

Prop 1 Bond BHCIP Round 1: Launch Ready

▶▶ Stakeholder Webinar
August 21, 2024

Gary Tsai, M.D. – Director, DPH Substance Abuse Prevention and Control Bureau

Jaclyn Baucum – Deputy Director, DMH Health Access and Integration Unit

Katherine Smith-White, M.D. - Interim Medical Director, DMH Health Access and Integration

Lauren Nakano – Program Manager, DMH Health Access and Integration Unit





▶▶ Webinar Agenda

Welcome & Opening Remarks

BHCIP Basics

- BHCIP Bond Round 1: Launch Ready Overview

Needs Across the Network

- Current Capacity
- What's Coming Online
- What's Needed in LA County

County Contracting Considerations

- County Letter of Support requirements

Questions

BHCIP Basics



►► Prop 1 Bond BHCIP



5 BHCIP rounds have been awarded since the launch in 2021 totaling \$1.6B.

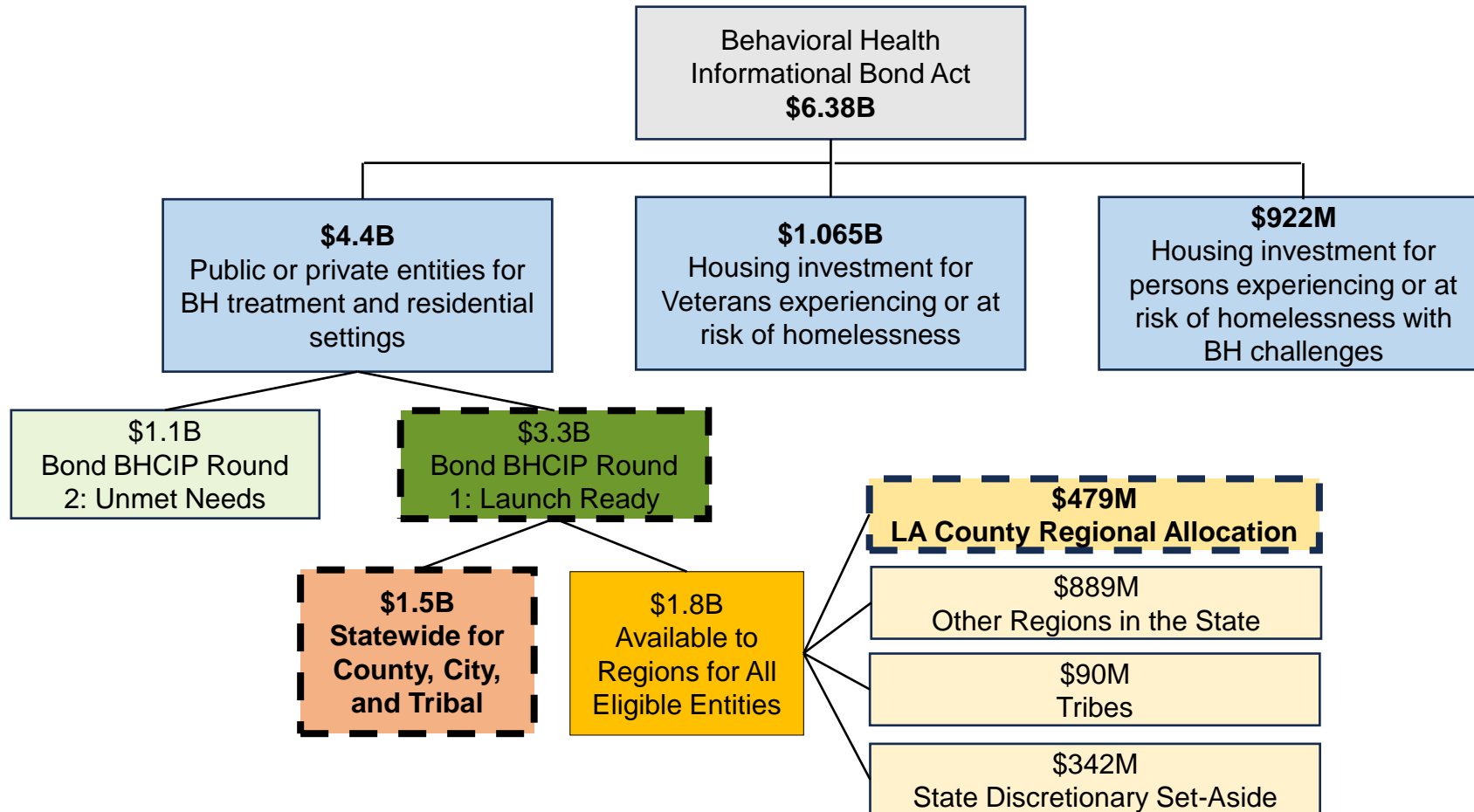


In March 2024, California voters passed Proposition 1, that includes the Behavioral Health Services Act (Senate Bill 326) and the Behavioral Health Infrastructure Bond Act (BHIBA) of 2024 (Assembly Bill 531), authorizing DHCS to make additional BHCIP grant funding available to eligible entities.




The BHIBA is a \$6.38 billion general obligation bond to develop a wide range of behavioral health treatment, residential care settings, and supportive housing to help provide appropriate care facilities for Californians experiencing mental health conditions and substance use disorders.

►► Prop 1 Bond BHCIP Basics



The Grant Timeline – Round 1: Launch Ready (2024)

- ◀ RFA released July 17th
- ◀ Applications will be due Dec 13th and awarded in May 2025.
- ◀ Grant funds must be fully expended within five years of receipt of conditional award notice (~2030)
- ◀ Grantees must commit to executing BHCIP contracts within 90 days of receipt of conditional award notice.



Round 1 Launch Ready Eligible Facility Types

Bond BHCIP: Round 1 and Round 2 Eligible Facility Types
Acute Psychiatric Hospital
Adolescent Residential SUD Treatment Facility
Adult Residential SUD Treatment Facility
Behavioral Health Urgent Care (BHUC)/Mental Health Urgent Care (MHUC)
Chemical Dependency Recovery Hospital
Children's Crisis Residential Program (CCRP)
Community Mental Health Clinic (outpatient)
Community Residential Treatment System (CRTS)/Social Rehabilitation Program (SRP)
Community Treatment Facility (CTF)
Community Wellness/Prevention Center (Tribal entities only)
Crisis Stabilization Unit (CSU)
General Acute Care Hospital (GACH) for behavioral health services only
Hospital-based Outpatient Treatment (outpatient detoxification/withdrawal management)
Mental Health Rehabilitation Center (MHRC)
Narcotic Treatment Program (NTP)
NTP Medication Unit
Office-based Opioid Treatment
Outpatient Treatment for SUD
Partial Hospitalization Program
Peer Respite
Perinatal Residential SUD Facilities
Psychiatric Health Facility (PHF)
Psychiatric Residential Treatment Facility (PRTF)
Short-term Residential Therapeutic Program (STRTP)
Skilled Nursing Facility with Special Treatment Program (SNF/STP)
Sobering Center (funded under the Drug Medi-Cal Organized Delivery System [DMC-ODS] and/or Community Supports)
Social Rehabilitation Facilities (SRFs)

Needs Across the Network



Question:

What level of care do you think is the highest need within LA County and where?

