

California Behavioral Health Services Needs Assessment and Service System Plan Overview of the Work Plan



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Presented by
Technical Assistance Collaborative
Human Services Research Institute
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Who Are We and Why Are We Here?

- ▶ TAC and HSRI are both non-profits – we work primarily in the public sector
- ▶ We have worked with all states and territories and over 200 county/local jurisdictions
- ▶ We work with many federal agencies – SAMHSA, CMS, HUD, ASPE, NIDRR
- ▶ Most of us have long experience working as clinicians, state officials and in provider agencies
- ▶ We have experience in substance use disorder, mental health, intellectual and developmental disabilities, Medicaid, child welfare, juvenile justice and affordable housing
- ▶ We have done many similar needs assessments, gaps analyses, system plans, and program evaluations
- ▶ We focus on the development, implementation, financing, and evaluation of best practices for substance use and mental health services



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System Planning Approach

- ▶ Services and systems should be consumer and family driven, culturally competent and relevant, and trauma informed;
- ▶ Services and systems should be recovery and resiliency oriented and promote a life in the community for everyone;
- ▶ Services and systems should be selected based on the best available evidence; and
- ▶ Services and systems should be organized for efficiency.

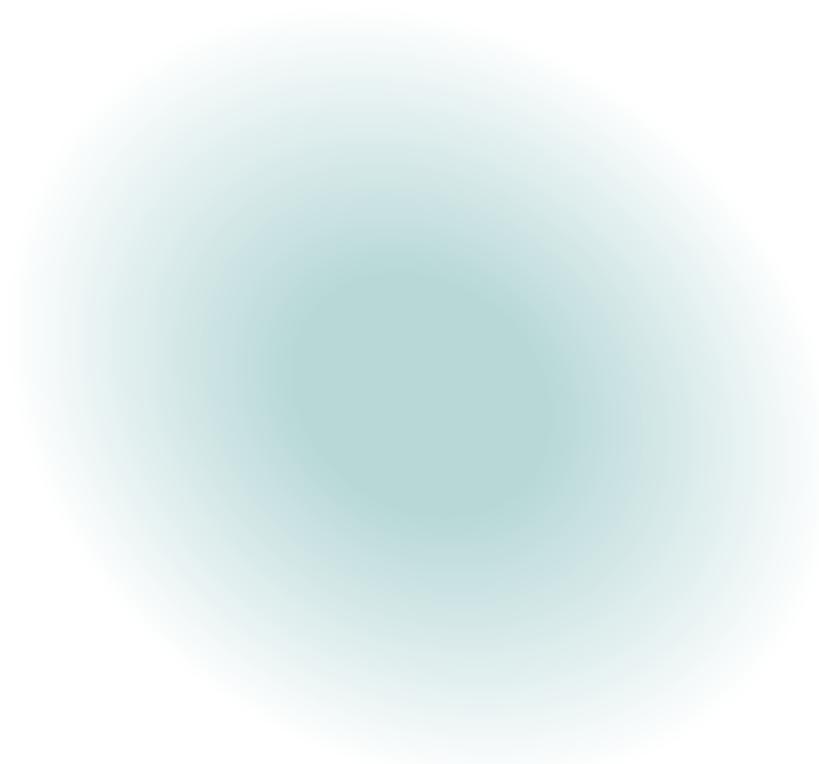
Overview of Project

- ▶ Answer specific questions relevant to substance use and mental health services for the future in California:
 - Who needs (prevalence) and presents (current users) for services?
 - How much of this demand is the system fulfilling now?
 - What changes will need to be implemented to improve access to and the quality and effectiveness of services?

The California Context

- ▶ The specific context is the 1115 waiver and planning for Medicaid expansion in 2014
- ▶ Objective is to assist the Medicaid substance use and mental health systems prepare for eligibility expansion, physical health integration and other elements of health care reform, while assuring the quality, effectiveness and integrity of substance use and mental health services and systems
- ▶ Need to have a vision for what the system can and should do for people, and to assess the gaps between where the system is now and where you want it to be
- ▶ Need to focus on Medicaid expansion population and services; un-served and under-served people; gap-filling service modalities; and provider capacity to serve new populations under different conditions, not just on the current Medicaid program

