



Mental Health Services Act (MHSA) – Innovation Project Brief

Project: Progressive Improvements for Valued Outpatient Treatment (PIVOT)

Component: Developing Capacity for Billable Services Specialty Mental Health Plan Services with Diverse Communities

Overview

- **BHSA Component:** Behavioral Health Services and Supports (BHSS)
- **Target:** Community-based organizations
- **Total Cost: \$5,650,000** (\$5M service delivery for 5 years, \$200K BHRS administration, \$450K evaluation)
- **Duration of Project:** 5 years

Background

PIVOT is a multi-county system redesign Innovation (INN) project, initially developed by Orange County, that supports counties in preparing for behavioral health transformation and the transition to the Behavioral Health Services Act (BHSA). Given that counties face similar system-level challenges, the project promotes cross-county learning and capacity building as counties redesign their behavioral health systems. San Mateo County BHRS is prioritizing and proposing to fund one of the five components of the PIVOT concept: *Developing Capacity for Billable Services Specialty Mental Health Plan Services with Diverse Communities*.

The Challenge

In most counties, including San Mateo County, mental health services are split into early intervention services for individuals with *mild to moderate* behavioral health conditions and specialty mental health services (SMHS) for individuals living with *serious mental illness* (SMI) or *substance use disorders* (SUD). In San Mateo County, community-based mental health providers typically provide MHSA-funded early intervention services. Additionally, community-based organizations (CBOs) are often the best equipped to provide culturally informed strategies in diverse communities—or what the [California Reducing Disparities Project \(CRDP\)](#) calls *community-defined evidence practices* (CDEPs)—alternatives or complements to standard evidence-based practices that “offer culturally anchored interventions that reflect the values, practices, histories, and lived-experiences of the communities they serve.”

As counties transition to BHSA and prioritize billable services it will be critical to develop the community infrastructure and network of providers eligible to bill Medi-Cal for both specialty mental health and early intervention services. The Department of Health Care Services (DHCS), in consultation with the Behavioral Health Services Oversight and Accountability Commission (BHSAOAC), will establish priorities for early intervention CDEPs and evidence-based practices (EBPs) as per BHSA legislation.

In San Mateo County, larger and established community-based providers are certified to bill for Medi-Cal reimbursement for their culturally informed early intervention mild-to-moderate and SMHS (e.g., San Mateo County Pride Center). Yet, there are challenges for smaller CBOs that do not have the infrastructure or capacity needed to become a SMHS provider and/or certified bill Medi-Cal for eligible early intervention services. BHRS has at least 15 MHSA-funded peer support and early intervention



providers that could potentially bill to Medi-Cal if support were available to help them be certified and train them in billing procedures. These programs range from \$75,000 to \$650,000.

The PIVOT project creates an opportunity to sustain effective early intervention services funded by San Mateo County MHSAs (e.g., The Cariño Project, Kapwa Kultural Center, Recovery Connection, Joven Noble, Mindfulness-Based Substance Abuse Treatment, INSPIRE Brief Intervention, etc.) and enhance the volume and quality of culturally informed SMHS by assisting CBOs to become SMHS providers, certify to bill Medi-Cal, and help them identify components of successful CDEPs that can be billable and recognized by the State for early intervention specifically.

The Proposed Project

This component will determine steps to help CBOs that are interested become SMHS providers and/or certified to bill for their early intervention CDEPs. It will test the model of billing that health care providers use and identify components of CDEPs for which counties could leverage Medi-Cal billing.

Objectives:

- Identify technical assistance needed to support CBOs to become SMHS providers and bill for Medi-Cal eligible early intervention services.
- Determine if embedding culturally based approaches in early intervention services improves linkages to BHRS and penetration rates.
- Identify components of established CDEPs that can generate revenue and be recognized by the state.
- Determine whether a hub and spoke model can be developed locally to support capacity for billing, similar to how some hospitals manage billing.

The Innovation

- **MHSA Innovative Project Category:** It introduces a new practice or approach to the behavioral health system
- **MHSA Primary Purpose:** Increases the quality of mental health services, including measured outcomes

Learning Goals

Through an independent evaluation, this project seeks to learn:

1. What are the minimum requirements for a CBO to become a Medi-Cal/DMC-ODS provider?
 - a. To what extent and how does the process of billing Medi-Cal change CBOs' service delivery practices (e.g., structure of services, time spent on administration)?
 - b. What adjustments do CBOs need to make to their practices in order to incorporate Medi-Cal billing into their practice?
2. What type and level of technical assistance is needed to support CBOs?
3. In what ways does a hub and spoke model effectively support capacity building?
4. Does embedding culturally based approaches for specialty mental health care improve penetration rates and client outcomes?
5. Which CDEPs are most effective?
6. How can CDEPs be utilized to generate revenue?



Behavioral Health Services Act (BHSA) Transition

The PIVOT project supports the county’s Prop. 1 transition to BHSA by identifying system-level changes that will expand culturally-informed billable services and a well trained and supported behavioral health workforce. These changes will create a sustainable foundation for the delivery of high-quality services for the most vulnerable and at-risk individuals.

BHSA Transition Questions	Response
How does the proposal align with the BHSA reform?	The project focuses on expanding accessible, culturally informed billable services for the “most ill and vulnerable” population and to be able to intervene in the “early signs of mental illness or substance use”.
Does it provide housing interventions for persons who are chronically homeless or experiencing homelessness or are at risk of homelessness?	No
Does it support early intervention programs or approaches in order to prevent mental illnesses and substance abuse disorders from becoming severe and disabling?	Yes, the project focuses on developing internal BHRS infrastructure to be able to support community-based mental health providers who typically provide early intervention services, to develop their capacity to provide billable specialty mental health services and early intervention services.
Does it support Full-Service Partnership efforts and services for individuals living with serious mental illness?	No
How will the County continue the project, or components of the project, after its completion without the ability to utilize certain components of MHPSA funding for sustainability?	The project is self-sustaining as BHRS will develop the infrastructure to support community-based network of providers. Ongoing staffing needs will leverage the additional BHSA 2% administration allocation available to counties to implement BHSA priorities.
How does the project assist the county’s transition to the behavioral health reform?	BHSA expands and increases the types of support available to the most vulnerable and at-risk individuals and for early intervention strategies. The project develops the infrastructure necessary to provide these services in a culturally informed manner.