



County of San Diego

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May 26, 2022

TO: Behavioral Health Advisory Board (BHAB)

FROM: Luke Bergmann, Ph.D., Director, Behavioral Health Services

BEHAVIORAL HEALTH SERVICES (BHS) DIRECTOR'S REPORT – JUNE 2022

BEHAVIORAL HEALTH SERVICES FISCAL YEAR (FY) 2022-2023 RECOMMENDED BUDGET

Behavioral Health Services Overview and Vision

In the Fiscal Year 2022-23 Proposed Operational Plan, Behavioral Health Services (BHS) continues to press forward in shifting how residents access care for their behavioral health needs. The vision is to transform from a system driven by crisis to one rooted in chronic and continuous care, and prevention through the regional distribution of services, and integration with primary healthcare to keep people connected, stable, and healthy. In the proposed operational plan, BHS proposed investments with the goal of building an integrated, seamless, and outcome-oriented behavioral health system that utilizes a health equity lens to ensure critical services are available to those in need.

BHS operates across four distinct domains:

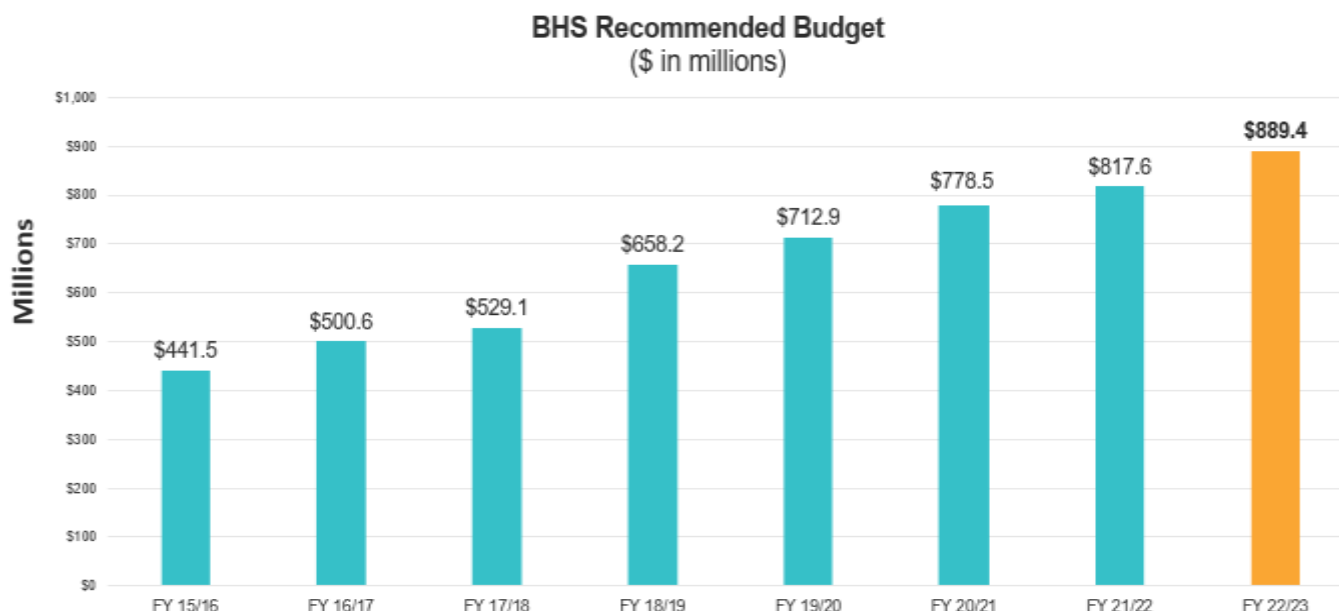
- BHS is a **contractor** that works with community partners to provide services via coordinated systems of care through more than 340 contracts and 800 individual fee-for-service providers.
- BHS is a **direct service provider** through County-operated programs, including adult outpatient services, case management services, and adult and children's forensic services, along with the San Diego County Psychiatric Hospital (SDCPH) and Edgemoor Distinct Part Skilled Nursing Facility (DP-SNF), which provide 24/7 direct patient care.
- BHS is a **health plan** that serves as the Specialty Mental Health Plan for individuals enrolled in Medi-Cal who have serious mental health conditions.
- BHS is a **public health entity** that advances the region's behavioral health at a population level.

