

Updates on Key Priorities and Initiatives for Behavioral Health Services

February 27, 2024

Board of Supervisors Meeting

Focus Areas for Today's Report

- **Countywide Substance Use Treatment Services (SUTS) Expansion Work Plan**
- **Update re Behavioral Health Treatment Facilities, Shelter, and Housing**
- **Senate Bill 43 Updates**
- **California Advancing and Innovating Medi-Cal (CalAIM) Update**
- **School Linked Services Highlights**
- **Additional Updates Included in Appendices/Attachments**
 - **Attachment A:** Finance and Government Operations Committee Updates on Behavioral Health Bed Expansions and Facilities Developments
 - **Attachment B:** Countywide SUTS Work Plan
 - Response to SUTS Referrals from the November 7, 2023 Public Health Crisis Presentation
 - Response to SB 43 Referrals from the December 5, 2023 BOS Presentation
 - Trusted Response Urgent Support Team Direct Line Update
 - 988 Metrics and Outcomes
 - California Behavioral Health Reforms Impacting County Behavioral Health (2022-2024) from County Behavioral Health Directors Association

Other Recent Reports to the Board

Off-Agenda Reports:

Update to Blackbird House Peer Respite Program (Sent November 27, 2023)

Other Reports:

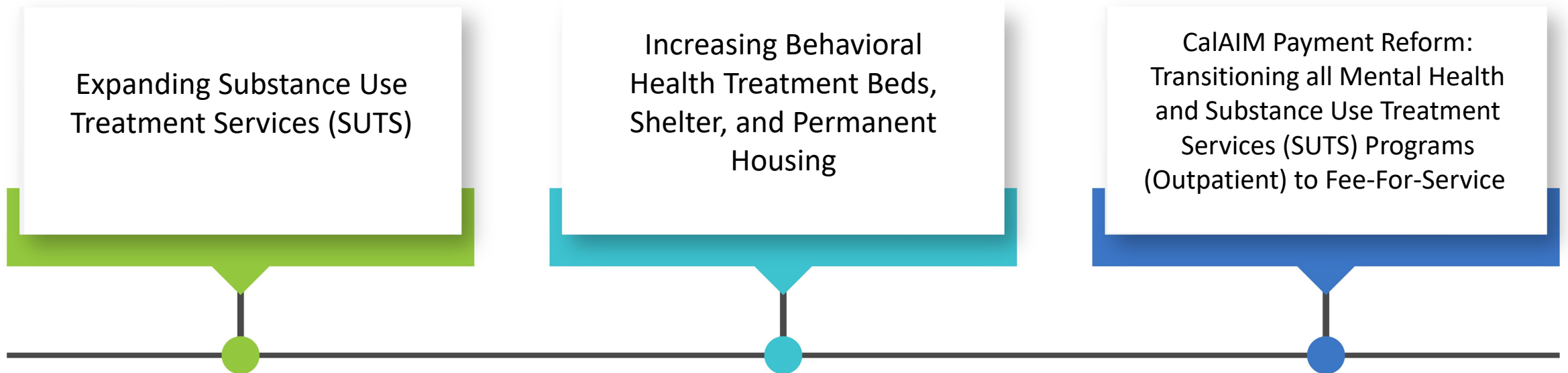
1. Countywide Diversion Efforts Quarterly Report (November 9, 2023 PSJC Meeting)
2. Incompetent to Stand Trial Report (November 9, 2023 PSJC Meeting)
3. Facilities and Fleets Updates on Behavioral Health Projects (November 9, 2023 FGOC Meeting)
4. Legislative Updates (November 9, 2023 FGOC Meeting)
5. Ongoing Challenges of CalAIM Payment Reform (November 15, 2023 HHC Meeting)
6. Implementation of SB 43 (November 15, 2023 HHC Meeting)
7. Annual LGBTQ Affairs Report (November 15, 2023 HHC Meeting)
8. BHSD Director's Report (November 15, 2023 HHC Meeting)
9. SB 43 Implementation (December 5, 2023 BOS Meeting)
10. Proposal to Address CalAIM Financial Issues with CCPs (December 12, 2023 BOS Meeting)
11. Report on TBI, ASD, and FASD (December 13, 2023 REN Meeting)
12. Semi-Annual Update on Implementation of the Management Audit Recommendations for Behavioral Health (December 14, 2023 HHC Meeting)
13. West Valley Health Access Expansions (December 14, 2023 HHC Meeting)
14. BHSD Director's Report (December 14, 2023 HHC Meeting)
15. Facilities and Fleets Updates on Behavioral Health Projects (December 21, 2023 FGOC Meeting)
16. Legislative Updates (December 21, 2023 FGOC Meeting)
17. Six-month Assisted Outpatient Treatment (AOT) Report (January 17, 2024 HHC Meeting)
18. Annual Suicide Prevention Report (January 17, 2024 HHC Meeting)

Other Recent Reports to the Board (cont.)

Other Reports (continued):

19. BHSD Director's Report (January 17, 2024 HHC Meeting)
20. Status Report on CalAIM Implementation (January 17, 2024 HHC Meeting)
21. Facilities and Fleets Updates on Behavioral Health Projects (January 17, 2024 FGOC Meeting)
22. Legislative Updates (January 17, 2024 FGOC Meeting)
23. Proposition 1 Report (January 23, 2024 BOS Meeting)
24. Second Amendment to Agreement with CBIZ Optumas (January 23, 2024 BOS Meeting)
25. Quarterly Report on AB 109 (January 26, 2024 REN Meeting)
26. Report on High-Needs Women Leaving Jail (January 26, 2024 REN Meeting)
27. School-Linked Services Quarterly Report (February 2, 2024 CSFC Meeting)
28. Annual Older Adults Summit Report (February 2, 2024 CSFC Meeting)
29. BHSD Director's Report (February 14, 2024 HHC Meeting)
30. West Valley Mental Health Access Report (February 14, 2024 HHC Meeting)
31. Status Report on Behavioral Health Services Facilities (February 14, 2024 HHC Meeting)
32. Joint Meeting with City of San Jose and PSFFSS Committee (February 15, 2024 PSJC Meeting)

BHSD's Major Initiatives for FY 2023-2024



Countywide Substance Use Treatment Services (SUTS) Work Plan

Highlights from SUTS Work Plan Updates

HARM REDUCTION

- BHSD mail order Naloxone program went live in December 2023.
- BHSD Harm Reduction Project published Naloxone/Opioid Overdose Prevention Training videos in English and Spanish in December 2023.
- Public Health Department (PHD) Overdose Prevention Supply Distribution:
 - 650 overdose reversals were self-reported to the Harm Reduction Program FY 2023.
 - In addition, the program distributed 7,984 intranasal Naloxone doses, 680 intramuscular Naloxone doses, and 15,000 fentanyl test kits in FY 2023.

Naloxone available



**Call 408-272-6055 or
e-mail: SCCOOPP@hhs.sccgov.org
for more information**

See Attachment B: Countywide SUTS Work Plan for more details on milestones/deliverables, start and end dates, key partners, funding sources, etc.

Highlighted SUTS Work Plan Updates (cont.)

PARTNERSHIPS

- BHSD partnered with Song for Charlie, conducted focus group and collected survey data from youth advisory committee, and updated media plan and materials accordingly.
- PHD investigating partnership with Biobot to conduct wastewater surveillance to provide insights into fentanyl, meth, cocaine, xylazine, and naloxone use.
- PHD/VHHP/OSH partnering to provide capacity building for all Harm Reduction Specialists at County project-based Permanent Supportive Housing sites.

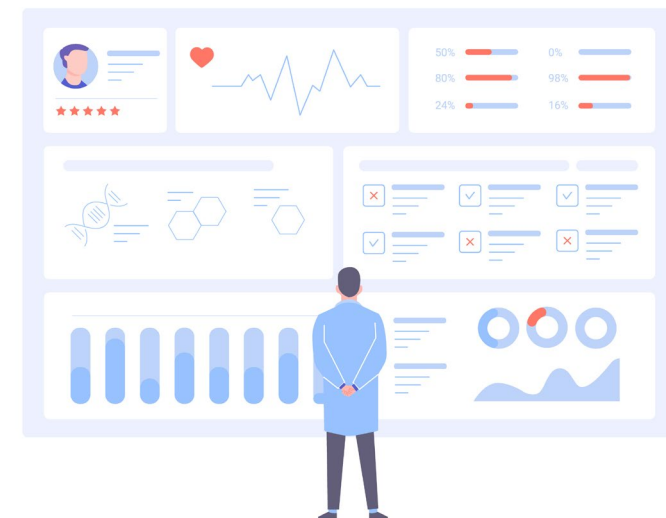


See Attachment B: Countywide SUTS Work Plan for more details on milestones/deliverables, start and end dates, key partners, funding sources, etc.

Highlighted SUTS Work Plan Updates (cont.)

STAFFING

- Custody Health Services (CHS) hired 1.0 FTE Medical Social Worker and 2.0 FTE Rehabilitation Counselors to augment MAT for individuals in custody.
- BHSD onboarded the new SUTS Medical Director in January 2024. The SUTS Medical Director will be assessing operational improvements/enhancements in:
 - County clinical operations for SUTS
 - County Contracted Providers (CCP) SUTS services
 - Partnerships across systems of care with the goal of positioning clinical systems to better address community needs
 - Hiring a SUTS System of Care Director to work in partnership with the SUTS Medical Director



See Attachment B: Countywide SUTS Work Plan for more details on milestones/deliverables, start and end dates, key partners, funding sources, etc.

Behavioral Health Treatment Facilities, Shelter, and Housing Update

Treatment Facilities/Bed Expansion Highlights

- Since July 1, 2022, BHSD has added **139 beds** at mental health and **SUTS community residential and supported shelters** levels of care.
- The additional **28 Adult Residential Treatment (ART) beds** at **650 S. Bascom** are now **operational and accepting clients**. This will further reduce the number of clients waiting in subacute facilities for placements in lower levels of care.
- By **increasing subacute care rates in FY 2022-2023** to become more competitive in the market, BHSD was **able to place 29 additional clients into subacute facilities in FY 2023-2024**.
- **San Jose Behavioral Health (SJBH)** anticipates fully staffing their additional 53 beds added in FY 2022-2023 in March 2024 to operate a total of **133 beds** in their acute facility.



Behavioral Health Treatment Facilities and

ACUTE

- **San Jose Behavioral Health:** 28 of the 53 new beds are in operation and SJBH expects to have sufficient staffing to operate the remaining 36 new beds by March 2024. In total, SJBH will operate 133 acute care beds.
- **Child and Adolescent Psychiatric Facility/Behavioral Health Services Center:** Approximately 23% complete. Staff and stock to be completed in October 2025.
- In FY 2023, BAP's wait time to step clients down to a lower level of care decreased from **58.47** days in 2022 to an average of 45.29 days for 2023.

Behavioral Health Bed Expansion & Facility Developments (cont.)

SUBACUTE

- **Inspire Behavioral Health:** BHSD worked to place 11 additional Murphy conserved clients.
- **Increased rates in FY 2023**, which resulted in **increased client placements** (29 additional clients placed) in subacute facilities (i.e., Crestwood Idylwood, Crestwood Fremont, Crestwood San Jose, Garfield Telecare, Inspire, Kindred-Medical Hill, Silicon Valley Post Acute) in FY 2024.
- **Valley Health Center Morgan Hill Skilled Nursing Facility (SNF):** County architects and engineers to prepare plans and designs for submission to State by summer/fall 2024.

Behavioral Health Bed Expansion & Facility Developments (cont.)

MENTAL HEALTH COMMUNITY RESIDENTIAL

- **FY 2022-2023:** Added 11 ART beds (A&A); added 9 Residential Care Facilities (RCF) beds (South County Retirement Home and Success Groups); and added 6 crisis residential beds (Momentum), for a total of **26 additional beds**.
- **FY 2023-2024:** Added 28 ART beds at 650 S. Bascom (Momentum) and the program accepted its first client in February 2024; 16 ART beds (A&A & Community Solutions) for a total of **44 additional beds**.
- **Expansion of Supplemental Rates for Licensed RCFs in FY 2023-2024:** Using Behavioral Health Bridge Housing and Community Care Expansion funds, contracts with RCF operators expected for execution from January 2024-June 2024. The anticipated goal is to increase access and bed capacity by at least 64 beds.

See Attachment A: Status of Behavioral Health Treatment Facility & Temporary Shelter Expansion for more information

Behavioral Health Bed Expansion & Facility Developments (cont.)

