

ADDRESSING THE FISCAL IMPACT OF COVID-19 ON BHS

SYNOPSIS OF STEERING COMMITTEE MEMBERS' LEVEL OF AGREEMENT

**Presentation to the MHSА Steering Committee
October 19, 2020**



STEERING COMMITTEE MEMBER FEEDBACK SURVEY: SUMMARY OF AGREEMENT

- Electronic Survey sent to Steering Committee Members
- Purpose was to assess level of agreement vs disagreement, and collect feedback on and questions about the recommendations presented at the Sept 21 meeting
- Survey period was October 8 to October 15, 2020 at 11:59pm
- Reminder emails sent out
- Responses accepted for member or alternate but not both
 - Total of 50 possible responses
 - 13 responses submitted

LEVEL OF AGREEMENT

Overall Summary

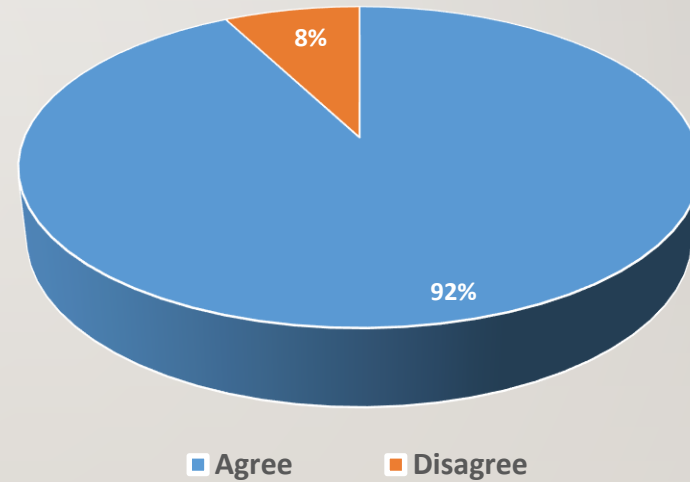
% Agreement	Strategy	Program Recommendation
90 – 100%	2: Right-Sizing Program Budgets	<ul style="list-style-type: none"> • WET (CSS) Transfer to Office of Statewide Health Planning and Development • TAY Full Service Partnership (FSP) Program
	3: Delay Program Starts/ Expansions	<ul style="list-style-type: none"> • Telehealth/Virtual Behavioral Health Care (CSS) • MH Community Education Events for Reducing Stigma and Discrimination
	4: Identify Alternative Revenues	<ul style="list-style-type: none"> • BHS Outreach & Engagement (O&E) to bill HMIOT, SAGB, PEI • Shift CSS-funded position to PEI • OC Links position at CSU to be funded by 1991 Realignment
	5: Increase Medi-Cal Revenue	<ul style="list-style-type: none"> • OC CREW to bill Medi-Cal beginning August 2020 • School-Based Mental Health Services to begin billing Medi-Cal October 2020 • OC4Vets to begin billing Medi-Cal for non-VA beneficiaries
80 – 90%	2: Right-Sizing Program Budgets	<ul style="list-style-type: none"> • TAY Crisis Residential Services (CRS)/Social Rehabilitation Program (SRP)
	3: Delay Program Starts/ Expansions	<ul style="list-style-type: none"> • School-Based Stress Management Services
	4: Identify Alternative Revenues	<ul style="list-style-type: none"> • Defund Integrated Community Services and partner with CalOptima to provide equivalent services with no cost to HCA
	5: Increase Medi-Cal Revenue	<ul style="list-style-type: none"> • Overall strategy for CSS programs providing billable services
70 – 80%	3: Delay Program Starts/ Expansions	<ul style="list-style-type: none"> • Housing FSP Program provider contract (CSS) • Transportation (CSS)
60 – 70%	3: Delay Program Starts/ Expansions	<ul style="list-style-type: none"> • Children’s Crisis Residential Program (CCRP; Mandated Continuum of Care not yet implemented) (CSS)
	6: Elimination of Program Funding	<ul style="list-style-type: none"> • Elimination of PEI positions that have remained vacant, over several years • Potentially end planned PEI program expansions early • Potentially end planned CSS program expansions early

