Purchase and implement technology necessary to provide mental health services.
 - For example, many counties used this funding to implement electronic health records.
- Purchase capital facilities necessary for the county to provide community mental health services.
 - For example, counties may use this funding to purchase clinic space.



Workforce Education and Training

- Counties may use this funding to support programs designed to increase the supply of qualified individuals in the mental health workforce.
- A portion of funding goes to OSHPD to implement programs intended to increase the mental health workforce.



Three Year Program and Expenditure Plans and Annual Updates

Welfare and Institutions Code, Section 5847.

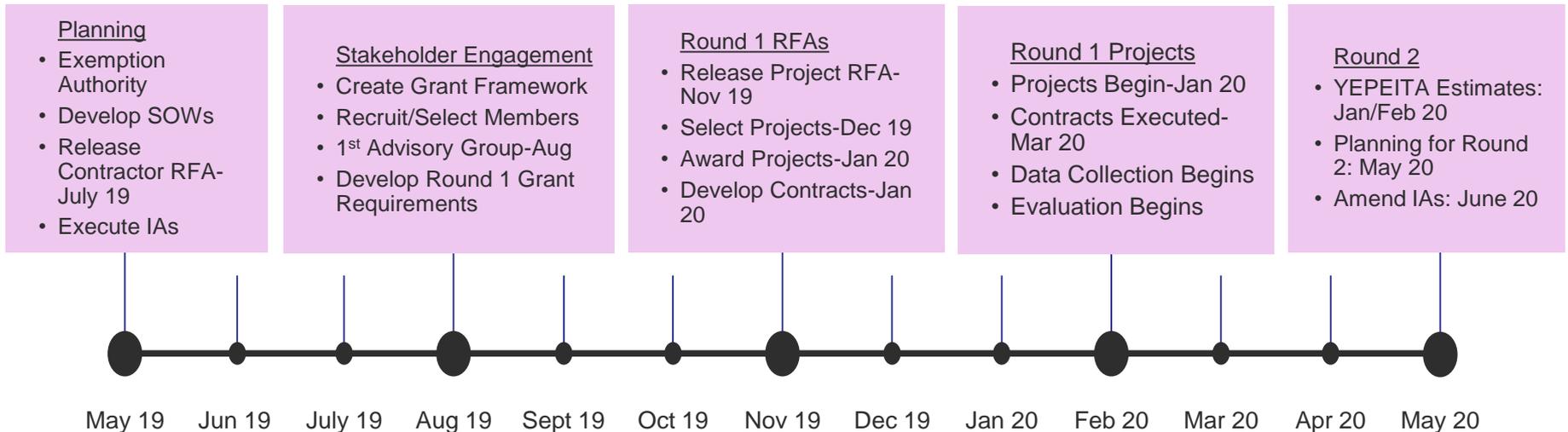
- Each county must submit a three year program and expenditure plan and annual update to the MHSOAC.
- Except for the Innovation Component, this plan is not approved by the MHSOAC or DHCS.
- All MHSA expenditures must be consistent with the three year program and expenditure plan.
- The MHSOAC must approve a county's Innovation Project Proposal, before it can begin to spend money allocated to the INN component.



Adult Use of Marijuana Act –
Youth Education, Prevention, Early
Intervention and Treatment Account
(aka, YEPEITA or Prop 64)

Proposition 64 Implementation

- DHCS is the lead over the YEPEITA fund (\$119M); ongoing tax based fund
- Department of Education (\$80.5M), DHCS (\$20.5M), Department of Public Health (\$12M) and Resources Agency(\$5M)
- \$20.5M for SUD prevention activities awarded in three-year grants
- DHCS Prop 64 Advisory Group; first meeting August 29th





SAMSHA Grants



Mental Health Block Grant (MHBG)



MENTAL HEALTH BLOCK GRANT (MHBG)

- Sources of Revenue - Substance Abuse and Mental Health Services Administration (SAMHSA)
- Program Allocations
 - State Administration (DHCS retains 5% of the total award to fund state operations)
 - Children's System of Care Set Aside
 - Integrated Services Agency Set Aside
 - Dual Diagnosis Set Aside
 - First Episode Psychosis Set Aside
 - Base Allocation



MHBG Program Allocations

Children's System of Care Set Aside

- United States Code, Section 300x-2 requires states to spend at least the amount it spent in 1994 on systems of integrated services for children.
- DHCS sets aside \$3.9 million annually to fund children's system of care programs in seven counties.
 - Humboldt, Los Angeles, Merced, Monterey, Placer, San Luis Obispo, and Stanislaus

Integrated Services Agency Set Aside

- DHCS sets aside \$2 million annually to fund an integrated services agency.
- These funds are split equally between Los Angeles and Stanislaus County.
- The Integrated Services Agency implements the Adult and Older Adult System of Care act.