BHS remains committed to achieving the County's *Live Well San Diego* vision of achieving a healthy, safe, and thriving region by providing accessible, culturally aware community-based services throughout the region to support the wellness and self-sufficiency of children, adults, and families. This includes robust collaboration with individuals, community partners, local government, schools, and other stakeholders. Mental health and substance use services are

provided through a person-centered approach by a broad network of community-based service providers, including non-profits, through competitively procured contracts. To support the delivery of high-quality services, teams of subject-matter experts within BHS lead the clinical design, provide contract oversight and monitoring, and utilize a data-driven approach to evaluate the effectiveness of services.

BHS 2022-23 Recommended Budget

The HHSA recommended budget for FY 2022-23 is \$2.8 billion, with BHS comprising over 32% of the budget at nearly \$890 million, representing an **increase of \$71.8 million** over last year.

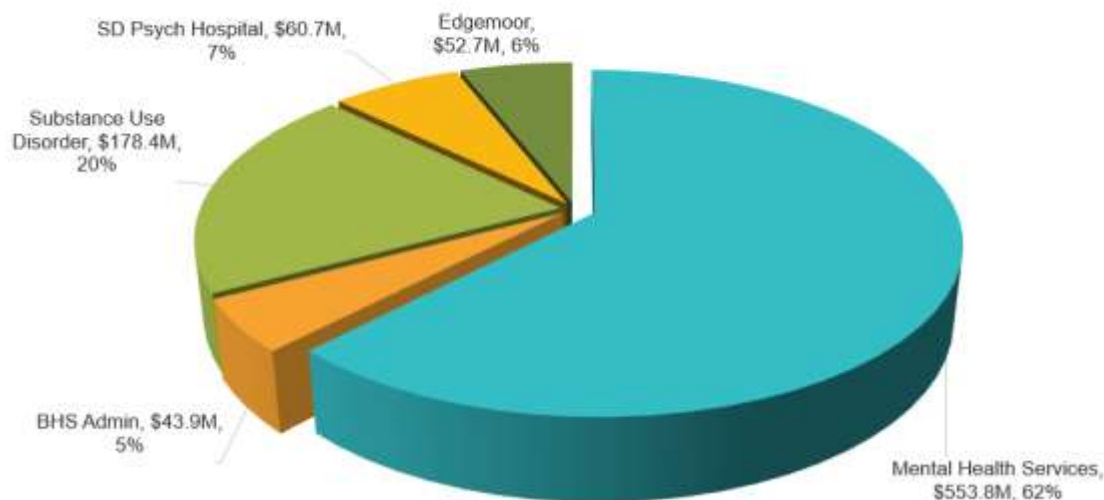


Since FY 2015-16, investments in the BHS budget has increased by over \$448 million, more than doubling, and demonstrating the County's continued commitment to support the behavioral needs of the region. Drivers for these investments include the priorities of the Board of Supervisors, new mandates, stakeholder and community priorities, and the growing need for services within communities. The budget for.

The recommended BHS budget for **FY 2022-2023 of \$889.4 million** is allocated across four areas:

- **Mental Health Services:** Includes County-operated case management and outpatient programs, adult and juvenile forensics, County care coordination, and contracted services.
- **Substance Use Disorder Services:** Includes primarily contracted services.
- **Inpatient Services:** Includes Edgemoor DP-SNF (\$52.7 million) and the SDCPH (\$60.7 million).
- **Administrative Services:** Includes salaries and benefits, information technology, data infrastructure, and general administrative support.

