Program Improvements for Valued Outpatient Treatment (PIVOT)

MHSA INNOVATION Project

Napa County 2025



APPENDIX A. Napa County MHSA PIVOT Innovation Proposal

Napa County proposes to join the BHSOAC's previously approved Orange County Program Improvements for Valued Outpatient Treatment (PIVOT) MHSA Innovation Project in order to facilitate the transition from Mental Health Service Act (MHSA) Components to the new Behavioral Health Service Act (BHSA) Components and is utilizing this template provided by Orange County BHSA Program Staff.

County Contact and Specific Dates:

- Primary County Contact: Felix Bedolla, MHSA/BHSA Project Manager Napa County Behavioral Health <u>Felix.Bedolla@countyofnapa.org</u> (707) 299-1759
- Date Proposal posted for 30-day Public Review:
 - Monday, March 10 Wednesday, April 9, 2025
- Date and Location of Local MH Board hearing:
 - Wednesday, April 9, 2025, from 4-6pm, to be held at the American Canyon City Hall, 4381 Broadway Street, Suite 201, in American Canyon.
- Date of BOS approval or calendared date to appear before BOS:
 - To be determined

1. PIVOT COMPONENTS:

☑ Full-Service Partnership Reboot

Napa County currently funds Full-Service Partnership (FSP) programs for all age groups. These programs provide intensive outpatient services and case management for individuals living with serious behavioral health conditions. FSP programs will continue to remain a priority under BHSA, as the new legislation requires 35% of the total budget to be directed toward these programs.

Additional BHSA guidelines include:

- Implementing evidence-based practices, such as Intensive Case Management (FSP-ICM, Level 1 Services) Assertive Community Treatment (ACT, Level 2 Services), Forensic Assertive Community Treatment (FACT), Individual Placement and Support (IPS) Supported Employment, High-Fidelity Wraparound (HFW), and Assertive Field-Based Substance Use Disorder (SUD) Treatment services by July 1, 2026.
- Establishing care standards with acuity-based levels and clear step-down criteria.

- Providing outpatient behavioral health services for ongoing evaluation and stabilization.
- Maintaining engagement with clinical and non-clinical services, including housing support.
- Integrating Substance Use Disorder (SUD) services.

In response to these new guidelines, Napa County must evaluate its FSP programs to define levels of care and establish clear criteria for step-down services. This will necessitate administrative adjustments, including updates to workflows, operational processes, and staff training to ensure FSP programs align with the new legislative requirements and meet EBP fidelity standards.

PIVOT Component Purpose

The purpose of this PIVOT component is to prepare Napa Behavioral Health for the transition to BHSA by supporting activities to strengthen administrative and service processes.

Component Activities and Objectives may include, but are not limited to:

- Mapping FSP service models, including the Navigation and High-Fidelity Wraparound (HFW) programs, through staff and clinician interviews.
- Reviewing policies, procedures, and forms to assess eligibility, intake, staffing, and service use, while identifying gaps in relation to new requirements.
- Collaborating with staff and stakeholders to adjust service models for new care Level 1 and Level 2 and other evidence-based practices (FACT, IPS, etc.).
- Standardizing practices to enhance consistency, efficiency, and revenue generation across FSP programs.
- Defining step-down criteria, streamlining transitions between care levels, and establishing tracking systems to monitor member progress.
- Developing Key Performance Indicators (KPIs) aligned with BHSA and BH Connect goals to monitor outcomes and service efficiency.
- Creating a training plan to support the transition and ensure compliance with new standards.
- Utilizing findings to inform Napa County's BHSA Three Year Integrated Plan, ensuring it reflects lessons learned as well as new standards and requirements.

Napa County's PIVOT Proposal will strengthen its administrative infrastructure and ensure successful adaptation to the BHSA transition.

Developing Capacity for Specialty MH Plan Services with Diverse Communities

Napa County, home to approximately 138,795 residents, is characterized by its rich diversity and unique challenges. The county's racial composition includes 51% non-Hispanic White, 34.7% Hispanic/Latino, 8% Asian, 3.8% identifying as two or more races, and 2% Black or African American. Native Hawaiian and other Pacific Islanders, American Indian and Alaska Native, and

those identifying as "some other race" each represent under 1% of the population. Spanish is recognized as a threshold language, reflecting the significant Hispanic/Latino community. Napa also has a higher proportion of older adults than the state average, with 21% of the population aged 65-84 and 3% aged 85 or older. In contrast, 18.2% of the population is under 18, compared to the statewide average of 22.7%. The older adult population is growing rapidly, with projections indicating a 15% increase by 2030. Napa County also has a growing Filipino and Asian community of 7.91%, primarily located in its southernmost city of American Canyon.