LEVEL OF AGREEMENT

By Strategy and Recommendation

RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

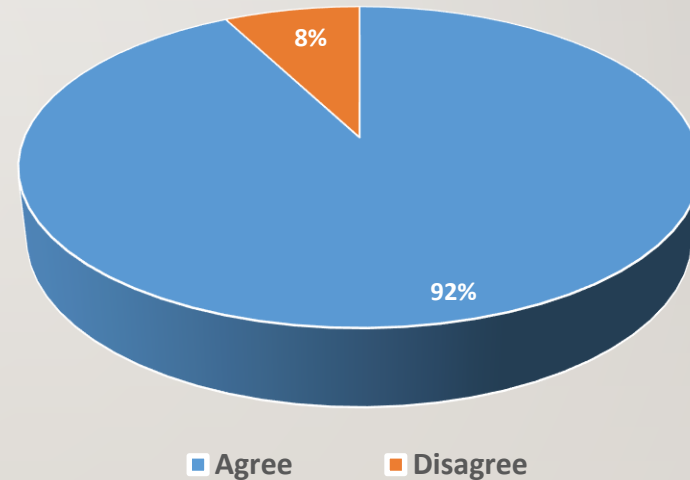
- WET (CSS) Transfer to OSHPD:
 - OSHPD reduced recommended amount for OC to contribute to the Statewide 5-year WET Plan (one-time savings of \$166,337)



n = 13

RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

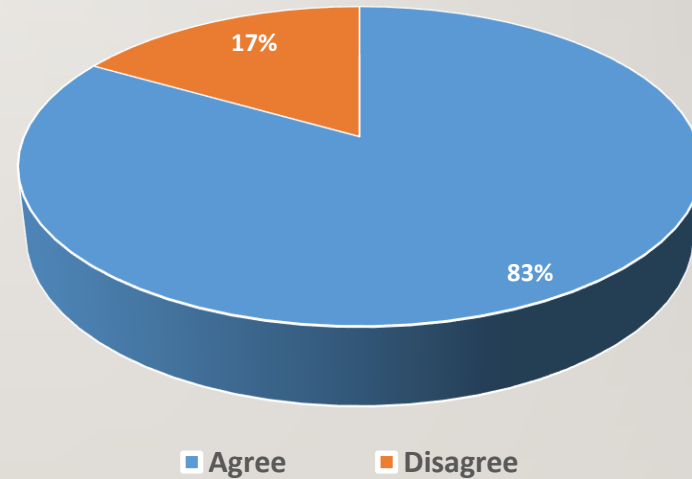
- TAY Full Service Partnership (FSP) Program:
 - Based on several years of enrollment data, TAY FSP program has consistently underspent; reduce annual budget by \$500k beginning 7-1-2021 (2-year savings of \$1m)



n = 13

RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

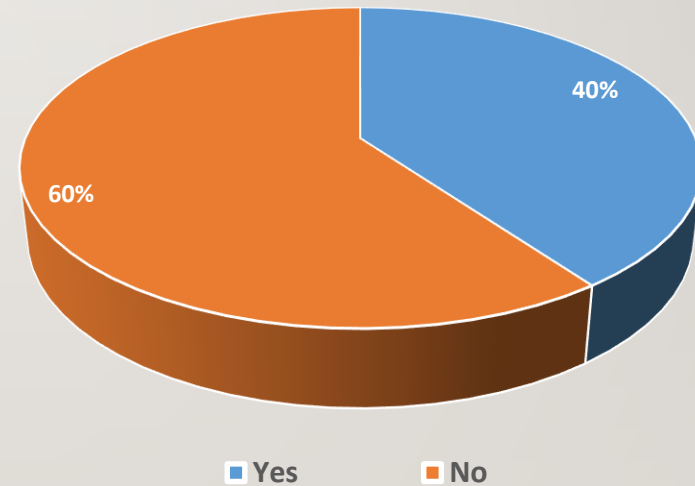
- TAY Crisis Residential Services (CRS)/Social Rehabilitation Program (SRP):
 - Based on several years of utilization data, propose to keep CRS at 6 beds and not expand (3-year savings of \$1.5m)