►► DMH Capacity Considerations

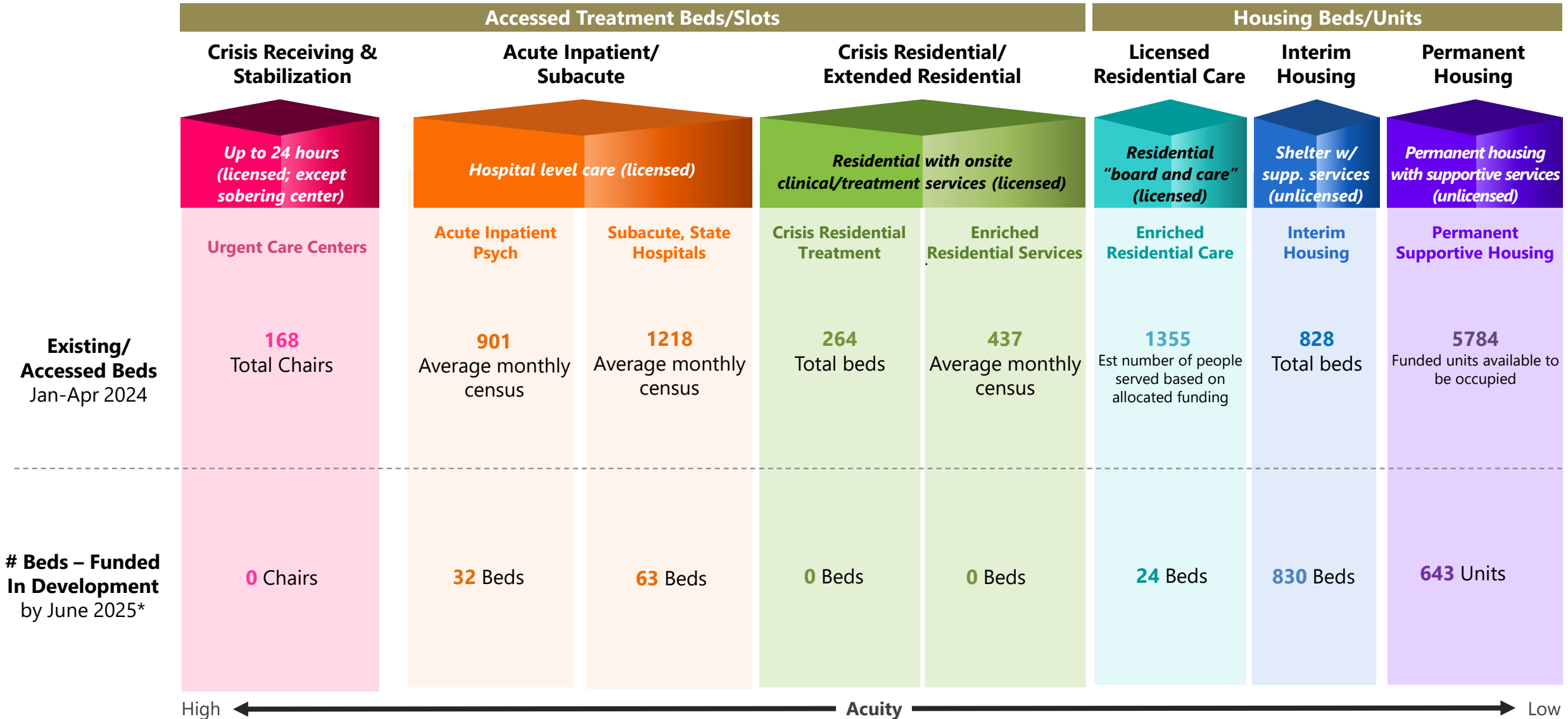
Capacity Assessment: *Estimating the bed needs for each level of care is a complex process that includes analysis of the following factors.*

- Current and past utilization trends
- Wait lists and/or anticipated service demand for each level of care (both volume and the average length of time spent on the waiting list)
- Average length of stay (ALOS)
- Rehospitalization rates
- Availability of resources and supports throughout the continuum
- The effectiveness of lower levels of care at providing alternative support that reduces utilization of higher levels of care such as acute inpatient hospitalization

▪ DMH Forecasting Tools estimate DMH service volumes:

- 1) Using DMH's utilization data to show how the service system is actually functioning. These projections of future service use include consideration of waitlists and unique client counts. These data are organized by levels of care, service types, age and co-occurring status.
- 2) Using prevalence data to reflect the proportion of the County population with mental health burden for which DMH has service responsibility. It does not factor-in some issues like geographic distance, financial, language and morbidity factors.

DMH Current Capacity



*Estimates that are subject to change.

Location of DMH Service Providers by Type

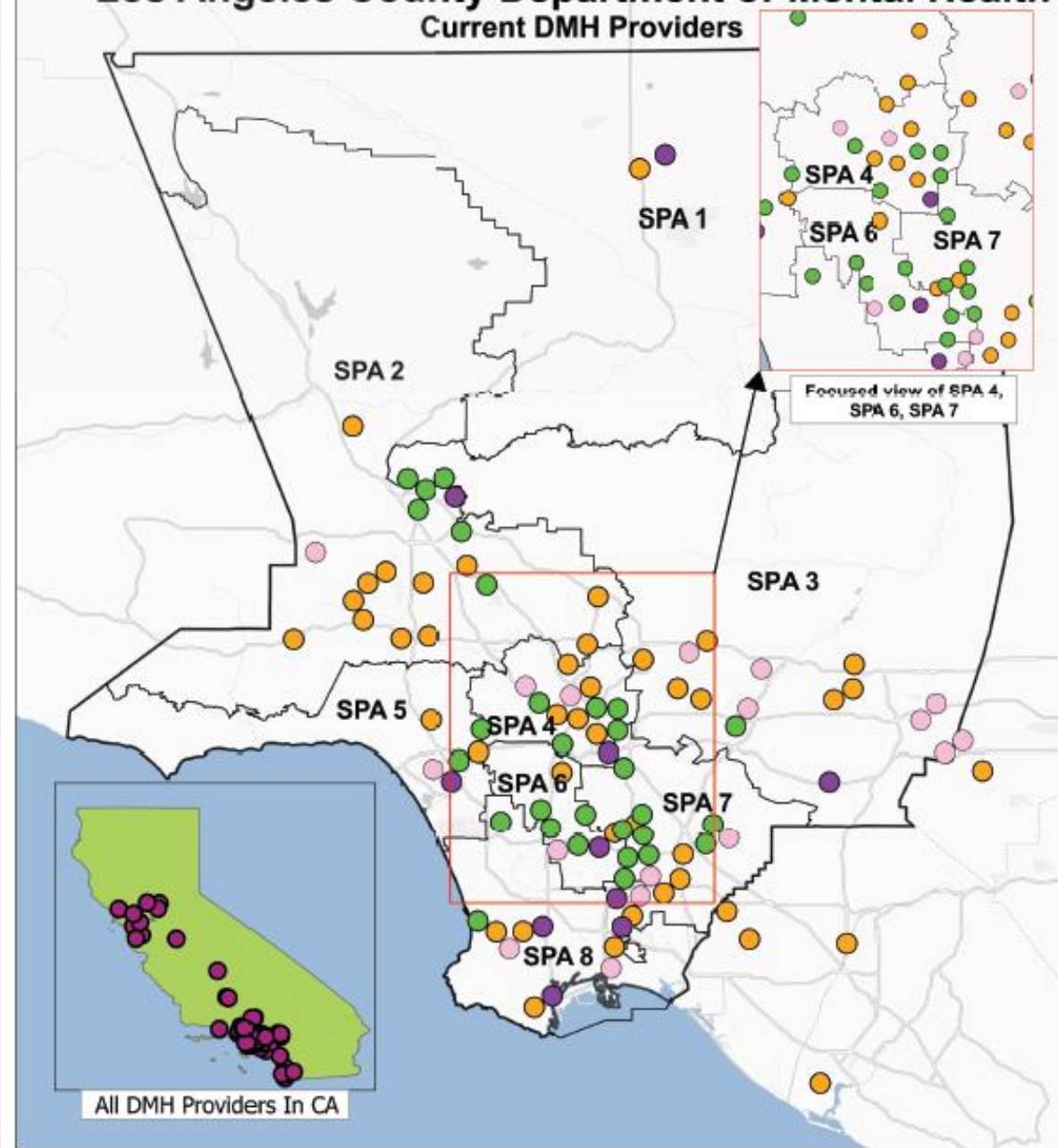
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Level of Care

- Acute Inpatient
- Crisis Resolution & Triage
- Crisis/Extended Residential
- Subacute

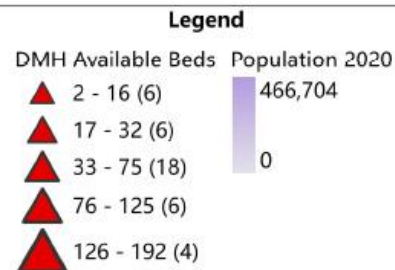
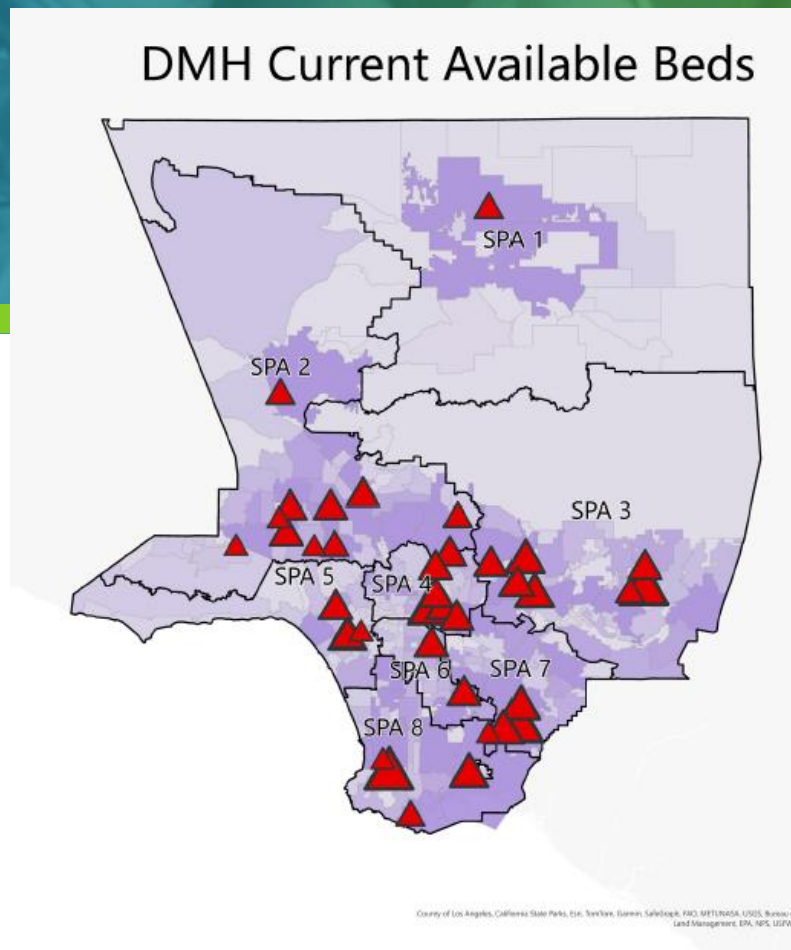
Los Angeles County Department of Mental Health

