MHSA Innovation (INN)
Anita Wellness Campus INN Planning Project

January 28, 2019

Agenda

Anita Wellness Campus Background
• What was the community planning process?

Timeline for the Anita Wellness Campus
• What activities will create Anita Campus?

Anita Campus INN Proof of Concept Proposal
• What is the INN proposal?

INN Proposal Budget
• What is the budget for the INN Proposal?

INN Proposal Timeline
• What will happen next?
Community Planning Efforts

- **2016:** MHSA
  - Campus planning began, needs ID’d
  - Site purchased 2017

- **2017:** Be Well
  - Planning, needs ID’d

- **2018:** BHS CEM
  - Needs ID’d

Anita Wellness Campus

Community Planning Results

- **INCREASE**
  - access for underserved, crisis services, SUD services, role/involvement of peers

- **IMPROVE**
  - system navigation to appropriate level of care, use of data/performance metrics

- **LEVERAGE**
  - technology, partnerships/collaborations with accountability
Anita Wellness Campus: 2016 BHS/MHSA Strategic Priority

Creating the Anita Wellness Campus

Site Development
- Purchase site & construct facility
- Funded by MHSA/CFTN, CalOptima IGT, Hospital Community Benefit (CB)

Clinic Operations
- Identify type/scope of clinical operations
- Implement/manage programs
- Funded by MHSA, MediCal, DMC, SABG, Private insurance

Innovative Systems Change
- Identify new ways to drive quality across systems
- Create payer agnostic system
- Funded by MHSA Innovation
How do we leverage behavioral health dollars across sectors to serve an entire community effectively and efficiently, regardless of payer source?

Performance- & Value-Based Contracting (PB/VBC)

What it does

- Incentivizes service quality and improves client outcomes by paying for value, not just volume, of services

Why we need it

- Current payment models for BH services don’t support improvement of outcomes

How we identified need through local community planning

- Provide services to providers to increase retention, effectiveness
- Clarify process for having a recommended program come to fruition
- System improvement and efficiency
OC Community External Quality Review Organization (OC-EQRO)

**What it does**
- Conducts analysis and evaluation of aggregated information on quality, timeliness, and access to services to support quality improvement and monitor performance of programs

**Why we need it**
- We need a local, community-driven EQRO to support achievement of outcomes and quality improvement for Orange County

**How we identified need through local community planning**
- Provide services to providers to increase retention, effectiveness
- Clarify process for having a recommended program come to fruition
- System improvement and efficiency
- Big data sharing and analysis

Cross-System Peer & Fiscal Navigation

**What it does**
- Offers 24/7 navigation assistance to clients by persons with lived experience, including parent partners
- Provides financial navigation support to assist with billing

**Why we need it**
- Peers are uniquely qualified through lived experience to assist others and encourage resiliency, wellness and self-management of health and behavioral health
- Clients and their families will need support to navigate services at the Anita Campus
- Clients and their families will also need assistance with billing issues

**How we identified need through local community planning**
- Provide peer services for all
Digital Resource Directory

What it does
• Creates / maintains an online curated resource directory to assist navigation, and allows for client reviews of resources

Why we need it
• Currently this information is not housed in a central spot or curated to make it accessible to providers, clients, and others who need it

How we identified need through local community planning
• Big data sharing and analysis
• Increase dialogue/reflection/education about social determinants for mental health & toxic stress related to chronic illness
• Artificial intelligence

Managed Behavioral Health Organization (MBHO)

What it does
• Creates a network of BH providers who will serve clients regardless of payer source
• Recruits qualified providers capable of addressing cultural needs currently unmet by existing systems/services (e.g., Veterans, ethnic communities, deaf and hard of hearing, LGBTQ, etc.)
• Establishes universal reimbursement rates in coordination with payer sources
• Credentials and verifies provider’s stated expertise/training

Why we need it
• To increase and equalize access by need and not by payer type
• To improve ability to serve unserved and underserved communities

How we identified need through local community planning
• Feedback to provide services to unserved/underserved and hard-to-reach communities (i.e., monolingual and ethnic communities, LGBTQ, TAY, Foster youth, Older Adults, Veterans)
Summary

What is the INN Project?
• Developing a proof of concept for:

Why do we need this?
• To determine in what ways can we braid funding sources and regulations so that the person and not the payer source is the center of patient care

What do we hope to learn?
• How to create a payer agnostic system within the Anita Campus

What is the length of this proposal?
• 18 months

What is the proposed budget?
• Approximately $12 million

Proposed INN Project Budget: ~$12m

Backbone and Legal: ~$750,000

PB/VB Contracting ~$1.5m
- Meeting with Department of Health Care
- Outline contract for performance measures
- Facilitate local planning meetings
- Update PIV dates and progress
- Update PB/VB performance

OC-EQRO ~$500,000
- Meeting with DHCS
- Outline ideal model
- Outline contracts for performance measures
- Update PIV dates and progress

Peer & Fiscal Navigation ~$500,000
- Meeting with DHCS
- Outline proposed roles and duties
- Peer & Fiscal Navigation implementation
- Peer & Fiscal Navigation implementation

Digital Resource Directory ~$5m
- Meeting with DHCS
- Outline scope of directory
- Identify local stakeholders to include in planning groups
- Provider facilitates local planning meetings
- Update MHSOAC on progress

MBHO ~$500,000
- Meeting with DHCS
- Outline ideal model
- Identify potential vendor qualifications
- Contract with qualified vendor
- Provider facilitates local planning meetings
- Update MHSOAC on progress

Evaluation ~$1m
- Meeting with DHCS
- Outline scope of Proof of Concept evaluation
- Evaluate INN Proof of Concept Project
- Write final INN Proof of Concept report
- Develop implementation proposals

Administrative: ~$1.25m

Joint Powers of Authority/Fiscal Intermediary costs: ~$1m
## INN Proposal Timeline

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<th>February 2019</th>
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<tbody>
<tr>
<td>30-day Public Comment begins (begin post by mid Feb)</td>
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<table>
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<th>March 2019</th>
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<tbody>
<tr>
<td>Mental Health Board Presentation (March 27)</td>
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<th>April 2019</th>
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<tbody>
<tr>
<td>Board of Supervisors Approval (Apr 9)</td>
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<td>MHSOAC Presentation (Apr 25)</td>
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<th>May 2019</th>
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<td>Begin Proof of Concept: INN Planning and Early Development</td>
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## Contact Information

*Please direct all inquiries to the MHSA Office at*

MHSA.ochca.com
714-834-3104

and the MHSA Office will forward your question to the appropriate contact.