n = 6

RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

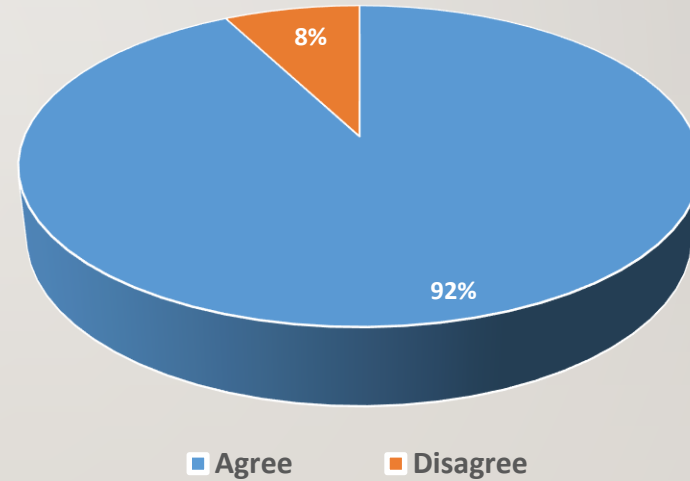
- Any additional questions?



n = 10

RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

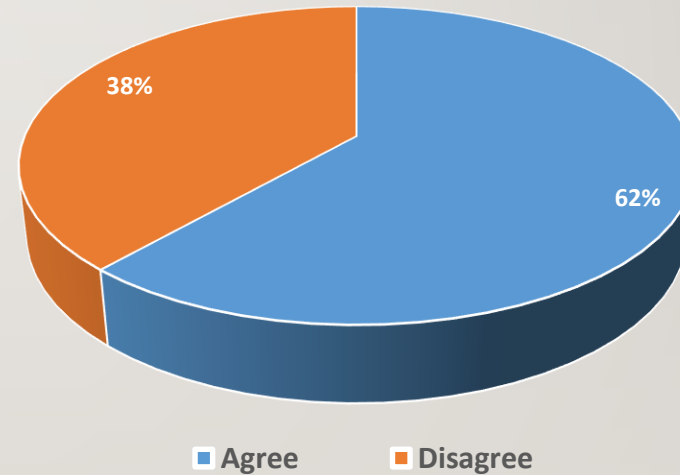
- PROPOSED DELAYS:
 - Telehealth/Virtual Behavioral Health Care:
 - Help@Hand extended to 5 years
 - CARES Act being used to convert programs to a virtual/ telehealth environment so additional funds may not be needed (3-year savings of \$8.5m)



n = 13

RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

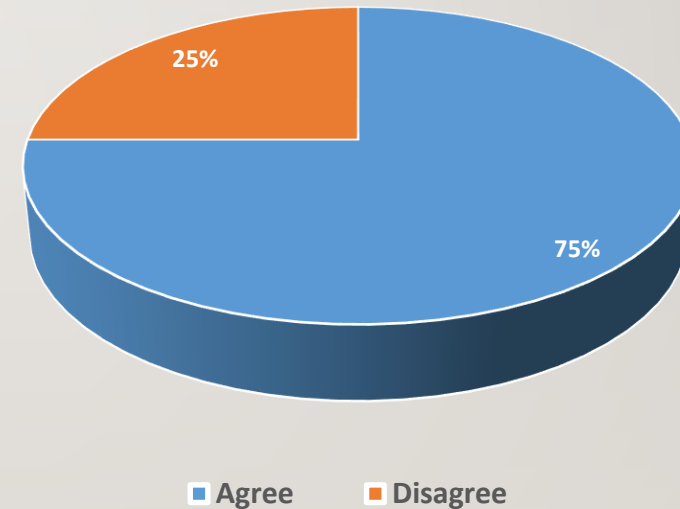
- PROPOSED DELAYS:
 - Children's Crisis Residential Program (CCRP; Mandated Continuum of Care not yet implemented)
 - Transition to mandated CCRP beginning 7-1-2021 program start (one-time savings of \$500k)



n = 13

RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

- PROPOSED DELAYS:
 - Housing FSP program provider contract
 - Phase in over next three years (3-year savings of \$4.8m)



