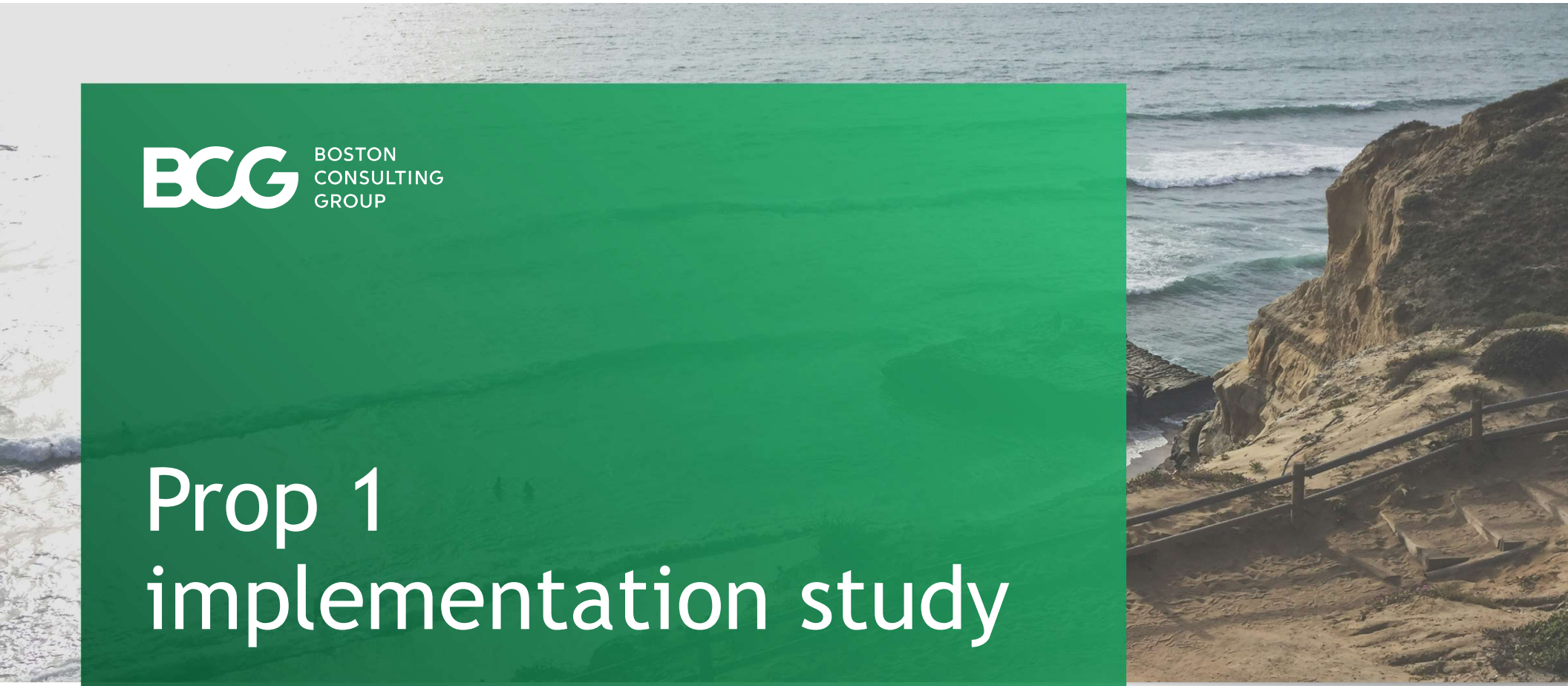


BOSTON CONSULTING GROUP

Prop 1 implementation study

Presentation for San Diego County Behavioral Health Advisory Board

APRIL 3, 2025

Context

Boston Consulting Group (BCG) is working with San Diego Behavioral Health Services on a study to understand the county perspective on Behavioral Health Transformation adaptation challenges and opportunities

Our purpose includes supporting the county in meeting the needs of the most vulnerable populations (e.g., SMI), making best use of available resources to care for communities, and expanding options to minimize any reductions in services or access



Objectives: Support development of a shared county- and state-level understanding of what counties need to succeed in adapting to the changes introduced by Prop 1, in the context of other behavioral health initiatives (e.g., CalAIM) and county-level priorities, and understand how San Diego County context and opportunities compare with other counties.