Current DMH Providers



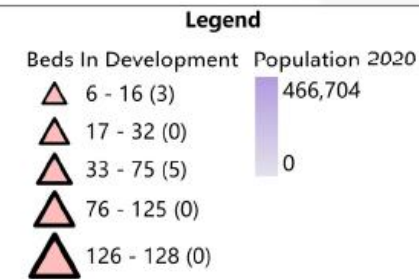
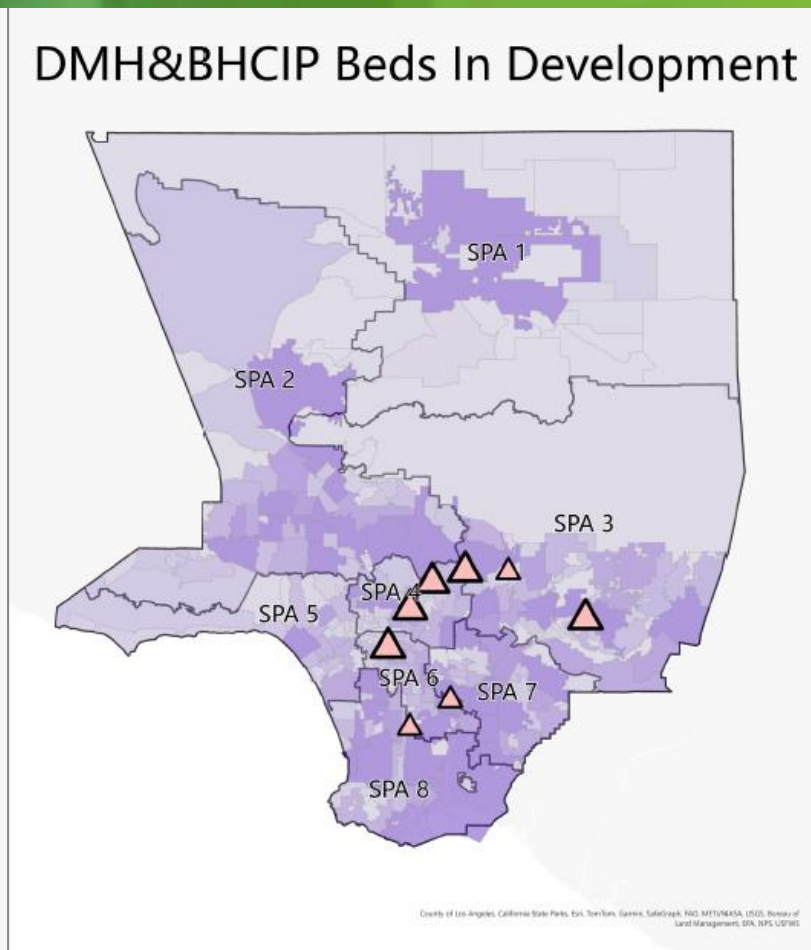


DMH Acute Inpatient Beds Available + In Development



Acute Level Of Care Map

Date Exported: 08/19/2024
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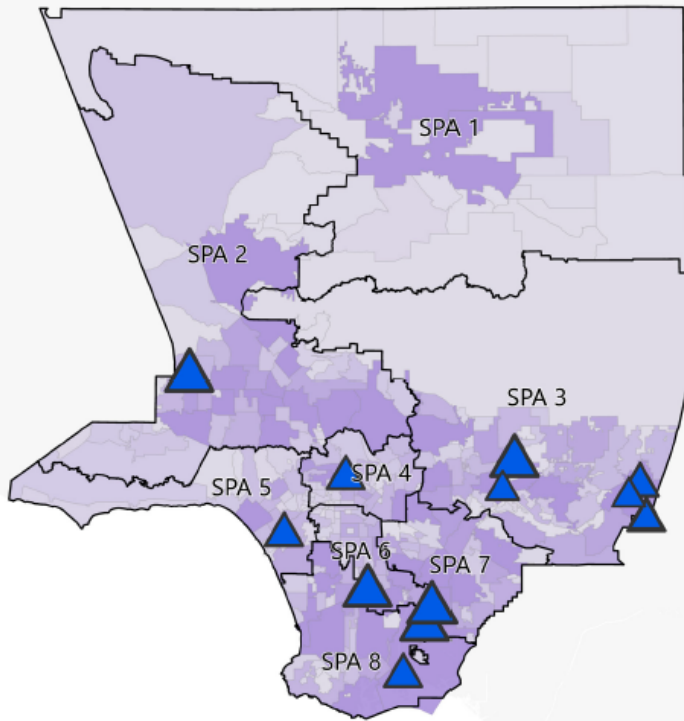
In development providers are based on bed projects that are in process. Some projects may change or may not come to fruition so this map may be revised.

Author: otambazidis@dmh.lacounty.gov; printed: 8/5/24

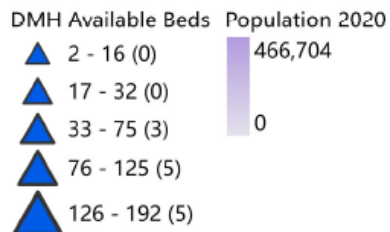


DMH Subacute Beds Available + In Development

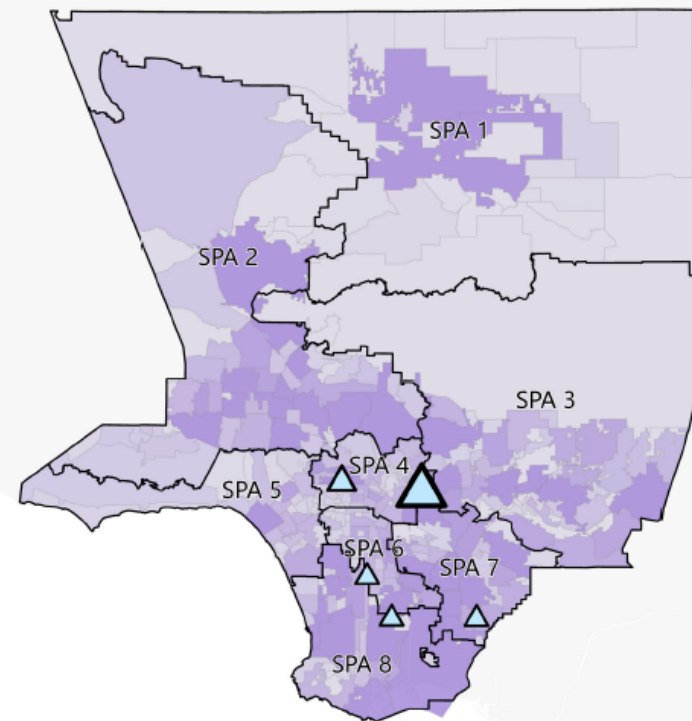
DMH Current Available Beds



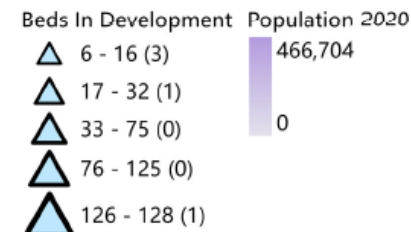
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DMH&BHCIP Beds In Development



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Subacute Level Of Care Map

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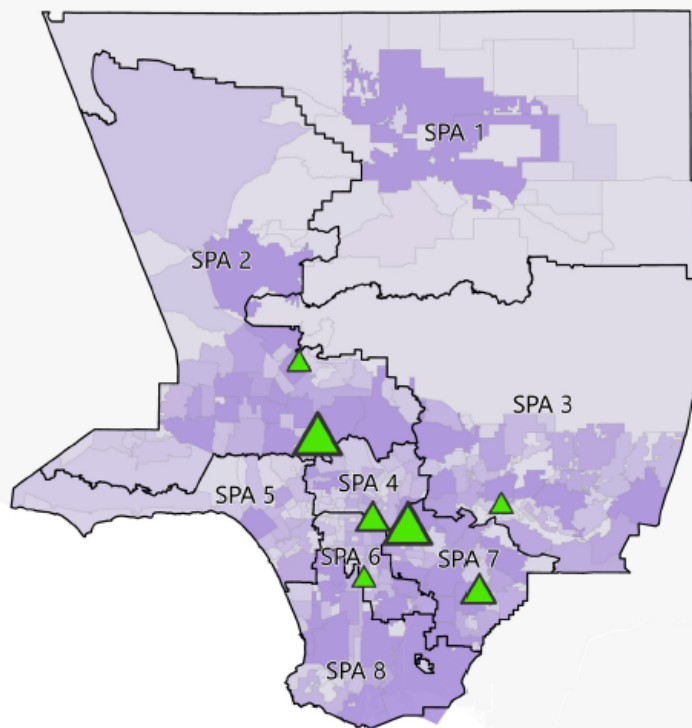
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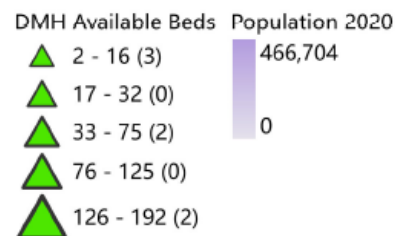
DMH ERS Beds Available + In Development