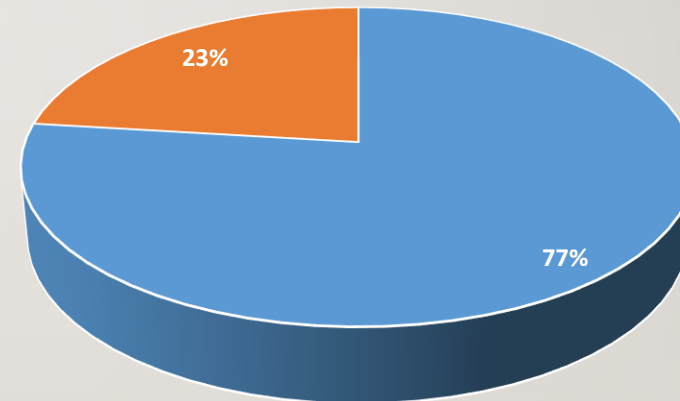
n = 12

RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

- PROPOSED DELAYS:

- Transportation:

- Transition of many services to telehealth has reduced the need to expand transportation assistance at this time (3-year savings of \$600k)

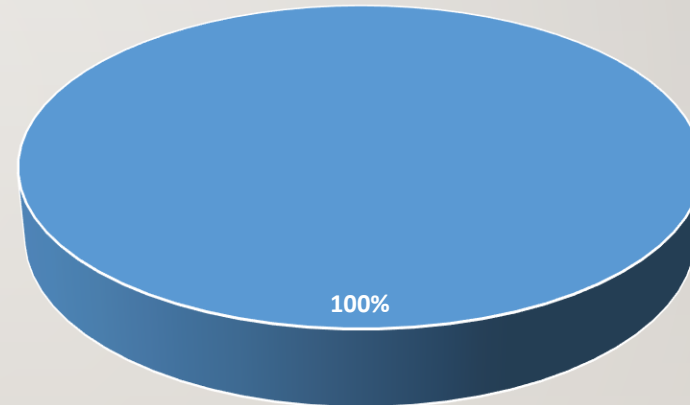


■ Agree ■ Disagree

n = 13

RECOMMENDATION 3: DELAY START OF PROGRAMS - PEI

- PROPOSED DELAYS:
 - MH Community Education Events for Reducing Stigma and Discrimination
 - Because FY 2019-20 events were postponed to December 2020 (i.e., FY 2020-21) propose the next RFAs to be in FY 2021-22 (one-time savings of \$881k)