SUBSTANCE USE RESIDENTIAL & SOCIAL DETOXIFICATION

- **FY 2022-2023:** Added 3 SUTS Youth Residential Beds via the Camp Recovery Center and added 3 beds for social detoxification via Parisi House on the Hill.
- **FY 2023- 2024:** Currently amending The Camp's contract to add another 3 SUTS Youth Residential beds in FY 2024 (estimated full execution in March 2024).
- **Pathway Society:** BHSD working with Pathway Society to construct an additional 30 beds (14 social detoxification and 16 SUTS residential) by summer 2024.
- **264 North Morrison Ave:** Requesting approval of a Lease Agreement to develop a **32-bed SUTS residential facility** at the 2/27/24 Board of Supervisors Meeting.

Behavioral Health Bed Expansion & Facility Developments (cont.)

TEMPORARY SHELTERS

- **FY 2022-2023:** Added 30 Transitional Housing Units (THU) through Community Solutions and 5 THU beds through TURN Behavioral Health Systems, for a total of **35 additional beds**.
- **FY 2023-2024:** Added 21 THU beds through TURN Behavioral Health Systems and 4 THU beds through Heavens Gate, for a total of **25 additional beds**.
- **Additional Mental Health (MH) Transitional Housing Units (THU):** Working with organizations to add 69 more beds by June 30, 2024.
- **Shelter and Emergency Interim Housing Projects**
 - **Branham Homekey Project:** Under construction and expected to open in July 2024.
 - **Palo Alto Homekey Project:** Under construction and expected to open in March 2025.
 - **Santa Clara Homekey Project:** County applied for Round 3 Homekey funding and is awaiting award notifications. Currently in pre-development phase. Estimated completion in September 2025.
 - **Rue Ferrari Expansion:** The project is in pre-development with construction expected to begin in 2024.

See Attachment A: Status of Behavioral Health Treatment Facility & Temporary Shelter Expansion for more information

Behavioral Health Bed Expansion & Facility Developments (cont.)

OTHER PROJECTS IN DEVELOPMENT

- **Potential San Jose Re-Entry Center Social Detoxification Beds:** Potentially 10-14 beds. Facilities and Fleets (FAF) has initiated a formal feasibility study to be completed in March 2024.
- **Potential Conversion of Crisis Stabilization/Crisis Residential to Mental Health Rehabilitation Center (101 Jose Figueres, San Jose):** Formal feasibility study initiated by FAF to be completed in February 2024 and reported out to the April 2024 FGOC after analysis. If conversion is feasible.
- **MH THU for Justice Involved Clients:** Administration reviewing potential sites for the project. Grant applications referenced 26 beds, but actual number will depend on specific properties acquired. Funds must be used to acquire or renovate properties per grant.

Senate Bill (SB) 43 Updates

Treatment Pathways for Patients with a Mental Illness or Mental Illness & Co-Occurring SUD

Patient with **Mental Illness (MI)** or MI with co-occurring SUD

Is the patient willing and able to accept voluntary treatment?

YES

Patient provided referrals for voluntary treatment including:

- Outpatient/community-based services
- Full-service partnership program (intensive outpatient services)
- Residential services
- Wrap-around supportive services
- Withdrawal management
- Narcotic treatment programs

NO

Does the patient meet criteria for **grave disability**?

YES

Patient may be placed on progressive involuntary holds. If patient continues to meet grave disability criteria, may be referred to Public Guardian for temporary conservatorship and investigation of need for one-year term conservatorship.

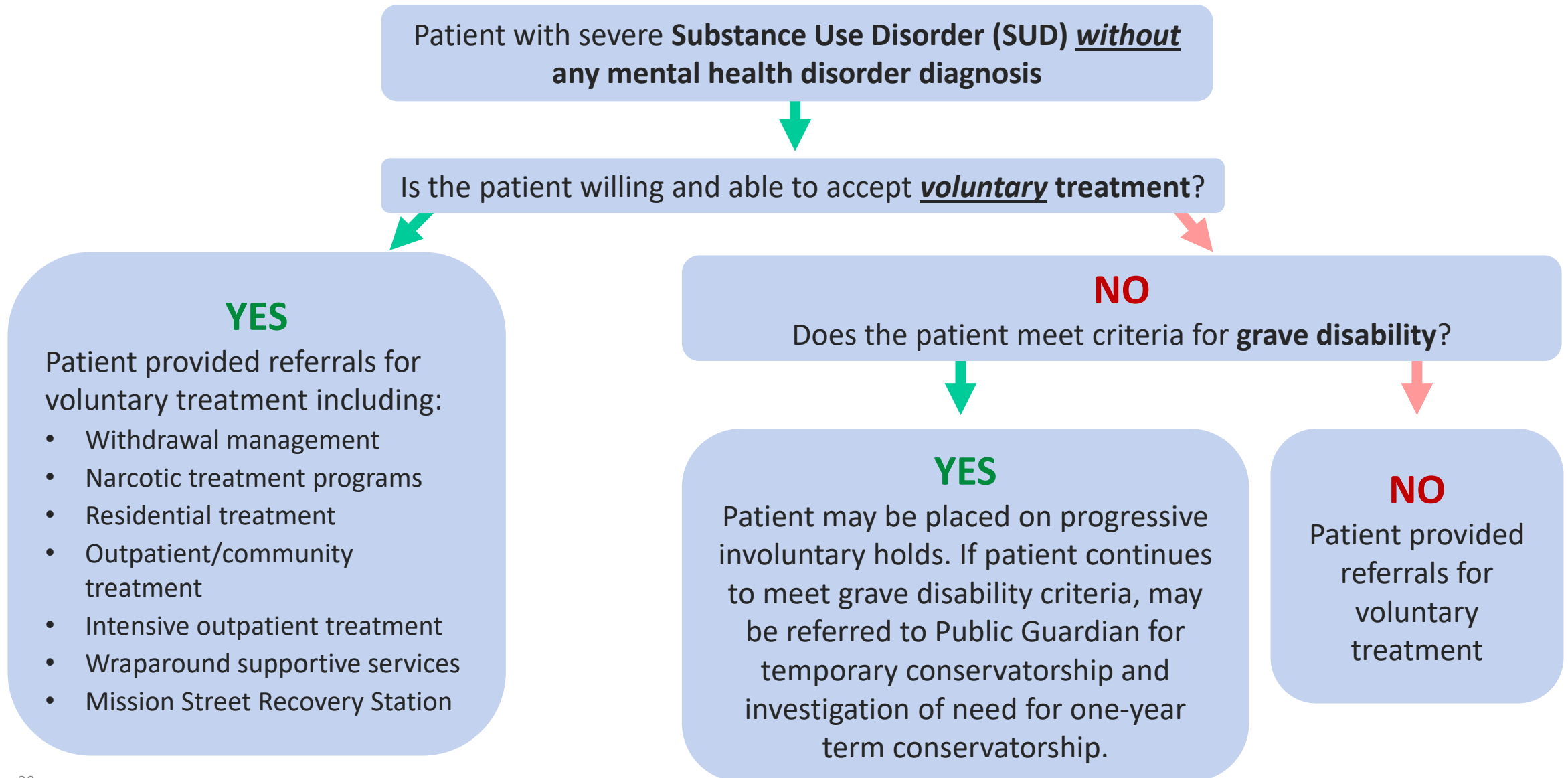
NO

If patient meets criteria for CARE Court or AOT, petition may be filed, or referral made, for court-ordered voluntary treatment:

- CARE Court (psychotic disorder + other criteria)
- AOT (mental illness + other criteria)

Otherwise, patient provided referrals for voluntary treatment

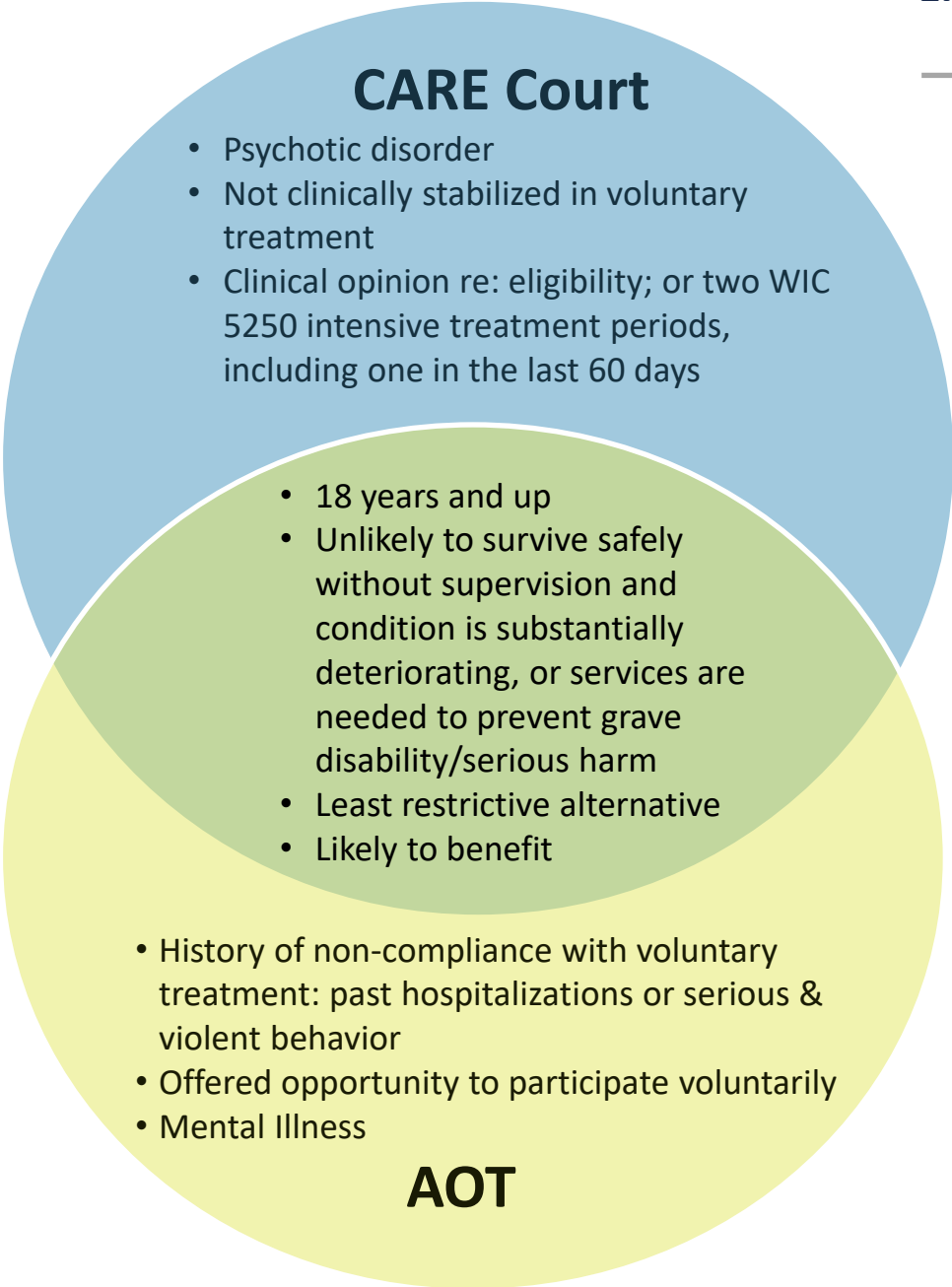
SB 43: Treatment Pathways for Patients Needing Substance Use Treatment



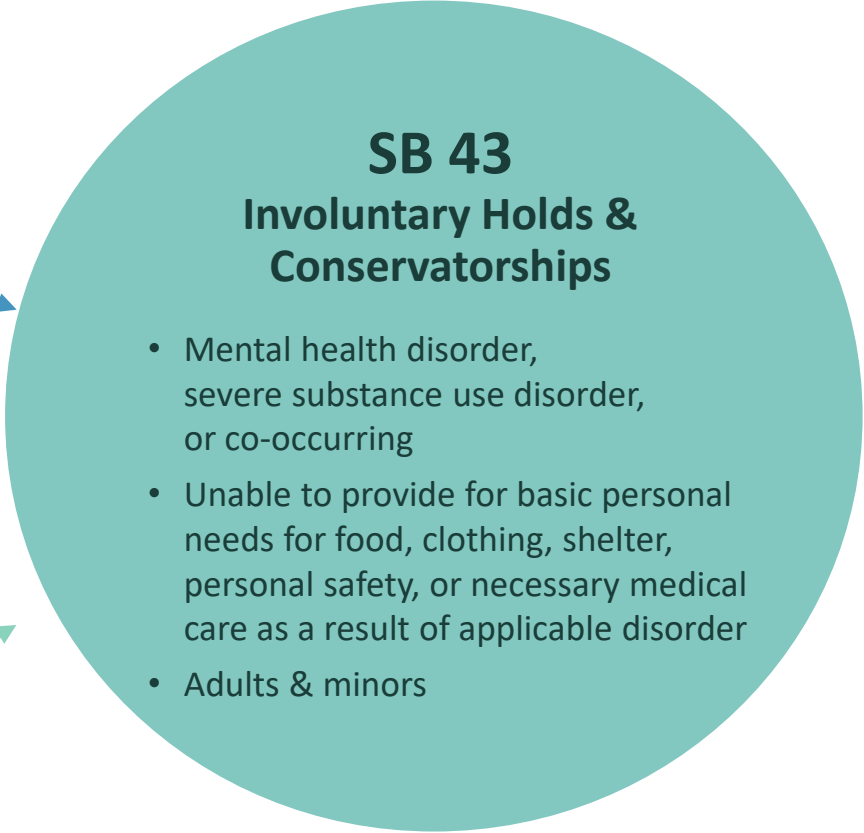
Eligibility for Court-Ordered Voluntary Treatment via CARE Court and AOT, and Involuntary Holds/Conservatorships under SB 43