DMH Current Available Beds

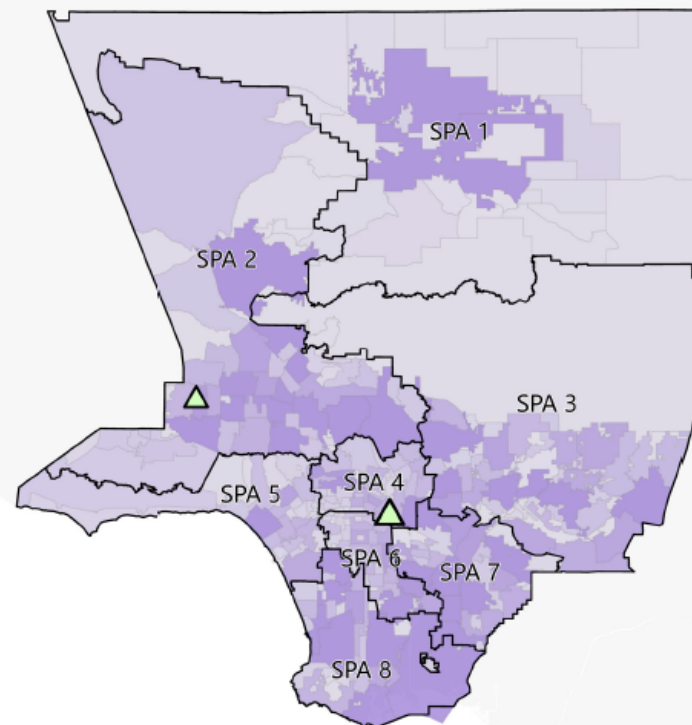


County of Los Angeles, California State Parks, Civil, TomTom, Garmin, SafeGraph, RAO, MET/NASA, USGS, Bureau of Land Management, EPA, NPS, USFWS

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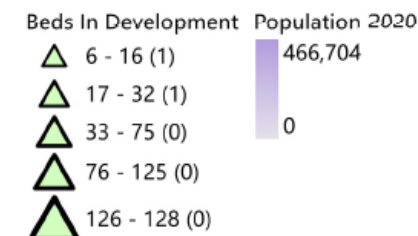


DMH&BHCIP Beds In Development



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Enriched Residential Services Level Of Care Map

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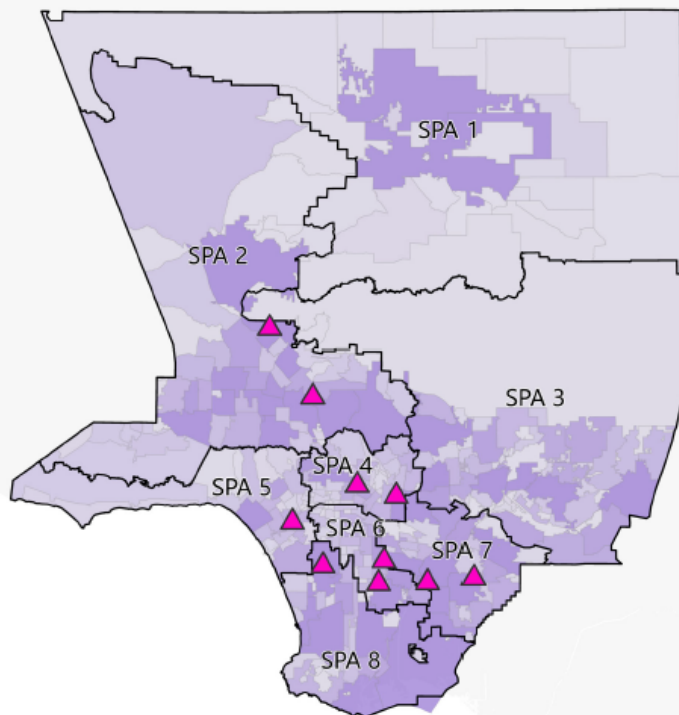
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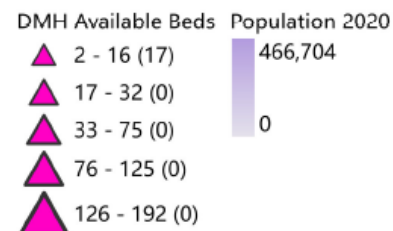
DMH CRTP Beds Available + In Development

DMH Current Available Beds

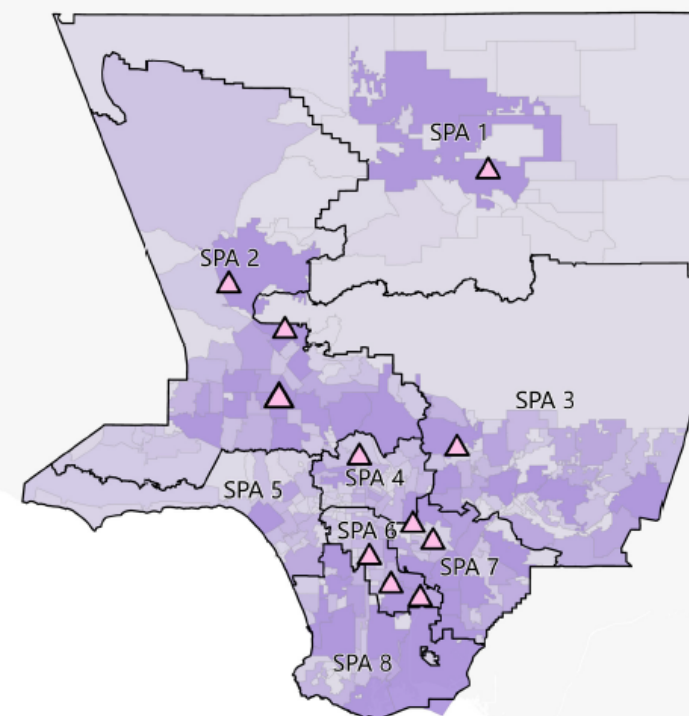


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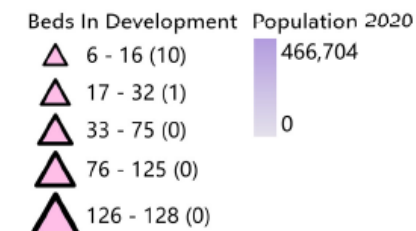


DMH&BHCIP Beds In Development



County of Los Angeles, California State Parks, Esri, TomTom, Garmin, SafeGraph, FAO, METRO/NASA, USGS, Bureau of Land Management, EPA, NPS, USFWS

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Crisis Residential Treatment Program Level Of Care Map

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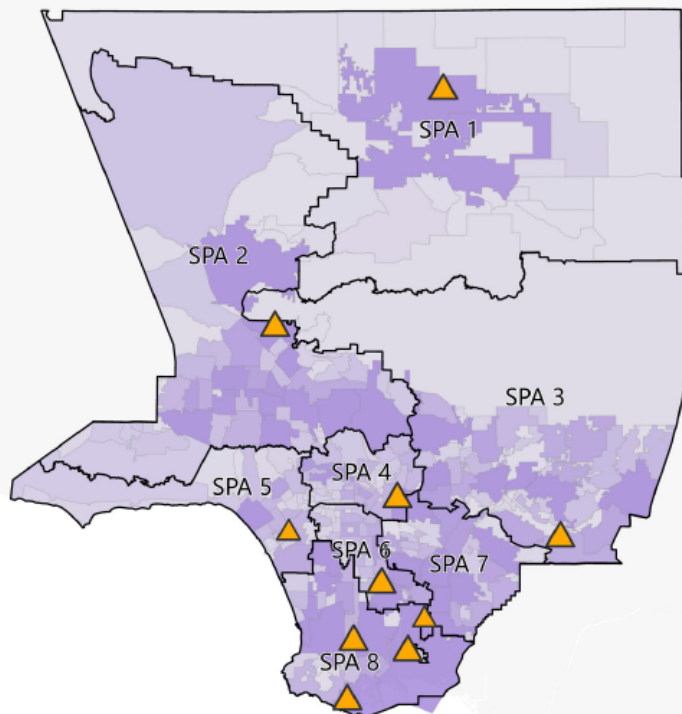
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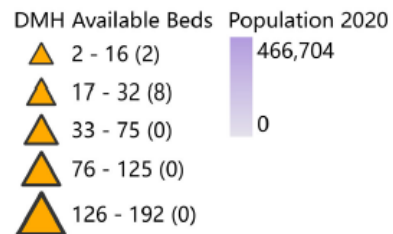
DMH UCC Chairs Available + In Development