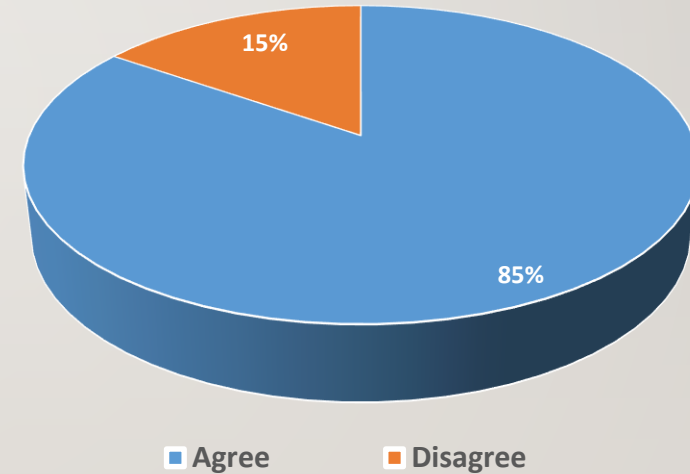


■ Agree

n = 13

RECOMMENDATION 3: DELAY START OF PROGRAMS - PEI

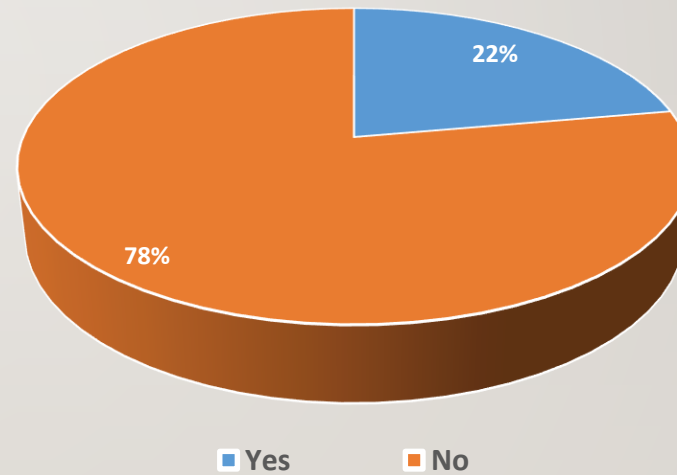
- PROPOSED DELAYS:
 - School-Based Stress Management Services
 - Subject Matter Expert retired, many schools are still in distance learning.
 - Delay allows time for in-class instruction to resume in a consistent manner before resuming this school-based program (one-time savings of \$155k)



n = 13

RECOMMENDATION 3: DELAY START OF PROGRAMS

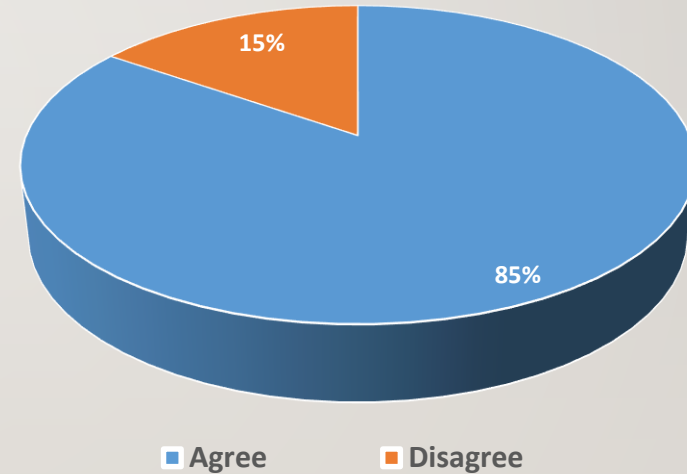
- Any additional questions?



n = 9

RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

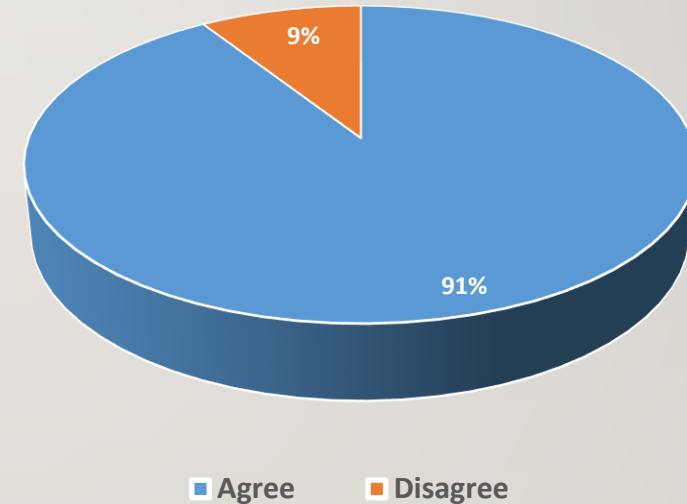
- De-fund Integrated Community Services and partner with CalOptima to provide equivalent services with no cost to HCA (total 3-year CSS savings of \$3.6m)