Referral: 12/5/23 (Item No. 11) Supervisor Lee

Voluntary treatment



SB 43
Involuntary Holds & Conservatorships



Involuntary treatment



Ensuring Successful and Effective Implementation: Updates on Guidance Needed From State Department of Health Care Services (DHCS)

- **DHCS will issue new WIC 5150/5250/5270 Forms needed to implement holds under SB 43.**
 - **Update:** Staff contacted DHCS regarding guidance and timelines. The response from DHCS is that they are still working with the lead agency on SB 43 implementation. Staff are monitoring State websites for form updates, and to date there are no updates to the required forms to initiate a hold.
- **DHCS expected to issue guidance on implementing the new criteria and new reporting requirements.**
 - **Update:** The State has not issued external guidance or best practice methodology on reporting requirements or to estimate increases in involuntary commitments. BHSD is currently part of the workgroup for SB 43 with other counties to review draft BHINs, definitions, exchange information and provide recommendations to the State. For example, the workgroup is currently documenting best practices and standards for implementation (e.g., developing a document with clinical definitions for grave disability to help determine when holds are appropriate).

**Ensuring Successful
and Effective
Implementation:**
Updates on Guidance
Needed From DHCS
(cont.)

- **New licensing categories or licensing guidance required for individuals needing involuntary treatment for SUD.**
 - **Update:** The State issued a draft Behavioral Health Information Notice in February 2024 noting that SB 43 does not amend WIC regulations to authorize counties or DHCS to approve designation of new categories of facilities for evaluation and treatment of individuals on involuntary holds for grave disability due to severe SUDs. DHCS-licensed mental health treatment facilities are prohibited from admitting patients diagnosed with standalone diagnoses of SUDs under the California Code of Regulations.
- **State will need to update Medi-Cal billing rules and acuity requirements for counties and facilities to receive reimbursement for inpatient services provided to patients meeting the expanded definition of grave disability.**
 - **Update:** State has not provided an update on the Medi-Cal billing rules.

Ensuring Successful and Effective Implementation: Infrastructure

Placement and Treatment Infrastructure

- Expansion of beds needed for LPS conservatees
 - **Update:** Pending further guidance from DHCS.
- Identify placements for involuntary SUD treatment
 - **Update:** Pending further guidance from DHCS
- Placements for individuals who lack ability to provide for necessary medical care
 - **Update:** Discussion with stakeholders to determine which areas could feasibly and appropriately expand.
- Prepare for increased WIC 5150s in ER, EPS, BAP, and medical floors, including for SUD-based holds
 - **Update:** Pending further guidance from DHCS, given limitations noted in the draft BHIN.

Ensuring Successful and Effective Implementation: Training and Policies

Updates on Trainings for County Departments and Partners

- BHSD, Learning Partnership staff, and CCPs that provide 5150 trainings have met to discuss this issue and will continue to identify curriculum to retrain approximately 2,100+ BHSD-authorized WIC 5150 writers; determine testing requirements for individuals undergoing re-training retrained; and update ongoing curriculum, etc.
- BHSD has also identified the potential training needs for law enforcement, Public Guardian staff, and hospital staff. Training plans and implementation may be enhanced with further guidance from the State.
- BHSD has also been in discussions with County Counsel, Public Defender's Office, Public Guardians, Santa Clara Valley Healthcare, and other stakeholders to strategize regarding implementation.

Ensuring Successful and Effective Implementation: Workforce

Necessary Workforce & Programming Expansions

Staff will need to be hired and programs created to support the expanded populations and increase in LPS holds, conservatorship referrals, conservatorship administration, and related court processes affecting:

- EPS/BAP – *pending further direction from DHCS to determine needs.*
- BHSD – *staff required for increased outreach and engagement has been accounted for in the budget for FY 2024-2025.*
- Public Guardian – *determination of needs pending further direction from DHCS*
- Placement/treatment facility staff – *determination of needs pending further direction from DHCS*
- County Counsel – *determination of needs pending further direction from DHCS*

Anticipated Needs

- **Training**
 - Involuntary Holds Certification Retraining
 - Updated curriculum and more sessions of ongoing Involuntary Hold Certification
 - Cultural competency training to work with high-need unhoused individuals
 - Involuntary hold processes for homeless services providers
- **Additional Capacity**
 - 25 additional AOT slots to be added in FY 2023-2024 and 25 additional AOT slots to be added in FY 2024-2025
 - Additional beds:
 - SUTS specific acute beds
 - Social Detoxification
 - Residential Treatment
- **Workforce:**
 - More Patient's Rights Advocates
 - Increased legal Support (County Counsel of Public Defender's Office)
 - More Public Guardian staffing



CalAIM Updates

Summary of Agreements from December 12, 2024 BOS Meeting

| Task | Date Completed | Status |
|--|------------------|---|
| <p>Implement Cost-Based Reimbursement process for CCPs for mental health outpatient services to assist with covering operating losses. BHSD provided a plan and timeline offering 2 opportunities for CCPs to seek cost-based reimbursement.</p> <ul style="list-style-type: none"> • Option 1 (commenced on 1/29/24): CCPs may seek cost-based reimbursement for Q1 and Q2 and submit a second request at the end of the fiscal year for Q3 and Q4. • Option 2 (will commence on 7/1/24): CCPs may seek cost-based reimbursement at the end of the fiscal year for the full fiscal year. | January 26, 2024 | Memo was sent to CCPs providing mental health outpatient services on 1/26/24 detailing timeline and process for seeking cost-based reimbursement. |
| Implement prevention and outreach services for Youth SUTS outpatient programs | In process | In process for mid-year contract amendments (by end of March) |
| Implement Intake Coordinators for Adult SUTS outpatient programs | In process | In process for mid-year contract amendments (by end of March) |
| Continue cost-based reimbursement for SUTS providers through the end of FY 2024 | Ongoing | N/A |
| Workforce Development and Infrastructure Grants to agencies ready to expand | In process | In process for mid-year contract amendments (by end of March) |

CalAIM Payment Reform Updates

- In January 2024, BHSD and its consultant (Optumas) conducted **24 individual agency meetings** with CCPs providing outpatient mental health services. Data provided by each individual agency, including **financial, staffing and productivity data for July 2023 through October 2024**, were **analyzed and reviewed**.
- Since experiencing initial challenges in receiving **Children Youth and Family (CYF) referrals** due to the new screening tool in March 2023, CCPs have since seen **a significant increase** in referrals through BHSD's interventions to transfer more CYF referrals to the CCP system. As a result of these efforts, December 2023 and January 2024 referrals made up **2** out of the **4 highest referral counts within the last 18 months**, with January referrals reflecting a **182% increase** compared to referrals received in July 2023. CCPs have acknowledged the significant increase and have generally reported to have sufficient referrals for their available staff.
- **CCP claims submissions** have also **increased and are stabilizing (from 8,000 claims starting in August 2023 to 90,000-100,000 claims per month most recently)**. The percentage of **approved claims** has also **improved (from 10% approval in August 2023 to approximately 86% in January 2024)**. It is expected that over the second half of FY 2023-2024, all CCPs will be caught up, approval rates will continue to increase incrementally, and the flow of claims from CCPs into the county will normalize.
- Since the December 2023 report, BHSD has also worked with the 4 CCPs who initially noted that full State reimbursement would not address operational losses. BHSD has since worked with Optumas to provide technical assistance to (2 CCPs) and addressed the CYF referral deficit (2 CCPs). As such, all 4 CCPs' issues are currently being addressed.



Next Steps

- Optumas will continue to provide analysis of system performance with an additional review of claims submitted to the County.
- County's consultants will continue to provide Technical Assistance to CCPs.
- The County is in the process of developing a framework for FY 2025 rates that includes a level of care analysis and rate differential to address the need for intensive, community-based treatment models with additional incentives for outcomes beyond productivity.

School Linked Services

Children, Youth, & Family System of Care Budget

The table below reflects BHSD’s CYF estimated budget by fiscal year for all contracts with County Contracted Providers, service agreements, as well as operational costs associated with services for County clinics, staffing, and County CYF administration support.

From FY 2020-2021 to FY 2023-2024, the CYF budget has increased by 19.08% (currently at \$229,780,691). The Prevention and Early Intervention (PEI) investment portion of the CYF budget in FY 2023-2024 is around \$38,592,845.

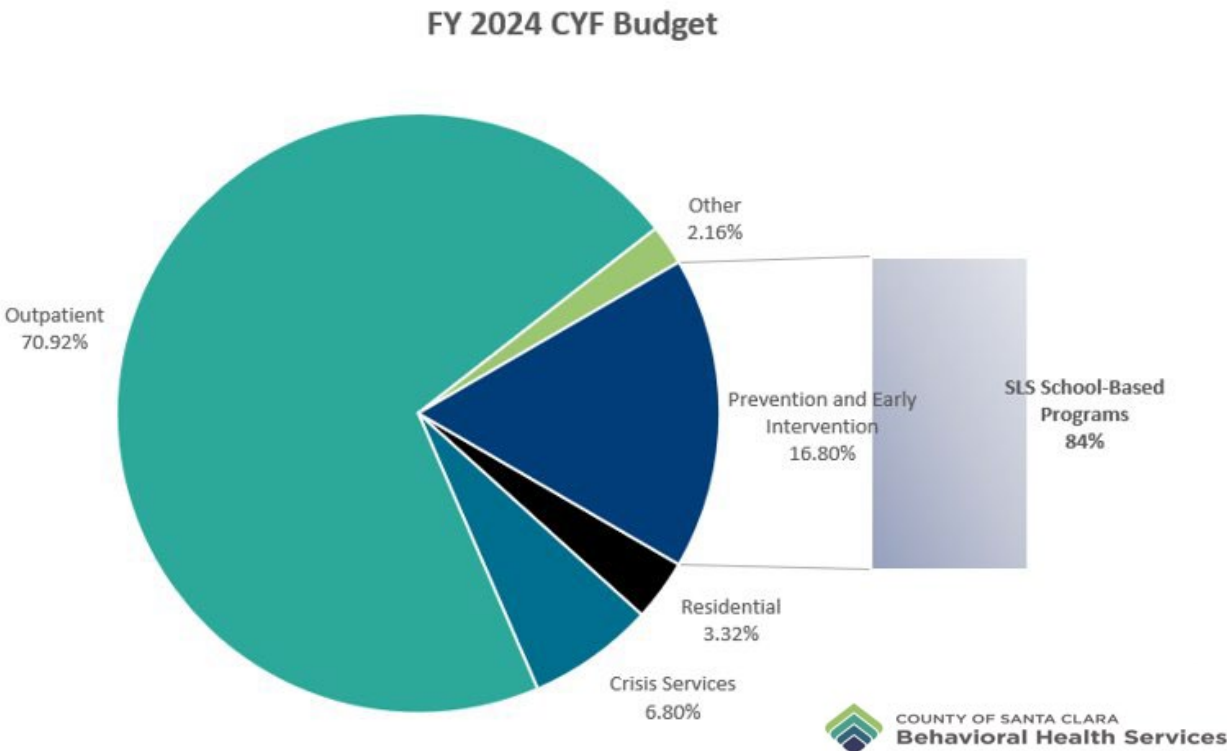
- **84% (\$32,421,329) of these PEI investments in the CYF budget have been directed specifically to SLS School-Based Services categorized as part of the PEI programs.** These services include SLS FE, PEI, school-based wellness centers, and SBBH (SLS BH, UE, SEAS).