DMH Current Available Beds

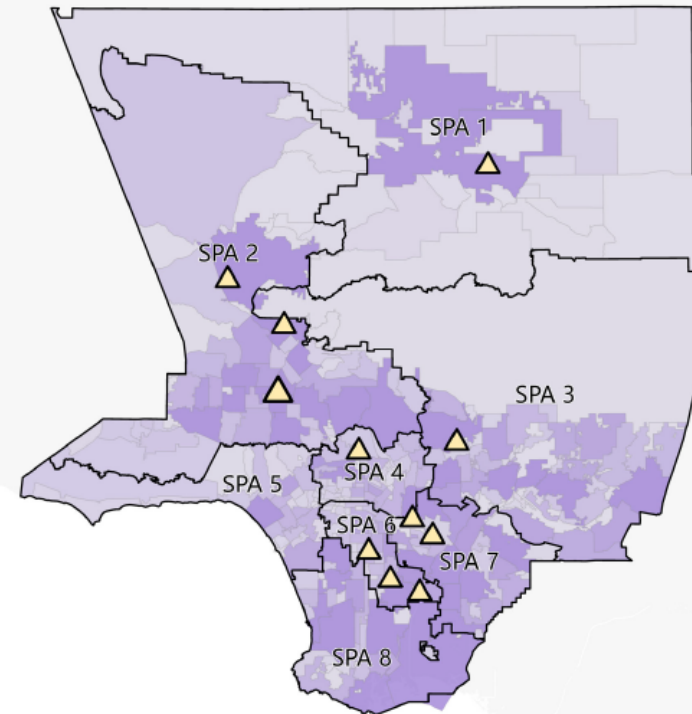


County of Los Angeles, California State Parks, Esri, TomTom, Garmin, SafeGraph, FAD, MET/NASA, USGS, Bureau of Land Management, EPA, NPS, USFWS

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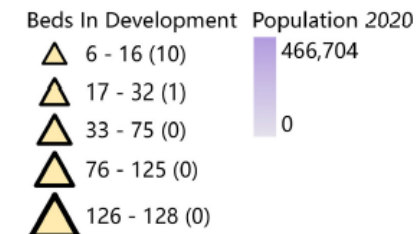


DMH&BHCIP Beds In Development



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Crisis Resolution & Triage Level Of Care Map

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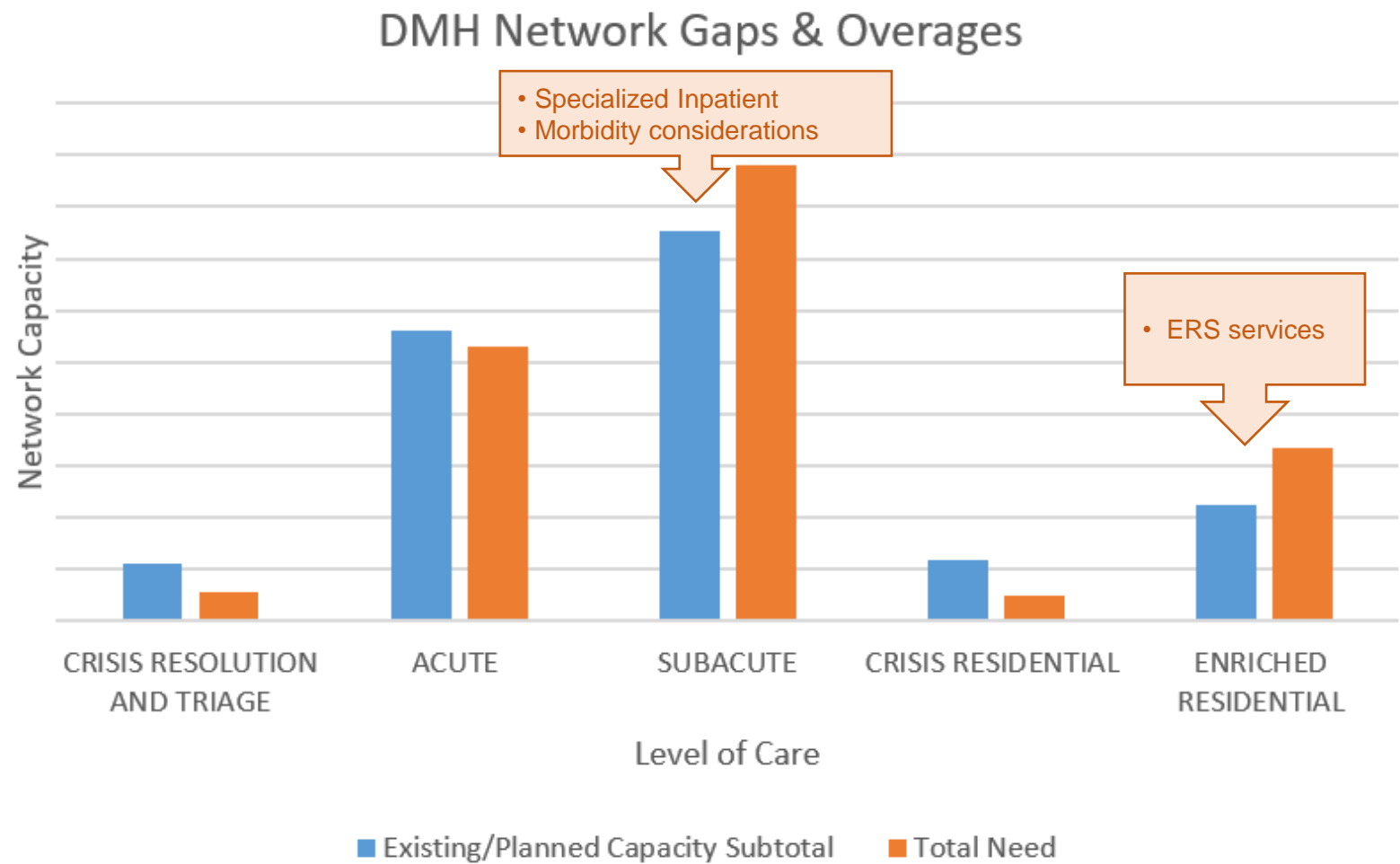
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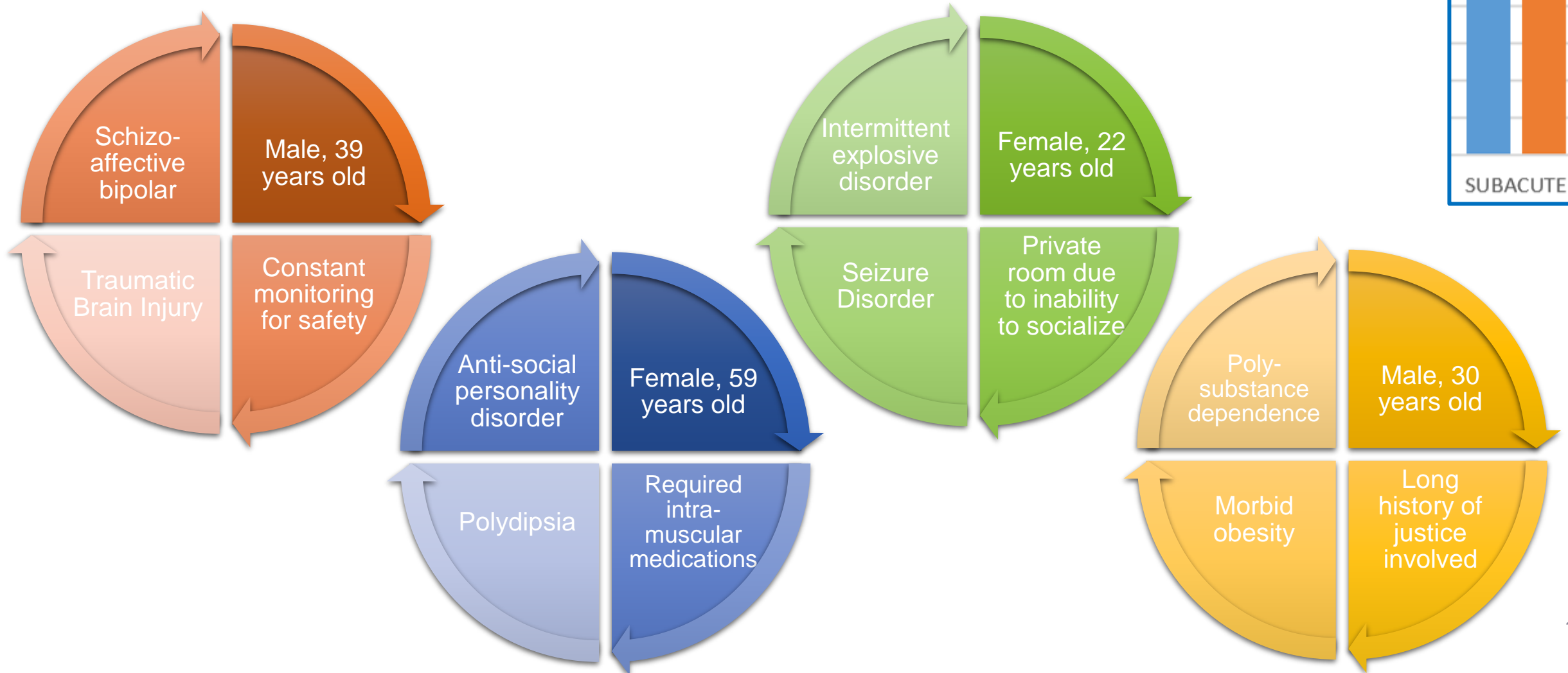
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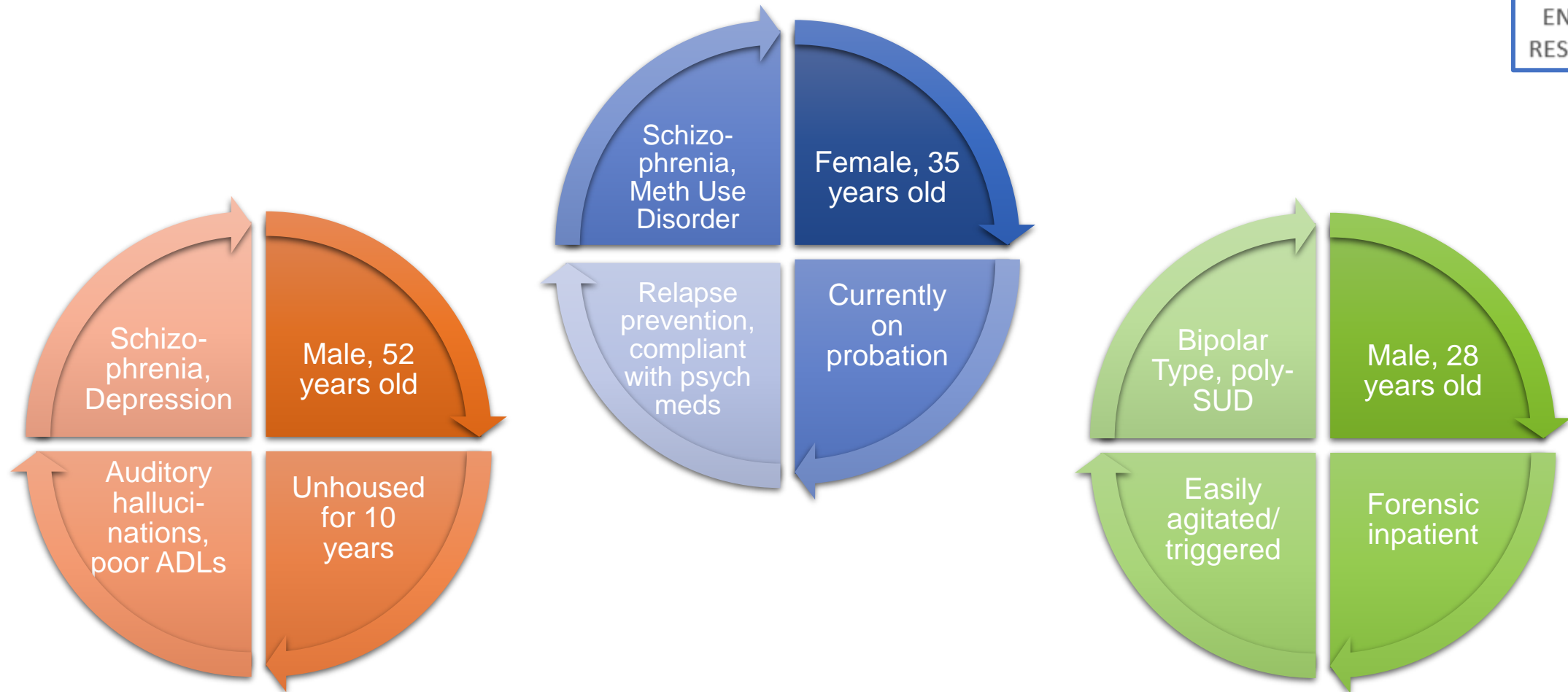
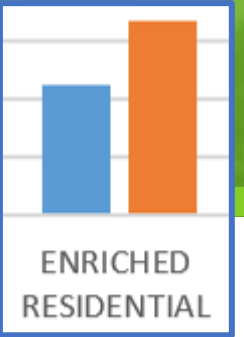
DMH Gaps & Overages