While Napa County HHSA Behavioral Health (MHP and ODS) is committed to serving all community members needing our services, we recognize many face barriers such as housing instability, economic hardship, limited access to bilingual providers, and transportation challenges, which hinder consistent, culturally responsive care. These challenges contribute to lower-than-expected penetration rates, emphasizing the need for inclusive strategies and strong partnerships with organizations that reflect Napa County's diversity.

Our Prevention and Early Intervention (PEI) investments have been crucial in expanding culturally responsive, community-driven services that reduce stigma and promote early identification of behavioral health needs. PEI funding has helped foster partnerships with Community-Based Organizations (CBOs), delivering prevention programs, peer support, and school-based services in under-resourced and underserved communities.

With BHSA funding reductions, sustaining these partnerships is critical. As funding sunsets between June 2025 and June 2026, CBOs will need alternative sources of funding to sustain services. While direct PEI funding ends, we remain committed to supporting these organizations through technical assistance and training to explore sustainability in order to continue their essential work.

PIVOT Component Purpose

Napa County will leverage INN funding to help PEI providers explore new opportunities and build capacity to access Medi-Cal revenue streams. This includes drawing down revenue for specialty and non-specialty services, such as Certified Peer services, Managed Care Plan (MCP) programs like Enhanced Care Management (ECM) and Community Supports (CS), and Mental Health Medi-Cal Administrative Activities (MH MAA), which cover outreach and engagement.

Component Activities and Objectives may include, but are not limited to:

• Conducting strategic planning to identify funding opportunities and assess providers' readiness for peer certification and Medi-Cal participation.

- Guiding providers through SMHS and DMC-ODS certification, while strengthening capacity with technical assistance and training in administration, billing, documentation, and compliance to support sustained Medi-Cal billing.
- Supporting the integration of Culturally Defined Evidence Practices (CDEPs) aligned with Medi-Cal billing requirements.
- Assisting in peer certification, including training and integrating peer roles into services.
- Developing tailored action plans to guide providers through certification and funding access.
- Utilizing findings to inform and enhance Napa County's BHSA Three Year Integrated Plan, ensuring it reflects lessons learned as well as new standards and requirements.

These efforts will ensure Napa County's provider network is well-equipped to navigate the evolving behavioral health landscape, sustain essential partnerships, and deliver high-quality, culturally responsive care to our communities.

Innovating Countywide Workforce Initiatives

Napa County Behavioral Health is committed to fostering a robust, skilled workforce capable of meeting the evolving needs of our community. This Innovation (INN) project focuses on building training capacity, implementing evidence-based practices, and enhancing integration efforts across behavioral health services. By strengthening our workforce infrastructure, we aim to support the successful rollout of key initiatives, including BHSA, BH-CONNECT, Peer Certification, and the SmartCare EHR system. This effort includes both county staff and contracted community partners, ensuring a unified, well-equipped team to deliver high-quality services and care.

PIVOT Component Purpose

This PIVOT component is designed to prepare Napa County for the upcoming BHSA transition by reinforcing administrative and clinical training processes. Activities will focus on enhancing workforce capabilities to ensure seamless integration of new systems and BHSA standards.

Component Activities and Objectives may include, but are not limited to:

• Building Training Capacity Across the System

Develop training programs to enhance staff competencies and ensure consistent service quality across all behavioral health services. This includes creating a centralized training infrastructure to deliver Evidence-Based Practices (EBPs) and support system integration efforts.

• Implementing EBPs as Part of BHSA and BH-CONNECT

Successful implementation of BHSA and BH-CONNECT requires staff proficiency in EBPs. Napa County Behavioral Health will be implementing a new Electronic Health Record (EHR) - SmartCare - rollout in October 2025, which will be pivotal in this process. Comprehensive staff training and

support will be essential to the success of the SmartCare EHR rollout and will directly impact BHSA's effectiveness.

• EHR Training and Support (Super Users, Documentation, and Revenue)

Enhance SmartCare's online training curriculum with in-person sessions, Technical Assistance (TA), and ongoing support. Onboarding and Quality Assurance (QA) efforts will focus on:

- Reinforcing clinical best practices
- Streamlining data collection processes
- Reducing documentation time
- Increasing revenue through improved billing accuracy

• Supporting and Training Staff for MH/SUD Integration Activities

Provide targeted training and resources to support the integration of Organized Delivery System (ODS) and Mental Health Plan (MHP) services. Focus areas include:

- Planning and implementation activities for seamless service delivery
- Integrated 24/7 Access Line operations and service coordination
- Screening procedures and clinical service protocols

Through these efforts, Napa County aims to create a resilient, knowledgeable workforce prepared to navigate the complexities of behavioral health service delivery. This will ensure highquality, culturally responsive care that meets the needs of our diverse communities.

