





Introduction

2023-24 was a year of enormous growth for CalMHSA. It was a year of firsts, as we launched the first ever semi-statewide electronic health record system designed for behavioral health care. It was a year of expansion, as we increased the number of Medi-Cal-certified Peers in California to more than 3,500. It was a year of “reimagining” for a statewide stigma reduction and awareness campaign, of leadership in forging new paths through payment reform, of innovation in creating solutions for county operations.

This report details our many priorities and highlights our accomplishments on behalf of county behavioral health departments throughout the 2023-24 fiscal year.

Our growth and strong achievements would not be possible without the collaboration of county partners across the state. As they remain unwavering in their commitment to care for the most vulnerable in their communities, we remain steadfast in our mission to support that care in every way possible.

With new catalysts to propel us toward fresh challenges in the year ahead, we will vigilantly adjust the lens through which we view our work in order to remain focused on the perspective that best serves public behavioral health in California.

Amie Miller

Dr. Amie Miller
Executive Director
California Mental Health Services Authority

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Transforming Care Delivery Through Health IT

A Semi-Statewide Electronic Health Record System

In July 2023, CalMHSA launched a semi-statewide EHR centered around improving the lives of Californians served by county behavioral health departments. This trailblazing EHR creates cross-county innovation and shared outcomes in a system that:

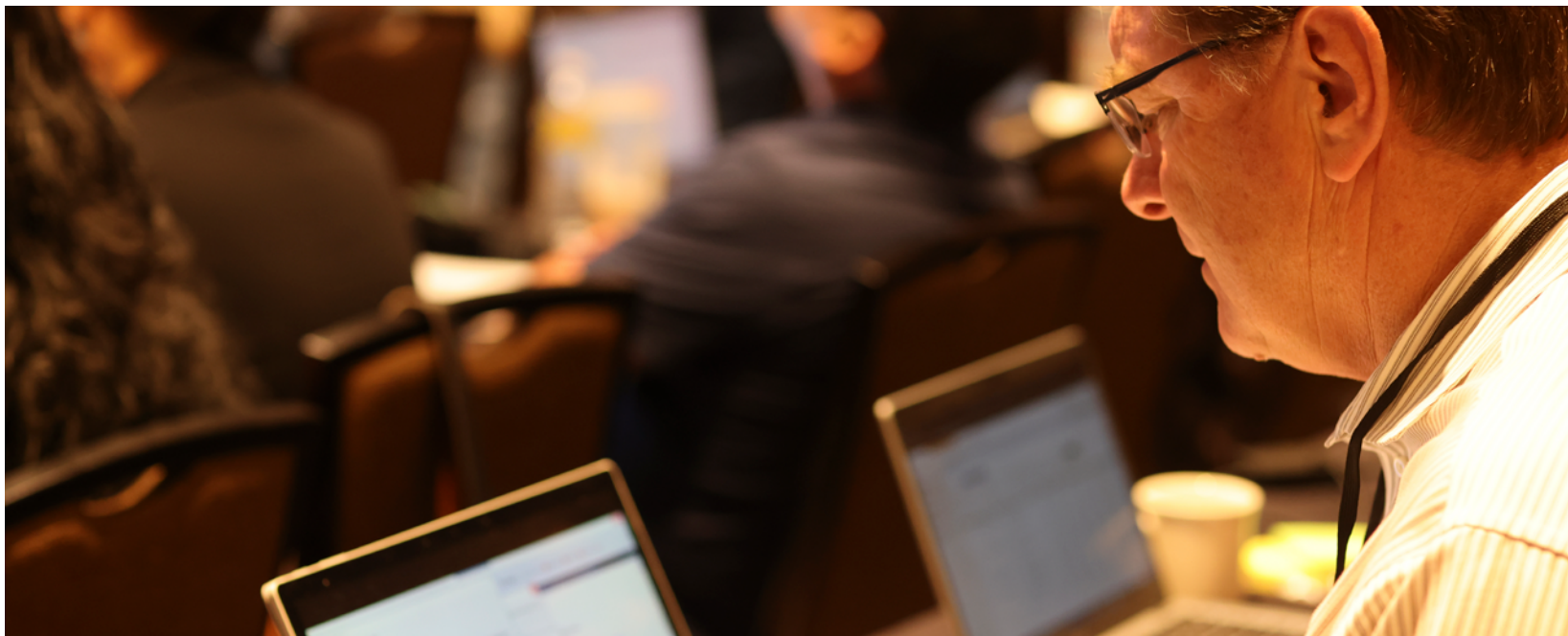
- Implements CalAIM payment reform changes
- Tells a complete story about each individual
- Eases the client experience via record-sharing between counties