DMH Client Scenarios - Subacute



DMH Client Scenarios - ERS

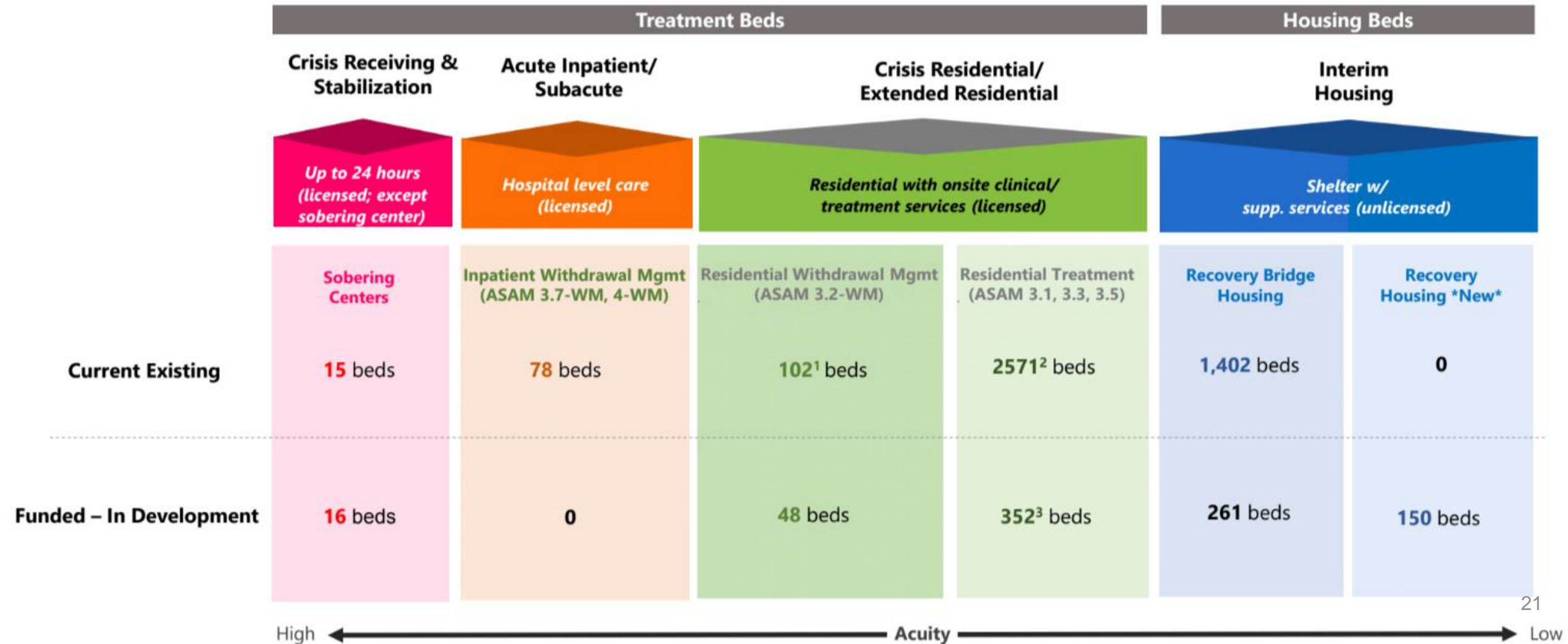




►► DPH-SAPC Capacity Considerations

- **DPH-SAPC is interested in ensuring that Bond BHCIP investments are made across the entire behavioral health system, inclusive of the specialty SUD treatment system.**
- Using population-level estimates of SUD, contracted capacity, historical utilization of contracted capacity, and utilization considerations (lengths of stay, SPA-level considerations, etc.), **DPH-SAPC has projected capacity needs for residential and non-residential levels of care to inform Bond BHCIP investment considerations for community-based SUD agencies.**

