

# ADDRESSING THE FISCAL IMPACT OF COVID-19 ON BHS

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**SYNOPSIS OF STEERING COMMITTEE MEMBERS' LEVEL OF AGREEMENT**

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



# STEERING COMMITTEE MEMBER FEEDBACK SURVEY: SUMMARY OF AGREEMENT

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- 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

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Overall Summary

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

# LEVEL OF AGREEMENT

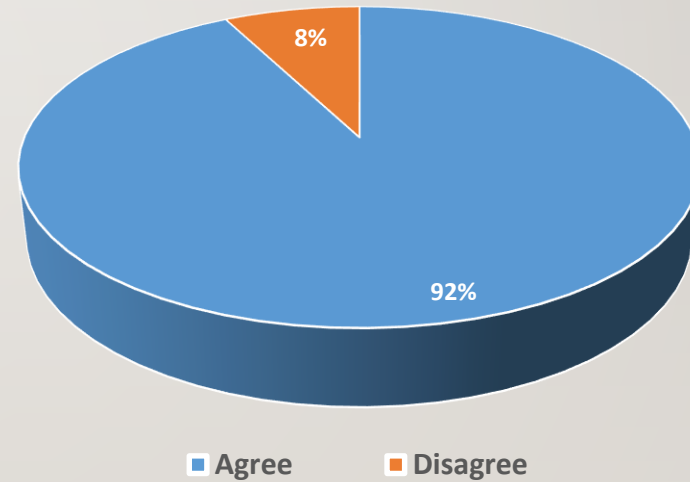
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By Strategy and Recommendation

# RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

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- 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)

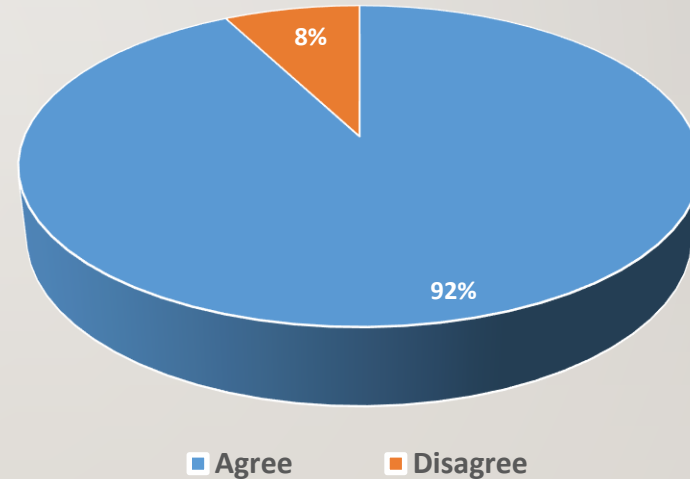


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# RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

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- 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)

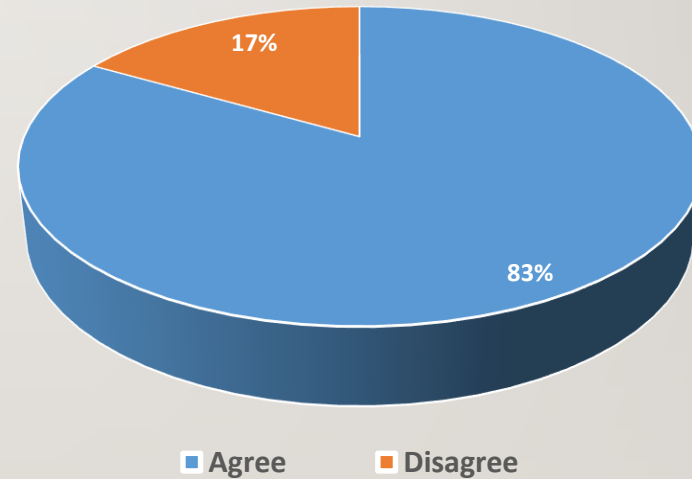


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# RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

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- 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)