TOTAL BHS Recommended Budget: \$889.4 MILLION

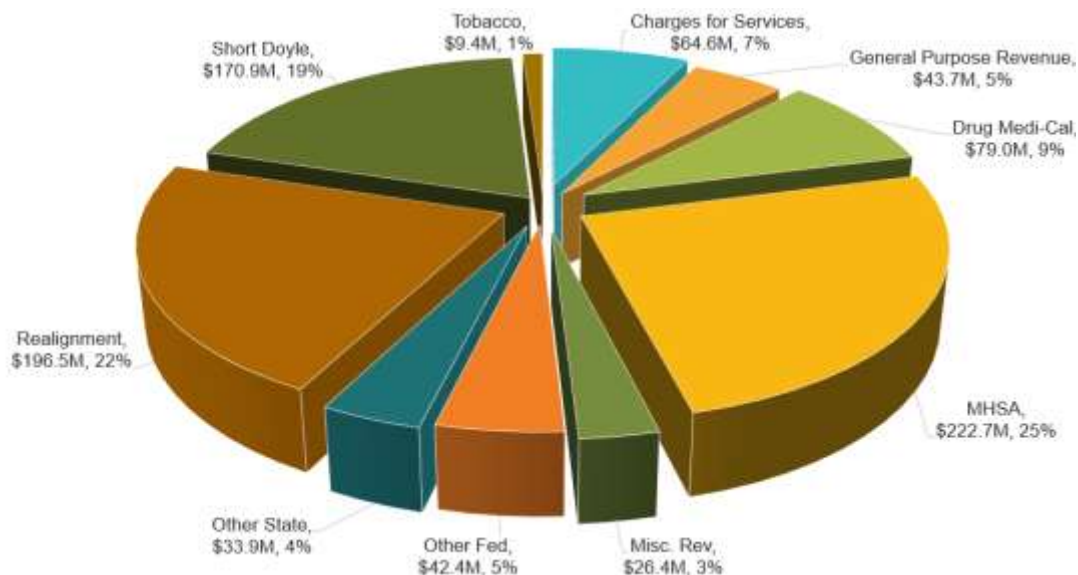


BHS Funding (Revenue) Sources

BHS utilizes many different revenue sources to fund services and administrative functions and many of the funding streams have restrictions outlining how to utilize the funds. As a department we support flexibility across our revenues to support the integration of services rather than siloing services due to revenue restrictions.

Key federal and state funding sources include:

- **Short-Doyle Medi-Cal (SD/MC): Federal funding** for Medi-Cal eligible individuals for specialty mental health services delivered in acute care hospitals, individual, group or family therapy, and provided in outpatient or clinic settings, as well as various partial day or day treatment programs.
- **Drug Medi-Cal (DMC): Federal funding** for substance use disorder treatment services for Medi-Cal eligible individuals for outpatient, residential, or narcotic treatment services.
- **Mental Health Services Act (MHSA): State revenue** that is a 1% income tax on personal income in excess of a million dollars in the State of California. MHSA is the largest source of revenue for BHS and is comprised of five separate components. More information on MHSA, including the five components, can be found in the MHSA Three-Year Plan and subsequent Annual Updates: https://www.sandiegocounty.gov/content/sdc/hhsa/programs/bhs/mental_health_services_act/mhsa_cosd_docs.html
- **Realignment: State revenue** from sales tax and vehicle license fees. Realignment is our most flexible type of state funding.
- **General Purpose Revenue (GPR): Local revenue** from property taxes and Intergovernmental Transfer (IGT). GPR is flexible and can be utilized for any purpose that is a legal expenditure of County funds.
- **Charges for Services:** Revenue for services provided at Edgemoor DP-SNF (primarily Medi-Cal).
- **Other Federal and State Revenues:** Includes Substance Abuse Prevention and Treatment Block Grant (SABG), Mental Health Block Grant (MHBG), Project for Assistance in Transition from Homelessness (PATH), Mental Health Student Services Act (MHSSA) grant, American Rescue Plan Act (ARPA), DMC State General Fund and various other miscellaneous funding sources. Also included is a portion of the \$18 million of Crisis Care Mobile Unit grant funding that BHS applied for and received to expand to expand Mobile Crisis Response Teams (MCRT).



