



# Behavioral Health Crisis Continuum of Care

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# BHCIP Overview

Passed in FY 2021-22 State budget

\$2.1 billion

Amends Welfare and Institutions Code

Provides competitive grants for counties, tribal entities, cities, nonprofit and for-profit entities to build new or expand existing capacity in the continuum of public and private BH facilities

Funding will be **only** for new or expanding infrastructure (brick and mortar) projects and not behavioral health services

## Round 5: Crisis and Behavioral Health Continuum

- This round authorizes \$480 million in funding opportunities through competitive grants to qualified entities to construct, acquire, and rehabilitate real estate assets that will expand service capacity for crisis and/or behavioral health facility infrastructures.
- The population for this round is vulnerable Californians of all ages, including those who are Medi-Cal beneficiaries.



## Eligible Entities

**Counties**

**Cities**

**Tribal entities**  
(including 638s  
and urban clinics)

**Nonprofit  
organizations**

**For-profit  
organizations**





# Eligible Round 5 Facility Types: Crisis Continuum

- Acute Psychiatric Hospital
- Adolescent Residential SUD Treatment Facility with a DHCS/American Society of Addiction Medicine (ASAM) Level of Care 3.5 Designation and Withdrawal Management (WM) Designation
- Adult Residential SUD Treatment Facility with Incidental Medical Services (IMS) and DHCS/ASAM Level of Care 3.5 Designation only or with DHCS Level of Care 3.2 WM Designation only
- Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)
- Children's Crisis Residential Program (CCRP)
- Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP) with the category of Short-Term Crisis Residential only
- Crisis Stabilization Unit (CSU)
- Mental Health Rehabilitation Center (MHRC) only with Lanterman-Petris-Short (LPS) designation
- Peer Crisis Respite
- Psychiatric Health Facility (PHF)
- Psychiatric Residential Treatment Facility (PRTF)\*
- Sobering Center (funded under the Drug Medi-Cal Organized Delivery System [DMC-ODS] and/or Community Supports)

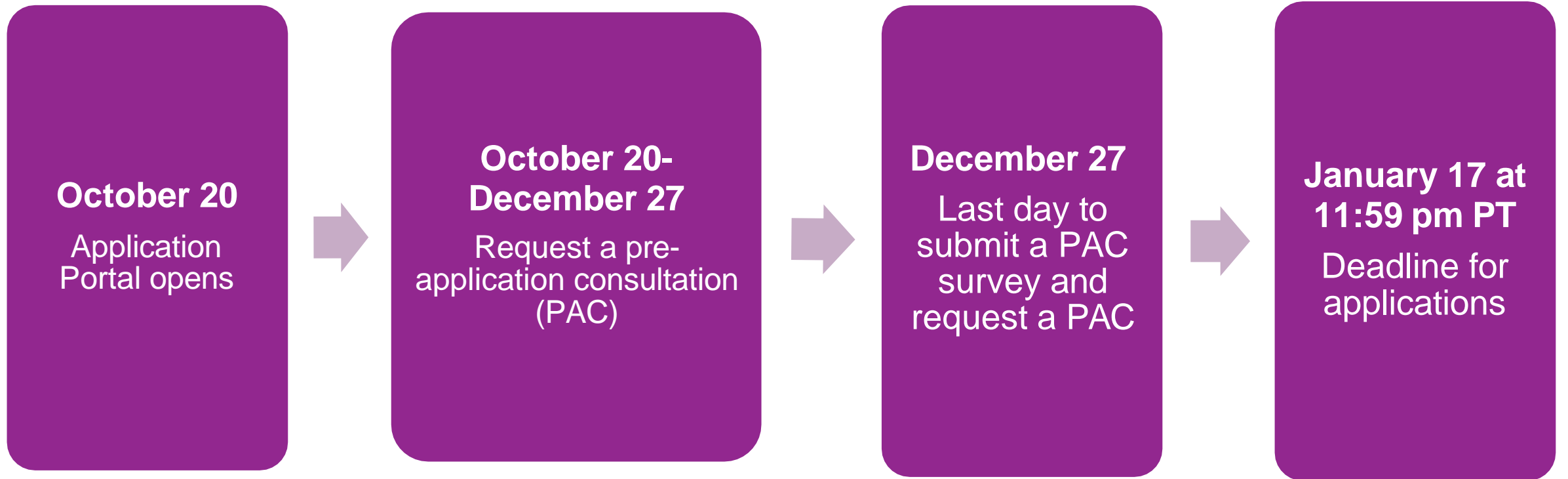
\*Any award funding for PRTFs would be contingent on the grantee complying with future regulations and/or policies.