MHBG Program Allocations (continued)

Dual Diagnosis Set Aside

- DHCS allocates roughly \$8 annually to fund programs that service individuals who have a mental health and substance use disorder.
- All but three counties receive this funding.

First Episode Psychosis Set Aside

- SAMHSA increased each State's award in 2014 by 10% and dedicated the additional funding to first episode psychosis programs.
- DHCS allocated the increased funding among counties based upon population size.
 - Counties with population less than 100,000 receive an allocation of 1%
 - Counties with a population between 100,000 and 300,000 receive an allocation of 1.9%.
 - Counties with a population between 300,000 and 1,000,000 receive an allocation of 2.9%
 - Counties with a population in excess of 1,000,000 receive an allocation of 3.9%.
 - Alpine, Modoc and Mono counties chose not to implement an FEP program.



MHBG Program Allocations (continued)

Base Funding

- DHCS distributes the remaining funding among counties to provide mental health services to adults and older adults with SMI and children and adolescents with SED.
- These funds are allocated among counties using the Cigarette and Tobacco tax allocation schedule.



Substance Abuse Prevention and Treatment Block Grant (SABG)



Substance Abuse Prevention and Treatment Block Grant (SABG)

- The Substance Abuse Prevention and Treatment Block Grant (SABG) is a noncompetitive, formula grant mandated by the U.S. Congress and administered by the Substance Abuse and Mental Health Services Administration.
- SABG funds must be used to plan, implement, and evaluate activities that prevent and treat substance use disorders (SUD) and promote public health.
- Grantees use the SABG program for prevention, treatment, recovery support, and other services **NOT OTHERWISE COVERED** by Medicaid, Medicare, and private insurance services.



Substance Use Disorder Benefits

- The following services are provided through the SAMHSA Substance Abuse Prevention and Treatment Block Grant (20% of the grant must be for prevention services):
 - Primary prevention activities, including over \$1 million for Friday Night Live/Club Live
 - Women-specific services for treatment and recovery from SUD
 - Discretionary funds were allocated to be spent on planning, carrying out, and evaluating activities to prevent and treat SUD; and
 - Adolescent and Youth Treatment funds to provide comprehensive, age-appropriate SUD services to youth.



SABG Efforts

- Annual SABG Application Process
- Statewide Needs Assessment and Plan (SNAP) Report
- Program Guidance
 - [SABG Manual](#)
 - Centralized mailbox for inquiries
- Synar Amendment
- DHCS receives an annual award from SAMHSA for the Substance Abuse Prevention and Treatment Block Grant.
- DHCS allocates these funds among counties based on the prior year allocation. Fiscal Year 2019-20 will be based upon Fiscal Year 2018-19.



Projects for Assistance in Transitioning from Homelessness (PATH) Grant



PATH Grant

- DHCS receives an annual award from SAMHSA for the Projects for Assistance in Transitioning from Homelessness (PATH) program.
- Funds community based outreach, mental health and substance abuse referral/treatment, case management and other support services, as well as a limited set of housing services for adults who are homeless or at imminent risk of homelessness and have a serious mental illness
- DHCS allocates the funding among forty counties participating in the PATH program using the cigarette and tobacco tax allocation schedule.



Medication Assisted Treatment Expansion Project:

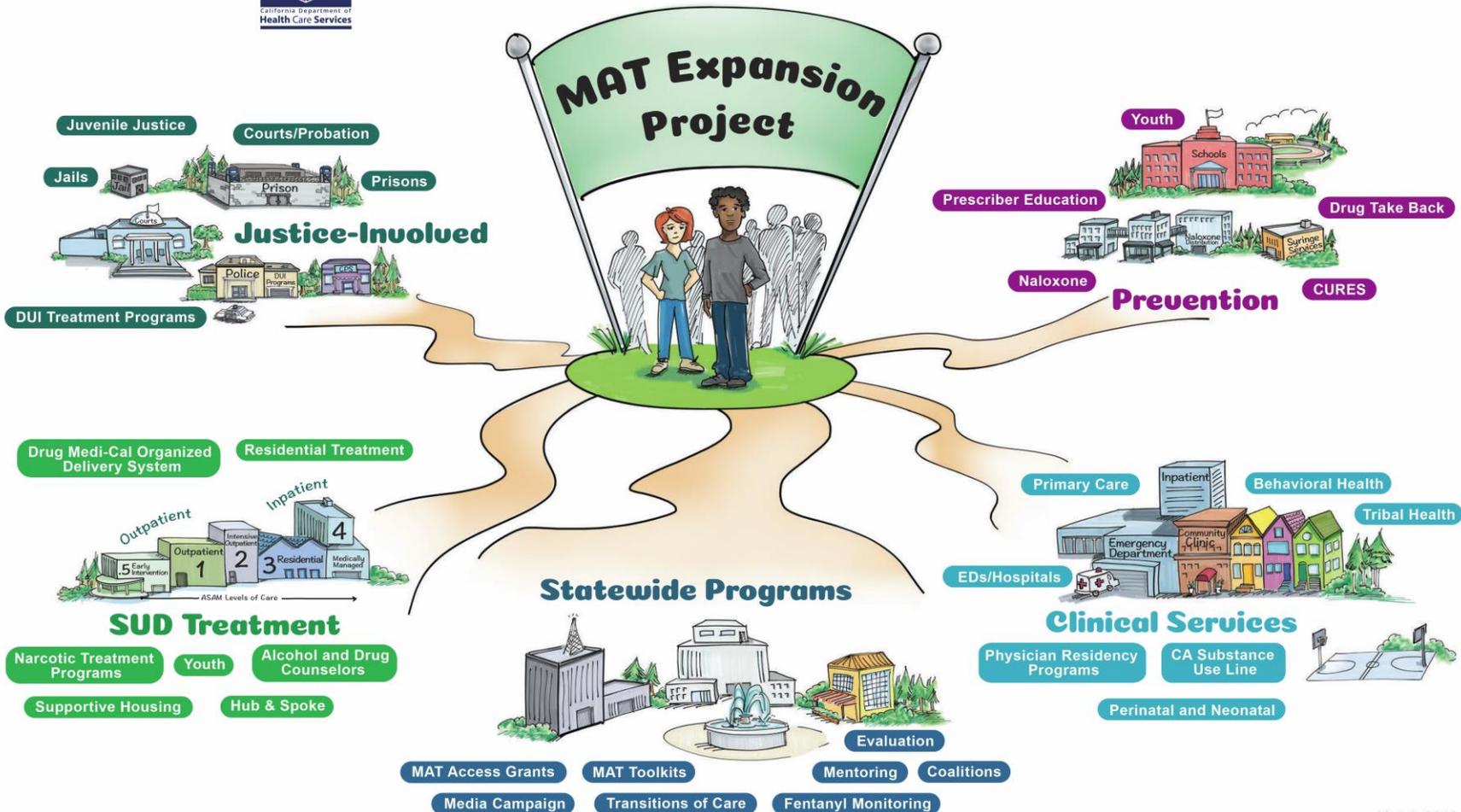
State Opioid Response Grant & State Targeted Response Grant