BHSD has been utilizing an upstream approach to PEI by increasing and expanding access to services for all children, school-aged youth, and TAY.

- From FY 2020-2021 to FY 2022-2023, the number of clients served through direct clinical services (excludes outreach and prevention) shows an increase by 6.72% (n=14,349). **Prevention efforts continue to provide significant and positive impact on a population level, but they are not captured in the same manner as utilization data rates for individual direct services, e.g., admissions into treatment programs.**

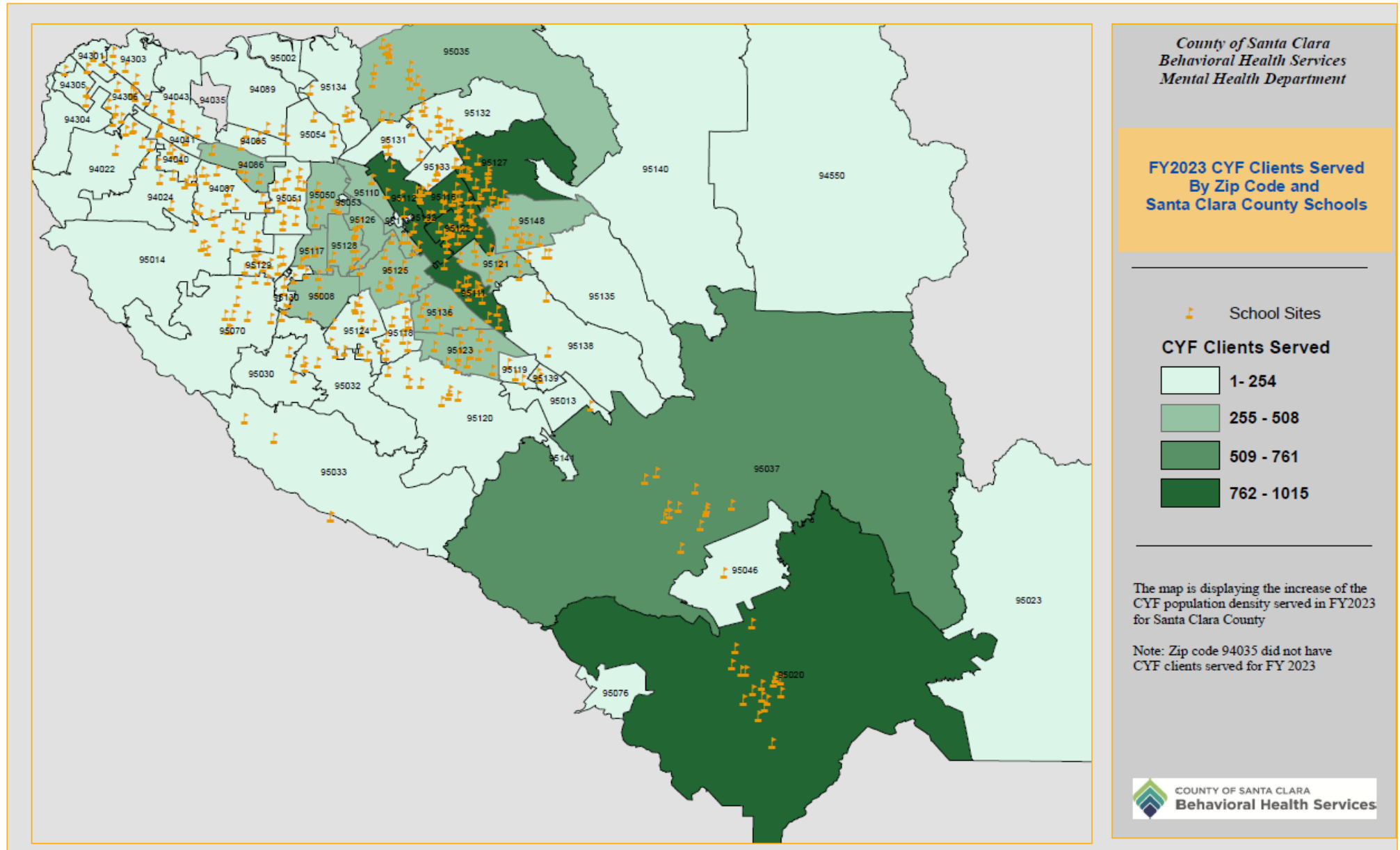
| Fiscal Year | CYF Total Budget | Number Served through Direct Services* |
|-------------|------------------|--|
| FY 2021 | \$192.9 million | 13,445 |
| FY 2022 | \$198.6 million | 13,911 |
| FY 2023 | \$214.7 million | 14,349 |
| FY 2024 | \$229.7 million | N/A |

**Note: Number served only includes clients served through direct services and does not include students served indirectly through prevention/early intervention .*

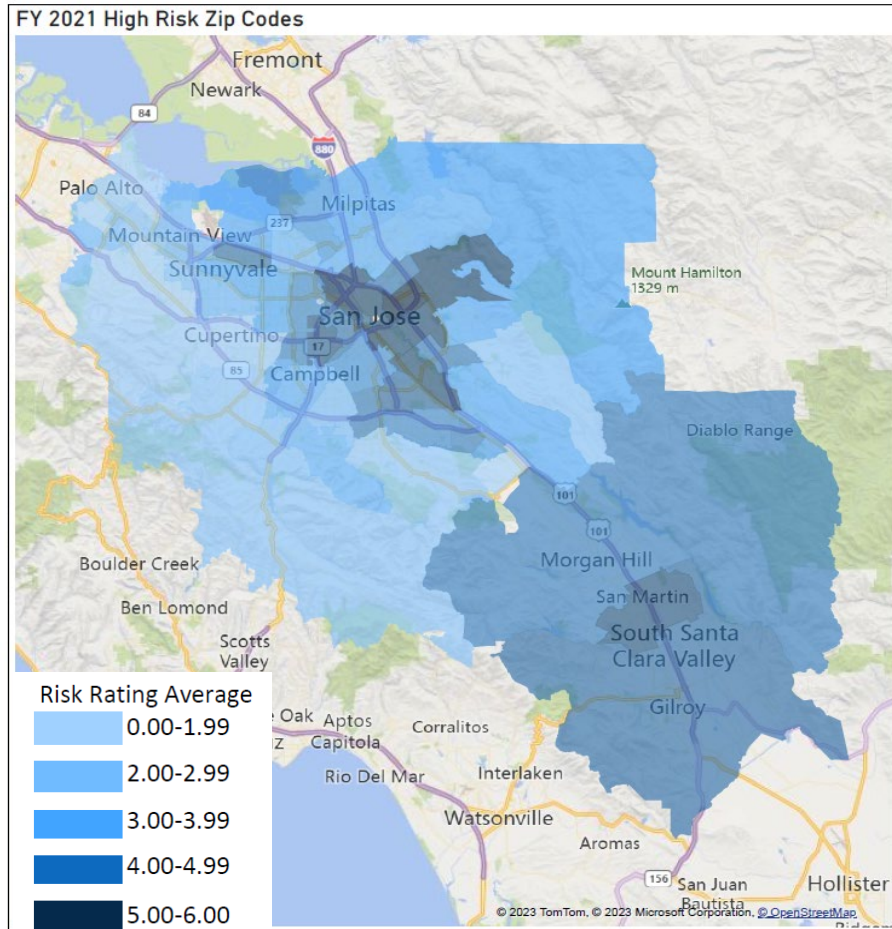


Overview- FY 2022-2023 Number Served by Zip Code

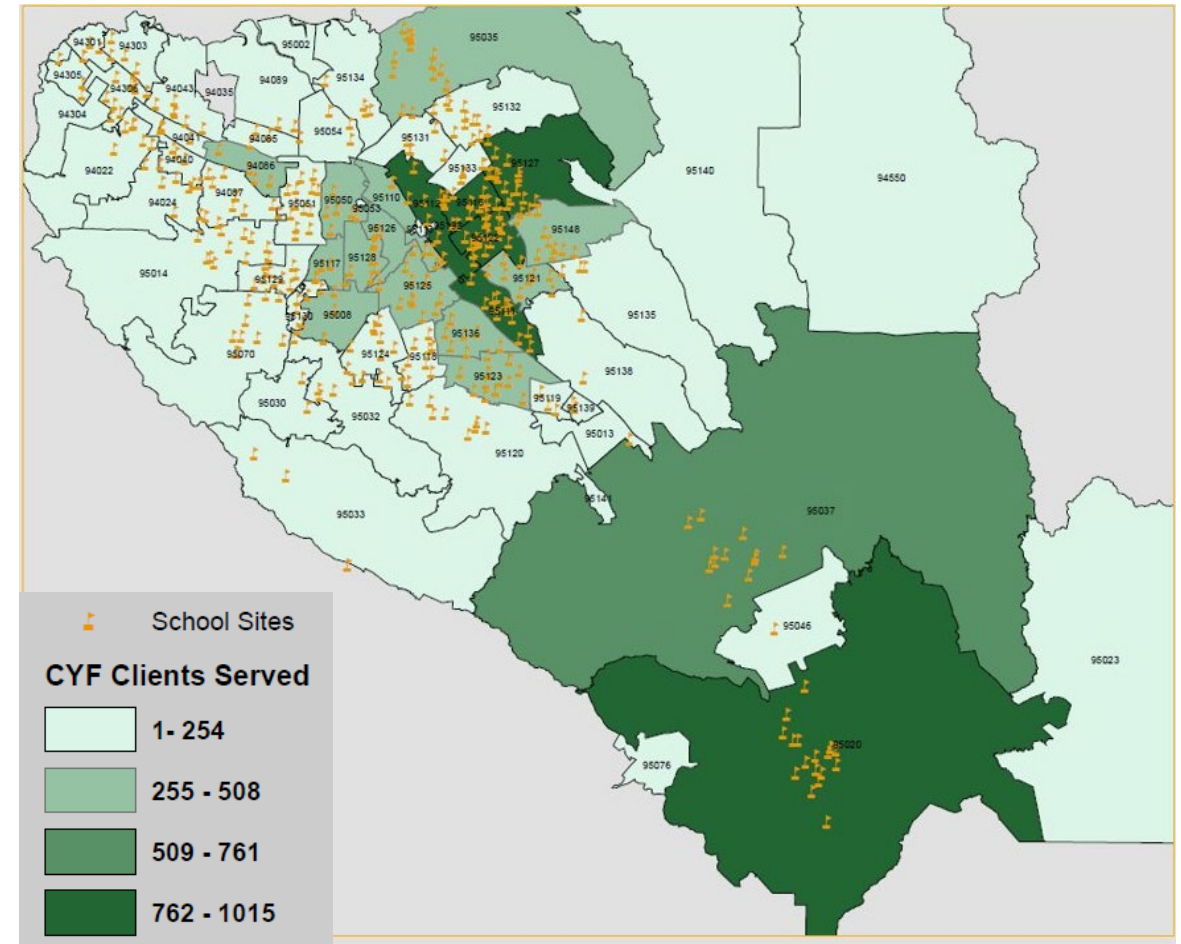
- In FY 2022-2023, BHSD CYF SOC served 14,349 unduplicated children, school-age youth, and TAY.
- Majority of clients served are coincidentally in high-risk zip codes



Santa Clara County High Risk Area Map and FY 2022-2023 Number Served by Zip Code



- BHSD updated the High-Risk Area Map in FY 2020-2021. Zip codes with an average rating of 4.00 and above are considered high risk areas.
- Risk Indicators:** Poverty, Substance abuse, Juvenile arrests, Mental health clients, Teen mothers, Low birth weight count, School dropouts, Low test scores



- In FY 2022-2023, BHSD CYF SOC served **14,349 unduplicated children**, school-age youth, and TAY.
- The highest concentration of clients served, through direct clinical services, reside in high-risk zip codes.