Behavioral Health System Planning: See the Whole Puzzle



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Our Approach

Logic Model

Current System

1. Who are the people needing and wanting services?

2. Who among the above universe are actually receiving services?

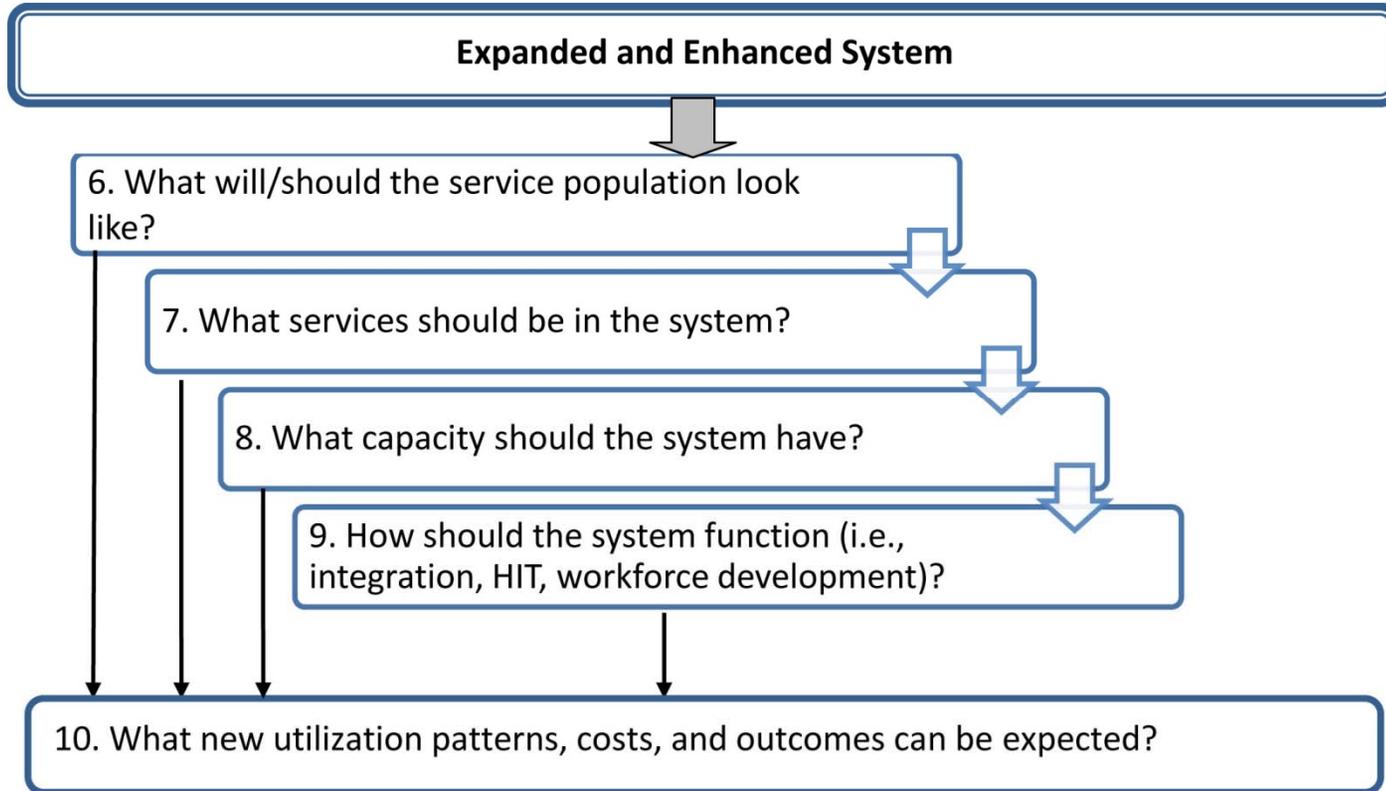
3. What are the types and amounts of services are they receiving?

4. Who is delivering those services?

5. What are the effects (positive and negative) and costs of people receiving services?

- Unmet need – service gaps – comparison to “good system” template
- Healthcare costs
- Hospital utilization
- Homelessness
- Incarceration

Our Approach



First Step: Prepare for Study

- ▶ Data and document review
- ▶ Key informant interviews
- ▶ Stakeholder meetings and interviews
- ▶ Assess data quality and availability
- ▶ Access California data sources
- ▶ Define products and deliverables
- ▶ Plan for communicating going forward