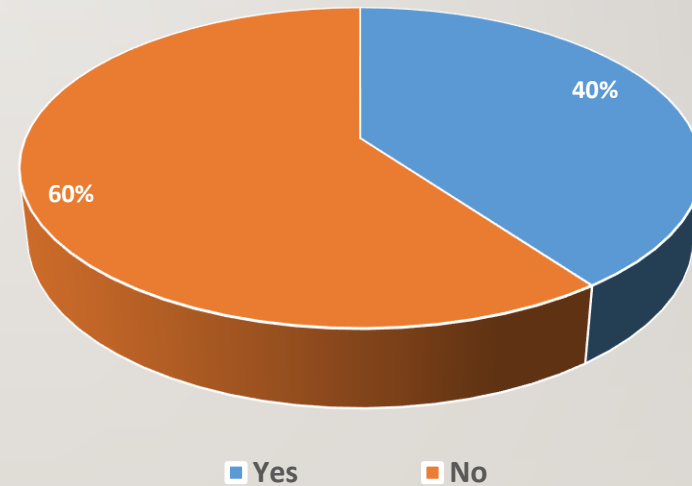
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# RECOMMENDATION 2: RIGHT-SIZING PROGRAM BUDGETS - CSS

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- Any additional questions?

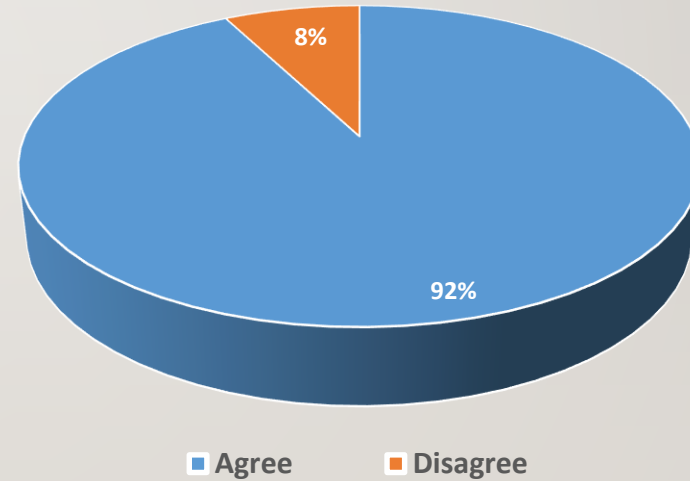


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# RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

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- 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)

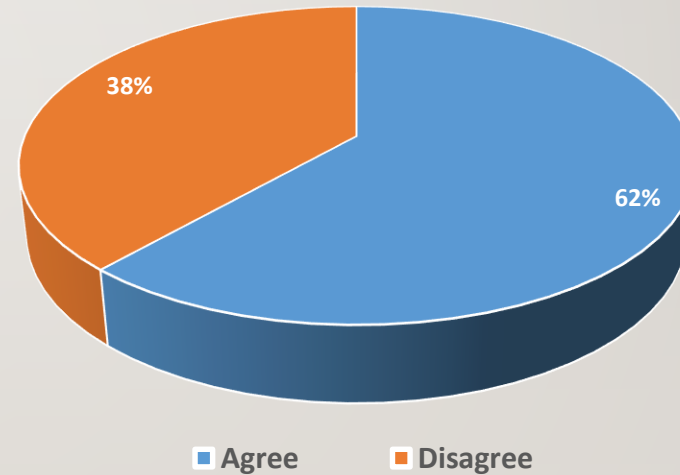


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# RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

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- 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)

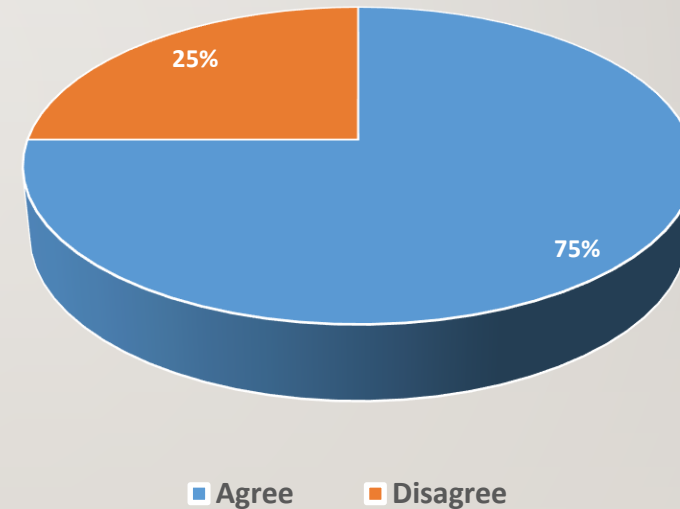


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# RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