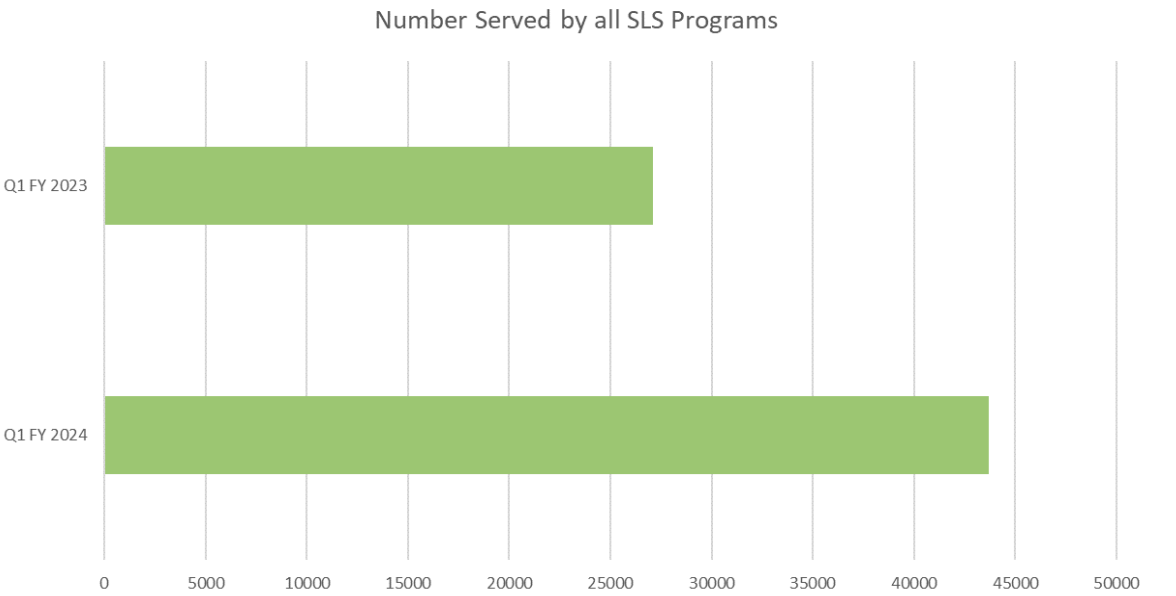
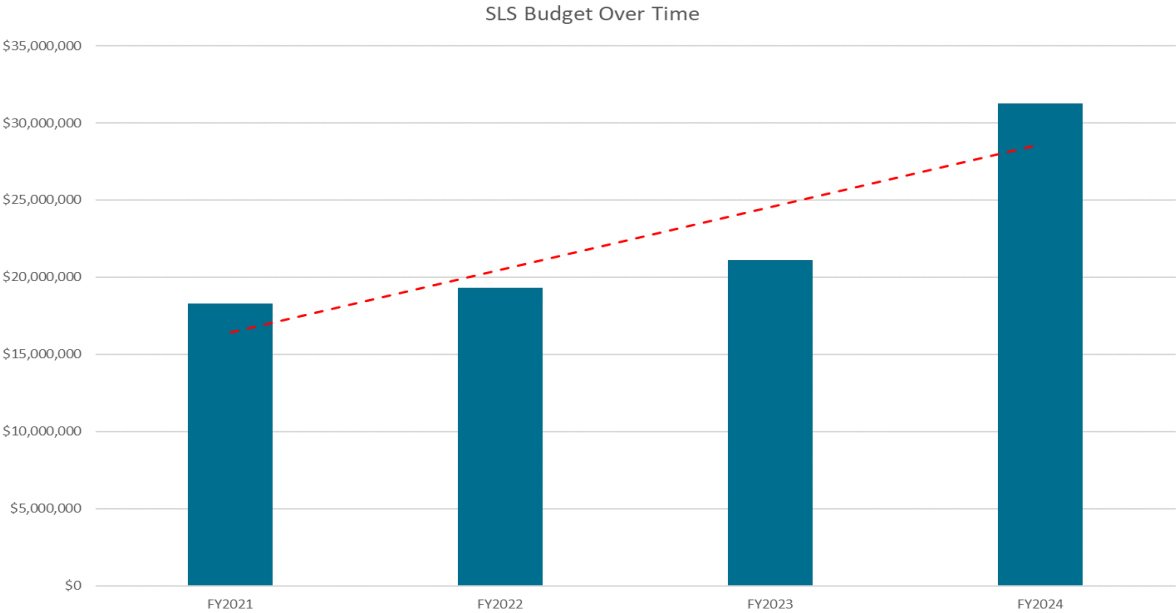
School Linked Services School-Based Programs Budget and Number Served

From FY 2020-2021 to FY 2023-2024, the SLS budget has increased by **70%**.

- In **FY 2021-2022**, BHSD began increasing funding to school-based services to support school districts in their **COVID-19 recovery efforts**. This included efforts in implementing the **SLS Family Engagement** program in all County school districts, **expanding PEI and SLS** to new school districts, **increasing capacity** to existing school districts, and implementing **universal prevention supports and strategies**.
- In **FY 2023-2024**, **\$12.1** million through MHSA, ARPA, and Juvenile Probation funding, has been allocated to the **Wellness Center Grant Program**.

A quarter to quarter comparison shows **an increase of 61% in the number of students and their families served by all SLS programs**, from Tier 1 to Tier 3, in Quarter 1 (July-September) FY 2022-2023 (N=27,115) and Quarter 1 FY 2023-2024 (N=43,674).

- In **FY 2022-2023**, BHSD and the CCPs implemented **new data collection processes** to capture the number of students and their families **served through PEI Universal Strategies and Supports**.
- The **increase** is also contributed to the efforts by the SLS Coordinators to **outreach and promote Family Engagement activities**.



Questions?

Appendices

FDA Approved Medications for Alcohol Use Disorder (AUD)

Referral: 11/7/23 (Item No. 9) Supervisor Lee

The following medications are FDA-approved to treat AUD, and prescriptions are available through BHSD SUTS programs, Santa Clara Valley Healthcare Primary Care (primarily Naltrexone), and Valley Homeless Healthcare Program.

- **Naltrexone**- Available in daily oral or monthly injectable (Vivitrol®) formulations. Can be started while still drinking and may reduce frequency / amount of drinking.
- **Acamprosate**- Two tablets taken 3 times a day. May help reduce an individual's desire to drink.
- **Disulfiram**- Makes people feel sick if they drink while taking the medication. Most effective when taken in supervised settings.

Non FDA-approved medications that show some promise include **Topiramate** and **Gabapentin**, both of which may have a mild effect in reducing drinking. A few small studies with psychedelic-assisted therapy showed some benefit.

Medications for alcohol withdrawal include benzodiazepenes (including Valium®, Ativan®, Librium®, etc), gabapentin, phenobarbital, etc.

In addition, psychosocial treatments such as outpatient, intensive outpatient, social detoxification, residential treatment, and peer support models are also available.



Treatments for Methamphetamine Use Disorder

Referral: 11/7/23 (Item No. 18) Supervisor Chavez

Psychosocial Treatments

- Contingency Management
- Behavioral Modification (e.g., Cognitive Behavioral Therapy, Motivational Interviewing, etc.)
- Social Detoxification
- Residential Treatment
- Peer Support Models (e.g., 12-Step Programs, Rational Recovery, SMART Recovery, etc.)

Medications for Addiction Treatment

- Combination treatment of injectable naltrexone (Vivitrol®) and oral bupropion (Wellbutrin)
- Mirtazapine (Remeron)
- GLP-1 agonists (currently used for treatment of diabetes and obesity) *have only anecdotal data to date.*
- There is no current data on psychedelic-assisted therapy, but early trials are underway.

Increased efforts to expand awareness and access to treatments are underway through Contingency Management and the recent hiring of the new SUTS Medical Director.

Costs Related to Increasing Opioid Treatment Access

Referral: 11/7/23 (Item No. 18) Supervisor Lee

| Service | County Agency | Description | Cost Per Client/ # of Clients to be Served | Annual Cost/ Funding Source |
|----------------------------------|---------------|---|---|--|
| Transportation Assistance | PHD | <p>PHD will provide transportation assistance to treatment for OUD/StUD, MAT, and other related healthcare services to support linkage to and retention in care. Process:</p> <ul style="list-style-type: none"> • Contract with ride-sharing platform. • PHD to order transportation on behalf of clients with ability to indicate higher needs for support (e.g., door-to-door help, door-through-door help, wheelchair access), monitor when rides are completed. • PHD Harm Reduction Program will set up parameters for use and a workflow prioritizing services for clients who wouldn't otherwise have their needs met by other options, such as public transportation. | <p>\$20 per client</p> <p>250 clients</p> | \$5,000 OD2A |
| Low-Barrier MAT | PHD | <ul style="list-style-type: none"> • PHD has a contract with Bright Heart Health to expand access to same-day MAT via telemedicine visits on iPads. The Harm Reduction program mobile and fixed site community navigators will provide support to ensure clients' ability to fill prescriptions and initiate their therapy and a County staffed navigation team (1 FTE Health Education Specialist and 1 FTE Health Education Associate). • This is an additional service available for clients who visit mobile vehicles for syringe access, alternatives to injection, naloxone, fentanyl test strips, sexual health resources, HIV/STI testing and treatment, referrals to detox and rehabilitation. | N/A | \$500,000/ Public Safety Realignment Funds/BHSD |

Costs Related to Increasing Opioid Treatment Access (cont.)

Referral: 11/7/23 (Item No. 18) Supervisor Lee

| Service | County Agency | Description | Cost Per Client/ # of Clients to be served** | Year 1 Cost*/ Funding Source |
|---|---------------|---|--|--|
| Outpatient Addiction Medicine Hub Clinic | SCVH | <ul style="list-style-type: none"> New outpatient addiction medicine Hub Clinic is in development Offers both walk-in and scheduled care for substance use disorder patients Envisioned at Valley Health Center Moorpark and operating 5 days a week with a hybrid model for walk-ins and scheduled patients. Services include detoxification evaluations and triage, motivational interviewing, outpatient detoxification care, medication initiation and maintenance, and linkage into residential treatment and/or outpatient care. Comprehensive behavioral health services, social work, and outreach will also be provided. | \$237.19 per client 4,216 clients | \$ 1,000,000 Multiple Patient Revenue Services 86% Net County Investment 14% |
| Inpatient Addiction Consult Service (IACS) | SCVH | <ul style="list-style-type: none"> Patients at SCVH who are admitted with substance use disorders can be seen through this consult service. Consults will help with stabilization, treatment initiation, and linkage to residential treatment and/or outpatient care. | | |

**Roles are shared between the Hub Clinic and IACS during the first year, with ongoing evaluation of utilization and staffing adjustments as necessary. This is an estimate and further analysis is taking place.*

*** Includes opioid and other substances use in clients served.*

Costs Related to Increasing Opioid Treatment Access (cont.)

Referral: 11/7/23 (Item No. 18) Supervisor Lee

| Service | County Agency | Description | Cost Per Client/ # of Clients to be Served | Annual Cost/ Funding Source |
|---|---------------|--|---|--|
| Mobile Harm Reduction (including BAMAT) | PHD | <ul style="list-style-type: none">Contracted with Bay Area Community Health to provide low barrier MAT for a program called Bay Area Medication Assisted Treatment.Extra Help Health Education Associate provides MAT Navigation, education and referral enrollment and confirmation.Supported by Peer Navigator Program providing recruitment and assistance with program design and support.This is an additional service available for clients who visit mobile vehicles for syringe access, alternatives to injection, naloxone, fentanyl test strips, sexual health resources, HIV/STI testing and treatment, and referrals to detox and rehabilitation. | \$349.79 per client 153 clients | \$53,518 Sierra Foundation Grant to Bay Area Community Health through June 2024 |

Stakeholder Group Assessment Survey Results

Referral: 8/29/23 (Item 14) Supervisor Lee

Survey Design

- PHD conducted a survey of approximately 85 members of 4 County opioid overdose coalitions (i.e., Santa Clara County Opioid Overdose Prevention Project, Fentanyl Taskforce, Fentanyl Working Group, Drug User Health Advisory Committee)
- Received a 65% response rate
- Questions posed were related to coalition structure, accessibility, outcomes and needs, with options to provide comments

Respondent Recommendations

- One centralized coalition with action-oriented sub-groups
- Centralized and actionable information sharing and discussion
- Continued integration of individuals who use drugs and their families
- Expand representation (e.g., community service providers, managed care organizations, higher education, Public Defender's Office)

Next Steps: Recommendations to be brought forth in the May 2024 public health crisis report.

