



## Re-design of Outpatient Behavioral Health Services: Feedback and Next Steps



# Guiding Principles

- Improve and ensure access for the full spectrum of patients with behavioral health needs, irrespective of payor
- Given current fiscal constraints, achieve financial sustainability/budget-neutral

# Option 1: Maintain IOP

- Would need to re-structure to be budget-neutral, requiring significant changes to align with standard IOP models, including possibly:
  - Impact to provider type to allow for professional fee billing
  - Change in acuity and enrollment criteria to be more of a step-down
  - Shorter duration of enrollment with transition to community services
  - Changes in non-clinical services
  - Increases in clinician productivity to benchmarks
- Would not address larger access needs, especially for non-medicare patients

# Option 2: Transition to Wellness Center

- Would improve access for all patients, independent of payor (would include new contract w/ BHCS for SMI Medi-Cal patients, as well as existing Beacon Contract for mild-moderate)
- Would address financial losses in current model
- Would require handoff/transition planning for current IOP patients who need a higher level of care in close collaboration with Alameda County BHCS

# Option 3: Improve IOP and add Wellness Center model

- Would combine options #1 & #2
- Would allow AHS to serve full spectrum of patient needs; but would create a two-tiered system as MediCal patients still not eligible for IOP
- Given fiscal limitations, would need to be done with existing staff and space, which has been a challenge before