DPH-SAPC Current Capacity



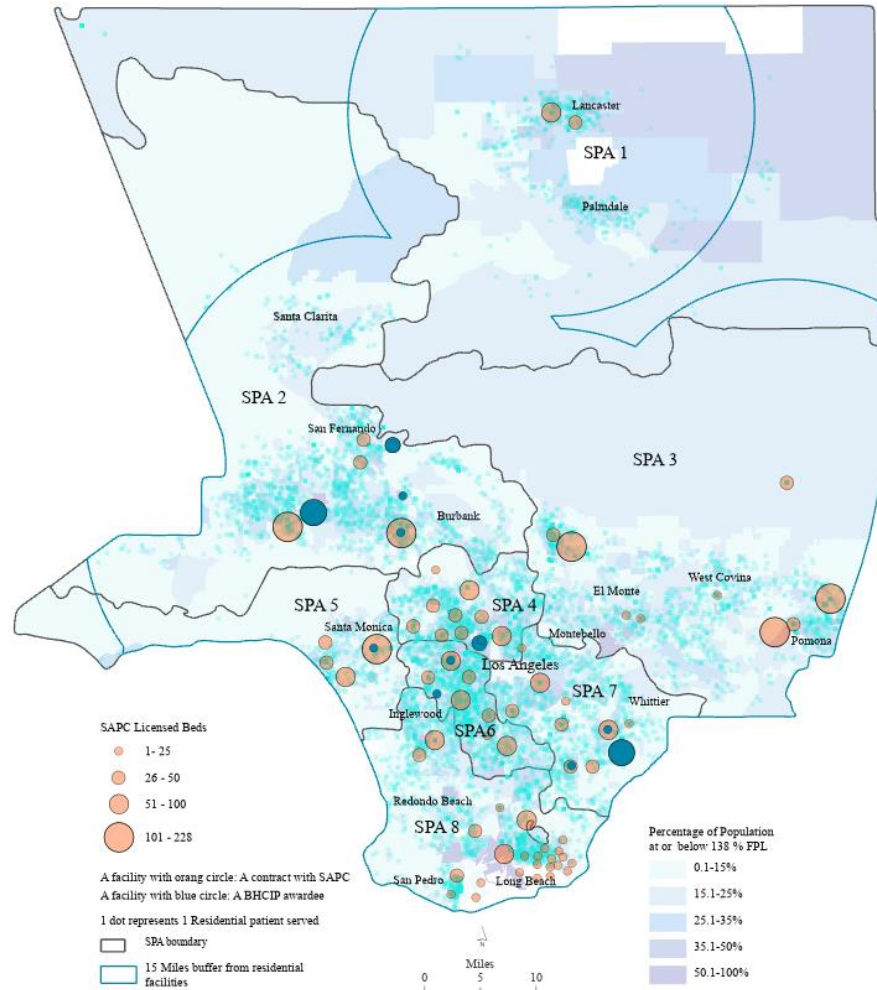
►► FY24-25 Projected Residential SUD Utilization and Needs Assessment

(assuming 15% vacancy rates of available days/year and 80% access to contracted bed capacity)

	LAC Overall (12+)	Youth (12-17)	Adult 18+		SPA 1	SPA 2	SPA 3	SPA 4	SPA 5	SPA 6	SPA 7	SPA 8		Out of County
# of Beds Needed	2,311	13	2,298		123	385	367	303	93	327	272	418		24
Total SAPC-funded Beds	2,635	13	2,622		206	253	488	344	197	372	286	421		68
Total SAPC-funded beds available for SAPC clients	2,108	13	2,095		165	202	390	275	158	298	229	337		54
Additional Beds Needed	203	0	203		(42)	183	(23)	28	(65)	29	43	81		(30)
Additional Licensed Beds Available ¹⁰	787	17	770		2	74	146	143	72	43	41	74		N/A

►► Residential SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rates of available days/year and 80% access to contracted bed capacity)

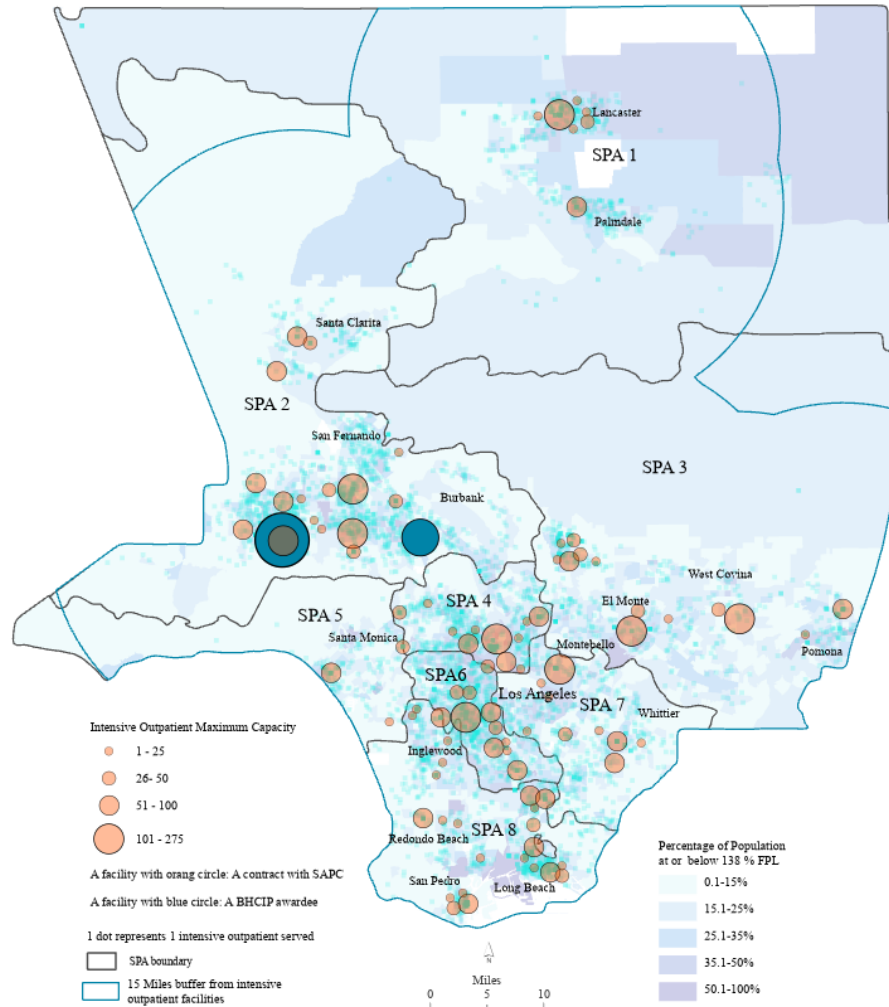


Projected Residential SUD Needs

- SPA 2: 184 beds
- SPA 4: 29 beds
- SPA 6: 30 beds
- SPA 7: 46 beds
- SPA 8: 87 beds
 - Particular needs:
 - Residential Withdrawal Management
 - Residential settings with Incidental Medical Services (IMS) approvals that offer MAT directly
 - Residential SUD settings with co-occurring capabilities

►► Intensive Outpatient (IOP) SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rate of available days/year)



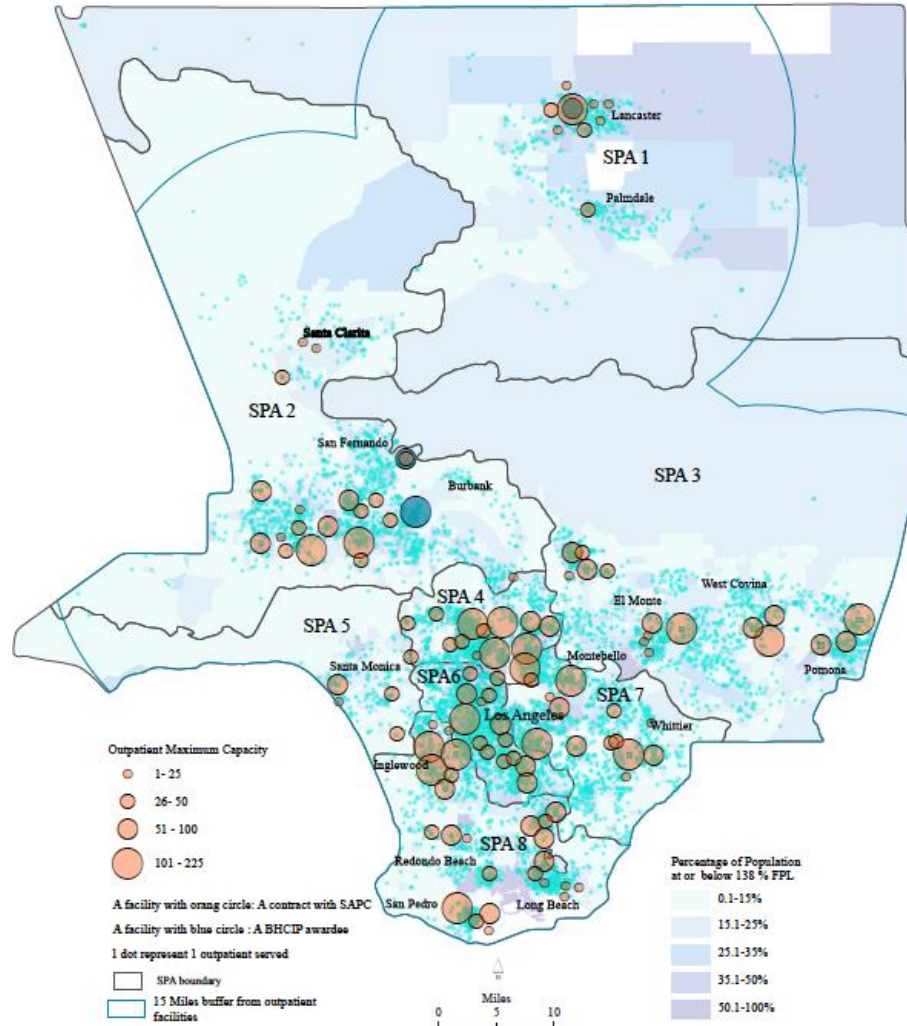
Projected IOP Needs

- SPA 5: 26 slots
 - Overall, LA County IOP capacity is projected to be sufficient, but additional slots in SPA 5 are recommended given utilization patterns
- Particular needs:
 - IOP settings with co-occurring capabilities and that offer MAT directly