Realignment and MHSA funding are used as a required match for federal SD/MC and DMC revenue. BHS strives to optimize drawdown of federal revenue to ensure the impact of the more flexible revenue sources, including MHSA, Realignment and General Purpose Revenue, can be maximized.

Additional Funding Opportunities

New State and federal grants are becoming available and typically awarded via competitive applications. BHS will continue to apply for grant funding, when applicable, to further build out behavioral health services and infrastructure to bolster the region.

- The **State Behavioral Health Continuum Infrastructure Program (BHCIP)** grant funding is becoming available in phases to support the development of behavioral health infrastructure across the state. Over \$2.2 billion will be available statewide to construct, acquire, and expand properties and invest in behavioral health infrastructure, which will be released via six grant rounds. BHS recently applied for nearly **\$47M of BHCIP Round 3** grant funding to support capital construction and improvement costs for the construction of the **Tri-City Psychiatric Health Facility**, the **East County Crisis Stabilization Unit (CSU)** and the development of the **Edgemoor Acute Psychiatric Unit**.
- The **State Community Care Expansion (CCE) Program Grant** will provide \$805 million statewide for acquisition, construction, and rehabilitation to preserve and expand adult and senior care facilities that serve Supplemental Security Income/State Supplementary Payment (SSI/SSP) and Cash Assistance Program for Immigrants (CAPI) applicants and recipients, including those who are experiencing or at risk of homelessness.
- Information on BHCIP Grants can be found at <https://www.infrastructure.buildingcalhhs.com>

BHS FY 2022-23 Recommended Increases/Enhancements

Most of the services outlined in the BHS FY 2022-23 recommended budget includes investments in programs and services that are a carryover from the previous fiscal year to ensure continuity of services. New investments are prioritized to support enhancements and/or the expansion of services to the most vulnerable populations across the behavioral health behavioral health continuum of care.

BHS Programs:

Behavioral Health Treatment for Adults (\$15.5 million increase)

- Hybrid Assertive Community Treatment and Substance Use Disorder (SUD) Services
- Biopsychosocial Rehabilitation (BPSR) Outpatient Services
- Strengths-Based Case Management Services with a Transition Age Youth (TAY) Component
- Substance Use Residential and Withdrawal Management Services
- Peer Support Programs

Behavioral Health Treatment for Children, Youth and Families (\$12.6 million increase)

- School-Based Outpatient Treatment Services
- Mental Health Services for Youth with High Acuity Needs in Foster Home Settings

Long-Term Care and Acute Care (\$11.7 million increase)

- Long-Term Care beds
- Rate Adjustments

Crisis & Diversionary Services (\$7.6 million increase)

- Mobile Crisis Response Teams
- Crisis Residential Services

Unserved and Underserved Populations (\$8.2 million increase)

- Integrated Primary Care and Behavioral Health Care in Rural Communities
- Behavioral Health Court
- Assertive Community Treatment Services for Parolees program
- Sobering Services
- Mental Health Services for LGBTQI+ Youth
- Mental Health Services for Commercially Sexually Exploited Youth
- Nexus Shelter for individuals experiencing homelessness
- Recuperative Care Services

American Rescue Plan Act (ARPA) Funded Programs (\$10.1 million increase)

- Universal school-based mental health screening for middle school youth referred to as the **Screening to Care** program (\$7.5 million)
- **Recuperative Care** Services (\$2.6 million)

BHS Workforce and Infrastructure (\$12.1 million increase)

BHS continues to recalibrate the organizational structure to align with similarly sized healthcare organizations, with the goal of establishing infrastructure and expert staff able to deliver excellent quality services across County-operated and contracted programs. Investments will support further development of key capacities, including community engagement, finance, information systems, data science, and project management.