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



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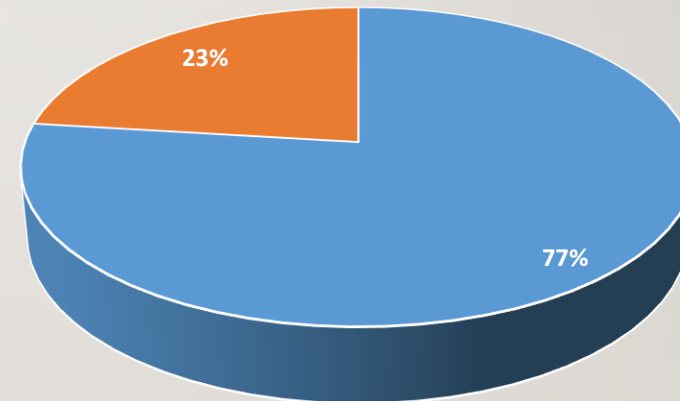
# RECOMMENDATION 3: DELAY START OF PROGRAMS - CSS

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- 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)



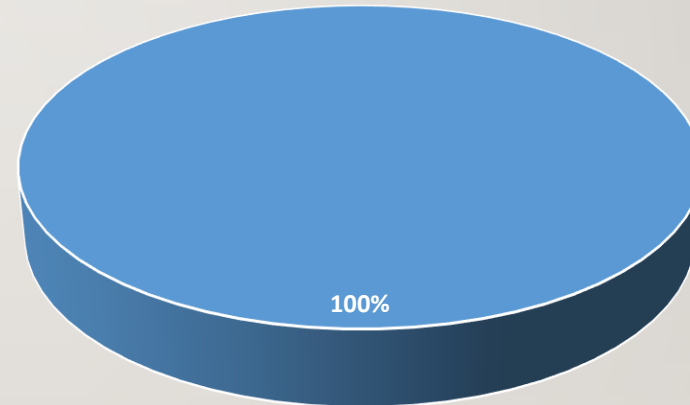
■ Agree    ■ Disagree

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# RECOMMENDATION 3: DELAY START OF PROGRAMS - PEI

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- 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)



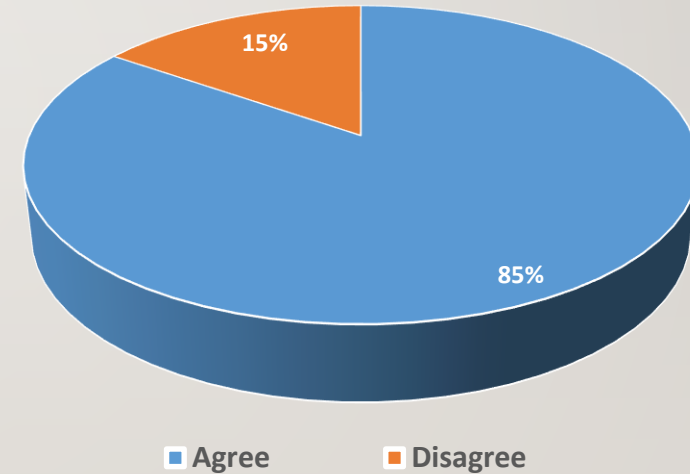
■ Agree

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# RECOMMENDATION 3: DELAY START OF PROGRAMS - PEI

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- 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)

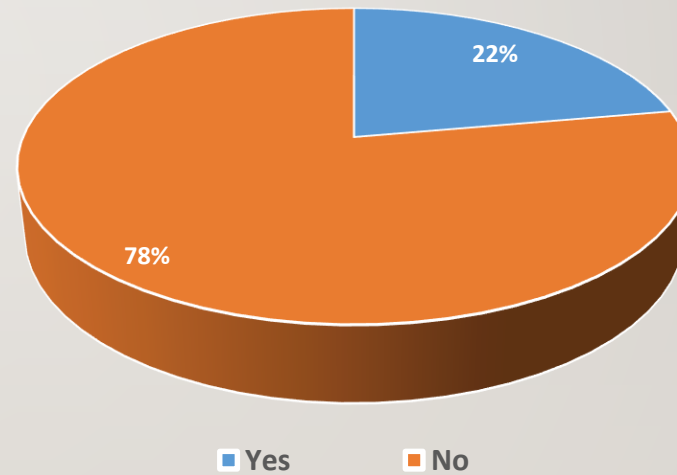


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# RECOMMENDATION 3: DELAY START OF PROGRAMS

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- Any additional questions?