CalMHSA helped 11 counties secure more than \$41M in innovation funding from the Mental Health Services Oversight and Accountability Commission to support implementation, as well as an independent RAND Corporation evaluation.

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“This EHR has made a lot of our processes more streamlined, specifically for clinicians, which gives them more time to spend with clients to be able to improve our services.”

DANNIELLE MURRAY
Mono County Behavioral Health Department



CalMHSA CONNEX

Received \$875,000 in grant funding for counties from the DxF to assist in implementing CalMHSA Connex

CalMHSA Connex: An Interoperability Solution

The participation of county behavioral health in the California Data Exchange Framework (DxF) and Centers for Medicare & Medicaid Services interoperability is a significant step in acknowledging the key role they play. For the counties currently participating in CalMHSA's EHR, we built the state's first and only county behavioral health-centric health information exchange – CalMHSA Connex – to assist with:

- Better care coordination
- Improved delivery of effective, patient-centered care
- Meeting requirements of both the DxF and CMS



- Extends to **35%** of Medi-Cal beneficiaries
- Used in **25 counties**
- Helped **11 counties** secure more than **\$41M in funding**

Strengthening the Behavioral Health Workforce

Medi-Cal Peer Support Specialist Certification

As the statewide certifying entity for Medi-Cal Peer Support Specialists, CalMHSA has been honored since 2022 to lead the way in this groundbreaking opportunity to uplift the voice of Peers and enhance the county workforce. Our team — many of them also Peers — have infused their own commitment to create:



A **Spanish-language exam** that will broaden the process to include more Peers and assist more Californians on a path to hope and recovery



A new training for more than 200 **justice-involved individuals** at five correctional facilities — offering hope for employment upon reentry and further building the mental health workforce



A **powerful new dashboard** that includes aggregated data about Peers such as race, ethnicity, gender, experience and more — all searchable by county and by year



A **Best Practice Guide for Employing Medi-Cal Peer Support Specialists** that helps employers understand the value of Peers in their workforce



A **program analysis** by the RAND Corporation that describes how certification and Medi-Cal reimbursement have affected the integration of Peers into behavioral health care

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We have been honored to work with Peers throughout California. Their very human contribution to mental health delivery is uniquely valuable for recovery and wellness.”

AMIE MILLER
CalMHSA Executive Director



- More than **3,500 Peers** certified
- Nearly **3,500 scholarships** processed
- **17 new training providers**, for a total of 50
- **54 counties** with Medi-Cal-certified Peers



As demand for behavioral health services increases, CalMHSA is deeply invested in cultivating new ideas and practical approaches to support county workforce shortages.

Remote Clinical Supervision

For counties that need access to clinical supervisors for pre-licensed staff, CalMHSA partnered with a provider successful in offering to-scale remote supervision services in California, to offer a HIPAA-compliant platform for virtual clinical supervision.

- 68 county pre-clinician staff from 11 counties
- Nearly 3,000 hours of clinical supervision sessions attended

Workforce Education and Training (WET)

CalMHSA continued to assist counties by acting as a passthrough agency for WET funding made possible by the Mental Health Services Act, including loan repayment, undergraduate scholarship and post-graduate stipends.