n = 13

RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

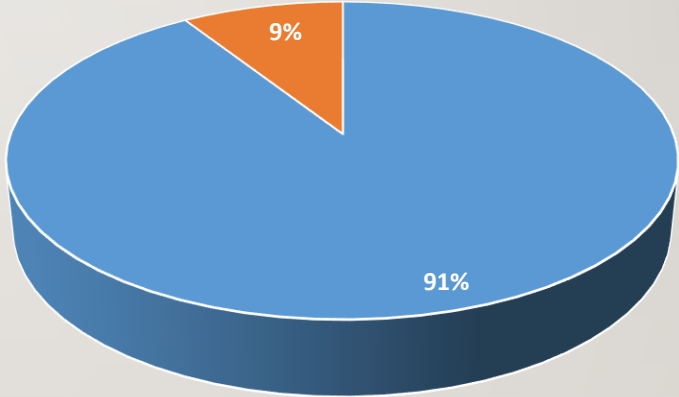
- BHS Outreach & Engagement (O&E) to bill:
 - HMIOT (one-time savings of \$25,000)
 - Substance Abuse Block Grant (3-year savings of \$3m)
 - PEI instead of CSS (3-year CSS costs of \$7,709,799 shifted to be fully funded through PEI)



n = 11

RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

- Shift CSS-funded position to PEI
(3-year savings of \$261.3k)

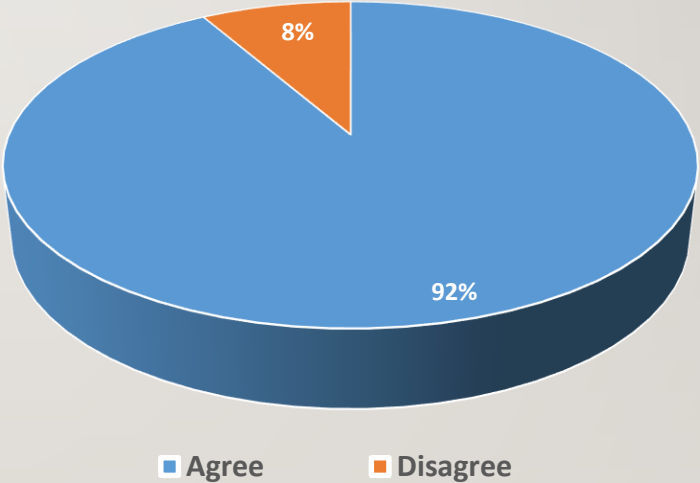


■ Agree ■ Disagree

n = 11

RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

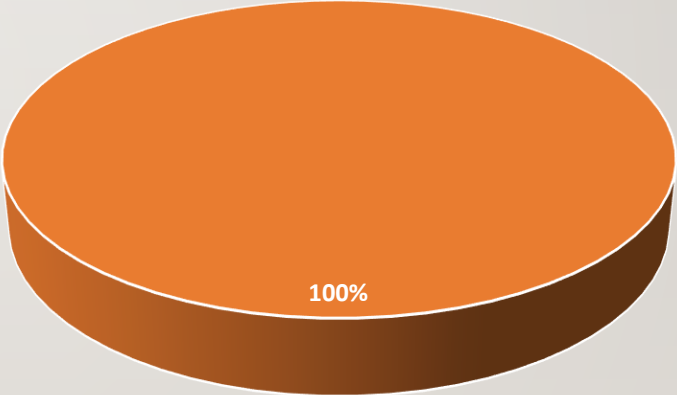
- OC Links position at CSU to be funded by 1991 Realignment (3-year savings of \$360k)



n = 12

RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

- Any additional questions?