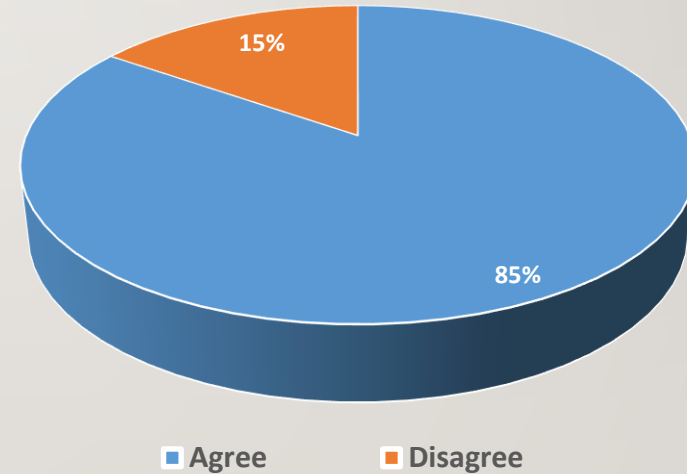
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# RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

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- 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)

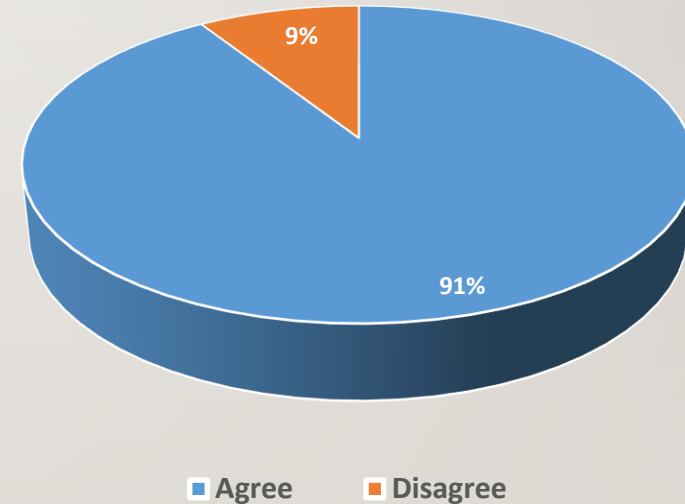


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# RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

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- 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)

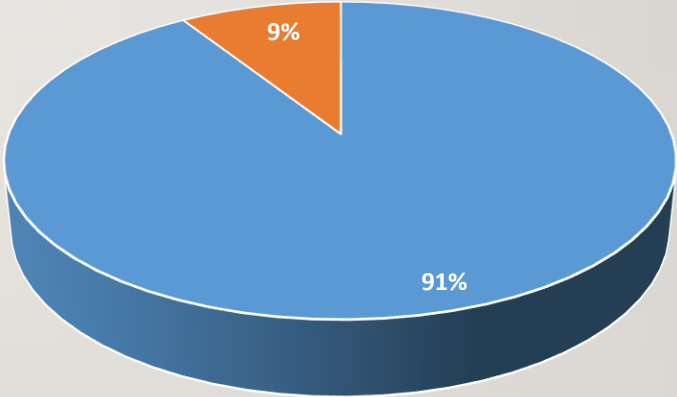


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# RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