2. LOCAL COMMUNITY PLANNING PROCESS

Napa County Behavioral Health initiated an inclusive community planning process to guide the development of this Innovation (INN) proposal. Feedback was solicited from a diverse range of stakeholders to ensure the project reflects the community's unique needs and perspectives.

- Mental Health Stakeholder Advisory Committee (SAC): On February 5, 2025, feedback was gathered from the SAC, a diverse group of stakeholders representing health care, public health, law enforcement, education, family advocacy, LGBTQ services, consumer advocacy, and mental health organizations. This session focused on identifying gaps in the behavioral health workforce and opportunities to strengthen integration and training across the system and support CBOs during the transition to BHSA.
- Monthly Behavioral Health Leadership Meeting: The proposal was further refined during the Napa County Health and Human Services Agency Behavioral Health Division's Leadership Team meeting on February 6, 2025. Managers and Supervisors discussed and provided input on the alignment of proposed workforce initiatives with broader BHSA goals and SmartCare EHR implementation strategies.
- Napa County Older Adults Assessment (NOAA): Conducted between September 2022 and June 2024, the NOAA formed the basis of Napa County's Master Plan for Aging. This

comprehensive assessment identified key barriers to behavioral health access for older adults, informing the integration components of this proposal.

• 2023 Napa County Community Health Assessment (CHA): Created collaboratively by Napa County HHSA and Providence Queen of the Valley Medical Center, the CHA highlighted workforce shortages and service disparities across the county. The insights from this report helped shape the objectives of this INN proposal, emphasizing the need for a well-trained, culturally responsive behavioral health workforce.

3. LOCAL NEED

Napa County's diverse population and evolving behavioral health landscape underscore the urgent need for workforce development and integration initiatives.

- Workforce Shortages and Integration Challenges: The 2023 CHA identified critical behavioral health workforce shortages, leading to delayed care and limited access to specialized services. These shortages, combined with the upcoming implementation of SmartCare EHR in October 2025, necessitate creative recruitment and retention strategies to ensure a diverse workforce that meets the needs of the community. Comprehensive staff training and support will ensure the delivery high fidelity services and a seamless transition to BHSA.
- Disparities in Behavioral Health Access: Both the CHA and NOAA highlighted disparities in mental health outcomes, particularly among Latinx populations and rural, geographically underserved communities in north and south areas of Napa County. Culturally responsive outreach and engagement, co-location in these geographically underserved communities and culturally competent training programs are essential to address these inequities and ensure equitable access to care.
- Older Adults and Behavioral Health: The NOAA revealed that older adults in Napa County face increased isolation, transportation barriers, and a lack of culturally appropriate services. These findings emphasize the need for integrated care models and workforce training tailored to the unique needs of older adults. The BH Division has several Older Adult Prevention Programs that will need support to transition to more sustainable funding sources once the PEI programs sunset on June 30, 2026.

Through this INN proposal, Napa County aims to address these critical workforce and service integration needs, ensuring the successful implementation of BHSA, BH-CONNECT, and SmartCare while improving access and outcomes for all community members.

4. ALIGNMENT WITH BHSA:

This INN proposal aligns with the Behavioral Health Services Act (BHSA) by directly addressing key priorities and funding requirements outlined in the new legislation. The proposal supports Napa County's transition to BHSA by:

- Focusing on Full-Service Partnerships (FSPs): The proposal prioritizes FSP programs, ensuring that 35% of the total budget is directed towards comprehensive, evidence-based care for individuals with serious behavioral health conditions. This aligns with BHSA's emphasis on high-quality, intensive outpatient services.
- Enhancing Workforce Retention, Education and Training: The proposal invests in workforce development to meet the BHSA's requirements for evidence-based practices (EBPs) and integrated care models. By recruiting, retaining and training staff in EBPs like ACT, FACT, and IPS Supported Employment, and other EBPs, the proposal strengthens Napa County's capacity to deliver effective, person-centered care.
- **Supporting System Integration:** The proposal facilitates the integration of Mental Health Plan (MHP) and Organized Delivery System (ODS) services, addressing BHSA's call for seamless service coordination and cross-system billing. This integration ensures comprehensive care for individuals with mental health and substance abuse disorders as well as co-occurring mental health and substance use disorders.
- **Expanding Housing and Community Supports:** The proposal aligns with BHSA's focus on housing interventions by maintaining engagement with clinical and non-clinical services, including housing support, for FSP participants.
- **Promoting Data-Driven Decision Making:** The SmartCare EHR implementation and associated training efforts support BHSA's expanded reporting requirements, ensuring that Napa County's behavioral health services are data-informed and outcomes-driven.

Through these strategic initiatives, the proposal ensures that Napa County Behavioral Health is well-positioned to meet BHSA's new standards and deliver high-quality, equitable care to all community residents.

