COUNTY OF SAN DIEGO BOARD OF SUPERVISORS TUESDAY, JANUARY 28, 2025

MINUTE ORDER NO. 19

SUBJECT: ENHANCING BEHAVIORAL HEALTH ACCESSIBILITY: ESTABLISHING NEW PARTNERSHIPS ACROSS THE CONTINUUM OF CARE AND A-72 WAIVER (DISTRICTS: ALL)

OVERVIEW

The State of California is facing a mental health crisis and urgent action needs to be taken to help enhance our Behavioral Health Continuum of Care (CoC) to best meet the needs of our most vulnerable residents in San Diego County. The State of California is facing a shortfall of approximately 1,971 beds at the acute level, which are necessary to treat patients suffering from severe psychiatric distress. In the State of California, counties are responsible for administering specialty mental health and substance use services to residents eligible for Medi-Cal. The County of San Diego's (County) Behavioral Health Services (BHS) performs this duty by maintaining a local network of mental health and substance use services for Medi-Cal beneficiaries. The County's Optimal Care Pathways (OCP) model, a data-informed algorithm that serves as a tool to quantify the utilization of various behavioral health services across the region from crisis care to long-term community-based care, estimates that we will need to establish 400 additional beds of board and care to meet regional needs. Board and care involves providing long-term housing, meals, and other support services for individuals with behavioral health conditions.

In San Diego County, one in twenty people are currently living with a serious mental illness, and that rate increases to one in thirteen people who live in low-income households. Our regional needs to improve behavioral healthcare accessibility are particularly urgent for Medi-Cal beneficiaries who face additional barriers to behavioral health treatment. Barriers to accessing care, such as an insufficient number of board and care treatment slots, can leave people with mental illness or substance use disorder homeless, institutionalized, or facing prolonged hospitalization without an appropriate destination to be discharged for ongoing care. Delayed discharges from hospitalization can then lead to the regression of patient behavioral health status, bottlenecks in care systems as patients who should be stepping down to a lower level of care occupy beds longer than needed, and increased costs on our regional healthcare systems.

In response to the regional needs identified by the OCP model, the County must develop a behavioral health system that emphasizes access and prevention, connecting people to the care that meets their individual needs while prioritizing the least restrictive settings. The County has several opportunities to enhance existing partnerships or establish new partnerships across the region that will enhance our behavioral health CoC across all levels of acuity.

For intensive inpatient services, the County has an opportunity to enhance our current partnership with Paradise Valley Hospital (PVH) by increasing the capacity of behavioral health inpatient services. These potential enhancements could lead to the establishment of 25-30 additional Medi-Cal Managed Care Psychiatric Inpatient Services beds at PVH. The inpatient psychiatric setting serves individuals with severe, acute symptoms of mental illness in need of 24-hour observation and intensive treatment. Inpatient psychiatric care provides a secure environment where adults can regain their functioning and establish an aftercare plan before transferring to a lower acuity level of care.

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At the outpatient service level, the County has an opportunity to establish new partnerships to enhance access to Intensive Outpatient Programs (IOP) and Partial Hospitalization Programs (PHP) for Medi-Cal beneficiaries. IOP and PHP are evidence-based mental health treatment programs that provide care for individuals suffering with behavioral health issues while allowing them to live at home. IOP and PHP programs can serve as an effective bridge between inpatient care and traditional outpatient therapy and have been shown to improve long-term behavioral health outcomes and reduce readmission rates for individuals who were previously hospitalized with a behavioral health condition. This partnership would expand care to Medi-Cal eligible residents, enhancing access to care for people with serious mental illness receiving care through the County's Behavioral Health Plan.

At the long-term care level, the OCP model has previously identified an urgent need to establish approximately 400 beds for board and care to meet regional behavioral health service needs. Board and care facilities include adult residential facilities (ARFs) and residential care facilities for the elderly (RCFEs) that provide housing and 24-hour support for individuals in need of care who are unable to live independently in other types of housing. The primary barrier to long-term behavioral healthcare in San Diego County is the limited number of licensed care facilities, particularly those serving individuals with serious mental illness and who receive Supplemental Security Income (SSI). In response to these needs, the County must continue to pursue innovative partnerships and funding strategies to enhance board and care accessibility, particularly for Medi-Cal eligible individuals. A future partnership could involve an organization with an established track record serving as both a real-estate developer and high-quality provider of long-term behavioral health services in a residential setting.