Outpatient (OP) SUD – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rate of available days/year)



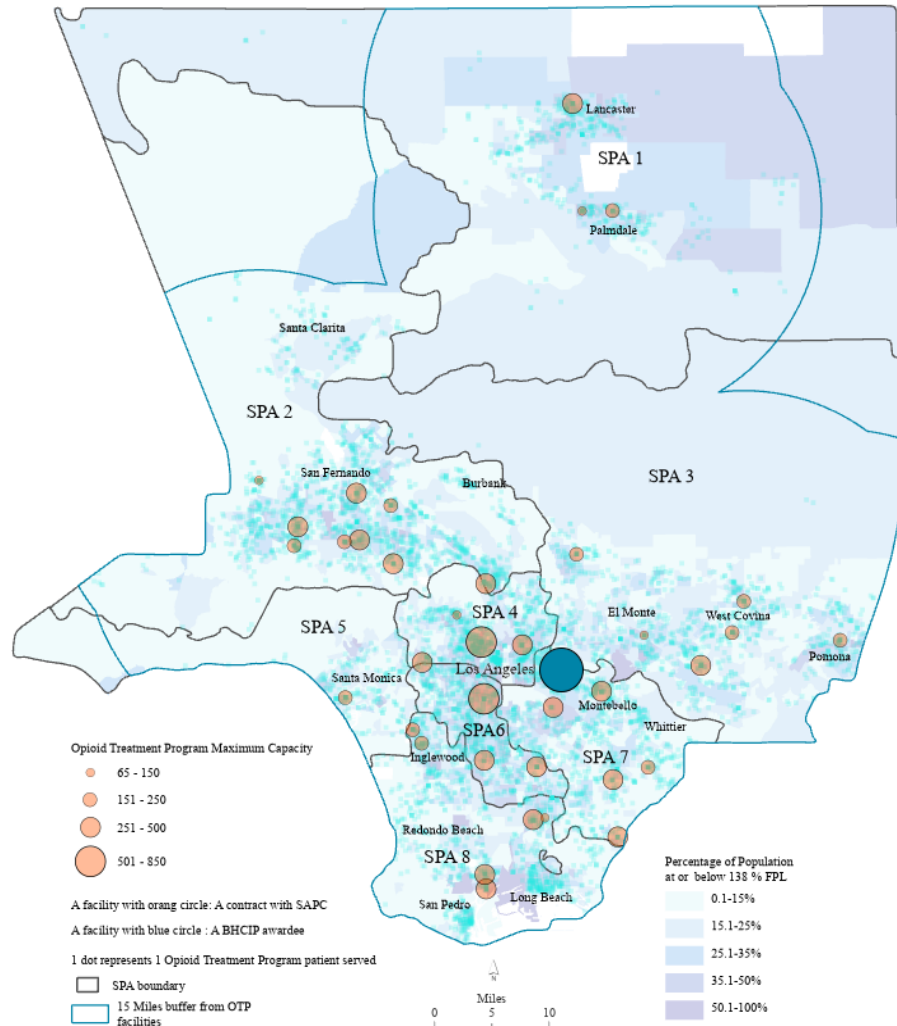
Projected OP Needs

- SPA 6: 40 slots
 - Overall, LA County OP capacity is projected to be sufficient, but additional slots in SPA 6 are recommended given utilization patterns
- Particular needs:
 - OP Withdrawal Management
 - OP settings with co-occurring capabilities and that offer MAT directly



Opioid Treatment Program (OTP) – Max Capacity, Clients Served, & Projected Needs

(assuming 15% vacancy rates of available days/year and 4 clients served per slot/day)



Projected OTP Needs

- Overall, LA County OTP capacity is projected to be sufficient.
 - However, OTPs that meaningfully offer buprenorphine are a value-add.



Recovery-Oriented Housing – Projected Needs

Behavioral Health Bridge Housing and opioid settlement funds are supporting the expansion of Recovery Bridge Housing (RBH) and Recovery Housing beds.

- **RBH – 200 beds added in FY23-24, with another 200 anticipated to be added in FY 24-25**
- **Recovery Housing – 150 beds to be added by FY 24-25**

Projected RBH Needs

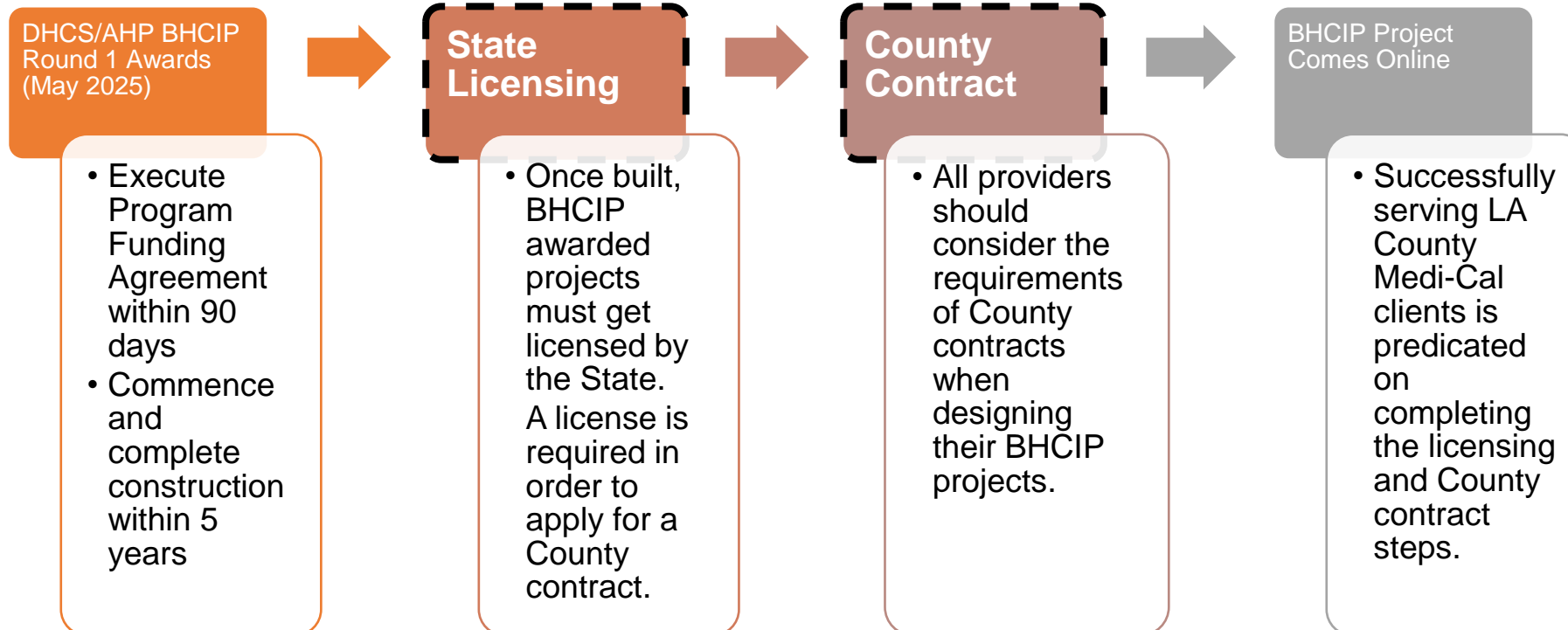
- SPA 1: 18 beds
- SPA 2: 30 beds
- SPA 4: 74 beds
- SPA 5: 16 beds
- SPA 6: 62 beds

Recovery Housing Needs

- TBD (new option)

▶▶ County Contracting Considerations

DHCS requires that grantees commit to serving Medi-Cal beneficiaries.



DHCS is clarifying the Letter of Support requirements



QUESTIONS?



LOS ANGELES COUNTY
**DEPARTMENT OF
MENTAL HEALTH**
hope. recovery. wellbeing.