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



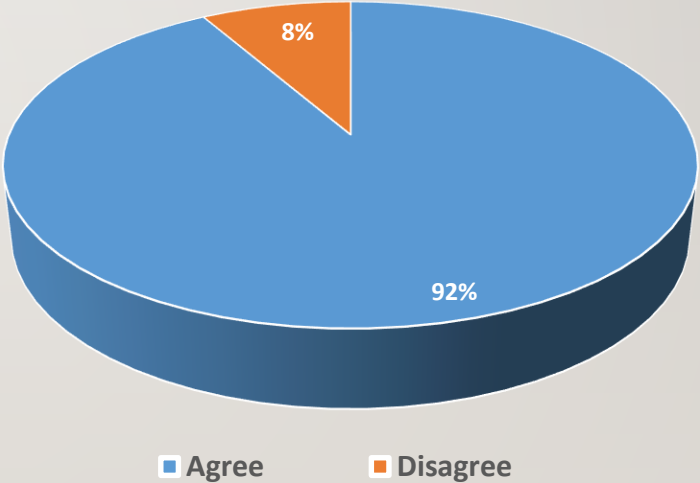
■ Agree    ■ Disagree

n = 11

# RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

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

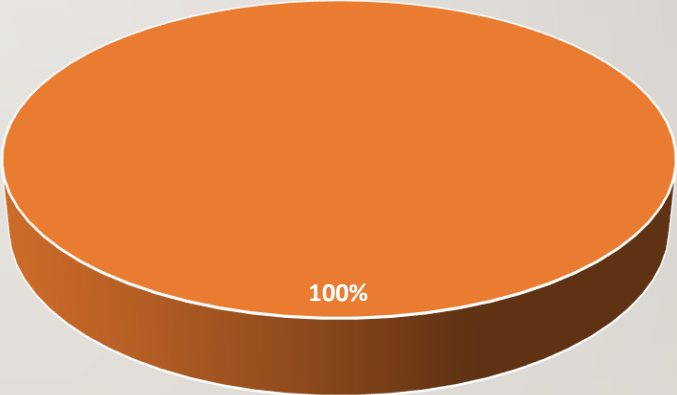


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# RECOMMENDATION 4: IDENTIFY ALTERNATE REVENUE

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- Any additional questions?



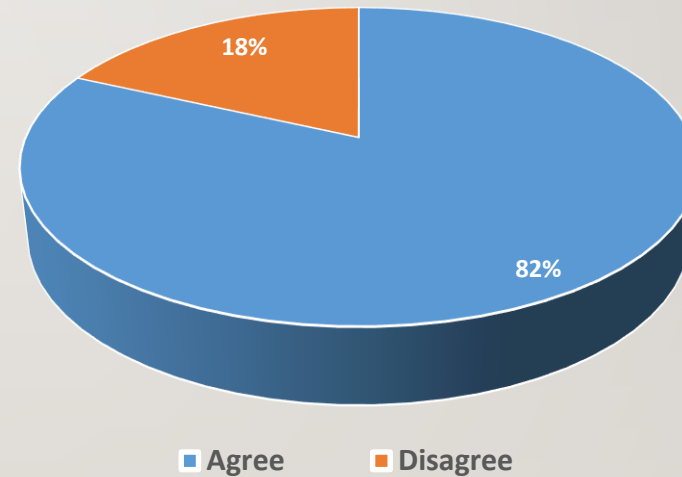
■ No

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# RECOMMENDATION 5: INCREASE MEDI-CAL REVENUE

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

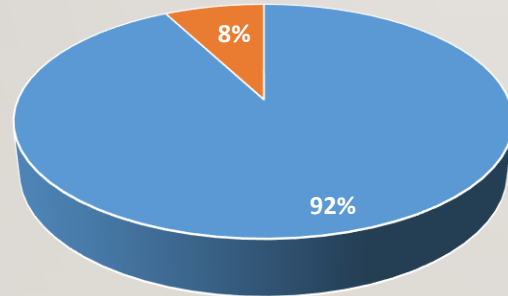


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# RECOMMENDATION 5: INCREASE MEDI-CAL REVENUE

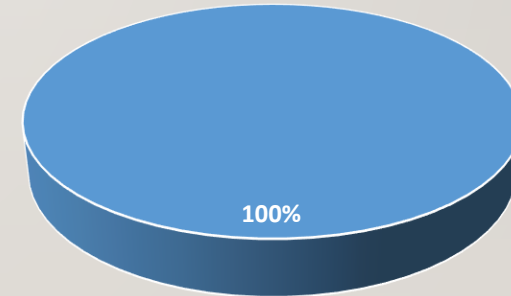
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- OC CREW began billing August 2020
  - Estimated revenue over three years = \$612k
- School-Based MH Services to begin billing Oct 2020
  - Estimated revenue over three years = \$1.3m
- OC4Vets to begin billing for non-VA beneficiaries
  - Estimated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



■ Agree ■ Disagree

n = 11-13

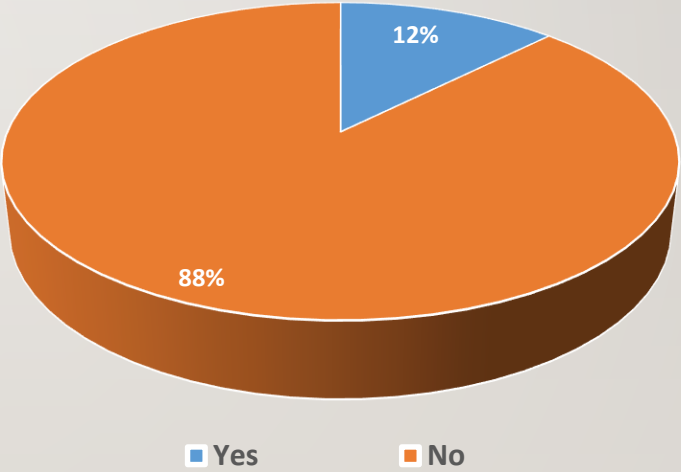


■ Agree

# RECOMMENDATION 5: INCREASE MEDI-CAL REVENUE

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- Any additional questions?