BHS is recommending investments to bolster the **behavioral health workforce** by recommending the addition of 115.0 new County positions to support several key areas, including:

Direct Services (Add 64.0 new positions)

- 12.0 behavioral health staff to support youth that have transitioned into county care as result of the closure of the state's Juvenile Justice Division.
- 15.0 healthcare custodial staff within the SDCPH and Edgemoor DP-SNF.

- 37.0 behavioral health staff to include outpatient, case management, and peer support staff within our County-operated mental health clinics to support a clinical and culturally appropriate design and increase the number of clients served. This also supports mobile outreach to clients who are hard to reach and unconnected clients, allowing staff to triage and stratify services to clients who require additional temporary enhanced services when needed.

Clinical and Administrative Oversight and Support (Add 51.0 new positions)

- New positions will oversee contracted services to individuals with justice involvement, who are experiencing homelessness, and youth in need of BH services. They will also support enhanced data and information system integration, financial optimization, contracting support, and service quality improvement capacities.
- 5.0 positions were also requested to support harm reduction efforts.

Additionally, BHS continues to make investments to bolster the **data & information infrastructure** to support the modernization and integration of systems to efficiently support a healthcare organization of this size, which will support enhanced clinical design, data-driven outcomes, a population health approach and a better customer experience.

Additional Operational Plan Information

In June 2022, several opportunities to learn about the operational plan, including opportunities for public input, will be available. BHS encourages all stakeholders to listen and/or participate in this process.

Key dates include:

- **May 5:** Chief Administrative Officer (CAO) Recommended Operational (Op) Plan made available to the public.
- **June 13:** (9:00 AM) Presentation & Public Hearing on CAO Recommended Op Plan
- **June 16:** (5:30 PM) Presentation & Public Hearing on CAO Recommended Op Plan
- **June 13-22:** Budget hearings at the County Administration Center
- **June 22:** Last day for written testimony on budget to Clerk of the Board
- **June 24:** Revised Recommended Budget document available to public
- **June 28:** Budget Deliberations & Budget Adoption by the Board of Supervisors

For more information and key budget dates visit the San Diego County Open Budget website found here: <https://www.sandiegocounty.gov/content/sdc/openbudget/en/home.html>

BHS SPECIAL EVENTS AND ANNOUNCEMENTS

North Coastal Crisis Stabilization Unit (CSU) Opens

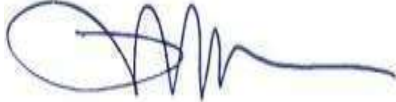
On April 25, 2022, the North Coastal Live Well Center Community-Based CSU opened its doors in Oceanside for services for people experiencing a mental health or substance use crisis. Services include assessment, medication evaluation and management, therapeutic interventions, and referrals and linkages to ongoing treatment as needed. In addition to walk-in services, law enforcement may drop off individuals off experiencing a behavioral health crisis to CSUs as a safe alternative to hospitals or jail. Individuals may receive comprehensive mental health services for up to 24 hours.



MCRT Memorandum of Agreement (MOA) With Law Enforcement

The Mobile Crisis Response Team (MCRT) multi-jurisdiction MOA was signed into effect in March 2021. As of May 9, 2022, MCRT has responded to 1,277 referrals, 178 of which were from law enforcement. MCRT continues to partner closely with law enforcement to modify and adjust processes as needed based on input from the community and our partners to ensure we are meeting the needs of our community. In April, MCRT began in-person response, 24 hours a day, 7 days a week. MCRT can be accessed by calling the Access and Crisis Line at 1-888-724-7240.

Respectfully submitted,

A handwritten signature in blue ink, appearing to read 'LUKE BERGMANN', with a stylized flourish at the end.

LUKE BERGMANN, Ph.D., Director
Behavioral Health Services

- c: Nick Macchione, Agency Director
- Aurora Kiviat Nudd, Assistant Director and Chief Operations Officer
- Cecily Thornton-Stearns, Assistant Director and Chief Program Officer
- Nadia Privara Brahms, Acting-Assistant Director, Chief Strategy and Finance Officer