MAT Expansion Project STR and SOR \$265M

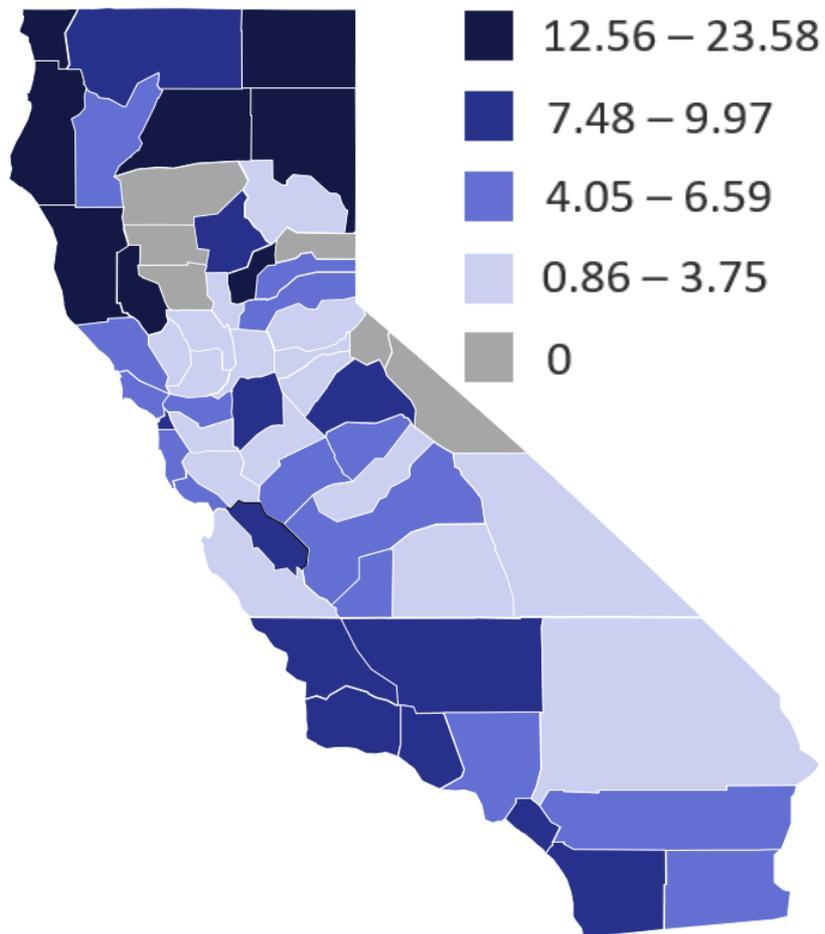


In California, Treatment Starts Here

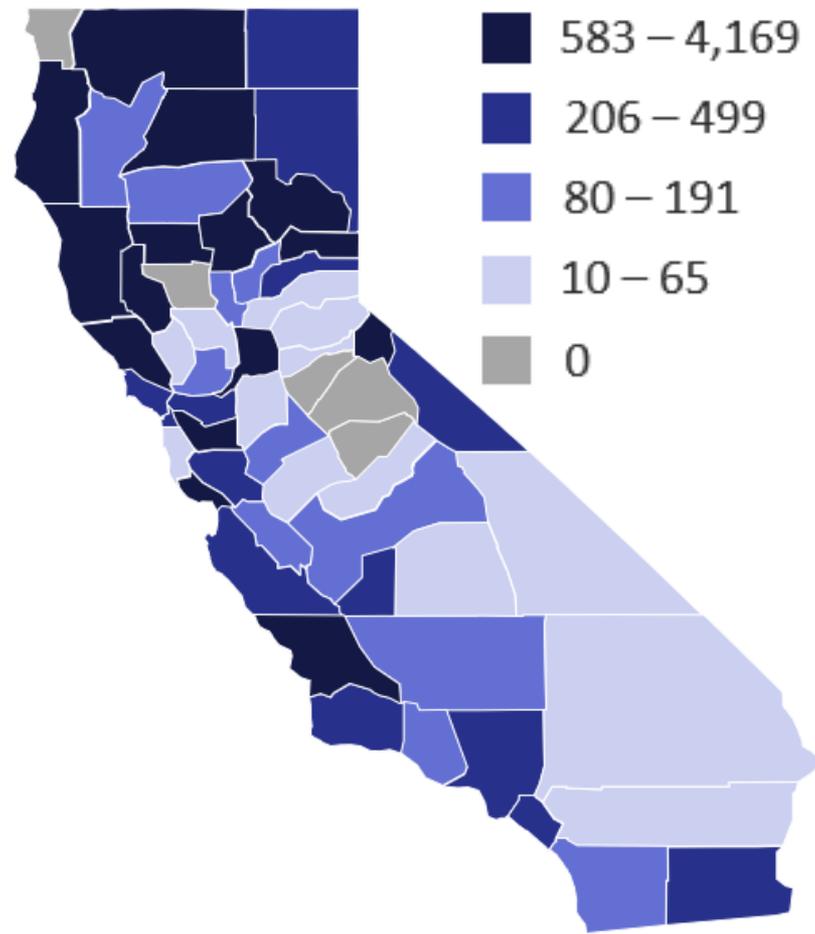




Opioid Overdoses per 100,000 Residents, 2017



Approved Naloxone Units per 100,000 Residents, 2018-19



SOURCES: Overdose Rates - California Department of Public Health, "California Opioid Overdose Surveillance Dashboard"; accessed December 2018. Population data - State of California Department of Finance, "E-1 Population Estimates for Cities, Counties, and the State — January 1, 2017 and 2018"; accessed December 2018. Naloxone units as of March 11, 2019.

27 counties

Alameda
Butte
Contra Costa
El Dorado
Fresno
Humboldt
Imperial
Inyo
Kern
Kings
Lake
Los Angeles
Mendocino
Nevada
Orange
Riverside
Sacramento
San Bernardino
San Diego
San Francisco
San Joaquin
Santa Barbara
Santa Clara
Shasta
Sonoma
Tulare
Yuba



31 health care facilities

St. Joseph Hospital (Eureka)
Shasta Regional Medical Center
Enloe Medical Center
Adventist Health Howard Memorial Hospital
Sutter Lakeside
Adventist Health Rideout
Sierra Nevada Memorial Hospital-Miners Hospital
Santa Rosa Community Health Center - Brookside
UC Davis
Marshall Medical Center
Contra Costa Regional Medical Center
St. Joseph's Medical Center (Stockton)
UCSF Zuckerberg San Francisco General Hospital
Highland Hospital, Alameda Health System
Santa Clara Valley Medical Center
Northern Inyo Hospital
UCSF Fresno
Adventist Health Hanford
Kaweah Delta Hospital Foundation
Bakersfield Memorial Medical Center
Santa Barbara Cottage Hospital
Olive View LAC+ USC Medical Center
St. Mary's Medical Center
LAC + USC Medical Center Foundation
Arrowhead Regional Medical Center
LAC/Harbor UCLA Medical Center
UC Irvine
San Geronio Memorial Hospital
UC San Diego
Scripps Mercy Hospital
El Centro Regional Medical Center

★ Star sites will become regional 'centers of excellence' for initiating treatment for substance use disorders from the inpatient ED, or prenatal settings and work with other hospitals to spread best practices.