- \$7.6M in loans
- 626 recipients

Staff Development/Master's Degree Program

A partnership with Palo Alto University debuted a Master of Arts in Clinical Mental Health Counseling for staff selected by counties for tuition payment:

- Training emphasis on Marriage, Family & Child Counseling, and Clinical Mental Health Counseling
- Staff accept a service commitment with their county

Loan Repayment

A staff retention innovation that allows counties to identify individuals to receive loan repayment for positions that are hard to fill or retain.

- Up to \$50,000 per recipient
- Three-year service commitment to county



Supporting Care for Californians

Statewide Awareness and Stigma Reduction

The statewide **Take Action for Mental Health** campaign promotes awareness with the ultimate goals of reducing stigma and preventing suicide.

- **Mental Health Awareness Month**

A theme of “Reimagine” prompted Californians to reflect on what mental health can be for themselves, those they care about and their communities. To reach the broadest possible audience, CalMHSA deploys the campaign using:

- Social media & digital marketing tools
- Culturally responsive resources
- Social influencers

- **Suicide Prevention Month**

An educational campaign in September offered Facebook and Instagram posts, posters customized for underserved and under resourced communities, and a suicide prevention tip sheet.

- **Winter Wellness**

A digital toolkit provided social media posts, a Winter Wellness Guide and a calming Spotify playlist.

Full-Service Partnerships (FSP)

CalMHSA’s FSP Innovation Project gives counties greater access to data for use in enhancing FSP services for people who are unhoused or at risk of becoming unhoused, have a severe mental illness, history of contact with the criminal justice system, and have had multiple hospitalizations. A RAND Corporation evaluation of the project found that:

- Participants who enrolled after the project started saw more improvement in the number of days in stable housing (128 days).
- Participants who enrolled after the project started experienced fewer arrests than those who enrolled prior to the project.
- The number of psychiatric admissions decreased on average by 2.5 admissions for FSP participants who enrolled after the project started.

Public Education: Support for the Unhoused

To ensure the public understands all that county teams do for individuals who are unhoused, CalMHSA created the **Hey Neighbor** social media campaign and website. The powerful messaging and visuals compassionately tell the story behind the needs of many different neighbors — while uplifting the county workforce and their commitment to community.



- Facebook and Instagram ads in May promoted Mental Health Awareness Month to an estimated **10 million people**.

- After seeing the Hey Neighbor campaign, **90% of respondents had a positive or very positive perception** of county behavioral health.



Deploying Technology for Wellness

CalMHSA’s management of **Help@Hand** — a multi-year demonstration project funded by the Mental Health Services Act — has helped counties explore ways to improve mental health support and well-being by integrating technologies and real-life experiences. Examples of county projects:

- Offering access to emotional support apps
- Building a screening referral tool
- Implementing a peer support platform
- Distributing technology devices and offering digital literacy training

- **14 counties** participated over the 5-year program.
- Over **70% of teens and 80% of adults** rated online tools useful for addressing mental health concerns.
- **12 unique products**