Comparison of CARE Court, AOT, and SB 43 Involuntary Holds & Conservatorships

Referral: 12/5/23 (Item No. 11) Supervisor Lee

| | CARE Court | AOT | SB 43 |
|--|------------|-----|-------|
| Family can petition | ✓ | | |
| Family can make referral to BHSD requesting petition | | ✓ | |
| Requires mental health disorder | ✓ | ✓ | |
| Requires prior hospitalizations or prior act of serious & violent behavior | | ✓ | |
| Requires psychotic disorder | ✓ | | |
| Available to individuals with severe SUD and no mental health disorder | | | ✓ |
| Court-ordered voluntary treatment | ✓ | ✓ | |
| Involuntary treatment in locked facilities | | | ✓ |
| Ability to seek involuntary medication | | | ✓ |

Role of County Departments

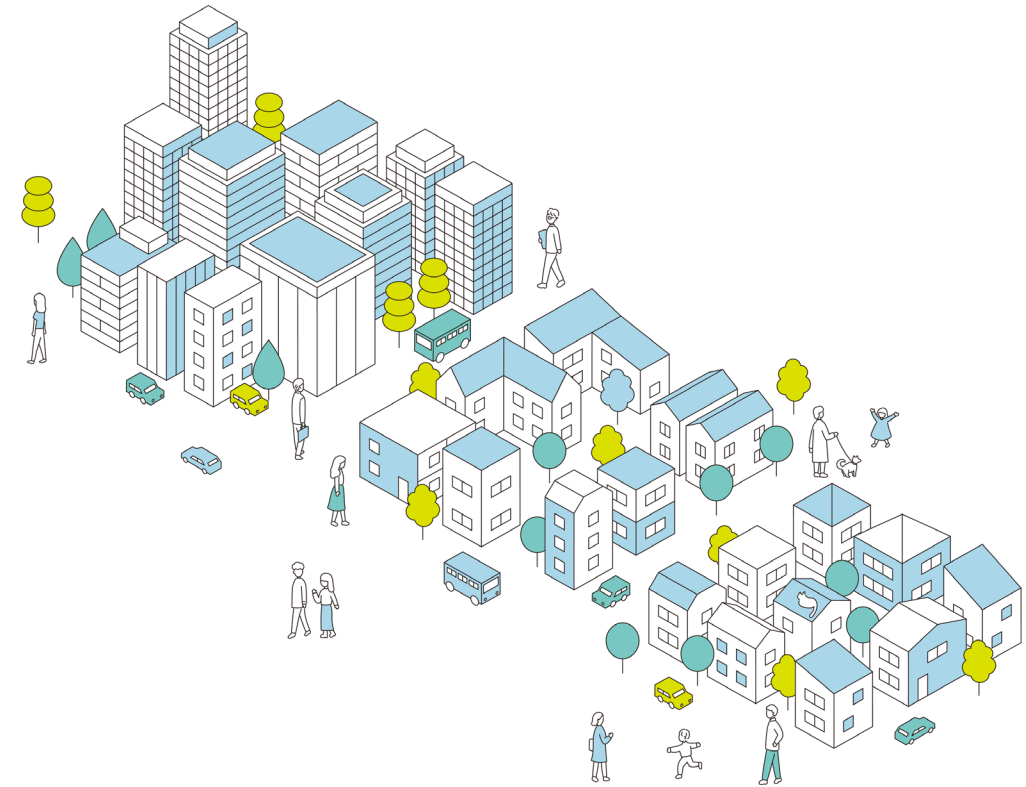
Referral: 12/5/23 (Item No. 11) Supervisor Lee

| | CARE Court | AOT | SB 43 |
|-------------------------------------|--|--|--|
| BHSD | Substituted as petitioner in all cases; serve notices, participate in court hearings, submit progress reports; clinical evaluation; creation of CARE plan; provision/coordination of services; reporting to State. | Petitioner in all cases; serve notices, participate in court hearings, submit progress reports; clinical evaluation; provide written treatment plan; provision/coordination of services; reporting to State. | Designate LPS facilities; provide for appropriate placements for involuntary mental health and SUD treatment; contract with and monitor treatment providers. |
| EPS/BAP/Hospital | Non-compliance with CARE plan may result in evaluation for involuntary hold. | Non-compliance with treatment may result in evaluation for involuntary hold. | Evaluation and treatment of persons on involuntary holds, including SUD treatment. |
| Public Guardian | May refer conservatee to CARE Court; non-compliance with CARE plan may result in LPS proceedings up to conservatorship referral. | Conservatees may be referred to AOT; non-compliance with treatment plan may result in LPS proceedings up to conservatorship referral. | Conservatorship investigations; conservatorship court proceedings; conservatorship administration. |
| Law Enforcement | May file petition to initiate CARE Act proceedings on a person they have had repeated interactions with. | May request that BHSD file petition to initiate AOT proceedings on a person they are assigned to supervise. | May initiate 72-hour 5150 hold and transport to EPS or other facility. |
| County Counsel | Prepare court filings and represent BHSD at hearings; assist with contracts for service provision; represent Public Guardian in LPS proceedings. | Prepare court filings and represent BHSD at hearings; assist with contracts for service provision. | Prepare court filings and represent Public Guardian in conservatorship proceedings, writs, medication capacity hearings, court and jury trials, appeals. |
| Public Defender | Legal counsel for respondent if not represented by legal services organization. | Legal counsel for respondent. | Legal counsel for respondent. |
| Office of Supportive Housing | Coordination of housing resources. | Coordination of housing resources. | Coordination of housing resources as individuals stabilize. |

Coordination with Homelessness Services and SB 43

Referral: 12/5/23 (Item No. 11) Chavez

- Consider opportunities to create direct referrals to shelters.
- Partner with the Continuum of Care to train homeless service providers on the impact of SB 43, the impact to unhoused individuals, and the system of progressive involuntary holds and conservatorships.
- Utilize Supportive Housing System (SHS) experts to train staff at involuntary hold facilities on the culture and needs of unhoused individuals.
- Provide training to help unhoused individuals access SHS resources (e.g., shelters, Coordinated Entry System, HMIS, etc.) once they are released from an involuntary hold.
- Collectively identify housing models/opportunities/options for individuals with high-level service needs.



Updated Number of Conservatorships- Unduplicated Count

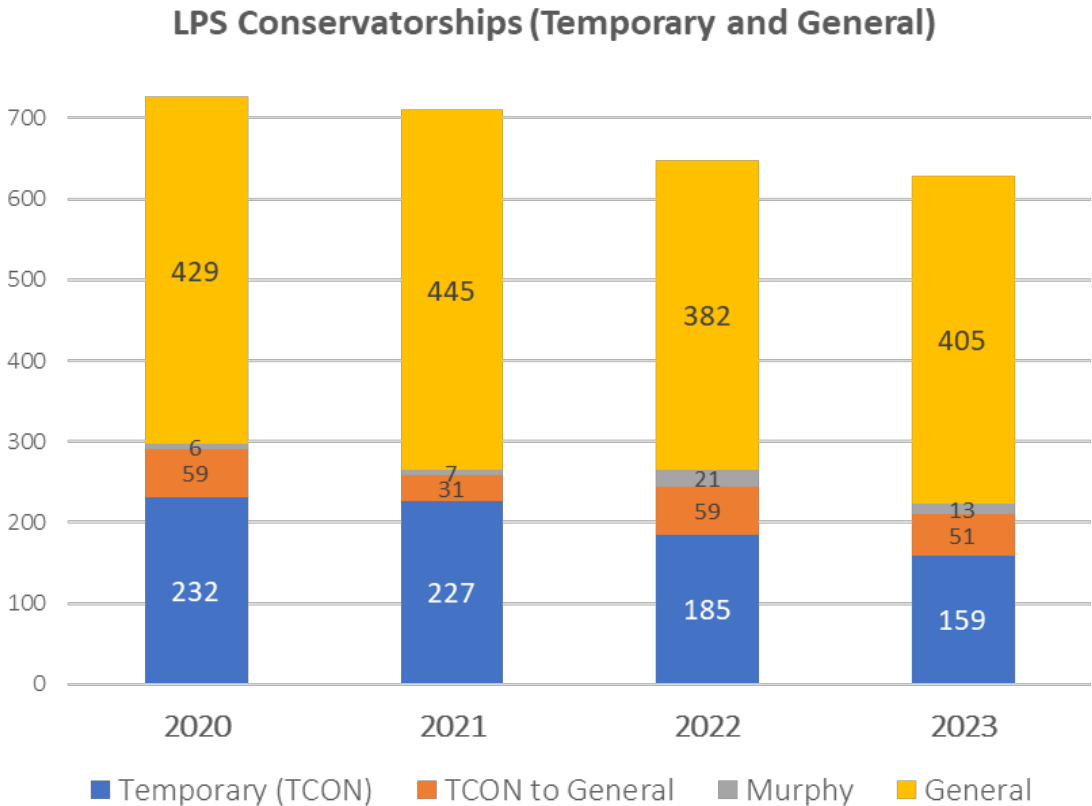
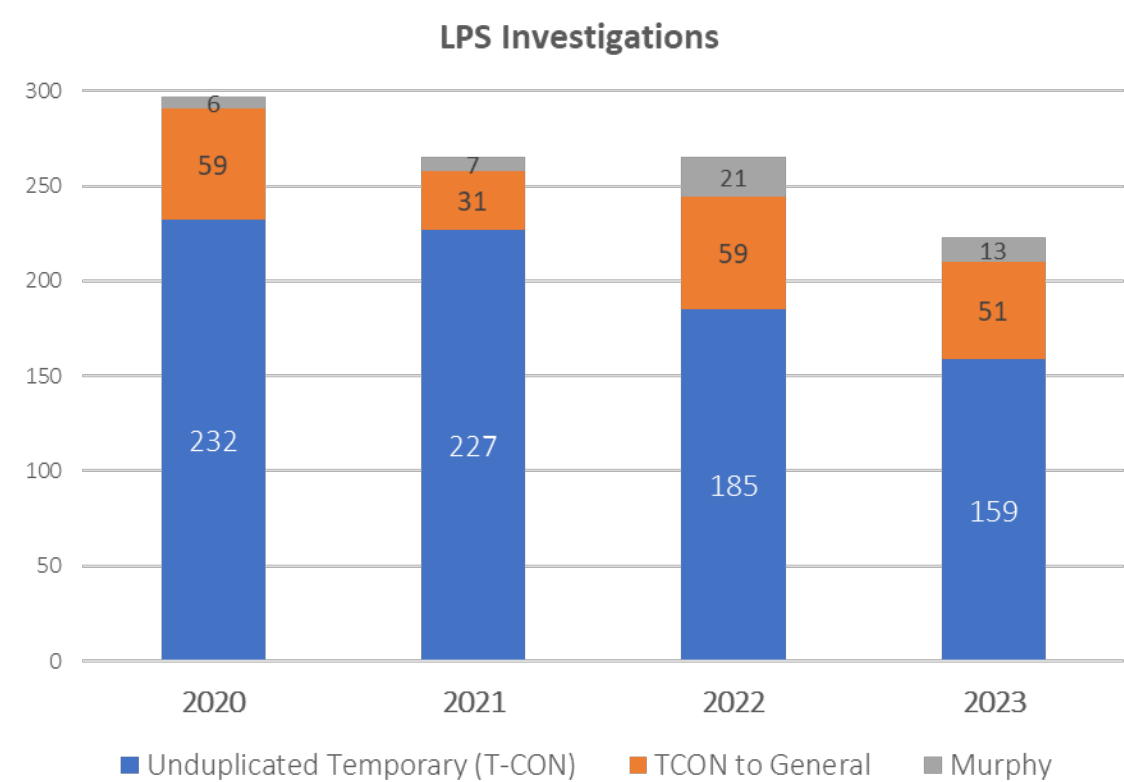
12/5/23 (Item No. 11)- Supervisor Chavez

| LPS Investigations | | | | | |
|--------------------|------------------------------------|-----------------------------------|------------------|--------------------|----------------------|
| Year | Unduplicated New Clients | | | Duplicated Clients | Total Investigations |
| | Temporary Conservatorships (T-CON) | T-CON to General Conservatorships | Murphy Conserved | | |
| 2020 | 232 | 59 | 6 | 17 | 297 |
| 2021 | 227 | 31 | 7 | 23 | 265 |
| 2022 | 185 | 59 | 21 | 16 | 265 |
| 2023 | 159 | 51 | 13 | 12 | 223 |

| LPS Conservatorship Totals | | | | | |
|----------------------------|------------------------------------|----------------------------------|------------------|-------------------------|------------------------|
| Year | Temporary Conservatorships (T-CON) | T-CON to General Conservatorship | Murphy Conserved | General/ Reappointments | Total Conservatorships |
| 2020 | 232 | 59 | 6 | 429 | 726 |
| 2021 | 227 | 31 | 7 | 445 | 710 |
| 2022 | 185 | 59 | 21 | 382 | 647 |
| 2023 | 159 | 51 | 13 | 405 | 628 |

Updated Number of Conservatorships- Unduplicated Count (cont.)