◆ Rural Bridge sites will provide new access points for evidence-based treatment for substance use disorders primarily, in the emergency department.

△ Bridge clinics offer 'low-threshold' follow-up for patients started on treatment in the acute care setting, assisting patients with overcoming barriers to continued long term outpatient treatment in the community.



Expanding Access to MAT in County Criminal Justice Settings



GOALS

The overall goal of this program is to increase access to Medicated Assisted Treatments in jails and drug courts. Each county starts at a different point in access to MAT and need not end at the same point. Therefore, individual county goals are different, depending on how far along the county is regarding implementation of MAT in the criminal justice system.

County teams include members from jail health care, jail custody/Sheriff, probation, county managers office, drug courts, county AOD agency, and others.



LOCATIONS

Cohort 1 Counties

Alameda	Mono	Santa Clara
Contra Costa	Nevada	Shasta
Imperial	Orange	Siskiyou
Kern	Placer	Solano
Kings	Plumas	Tehama
Los Angeles	Riverside	Ventura
Marin	San Luis Obispo	
Mendocino	Santa Barbara	



California Hub and Spoke System (H&SS)

- The California H&SS consists of narcotic treatment program (Hubs) and office-based treatment settings (Spokes) that provide ongoing care and treatment. The program aims to increase the number of providers prescribing buprenorphine for opioid use disorder.
- Composed of 18 Hubs and over 215 Spokes through a diverse network of community health partners.
- The CA H&SS is improving, expanding, and increasing access to MAT services throughout the state, especially in counties with the highest overdose rates.
- For additional information, visit www.dhcs.ca.gov/individuals/Pages/CA-Hub-and-Spoke-System.aspx.



Licensing and Certification



Licensing and Certification Mental Health



MH Facilities Licensed by DHCS

Psychiatric Health Facilities (PHFs)

- There are currently 30 licensed PHFs in California with a total of 552 beds.

Mental Health Rehabilitation Centers (MHRCs)

- There are currently 26 licensed MHRCs in California with a total of 1,684 beds.



Psychiatric Health Facilities

- PHFs are licensed to provide acute inpatient psychiatric treatment to individuals with major mental disorders in a non-hospital setting.
- PHFs provide acute psychiatric treatment services to individuals subject to involuntary commitment under the Lanterman-Petris-Short [LPS] Act.



Psychiatric Health Facilities

PHFs may admit and provide treatment services to:

- Individuals involuntarily detained under the LPS Act for 72-hour evaluation and treatment pursuant to Welfare and Institutions Code (WIC) Section 5150 et seq.;
- Individuals certified for additional intensive treatment as suicidal under WIC Section 5260;
- Individuals certified for intensive treatment under WIC Section 5250;
- Any individual post-certified as a demonstrated danger of substantial physical harm to others under WIC Section 5300.



Psychiatric Health Facilities (continued)

- PHFs are specifically prohibited from admitting or treating prospective patients with primary diagnoses of chemical dependency-related disorders and eating disorders.
- DHCS is directly responsible for the initial licensure and ongoing oversight of PHFs, including onsite facility review to ensure compliance with the California Code Regulations, Title 22, Division 5, Chapter 9, and applicable state and federal laws.



Mental Health Rehabilitation Centers (MHRCs)

- MHRCs are licensed to provide community-based, intensive support and rehabilitation services to persons, 18 years or older, with mental disorders who would have been placed in a state hospital or other mental health facility to develop the skills to become self-sufficient and capable of increasing levels of independent functioning.
- MHRCs provide mental health treatment services to individuals on conservatorship under the LPS Act.
- MHRC regulations prohibit admission of individuals who are non-ambulatory, who require a level or levels of medical care not provided, who would be appropriately served by an acute psychiatric hospital, or who are diagnosed only with a substance abuse or an eating disorder.



MHRC Program Services

The MHRC program services include, but are not limited to:

- Clinical treatment such as psychiatric and psychological services;
- Learning disability assessment and educational services;
- Pre-vocational and vocational counseling;
- Development of independent living, self-help and social skills;
- Community outreach to develop linkages with other local support and service systems.