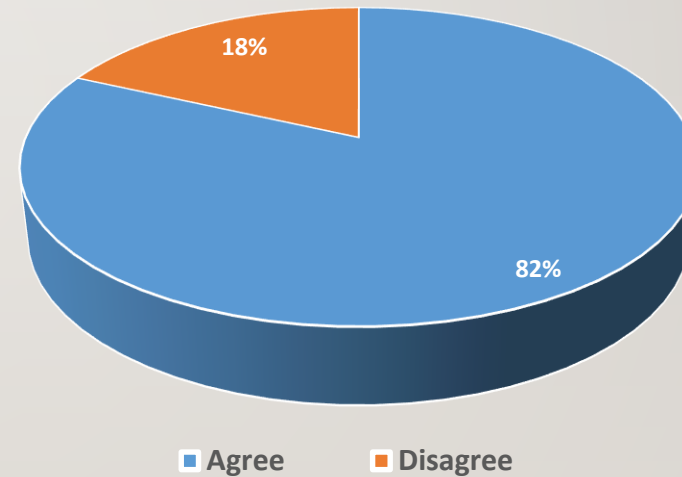


■ No

n = 8

RECOMMENDATION 5: INCREASE MEDI-CAL REVENUE

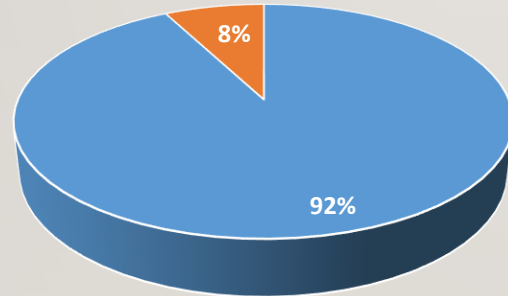
- Overall strategy for CSS programs providing billable services
 - *Estimated revenue not yet calculated*



n = 11

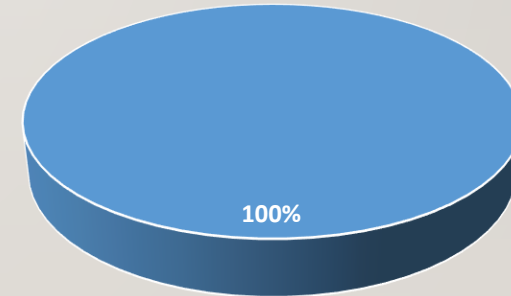
RECOMMENDATION 5: INCREASE MEDI-CAL REVENUE

- OC CREW began billing August 2020
 - Estimated revenue over three years = \$612k
- School-Based MH Services to begin billing Oct 2020
 - Estimated revenue over three years = \$1.3m
- OC4Vets to begin billing for non-VA beneficiaries
 - Estimated revenue over three years = \$180k



■ Agree ■ Disagree

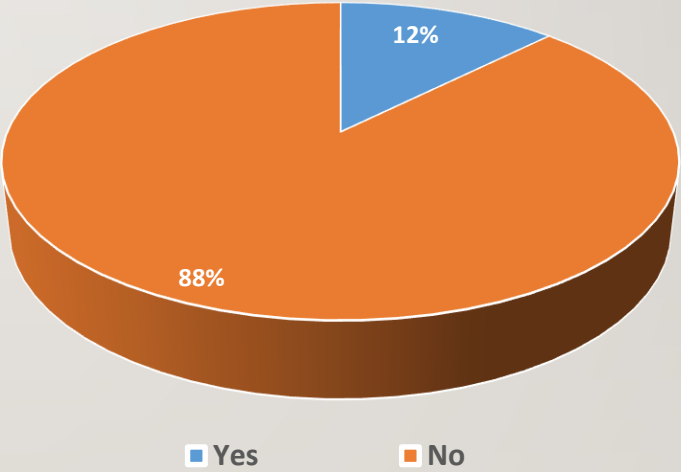
n = 11-13



■ Agree

RECOMMENDATION 5: INCREASE MEDI-CAL REVENUE

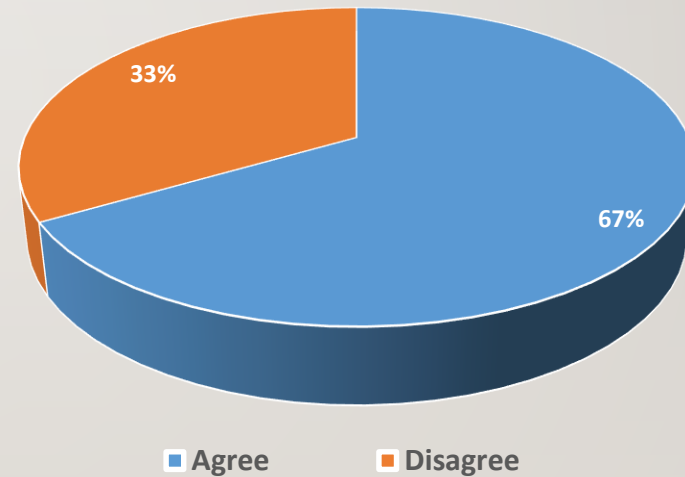
- Any additional questions?