12/5/23 (Item No. 11)- Supervisor Chavez



10-digit Trusted Response Urgent Support Team (TRUST) Direct Line

Referral: 12/12/23 Board of Supervisors Meeting (Item No. 15)

Budget Impact for TRUST Direct Line and Pacific Clinics Staffing (TRUST Contracted Provider):

- **Projected total cost for fiscal year (FY) 2024-2025 with a launch of September 2024 would be approximately \$431,083, and \$510,500 ongoing per FY.**
 - **\$4,000 one-time** technology set-up cost
 - **\$10,000 per FY** for phone line cost for expansion and maintenance
 - **\$500,500 per FY for 3.85 Full Time Equivalent (FTE) Crisis Intervention Specialists** for Pacific Clinics
 - This staffing accounts for an anticipated **15% increase** in call volume with the implementation of the West Valley Trust team and given current call volume (see *Outcomes of Calls to SCC CSPL* slide).

State Approval Process in Modifying the MHSA Innovation (INN) Plan:

- The State has confirmed that pending its approval, it is possible for BHSD to utilize unspent MHSA INN dollars from other MHSA INN programs to budget for a direct line to TRUST by adjusting the current MHSA INN Plan.
- **The formal process required for requesting State approval includes:**
 1. Holding a special **MHSA Stakeholder Leadership Committee (SLC) info session (early February 2024)**
 2. Posting the SLC plan document the day after the special SLC info session
 3. Holding a **30-day public comment period (estimated through mid-March 2024)**
 4. Local reviews and approvals, including the **Behavioral Health Board in late April 2024 and the Board of Supervisors in June 2024**
 5. Subsequently, taking the Board of Supervisors approved plan to the Mental Health Services Oversight and Accountability (MHSOAC) for approval at the **MHSOAC tentative hearing in August 2024**
 6. Implementation: **Launch direct TRUST line (September 2024)**

10-digit TRUST Direct Line (cont.)

Referral: 12/12/23 Board of Supervisors Meeting (Item No. 15)

If the State does not approve changes to the MHSA INN Plan:

- County General Fund would be necessary to create and maintain a direct line to TRUST.
- As a courtesy, BHSD would notify the SLC about this change and roll out the direct line.

988 and TRUST Training and Collaboration

- **988 training:** All current 988 call center staff have successfully completed a minimum of 80-hours training on developing behavioral and interpersonal skills to sensitively and effectively respond to crisis calls.
- **TRUST training:** All current TRUST call center staff have successfully completed a minimum of 40-hours training on how to provide sensitive and effective call support, crisis de-escalation, resource information, and if necessary, dispatch to a TRUST field team. TRUST staff also receive cross training and collaborate with 988.
- **Currently, if a caller dials 988 and requests services from TRUST,** the caller is transferred directly to Pacific Clinics. If it is determined that the call requires a higher level of care (e.g., Mobile Crisis Response Team, etc.), Pacific Clinics will transfer callers back to 988.
- **In preparation of launching a direct TRUST line,** BHSD would provide approximately 4-6 hours of additional training to TRUST call center staff about protocols and processes to assess risk levels of a call, utilize resources, and appropriately transfer calls for crisis intervention to 988 if the call requires a higher level of care.

Federal Advocacy

- **BHSD supports the bipartisan bill Local 9-8-8 Response Act of 2023 (S.3444),** which would require Federal Communications Commission (FCC) to route calls to the nearest call center based on the proximity of the caller and not the area code.

Outcomes of Calls to the Santa Clara County Crisis & Suicide Prevention Lifeline (CSPL)*

(Referral: 11/7/23 (Item No. 9) Supervisor Ellenberg)

| CSPL Referrals | MCRT | | | MRSS | | | TRUST *Go live 11/7 | | | IHOT | | 911 |
|-----------------|----------|------------------|------|----------|------------------|------|---------------------|------------------|------|----------|-------------|----------|
| | Referred | Field Visit (FV) | % FV | Referred | Field Visit (FV) | % FV | Referred | Field Visit (FV) | % FV | Referred | Field Visit | Referred |
| Jul 16 - Jul 31 | 75 | 9 | 12% | 2 | 2 | 100% | Implementation 11/7 | | | 1 | 0 | 1 |
| Aug 2022 | 183 | 38 | 21% | 14 | 12 | 86% | | | | 4 | 1 | 1 |
| Sept 2022 | 156 | 36 | 23% | 9 | 6 | 67% | | | | 1 | 0 | 1 |
| Oct 2022 | 164 | 44 | 27% | 13 | 10 | 77% | | | | 2 | 0 | 2 |
| Nov 2022 | 84 | 22 | 26% | 11 | 9 | 82% | 32 | 19 | 59% | 0 | 0 | 0 |
| Dec 2022 | 172 | 46 | 27% | 26 | 13 | 50% | 221 | 77 | 35% | 0 | 0 | 1 |
| Jan 2023 | 158 | 45 | 28% | 23 | 13 | 57% | 216 | 82 | 38% | 0 | 0 | 2 |
| Feb 2023 | 166 | 33 | 20% | 22 | 3 | 14% | 187 | 70 | 37% | 0 | 0 | 4 |
| Mar 2023 | 99 | 27 | 27% | 28 | 8 | 29% | 178 | 59 | 33% | 0 | 0 | 4 |
| Apr 2023 | 197 | 57 | 29% | 46 | 8 | 17% | 268 | 90 | 34% | 0 | 0 | 6 |
| May 2023 | 146 | 39 | 27% | 27 | 5 | 19% | 213 | 71 | 33% | 0 | 0 | 3 |
| Jun 2023 | 106 | 47 | 44% | 22 | 6 | 27% | 216 | 58 | 27% | 0 | 0 | 7 |
| Jul 2023 | 148 | 43 | 29% | 23 | 6 | 26% | 356 | 112 | 31% | 0 | 0 | 8 |
| Aug 2023 | 159 | 55 | 35% | 21 | 5 | 24% | 339 | 122 | 36% | 2 | 0 | 10 |
| Sept 2023 | 146 | 53 | 35% | 26 | 4 | 24% | 316 | 110 | 36% | 0 | 0 | 3 |
| Oct 2023 | 171 | 56 | 35% | 36 | 4 | 15% | 325 | 137 | 36% | 0 | 0 | 7 |
| Nov 2023 | 115 | 35 | 30% | 23 | 6 | 26% | 243 | 113 | 47% | 0 | 0 | 5 |
| Dec 2023 | 172 | 52 | 30% | 13 | 6 | 46% | 378 | 138 | 37% | 0 | 0 | 2 |
| Totals | 2,445 | 685 | 28% | 372 | 120 | 43% | 3,110 | 1,120 | 37% | 10 | 1 | 65 |

*The CSPL team supports call that come through 988, the BHSD Call Center at 1-800-704-900 (press 1 for all area codes), and local call centers' direct number at 1-855-278-4204

Program Staffing

| MCRT | | | MRSS | | | TRUST | | |
|--|--------|----------------------------|-------------------|--------|--------------------|---------------------------------|--------|-------------------------|
| Position Title | # FTEs | Filled or Vacant | Position Title | # FTEs | Filled or Vacant | Position Title | # FTEs | Filled or Vacant |
| County BHSD | | | Pacific Clinics | | | Pacific Clinics | | |
| Crisis Intervention Specialist (CIS) I | 8 | Filled | Clinician | 8 | 6 Filled, 2 Vacant | First Aid Responders (FAR) | 11.6 | 8.4 Filled, 3.2 Vacant |
| CIS II | 7 | Filled | Family Specialist | 9 | 9 Filled | CIS | 14.8 | 11.3 Filled, 3.5 Vacant |
| CIS II/I | 2 | Vacant – Currently on Hold | Total | 17 | | CIS II | 3 | 2 Filled, 1 Vacant |
| Total | 17 | | | | | Peer Specialist (Peer Partners) | 14.2 | 10 Filled, 4.2 Vacant |
| | | | | | | Community Collaborator | 3 | Filled |
| | | | | | | Total | 46.6 | |
| | | | | | | Momentum | | |
| | | | | | | Manager | 1.5 | .5 Filled, 1 Vacant |
| | | | | | | Community Collaborator | 1 | Filled |
| | | | | | | First Aid Responder | 4.5 | 3 Filled, 1.5 Vacant |
| | | | | | | Rehabilitation Specialist | 4.5 | 4 Filled, .5 Vacant |
| | | | | | | Peer Navigator | 4.5 | 4 Filled, .5 Vacant |
| | | | | | | Administrative Assistant | 1 | Filled |
| | | | | | | Total | 17 | |

Behavioral Health Crisis Call Outcomes

| Mobile Response & Stabilization Services | July | August | September | October | November | December | Total |
|--|--|--------|-----------|---------|----------|----------|-------|
| In-Person Field Responses | 46 | 68 | 103 | 106 | 103 | 75 | 501 |
| 5150 | 15 | 19 | 34 | 34 | 27 | 20 | 149 |
| Referred to CSU | 13 | 15 | 30 | 30 | 20 | 20 | 128 |
| Referrals Managed Over Phone | 257 | 335 | 451 | 475 | 456 | 456 | 1974 |
| Arrests | Data not collected-MRSS is primarily a non law-enforcement program | | | | | | |

| Mobile Crisis Response Team | July | August | September | October | November | December | Total |
|------------------------------|------|--------|-----------|---------|----------|----------|-------|
| In-Person Field Responses | 112 | 119 | 102 | 93 | 81 | 75 | 582 |
| 5150 | 33 | 40 | 34 | 34 | 34 | 21 | 196 |
| Referred to CSU | 2 | 2 | 6 | 5 | 1 | 1 | 17 |
| Referrals Managed Over Phone | 132 | 128 | 117 | 123 | 123 | 139 | 762 |
| Arrests | 6 | 6 | 6 | 3 | 8 | 5 | 34 |

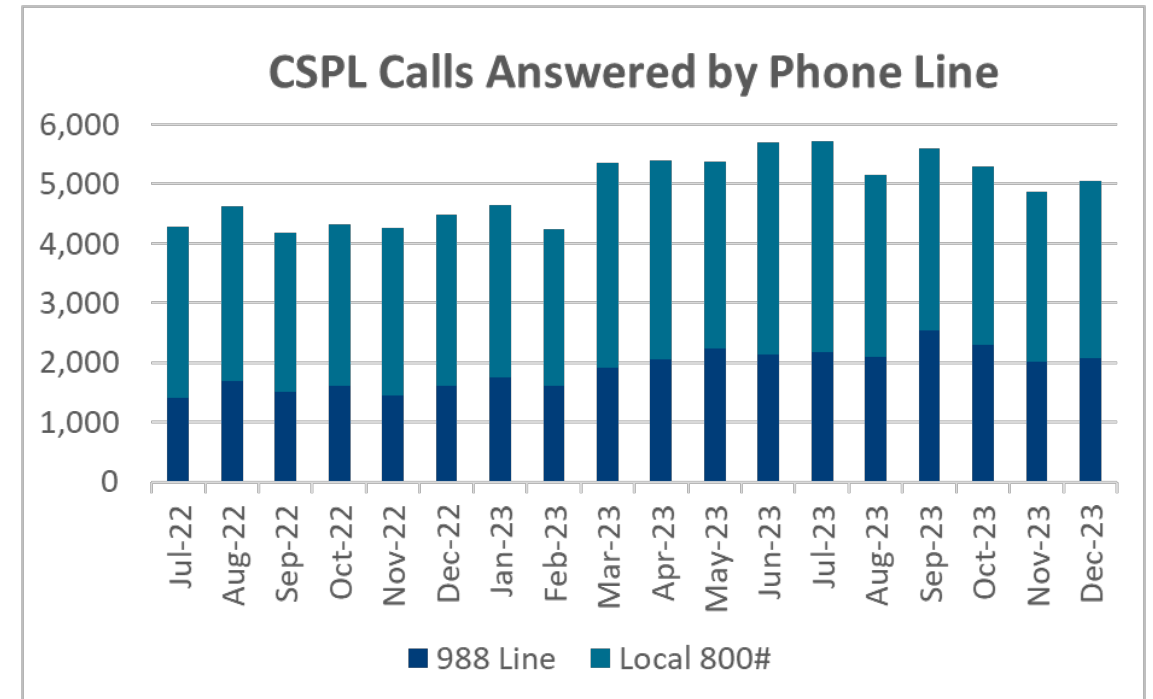
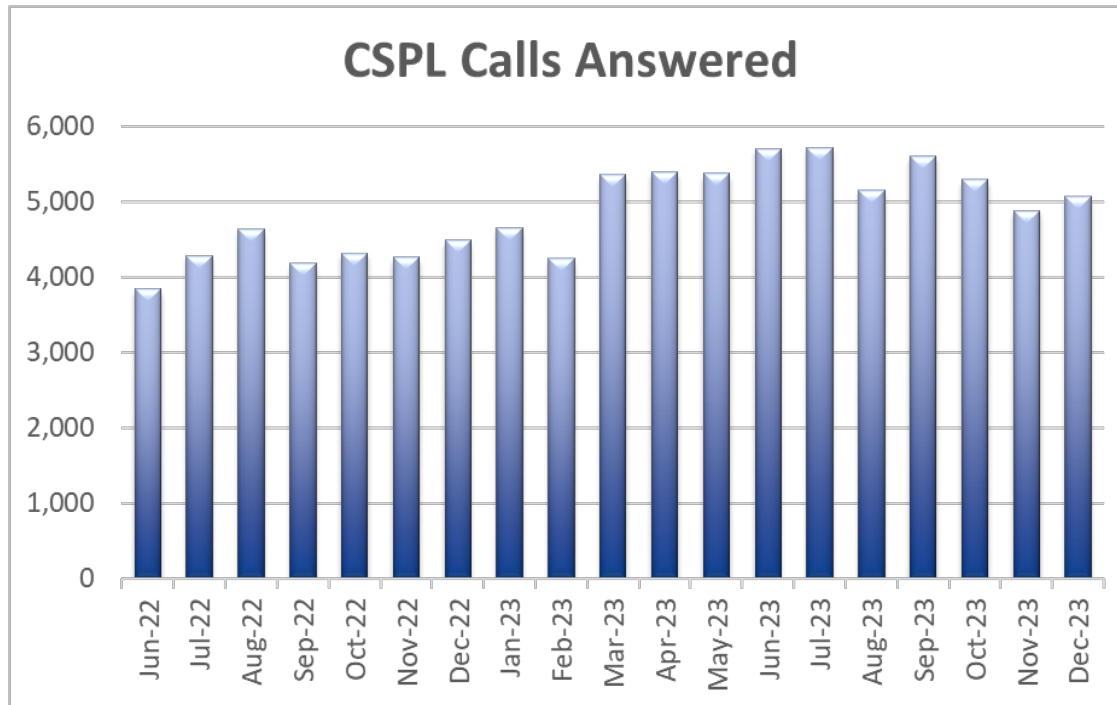
CSU = Crisis Stabilization Unit