Mental Health Treatment Programs Certified by DHCS

DHCS certifies the mental health treatment programs for the following facilities:

- Community Residential Treatment Systems (CRTS) or Social Rehabilitation Programs (SRPs), which are licensed by the California Department of Social Services (CDSS);
- Community Treatment Facilities (CTFs), which are licensed by CDSS;
- Special Treatment Programs (STPs), provided in Skilled Nursing Facilities (SNFs), licensed by the California Department of Public Health (CDPH).



Community Residential Treatment Systems (CRTS)

- CRTS program services include a full-day treatment program with an active prevocational and vocational component, special education services, outreach and counseling.
- There are three CRTS categories:
 - 1) Short-Term Crisis Residential: Offers alternatives to acute hospitalization; provides stabilization and diagnostic services for no longer than three months.
 - 2) Transitional Residential: Provides an activity program that encourages utilization of community resources for no longer than 18 months.
 - 3) Long-Term Residential: Provides rehabilitation services for the chronically mentally ill who need long-term support and care for up to two to three years, in order to develop independent living skills.
- There are currently 150 CRTS that are certified by DHCS with a total of 1,738 beds.



Special Treatment Programs (STPs)

- Skilled Nursing Facilities (SNFs)/Special Treatment Programs (STPs) operate under **Title 22, California Code of Regulations (CCR), Sections 72443-72475**, and DHCS' Policies and Directives.
- SNF/STPs are licensed by the California Department of Public Health (CDPH) and certified by DHCS.
- To be certified as a STP, the program must meet the licensing and certification requirements of the CDPH and it must be licensed as a Medicaid-certified SNF.



STPs (continued)

- STPs serve clients who have a chronic psychiatric impairment and whose adaptive functioning is moderately impaired.
- STPs provide therapeutic services to mentally ill persons with special needs in one or more of the following areas: self-help skills, behavioral adjustment, and interpersonal relationships. Services also include pre-vocational preparation and pre-release planning.
- There are currently 26 STPs certified by DHCS with a total of 2,429 beds.



Community Treatment Facilities (CTFs)

- CTFs are licensed by the California Department of Social Services (CDSS) and certified by DHCS.
- CTFs are secured (locked) community residential treatment facilities providing mental health services to adolescents who are diagnosed as Severely Emotionally Disturbed (SED).
- In order for a child to be placed in a CTF, specific criteria must be met.
- The CTF licensing category was designed to provide an alternative to state hospital or out-of-state placement and to enable children with mental health needs to receive treatment in less restrictive, more appropriate settings, closer to their families' homes.



Short-Term Residential Therapeutic Programs (STRTP)

- Authority: Assembly Bill 1997 (Stone) and Assembly Bill 403 (Stone) authorizes the Department of Health Care Services to approve and regulate STRTP Mental Health Programs.
- STRTPs replaces previous group home model for foster youth and/or private pay youth. This high level of care is provided in a home-like setting.
- STRPs are licensed by the California Department of Social Services (CDSS).
- The mental health program is approved by DHCS or a delegate county. This is called a Mental Health Program Approval.



STRTP MENTAL HEALTH TREATMENT SERVICES

- STRTPs must make available, for each child, individualized and structured mental health treatment services in the day and evening, seven days per week, according to the child's needs.
- Mental health services shall be provided and made available to youth while in the STRTP as listed in the individual child's client plan.
- The following minimum mental health treatment services must be available to all children in the mental health program:
 - Mental Health Services
 - Medication Support Services
 - Crisis Intervention
 - Targeted Case Management
- Other mental health treatment services must be provided or made available to children as medically necessary.



Children's Crisis Residential Programs (CCRP)

- Authority: Assembly Bill (AB) 501 Ridley-Thomas authorizes the Department of Health Care Services to implement and administer the CCRP Mental Health Program regulations, standards, and protocol.
- CCRPs are designed to provide an alternative to psychiatric hospitalization by offering short-term residential crisis services for children experiencing mental crisis.
- CCRPs are community-based crisis programs with mental health treatment services available 24-hours a day, seven days a week.
- CCRPs have the capacity to make immediate program admission decisions for medical necessity along with the ability to involve the child's family and natural support system.
- CCRPs may operate either as a separate unit within a STRTP or may operate as a stand-alone program.



Approval of 5150 Facility Designations

- Currently there are 189 designated 5150 facilities in California
- Types of designated facilities include, but are not limited to, Acute Psychiatric Hospitals, General Acute Care Hospital Emergency Rooms, PHFs, and Crisis Stabilization Units
- County Mental Health Plans are responsible to designate the 5150 facilities in their county for approval by DHCS.
- The County must submit required documentation to DHCS to be reviewed. Based on review of the information DHCS grants approval of the 5150 designation.
- Depending on the individual circumstance DHCS may conduct an onsite review to ensure the physical plant requirements are met.