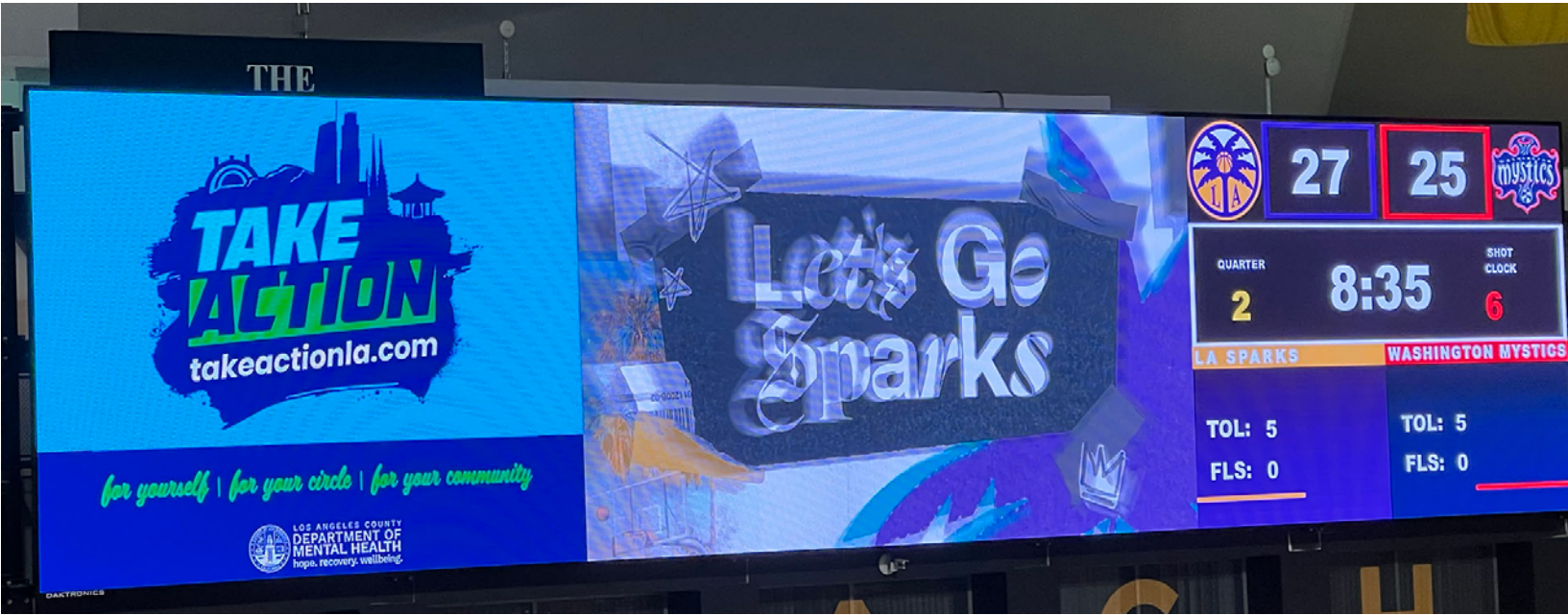
In Sacramento County:

- **27 CBOs** received grants
- **19,000+ individuals** reached
- **886 free** community events

Community Impact Grants

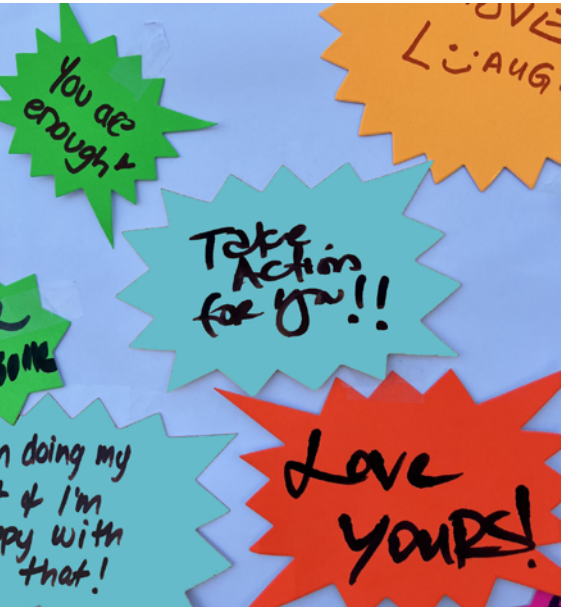
CalMHSA administered more than \$10M in grants to community-based organizations that provide mental health prevention services in Sacramento and Tulare counties — helping expand access to their communities’ most vulnerable, underserved populations. CalMHSA also supported grantees with data collection, developing goals to meet the needs of specific groups, and learning collaboratives.

In FY 2024-25, the program will expand to serve at least four counties.



Statewide Crisis Counseling

CalMHSA has been leading the crisis counseling component of the Department of Health Care Services’ statewide CalHOPE program since 2020, growing it to an inclusive and expansive set of services – including an innovative chat app with trained counselors and contractors. CalMHSA’s support and oversight of subcontracted agencies provided guidance for their support specialists, as well as expert training.