The expansion of these various services across the CoC will also present important opportunities for regional academic institutions and healthcare providers to establish academic clinical training programs. The establishment of new clinical training programming will be vital in enhancing workforce development for our regional behavioral health systems and create opportunities for San Diego residents to pursue rewarding careers in behavioral health, including Psychiatry, Clinical Psychology, Psychiatric Nursing Practice, Nursing, Social Work, Pharmacy, Healthcare Administration, and various other professions. Such action will result in an influx of high-quality behavioral health providers and staff throughout San Diego County, elevating the quality of care across the region.

Today's action presents an opportunity to improve the accessibility and quality of behavioral health services across all levels of behavioral health acuity, and significantly enhancing the quality of our continuum of care countywide. Today's action also presents an opportunity to expand workforce development opportunities for our regional behavioral health continuum of care through the expansion of academic clinical training programs.

RECOMMENDATION(S) SUPERVISOR MONICA MONTGOMERY STEPPE

- 1. Waive Board Policy A-72 Agenda and Related Process, Section 2.C.2.ii, which establishes required timelines for review when preparing a Board Letter.
- 2. Direct the Chief Administrative Officer (CAO) to enter into discussions with Prime Healthcare to expand the number of behavioral health psychiatric acute inpatient beds available to people who are Medi-Cal eligible within Paradise Valley Hospital.
- 3. Direct the CAO to explore partnerships and funding strategies to enhance Intensive Outpatient Program and Partial Hospitalization Program services.

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- 4. Direct the CAO to explore partnerships and funding strategies to enhance substance use disorder treatment services.
- 5. Direct the CAO to explore partnerships and funding strategies to enhance regional Board and Care capacity.
- 6. Direct the CAO to explore opportunities to enhance partnerships between these programs and local academic institutions.
- 7. Return back to the San Diego County Board of Supervisors within 90 days with updates on actions related to Recommendations 2, 3, 4, and 6 and to seek contracting authority and establish appropriations, as needed.
- 8. Report back to the San Diego County Board of Supervisors within 180 days with updates on actions related to Recommendation 5.

EQUITY IMPACT STATEMENT

Medi-Cal beneficiaries face health inequities spanning all stages of healthcare from access to outcomes. Patients enrolled in Medi-Cal face more barriers to accessing care, receive lower quality care, and ultimately experience worse health outcomes than patients enrolled in Medicare or private insurance plans. These negative sequelae are felt most intensely by the Black community and other communities of color throughout the County. As a regional steward of public health, the County of San Diego must ensure that services address the social determinants of health by being accessible, equitably distributed, capable of meeting the needs of a diverse population, and prioritizing communities most in need.

SUSTAINABILITY IMPACT STATEMENT

The adoption of these recommendations will enhance the health and social wellbeing of San Diego County residents. In establishing these enhancements to the behavioral health continuum of care, the County of San Diego will improve access to critical behavioral health outpatient, inpatient, and long-term care for vulnerable adults, improve overall health for local populations, and establish more effective and efficient health systems.

FISCAL IMPACT

There are no immediate fiscal impacts associated with today's item. There may be future fiscal impacts depending on the outcomes of negotiations with future partners. Any recommendations resulting from these negotiations will be brought back to the Board of Supervisors for approval and funding. At this time, there will be no change in net General Fund cost and no additional staff years.

BUSINESS IMPACT STATEMENT

N/A

ACTION:

ON MOTION of Supervisor Montgomery Steppe, seconded by Supervisor Lawson-Remer, the Board of Supervisors took action as recommended.

AYES: Anderson, Lawson-Remer, Montgomery Steppe, Desmond

ABSENT: (District 1 Seat Vacant)

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State of California)
County of San Diego) §

I hereby certify that the foregoing is a full, true and correct copy of the Original entered in the Minutes of the Board of Supervisors.

ANDREW POTTER

Clerk of the Board of Supervisors

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Signed

by Andrew Potter

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