Unusual Occurrence Reports (UOR)

- Unusual Occurrences include, but are not limited to, serious injuries, physical or sexual assault (patient to patient; patient to staff), serious medication errors, death of any type (suicide, homicide, natural cause), disasters, etc.
- PHFs and MHRCs are required to report UORs to DHCS within 24 hours of occurrence.
- Licensing and Certification staff are responsible to investigate each UOR to determine compliance with regulations and program policies.
- If deficiencies are identified a Plan of Correction (POC) is required to be submitted to DHCS for review and approval.



Criminal Background Checks

- Criminal Background Checks (CBC) are required, in accordance with Welfare and Institutions Code (WIC) Section 5405, to ensure that all MHRC and PHF employees, contractors, or volunteers who have contact with mental health consumers in the provision of services are cleared by the DHCS.
- By reviewing the criminal history of potential employees, contractors or volunteers, DHCS minimizes the risk of harm within licensed facilities (MHRCs/PHFs) and help to ensure the safety of the consumers, employees and visitors.
- Prior to Jan. 1, 2003, DHCS did not require CBCs for employees, contractors or volunteers at licensed MHRCs and PHFs.
- As of Jan. 1, 2003, all employees, contractors or volunteers who have contact with mental health consumers in the provision of services or while performing job responsibilities **must** undergo a Department of Justice (DOJ) criminal record check.



Administrative Actions

- In order to protect the health and safety of mental health consumers receiving care or services in MHRCs or PHFs, DHCS collects information regarding administrative actions pursuant to Health and Safety Code (HSC) 1522.08.
- An “Administrative Action” is any proceeding initiated by the California Department of Aging, State Department of Public Health, State Department of Health Care Services, State Department of Social Services, Emergency Medical Services Authority, or county child welfare agencies to determine the rights and duties of an applicant, licensee, certificate holder, or other individual or entity over which the department has jurisdiction.
- An “Administrative Action” may include, but is not limited to, the denial of an application for, or the suspension, revocation, or rescission of, any license, special permit, certificate of approval, administrator certificate, criminal record clearance, exemption, or exclusion.



Licensing and Certification Substance Use Disorders



Driving Under the Influence (DUI) Programs

- DHCS has the sole authority to license DUI programs in the State of California.
- California Vehicle Code Section 23538 (b) states that the court shall impose, as a condition of probation, a driver to enroll, participate, and successfully complete in a DHCS licensed DUI program.
- DHCS licenses 256 DUI programs which provide first and/or multiple offender program services in 54 of 58 California counties.
- DUI Programs are 100% participant funded.



Narcotic Treatment Programs (NTPs)

- DHCS has sole authority for licensure and licensing activities of California NTPs.
- NTPs are able to provide all medication assisted treatment (MAT) for the treatment of an SUD. Methadone for the treatment of an SUD can only be provided in the NTP setting.
- NTPs monitor for illicit drug use and provide counseling by SUD counselors.
- 168 NTPs with capacity to serve approximately 55,000 NTP patients in 32 counties.
- NTP functions are 100% funded through licensing fees.
- NTP Capacity, Fee Structure & Oversight Expansion Regulations Package (DHCS-14-026) updates language to include SB 973 requirements, clarify buprenorphine requirements, add guidance for medication units and office based narcotic treatment networks.



Medication Units (MUs)

- DHCS has the authority to approve the operation of a MU that is certified by SAMHSA and registered with DEA.
- MUs are operated under the licensure of a sponsoring NTP.
- Allowable services at an MU are administering and dispensing MAT and urinalysis testing for illicit drug use.
- Patients of the MU must also participate in regular treatment, such as counseling provided by the sponsoring NTP.
- MUs and NTPs are subject to the same inspection and monitoring requirements by DHCS.
- MHSUD Information Notice 17-015 provides further guidance.



SUD Certifying Organizations (COs) Oversight

- AB 2374 amended Health and Safety Code 11833, granting DHCS authority to conduct periodic reviews of COs to determine compliance with applicable laws and regulations, and take actions for noncompliance.
- DHCS currently recognizes three COs – CCAPP, CADTP, CAADE.
- DHCS released Information Notice 18-056 to provide guidance regarding CO oversight.
- Counselor CO Oversight Regulations Package (DHCS-14-024) is in process. The package includes updated language to include AB 2374 requirements regarding the oversight of organizations that register and certify AOD counselors.



Residential Licensing and Outpatient Certification

- DHCS has the sole authority to license 24-hour residential adult alcoholism or drug abuse recovery or treatment facilities.
- Licensed residential facilities may provide; detoxification, group sessions, individual sessions, educational sessions and/or alcoholism or drug abuse recovery or treatment services.
- License is mandatory for the provision of residential treatment.
- License is provisional for the first year and is valid for a period of two years.
- DHCS issues voluntary certifications of residential/outpatient programs.
- Certification requires the program to exceed the minimum levels of quality and many counties require certification in order to receive state and federal funds.
- Certification is valid for a period of two years.
- Licensing and certification functions are funded through provider fees.