Estimate Need by Population Group

- ▶ Baseline is 2010 Census by County – by age, income, racial/ethnic characteristics, etc.
- ▶ Apply nationally recognized analytic methods
 - National Epidemiologic Survey on Alcohol and Related Conditions
 - National Co-Morbidity Study
 - Environmental Catchment Area Study
- ▶ Use California-specific studies and data – Collaborative Alcohol-Related Longitudinal Project, California Health Interview Survey, etc.,
- ▶ Estimate needs of California special populations – including people with co-occurring and multiple disabilities and groups experiencing access disparities
- ▶ Carry out May through August, 2011

Quantify Current Participants in Substance Use and Mental Health Services

- ▶ Medicaid claims review for past few years
 - People by diagnosis codes
 - Services by diagnosis and service codes
- ▶ State and County MH and SA data – Potential Medicaid expansion population
- ▶ Calculate penetration rates by subpopulation group, where applicable, by County – match to need categories and sup-populations by County
- ▶ Identify special program participants
 - LIHP Program/participants
 - Cross over with Child Welfare, Juvenile Justice, TANF, Criminal Justice, etc.
- ▶ Carry out May through August, 2011

Project New 2014 Medicaid Enrollee Population

- ▶ Use California based estimates
- ▶ Compare to national models – CMS, Kaiser, Urban Institute
- ▶ Apply data from California’s LIHP program, and information regarding persons receiving BH services through other funding sources
- ▶ Estimate impact of improved access, reduced health disparities, etc.
- ▶ Carry Out May through August, 2011

Describe Current Utilization of Medicaid Substance Use and Mental Health Services

- ▶ Use Medicaid claims data to document current utilization patterns by sub-population
- ▶ Look at multiple service utilization patterns and episodes of care both within and between substance use and mental health services categories
- ▶ Explore cross system utilization between physical health and behavioral health
- ▶ Carry out May through September, 2011

Quantify the Universe of Substance Use and Mental Health Service Providers

▶ Medicaid

- Use Medicaid Provider Identification Numbers (PINs) to tabulate providers by service type(s) and County
- Identify multi-service and single service providers and practitioners
- Document provider activity by numbers of participants served and volumes of services delivered

▶ Other Funding

- Collect information on providers in state or county substance use or mental health systems, not all of which will also be Medicaid providers

▶ Carry out May through September, 2011

Document Current System Initiatives

- ▶ Medicaid Expansion – LIHP
- ▶ Physical health integration
- ▶ Information technology – electronic health records
- ▶ Service access/health disparities – cultural and linguistic access issues, etc.
- ▶ Services for people with co-occurring or multiple disorders
- ▶ Over and under-utilization of services
- ▶ High users of behavioral health and physical health services
- ▶ Carry out June through January 2012

BHSNA Report

- ▶ Interim Report to DHCS for use in reporting to CMS and SAMHSA
- ▶ Summary of Work to Date
- ▶ Provides a baseline for planning improvements in the current substance use and mental health services system related to:
 - Access for all sub-groups and for newly eligible Medicaid enrollees
 - Assurance of services that meet best practice standards and fit within CMS defined essential services
 - Improvements in physical health and behavioral health integration, use of health information technology, payment reform, etc.
- ▶ Carry out October 2011 through February, 2012

Service Planning Phase

- ▶ Plan and products for this phase to be refined based on the findings of the needs assessment phase
- ▶ Project Medicaid expansion needs for service access and delivery patterns using new access and service paradigms
- ▶ Recommend gap-filling strategies for participants, providers, and systems
- ▶ Recommend system principles and indicators of performance
- ▶ Final Report
- ▶ Carry out January through September, 2012

Project Timeline

	2011								2012								
	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S
Quantify Need for Services	█	█	█	█													
Quantify Current Utilization	█	█	█	█	█												
Quantify Universe of Providers		█	█	█	█												
Document Specified BH System Characteristics		█	█	█	█												
Special Analyses of BH Issues re: Medicaid Expansion		█	█	█	█	█	█	█	█								
Develop BH Services Needs Assessment Report						█	█	█	█								
Project Changing Medicaid & Non-Medicaid Service Patterns									█	█	█	█					
Recommend Medicaid Gap-Filling Strategies									█	█	█	█					
Establish System Principles & Indicators of Performance												█	█	█			
Report of the BH System Plan										█	█	█	█	█	█	█	█



Questions and Comments

- ▶ Questions, comments and recommendations about the assessment can be emailed to:

1115BehavioralHealthIntegration@dhcs.ca.gov



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For Additional Information About TAC and HSRI

- ▶ To learn more about us, please visit our web sites:
 - Technical Assistance Collaborative
 - www.tacinc.org
 - Human Services Research Institute
 - www.hsri.org



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