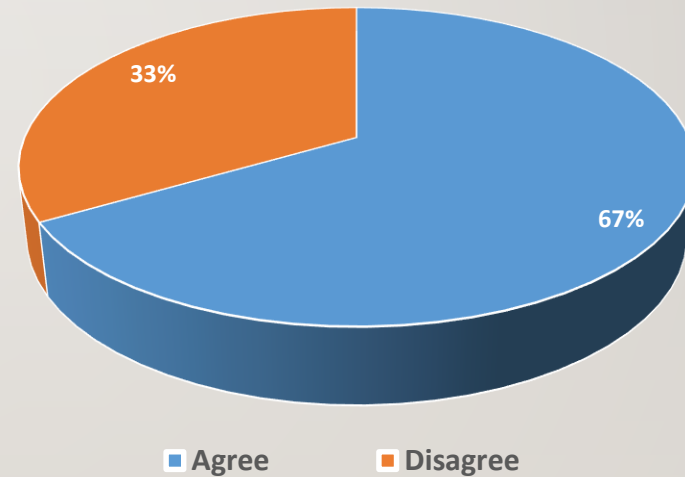
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# RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

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

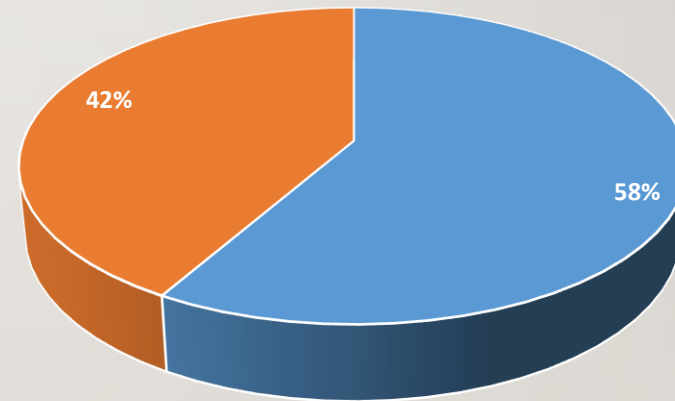


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# RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

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



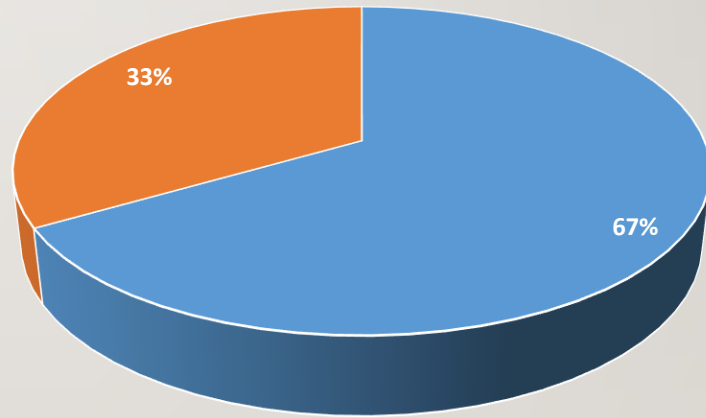
■ Agree ■ Disagree

n = 12

# RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

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



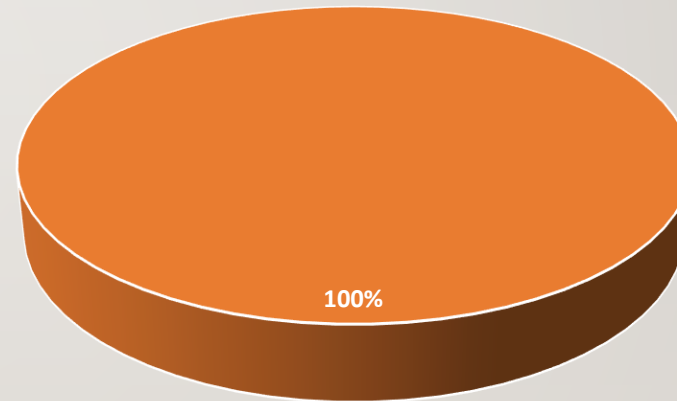
■ Agree    ■ Disagree

n = 12

# RECOMMENDATION 6: ELIMINATION OF PROGRAM FUNDING

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- Any additional questions?



■ No

n = 8