n = 8

RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

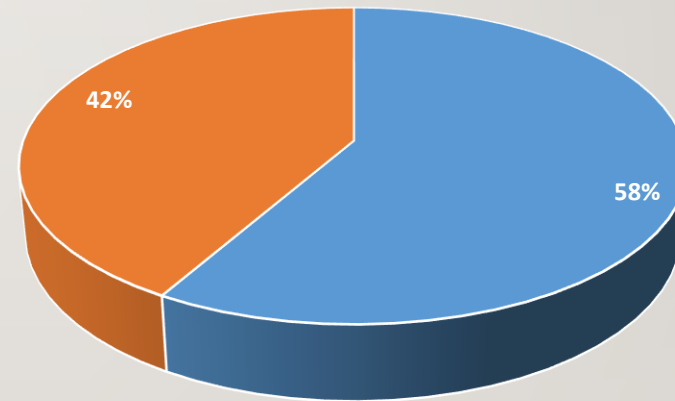
- Eliminate PEI positions that have remained vacant (3-year savings of \$1,404,000)



n = 12

RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

- Potentially end planned PEI program expansions early (2-year savings of (\$1,334,000))

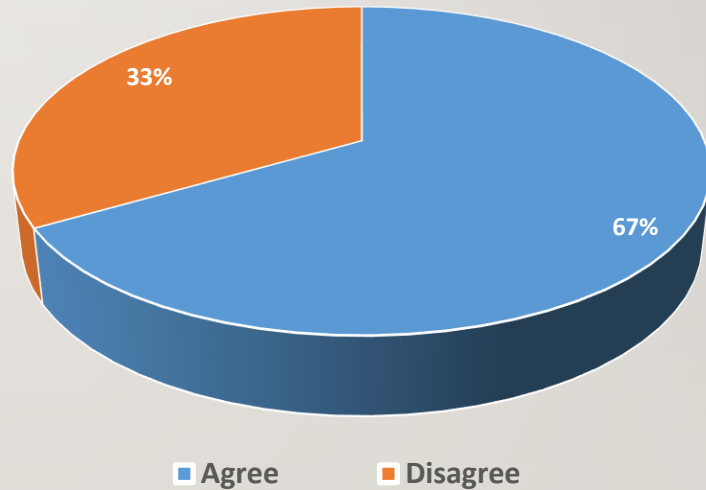


■ Agree ■ Disagree

n = 12

RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

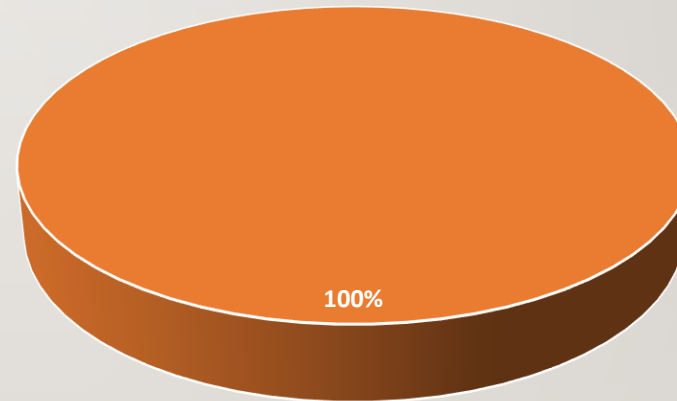
- Potentially end CSS programs (2-year savings of \$1,651,600)



n = 12

RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

- Any additional questions?



■ No

n = 8