Behavioral Health Crisis Call Outcomes: TRUST

| Pacific Clinics | July | August | September | October | November | December | Total |
|------------------------------|------|--------|-----------|---------|----------|----------|-------|
| In-Person Field Responses | 118 | 128 | 127 | 173 | 129 | 186 | 861 |
| 5150 | 0 | 1 | 2 | 0 | 2 | 1 | 6 |
| Referred to CSU | 6 | 7 | 4 | 4 | 7 | 5 | 33 |
| Referrals Managed Over Phone | 226 | 188 | 176 | 184 | 177 | 52 | 1003 |
| Arrests | 2 | 1 | 2 | 3 | 0 | 4 | 12 |

| Momentum | July | August | September | October | November | December | Total |
|------------------------------|------|--------|-----------|---------|----------|----------|-------|
| In-Person Field Responses | 26 | 36 | 41 | 39 | 16 | 46 | 204 |
| 5150 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Referred to CSU | 2 | 4 | 2 | 1 | 1 | 2 | 12 |
| Referrals Managed Over Phone | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Arrests | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

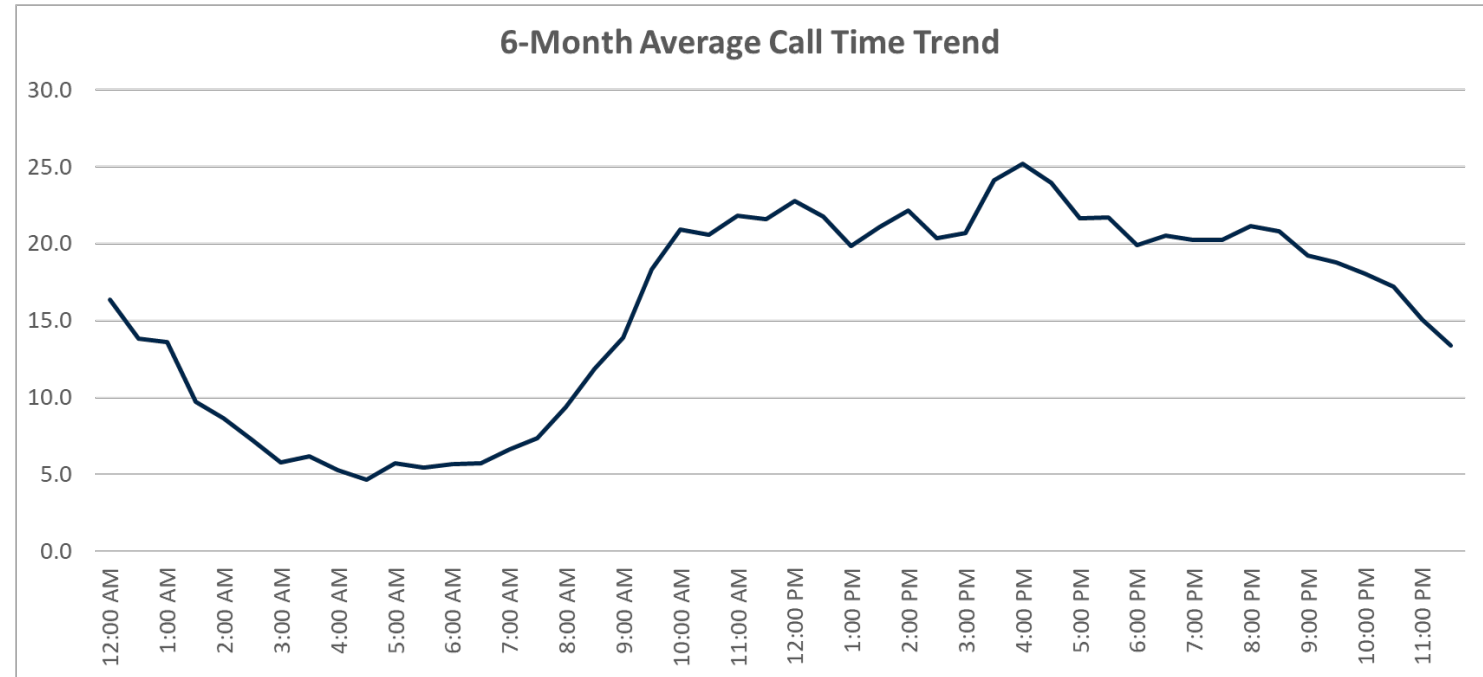
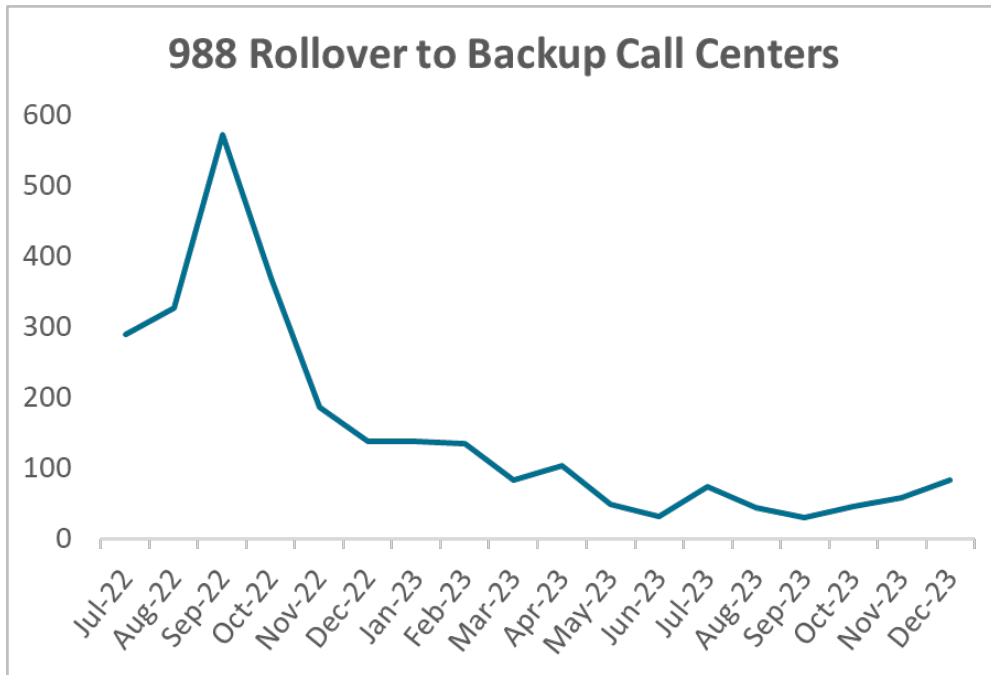
CSPL Call Answer Rate Trends



Key Takeaways:

1. The CSPL average answer rate has improved significantly since July of 2022. Within the last reported six months, we've maintained within a range of a 90% answer rate.
2. The 988 call answer rate has improved from 78% in July 2022 to 93% in December 2023, and the local lines answer rates improved from 69% in July 2022 to 85% in December 2023.

988 Rollover Trends and Peak Times for Calls



Key Takeaway:

1. Only 1% or less of calls roll over to another 988 Call Center, which is a significant improvement since July of 2022 when it was above 9%.
2. The peak time for calls typically happens between 9am-12pm and then picks up again at 3pm and stays busy until 11pm.

Targeted Outreach for Suicide Prevention

(Referral: 8/23/23 Health & Hospital Committee (Item No. 11) Supervisor Lee)

The following efforts have been conducted to reach **young adults (18-44) in Latino and Asian communities**, based on recommendations by the Suicide and Prevention Oversight Committee:

- **Data-gathering and review:**

- **Reviewed suicide data** to define target populations by ethnicities and age. Outreach to Asian communities will have focus in Chinese, Vietnamese, and Korean, based on suicide counts and rates over the past 10 years.
- **Qualitative analysis on Medical Examiner-Coroner suicide data** initiated by Palo Alto University's Multicultural Suicide Research Center Lab, examining risk factors, suicide notes, and potential intervention points.
- **Literature review on mental health and suicide** began in January 2024 to inform further interventions. Specific research questions are under development by workgroups. If further information is needed, surveys may be conducted in spring-summer 2024 with cultural organizations and community members.
- **Partnership-building:** Databases of organizations serving these communities developed and outreach initiated for engagement (e.g., hosting tabling or trainings, joining workgroup, etc.).
- **Community outreach and trainings:** Targeted efforts from July-December 2023 has reached 301 community members.
- **Media campaigns:** 988 and suicide prevention campaign materials are being updated to incorporate data from both communities. Additional campaign phases are planned to air in spring 2024 and beginning in FY 2025.



CALIFORNIA BEHAVIORAL HEALTH REFORMS IMPACTING COUNTY BEHAVIORAL HEALTH (2022-2024)

• **New Medi-Cal Benefits**

- 24/7 Mobile Crisis Services
- 90-Day Jail In-Reach
- Peer Support Specialists (option)
- Contingency Management (option)
- Mental Health IMD (option)
- Community Health Workers (option)
- First Episode Psychosis (BHSA)
- ACT/FACT (BHSA)
- Evidence Based Practices (BHSA)
- Supported Employment (BHSA)
- Housing (BHSA)
- Enhanced Care Management*
- Community Supports (option)*

• **Program/Quality Reforms**

- BH Payment Reform
- BH Eligibility Criteria
- Mental Health & SUD Plan Integration
- Documentation Reform
- BH Quality Incentive Program
- Comprehensive Quality Strategy

- CPT Coding
- Fiscal Reporting (BHSA)
- Outcomes Accountability (BHSA)
- FSP Levels of Care (BHSA)
- SB 525 Min Wage
- Centers of Excellence
- Network Adequacy
- Cultural Competence Plan Reform

• **Children & Youth Behavioral Health Initiative**

- School-Linked Fee Schedule
- FFPSA
- AB 2083
- OYCR
- Incentive Pool

• **Infrastructure (Treatment & Housing)**

- Behavioral Health Continuum Infrastructure Program (\$2.2 billion)
- \$6.2 billion bond (BHSA)
- No Place Like Home
- Community Care Expansion (CCE)
- Workforce Funding
- Data Exchange

LPS & Crisis Continuum

- SB 43 Grave Disability Criteria
 - Involuntary SUD
 - New medical and personal safety
 - AB 2275
 - AB 2242
- 988
- Cohort 1 in 2023
- Cohort 2 in 2024

• **Housing/Homelessness**

- BHSA Housing Category
- Behavioral Health Bridge Housing

• **Department of State Hospitals**

- Community Based Restoration
- Diversion
- Growth Cap/Penalties

• **New Initiatives**

- CARE Court

• **Parity**

- Commercial Plan Contracting Requirement (BHSA)