Licensed and Certified Providers (as of 6/26/19)

Type of Program	Number of Providers
Residential License Only	400
Residential License and Certification	586
Certified Outpatient Only	830
TOTAL	1,816
Residential Bed Capacity	18,664



Complaints

Licensed and/or Certified Programs

- Complaints against licensed and/or certified 24-hour residential and outpatient recovery or treatment programs.
 - A licensed or certified program can be subject to suspension or revocation of licensure for violations and deficiencies.

Unlicensed Programs

- Complaints against unlicensed programs providing residential treatment services.
 - Unlicensed entities that fail to cease providing licensable services are subject to a civil penalty of \$2,000 per day against the operator of the entity.

Deaths and Unusual Incidents

- Program reports of client deaths and unusual incidents at licensed and/or certified residential and outpatient recovery or treatment programs.
 - DHCS has a death investigation policy with death investigations being the highest priority of complaints.

Counselors

- Complaints against registered or certified counselors for violations of the counselor code of conduct who are employed at licensed and/or certified residential and outpatient recovery or treatment programs.
 - Investigations may result in the suspension or revocation of the counselor's registration or certification.



MENTAL HEALTH AND SUBSTANCE USE DISORDER FINANCING



Revenue Sources

- Sales and Use Taxes and Vehicle License Fees
Referred to as “*Realignment*.” A portion of the state’s sales and use tax and vehicle license fees is revenue source directed to CA 58 counties for funding the local administration of SMHS
- Federal Funding For Public Mental Health
California receives federal funding for mental health services. Federal payments to California match state spending based upon the federal medical assistance percentage (FMAP), which is set at 50%.
- Mental Health Services Act (Proposition 63)
1% surtax on personal income over 1\$ million dollars. Provides additional revenue to counties for community-based mental health services with an emphasis on wellness and recovery.



Revenue Sources (cont'd.)

- Substance Abuse and Mental Health Services (SAMHSA) Community Mental Health Block Grant (Block Grant)
The SAMHSA Block Grant is an additional flexible source of federal mental health funding for services for adult who are ineligible for Medi-Cal and wo have no other course of health care.
- Local Dollars
Revenue from local property taxes, patient fees, and some payments from private insurance companies. Of this local money, a portion goes towards maintenance of effort level of spending.



SUMMARY OF 1991 REALIGNMENT REVENUE

Account	(THOUSANDS)			
	2014-15	2015-16	2016-17	2017-18
Mental Health Account, LRF 2011	\$1,120,551	\$1,120,551	\$1,120,551	\$1,120,551
Mental Health Subaccount Growth, LRF 2011	\$13,450	\$6,696	\$9,836	\$8,683
Sales Tax Base	\$11,696	\$48,754	\$33,967	\$34,036
VLF Base	\$11,197	\$48,754	\$94,870	\$95,063
VLF Collections	\$14,000	\$14,000	\$14,000	\$14,000
Sales Tax Growth	\$22,342		\$69	
VLF Growth	\$37,584	\$46,116	\$193	\$197
Total 1991 Realignment Mental Health	\$1,230,820	\$1,284,871	\$1,273,486	\$1,272,530



SUMMARY OF MHSA REVENUE

Fund	(THOUSANDS)			
	2014-15	2015-16	2016-17	2017-18
Mental Health Services Fund	\$1,729,798	\$1,418,778	\$1,827,038	\$2,009,301



SUMMARY OF 2011 REALIGNMENT REVENUE

Account	(THOUSANDS)			
	2014-15	2015-16	2016-17	2017-18
Behavioral Health Subaccount	\$1,046,271	\$1,163,291	\$1,230,255	\$1,328,618
Behavioral Health Growth Special Account	\$117,020	\$66,964	\$98,364	\$86,828
Total	\$1,163,291	\$1,230,255	\$1,328,619	\$1,415,446



Putting it all together: Behavioral Health Continuum of Care

Clear and concise communication and coordination between the County MH/SUD programs and the Medi-Cal Managed Care and FFS programs is key

**Medi-Cal Managed Care Plans
(MCP)**

Target Population: All beneficiaries in Managed Care Plans who meet medical necessity criteria

**County Mental Health Plan
(MHP)**

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Medi-Cal Specialty Mental health Services

**County Alcohol and Other Drug
Programs (AOD)**

Target Population: Children and adults who meet medical necessity or EPSDT criteria for Drug Medi-Cal Substance Use Disorder Services

Screening → Assessments → Referrals → Care Coordination → Case Management