# Eligible Round 5 Facility Types: Behavioral Health Continuum

- Intensive Outpatient Treatment
- Mental Health Rehabilitation Center (MHRC)
- Narcotic Treatment Program (NTP)
- NTP Medication Unit
- Office-based Outpatient Treatment
- Peer Respite
- Short-term Residential Therapeutic Program (STRTP)
- Skilled Nursing Facility with Special Treatment Program (SNF/STP)
- Social Rehabilitation Facility (SRF) with Transitional or Long-Term Social Rehabilitation Program (SRP)

Correctional facilities and schools are NOT eligible.

# Round 5 Application Timeline



The background features a purple-tinted image of a stethoscope on a surface. Overlaid on this is a white line graph with a grid. The y-axis of the graph is labeled with the numbers 3, 6, 9, 12, and 15. The graph shows a fluctuating line that generally trends upwards from left to right. The text 'Medi-Cal Mobile Crisis Services Benefit' is centered in white, bold font over the graph and stethoscope.

# Medi-Cal Mobile Crisis Services Benefit



# Overview: Medi-Cal Mobile Crisis Services Opportunity

**Mobile crisis teams offer community-based intervention to individuals in need wherever they are; including at home, work, or anywhere else in the community where the person is experiencing a behavioral health crisis.**



Under the American Rescue Plan Act (ARPA), **states are eligible for an 85% enhanced FMAP for qualifying mobile crisis services** for 12 quarters between April 2022 and April 2027.\*



DHCS will **submitted a State Plan Amendment (SPA) that establishes a new Medi-Cal mobile crisis benefit**, effective as soon as January 2023. DHCS submitted the SPA to CMS on October 24, 2022.



DHCS envisions that its mobile crisis service will **align with the state's other efforts** to support individuals experiencing a behavioral health crisis.



DHCS is designing a mobile crisis services benefit to ensure all Medi-Cal members have access to **coordinated crisis care 24 hours a day, 7 days a week, 365 days per year.**

# Proposed Benefit Design: SPA Structure & Reimbursement Methodology

**DHCS intends to add new pages to the Rehabilitative Services section of the California State Plan to cover mobile crisis services.**

- » DHCS intends to define a **new Medi-Cal mobile crisis services benefit**, distinct from existing crisis intervention, crisis stabilization, and SUD crisis intervention services.
- » Mobile crisis services will be covered in **all three county BH delivery systems**: SMHS, DMC and DMC-ODS
- » DHCS is developing a **new reimbursement rate** that effectively covers the cost of delivering 24/7 mobile crisis services. The rate will be designed to account for the unique aspects of mobile crisis, such as:
  - » Down time of teams;
  - » 24/7 availability of teams;
  - » Variable volume of crisis episodes across time of day and geographies; and
  - » Follow-up services and connections to ongoing supports.

# Proposed Benefit Design: Team Requirements, Provider Qualifications & Service Components

The design of the Medi-Cal mobile crisis services benefit will align with the requirements outlined in the ARPA to be eligible for enhanced FMAP.

## Team Requirements & Provider Qualifications

- At least one provider who is qualified to provide a crisis assessment within their authorized scope of practice under state law
- At least one additional provider, who might include, but is not limited to:
  - LPHA
  - AOD Counselor
  - Peer Support Specialist
  - Community Health Worker
  - Emergency Medical Technician
  - Community Paramedic

## Core Service Components

- Conduct a crisis assessment
- Provide on-site intervention and de-escalation with a beneficiary experiencing a crisis
- Work with a beneficiary to develop a plan to avert future crises
- Facilitate a warm handoff if the beneficiary requires urgent treatment in an alternative setting, including providing or arranging for transportation if needed
- Refer a beneficiary to ongoing services and supports
- Provide a follow-up check-in

# Proposed Benefit Design: Timeliness & Training Standards

The design of the Medi-Cal mobile crisis service benefit will align with the requirements outlined in the ARPA to be eligible for enhanced FMAP.

## Timeliness Standards

- DHCS will clarify specific timeliness standards in a forthcoming BHIN.
- In alignment with practices in other states, DHCS is considering different timeliness standards for mobile crisis teams operating in urban areas (e.g., 60 minutes) and rural areas (e.g., 120 minutes).
- DHCS will provide guidance on reporting requirements to ensure timeliness standards are tracked and met.

## Training Standards

- DHCS will clarify training requirements in a forthcoming BHIN.
- Per federal requirements, all teams will complete training in trauma-informed care, de-escalation strategies, and harm reduction. DHCS may also require training in:
  - Working with children and youth
  - Culturally responsive care
  - Safety/crisis plan development
  - Motivational interviewing
  - Working with individuals with intellectual or developmental disabilities

# High-Level Timeline: Upcoming Milestones

**DHCS anticipates submitting the mobile crisis services SPA to CMS in October 2022. DHCS is conducting robust stakeholder engagement to inform the benefit design, SPA content, and forthcoming behavioral health information notice (BHIN).**





# For More Information

<https://www.infrastructure.buildingcalhhs.com/>

<https://www.dhcs.ca.gov/Pages/CalAIM-Mobile-Crisis-Services-Initiative.aspx>