Approach: Work with select counties to identify and deeply understand challenges and opportunities – at a level of detail and rigor that can meaningfully inform support and decision making. From this, provide input to the State on what is needed in the form of TA support and any other State level-actions, and support San Diego BHS in articulating its needs and path forward (including expanding its toolkit, strengthening partnerships, and optimizing use of existing resources).

Focus areas: Concentrate the work on the **areas identified in collaboration with county leadership** as most meaningful. Our initial focus areas are:

- Revenue management and maximization
- Housing
- Reporting requirements
- Integrated Plan collaboration



This engagement is an overall opportunity to…

Not exhaustive



Assess **San Diego County BHS' current approaches**, including:

- Revenue and FFP maximization
- Resource allocation to provide services and care
- Execution of standard health plan functions
- Partnerships / engagement with providers and other stakeholders
- Affordable housing provision
- Preparation for the Integrated Plan process



Identify **strengths and opportunities to allow for best-in-class execution of Behavioral Health Transformation goals**, allowing BHS to serve individuals most in need – such as:

- Improving partnerships with providers
- Strengthening partnerships with Medi-Cal health plans for mild to moderate clients



Share learnings, including what **support, guidance, and assistance** might be most useful in executing the bold vision of BH Transformation in San Diego County

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Expected outcomes of this work

Initial view of **BHS' preparedness** across many essential BH Transformation and Prop 1 implementation opportunities

Scoping and prioritization of **implementation challenges and areas of lower preparedness,** at a level of detail and rigor needed to inform implementation efforts

Identification of **potential solutions**, and assessment of solutions' scope/requirements/benefits (e.g., roles, responsibilities, timeline, effort) to outline precise next steps for BHS

Clear understanding of technical assistance needs for counties on Prop 1 implementation and broader adaptation to new behavioral health environment (to share back with the State)

Tools for counties to continue this diagnostic work, beyond the engagement (e.g., self assessment for preparedness, data and modeling templates)

The goal of the study is for counties and the State to be better equipped to partner to meet Prop 1 goals, and to guide TA and other State-level supports

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Revenue management and maximization | County preparedness across required capabilities

Key changes	Capabilities required (types of changes impacted)	County self-assessment
1 Manage revenue and expenditures (including BHSA) to optimize outcomes for county/clients	✓ a Strong BHSA understanding: Comprehensive understanding of all new BHSA funding compliance requirements, deadlines, and eligible expenditures (financial performance)	
	✓ b Strategy & funding for programs to ensure continuity of service: Identifying strategy and funding sources for all programs (financial performance, op model)	
	✓ c Clear MHSA to BHSA funding mapping: Capacity and expertise to determine mapping where relevant to overall service delivery strategy, and track emergent funding shortfalls requiring other revenue sources across programmatic priorities (financial performance)	
	d Robust BHSA spend tracking: Ability to track BHSA revenue and expenditures by component category (financial performance, data infrastructure)	
	e Maximizing BHSA s[illegible] to prevent reversion: Ability to spend down BHSA revenue by reversion deadlines (financial perform[illegible]	
	f Optimizing BHSA [illegible] vision: Ability to strategically optimize spend to achieve programmatic vision, [illegible] idering tradeoffs and ensuring optimal service outcomes	
	g Sufficient county resourcing: Ability and capacity to support BHSA [illegible] es (workforce, financial performance)	
	h Robust internal QA/QC for services: Internal controls/monitoring systems to ensure audit readiness and fiscal accountability to meet all compliance requirements for program services (op model, financial performance)	
	i Robust internal QA/QC for housing: Internal controls/monitoring systems to ensure audit readiness, ability to fully leverage other funding sources first, and fiscal accountability to meet all compliance requirements for housing (e.g., rent, housing acquisition) (op model, financial performance)	
	j Proactive cost-effectiveness strategy: Capacity and expertise to evaluate cost-effectiveness of programs and tie expenditures to measurable service outcomes, to support long-term program viability (financial performance)	

Illustrative

✓ BHSA transition activity

Least ready — Most ready

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Questions?



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