CalHOPE in 2023-24:

- **88,000 individual & family** sessions
- **51% of sessions** delivered virtually
- Sessions delivered in **50 different languages**
- **38 agencies** serving a diverse range of Californians
- **16 SME** trainings



Improving Operations and Measuring Performance

Managed Care

As California's behavioral health landscape changes and compliance becomes ever more complicated, CalMHSA continually looks for new ways to reduce counties' administrative burdens so they can focus on clinical care and local needs.

Examples of these solutions include curating and summarizing key policy actions and program requirements, as well as posting DHCS beneficiary handbooks in 19 different languages. Other major initiatives:

Credentialing

Collaborating with a National Committee for Quality Assurance-certified Credentialing Verification Organization to help alleviate the costly, time consuming and cumbersome credentialing process for counties.

Authorizations

Facilitating a concurrent review and authorization program that simplifies the inpatient psychiatric authorization request and concurrent review process for hospitals, psychiatric health facilities and county mental health plans.

- 23 counties participating
- 21,339 hospitalizations reviewed (CY 2023)

Presumptive Transfer Portal

Expanding functionality within the CalMHSA Presumptive Transfer Portal to give counties access to an even more seamless platform that allows billing between counties serving presumptively transferred patients. The portal enables:

- Greater cost savings
- Improved cash flow
- Enhanced accuracy and transparency
- Inter-county collaboration

CalAIM Support for Counties

CalMHSA supported counties' implementation of California Advancing and Improving Medi-Cal (CalAIM) — with the necessary documentation, policy, and payment reforms — through:

- Fiscal data collection and analysis
- 22 weekly office hours
- 8 documentation guides
- Rate impact modeling resources
- On-demand learning management system

CalAIM Payment Reform

A major component of CalMHSA's CalAIM support for counties has been helping them achieve necessary behavioral health payment reforms, including:

- Collecting fiscal data from all counties to develop new rates tied to Current Procedural Terminology (CPT) codes
- Holding weekly office hours
- Hosting payment reform webinars
- Creating coding crosswalks and code analysis to support CPT billing codes



- Of the **5 participating counties**, nearly **1,500 providers** will be credentialed.

- **13** CalAIM learning management system (LMS) trainings
- **33,117** registered LMS users
- **246,361 training modules** completed (includes all registered counties/contract providers)

- **271 Descriptive Analysis reports** to support data-informed decisions around PIP interventions across 39 counties
- **242 1:1 county consultations** to support PIP progress across 34 counties
- **95% of March 2024 PIP submissions** reviewed by CalMHSA received no requests for additional information from DHCS, vs. 71% of PIPs not reviewed by CalMHSA

Quality & Performance

CalMHSA's team of epidemiologists, managed care specialists and quality improvement professionals collaborated with counties to engage stakeholders, understand barriers, identify interventions, and monitor impact – all with an eye toward improving access to and quality of care through an equity lens.

Behavioral Health Quality Improvement Program (BHQIP)

With CalMHSA's technical assistance and subject matter expertise in payment reform, documentation redesign, policy implementation, data exchange and analysis, and performance improvement, most participating counties saw improvements toward their BHQIP incentive payments.

In one effort, CalMHSA supported completion of Performance Improvement Projects (PIPs) related to three Healthcare Effectiveness Data and Information Set (HEDIS) measures focused on improving quality and coordination of care.

Quality Measures/HEDIS

Recognizing that counties may not have the capacity to respond to a new DHCS requirement to report on quality / HEDIS measures, CalMHSA began a new program to calculate measures on behalf of counties, creating a standard approach to save time and resources that could be dedicated to improving measure performance. This involves:

- Aggregating millions of rows of data across several sources and multiple years for medium to large counties
- Interpreting approximately 40 pages of specification text and referencing over 70 value sets across all 9 measures
- Writing thousands of lines of code to clean, de-duplicate, aggregate and analyze data
- Calculating 9 measures annually for counties that run Mental Health Plans and Drug Medi-Cal Organized Delivery System Plans
- Calculating 5 measures annually for counties that run Mental Health Plans and Drug Medi-Cal State Plans