5. SUSTAINABILITY

The sustainability of this INN project is built into its design, ensuring that successful practices and system improvements continue after INN funding ends. Some parts of the project will create lasting capacities that don't need ongoing investment, while others will identify best practices that can be supported through existing funding.

- **Building Lasting Capacity:** The training systems and administrative improvements created by this project will set the stage for long-term progress. Once in place, streamlined workflows, integrated care models, and EHR optimization will keep benefiting Napa County Behavioral Health without needing more INN funding.
- Sustaining Best Practices through BH-CONNECT and Revenue Optimization: The project will develop effective workforce training and service delivery strategies. These will be supported through other funding sources including BH-CONNECT incentives and revenue optimization.

By improving documentation and billing accuracy, the project will increase Medi-Cal reimbursements, creating a self-sustaining financial model.

 Aligning with Department of Health Care Services (DHCS) Behavioral Health Transformation (BHT): The project helps Napa County align with California DHCS Behavioral Health Transformation goals. By integrating Mental Health and Substance Use Disorder services and improving care coordination, Napa County will stay competitive for future state and federal funding.

These strategies will help Napa County Behavioral Health sustain the improvements from this INN project, benefiting staff, clients, and the wider community.

6. BUDGET NARRATIVE

Total Proposed Budget: \$290,380

- County Costs: \$ 13,828
- Contractor Costs: \$276,552

Category	FY 25/26	FY 26/27	FY 27/28	Total
Consultants	\$50,000	\$50,000	\$50,000	\$150,000
Training & TA Providers	\$42,184	\$42,184	\$42,184	\$126,552
5% Administrative (Indirect)	\$4,609	\$4,609	\$4,609	\$13,828
Total Requested Budget	\$96,793	\$96,793	\$96,793	\$290,380

Budget by Fiscal Year and Specific Budget Category for County-Specific Needs:

Detailed Budget Justification

Consultants – \$150,000

Consultant services are essential for the successful implementation and evaluation of the INN project, ensuring alignment with BHSA guidelines and the objectives outlined in the proposal. Consultants will provide specialized expertise in program design, data analysis, and evaluation strategies crucial for meeting new BHSA requirements. Costs are evenly distributed over three fiscal years, with **\$50,000 allocated annually over three years** to support:

- Mapping **FSP** service models, including Navigation and High-Fidelity Wraparound (HFW) programs, and refining care standards with acuity-based levels and step-down criteria
- Reviewing policies, procedures, and forms to assess eligibility, intake, staffing, and service use, identifying gaps with new requirements
- Collaborating with staff and stakeholders to adjust service models for new care levels and evidence-based practices like **ACT** and **FACT**

- Developing KPIs and data collection systems to monitor member progress and service efficiency, aligned with **BHSA** and **BH-CONNECT** goals
- Utilizing findings to inform and support drafting of **Napa's BHSA Three Year Integrated Plan**, ensuring it reflects lessons learned and new standards.

Training and Technical Assistance (TA) Providers – \$126,552

Training and TA providers will play a critical role in building the capacity of both **county staff** and **contracted community partners**, ensuring workforce readiness for **BHSA**, **BH-CONNECT**, and **SmartCare EHR** implementation. This includes the development of culturally responsive practices, integration of evidence-based practices, and administrative enhancements for sustained funding. **\$42,184 annually for three years** will fund:

- Conducting strategic planning to identify funding opportunities and assess providers' readiness for **SMHS** and **DMC-ODS** certification
- Ongoing staff and contractor training in innovative practices, including IPS Supported Employment, High-Fidelity Wraparound, and Culturally Defined Evidence Practices (CDEPs)
- Technical assistance for **SmartCare EHR** implementation, focusing on documentation, billing accuracy, and quality assurance
- Supporting Peer Certification, including recruitment, training and integrating peer roles into services and billing
- Training in evaluation methods to support continuous quality improvement and sustain **Medi-Cal** revenue streams

Indirect Costs (Administrative) – \$13,828 Total (5%)

Administrative costs, capped at **5%**, support project oversight, fiscal management, and compliance with state and local regulations. **\$4,609 per year over three years** will cover:

- Fiscal and administrative oversight to ensure proper fund utilization and compliance with **BHSA** and **MHSA** standards
- Coordination of project activities across **county departments** and **community partners**, ensuring alignment with **PIVOT** components
- Reporting and monitoring activities, including integration of findings into Napa's BHSA
 3-year plan

Total Requested Budget: \$290,380

This budget reflects **Napa County's** commitment to the successful implementation of the **INN project** while maintaining fiscal responsibility. The allocation supports a balanced approach between direct services, capacity building, and administrative oversight, ensuring alignment with **MHSA** objectives, **BHSA** requirements, and community-identified needs.