

# California's 1115 Waiver Behavioral Health Assessment

Presented to the Stakeholder Advisory Committee  
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# Project Timeline- Graphic

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



# Project Timeline–Narrative

- ▶ Through August 2011
  - Quantify the Need for Services
  
- ▶ Through November 2011
  - Quantify Current Utilization
  - Quantify the Universe of BH Providers
  - Document Specified BH System Characteristics
  
- ▶ Through January 2012
  - Special Analyses of BH Issues RE: Medicaid Expansion



# Project Timeline–Narrative

- ▶ **Through February 2012**
  - Develop BH Services Needs Assessment Report
  
- ▶ **January–April 2012**
  - Project the Changing Medicaid & Non–Medicaid Service Patterns
  - Recommend Medicaid Gap–Filling Strategies
  
- ▶ **April–June 2012**
  - Establish System Functioning Principles & Indicators of Performance
  
- ▶ **By September 2012**
  - Report of the Behavioral Health System Plan



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# Data Analysis

- ▶ Data transfer from DHCS, ADP and DMH
- ▶ Estimating Prevalence
  - Based on 2010 Census by County using Nationally recognized analytic methods
    - National Epidemiologic Survey on Alcohol and Related Conditions, National Co-Morbidity Study, Environmental Catchment Area Study
  - Meeting in September with data advisory workgroup to discuss parameters and priorities
  - Initial prevalence estimate report will be available on 1115 website
- ▶ Next will begin quantifying current utilization

# Key Informant Interviews

- ▶ Over 100 key informants interviewed to date
- ▶ County officials, state officials, consumer groups, providers, trade associations, health plans, and stakeholders representing special populations



# Key Themes– Medicaid Expansion Population

- ▶ Need for special engagement / outreach strategies to enroll difficult to engage populations
- ▶ Specific populations of concern :
  - Persons experiencing homelessness
  - Persons with substance use disorders and/or mental illness
  - Prison release population
  - Persons whose primary language is not English
- ▶ Reduce barriers to enrollment and develop no-wrong door approaches
  - Point of enrollment (e.g., hospital) may drive in part the make-up of early enrollees with varying levels of need.
- ▶ Need clear strategies to ensure notification and engagement for enrollment in LIHP for vulnerable persons with mental illness or substance use disorders.

# Key Themes– Integration

- ▶ Concerns that the primary care workforce not prepared/trained to work with people with mental health or substance use issues.
- ▶ Prepare the primary care system to treat people with mild to moderate mental health needs in order to preserve high end needs for psychiatrists and other mental health professionals.
- ▶ Privacy issues and confidentiality viewed by some as a challenge to integration.
- ▶ Carving–out behavioral health in the managed care plans viewed by some as a barrier to achieving integration.
- ▶ FQHCs identified as having most experience with integration. Though certain barriers impede this integration.
- ▶ Challenge to integrate substance use given lack of resources/funding.



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# Key Themes– Cultural & Linguistic Disparity

- ▶ Counties are aware of the gaps but struggle to fill these gaps.
- ▶ Access to treatment due to lack of bi-cultural/bi-lingual workforce particularly acute for Asian/Pacific Islanders and Hispanic/Latino populations.
- ▶ Improvements needed for culturally competent care for LGBTQ, Native American, and Asian/Pacific Islander populations in particular.
- ▶ There is a need to support population-specific/grass roots providers who are less sophisticated and have fewer resources; also need to build the capacity of other providers to deliver culturally competent services.

# Key Themes– Workforce

- ▶ Substance use:
  - Sufficient personnel to meet demand
  - Credentialing and licensing requirements that do not reflect persons with lived experience.
  - Training in multiple levels of care from detoxification through outpatient; experience and access is in non – Medicaid funded services such as residential
  - Readyng SUD providers to be Medicaid providers
  
- ▶ Mental health:
  - Psychiatry – especially for children and youth.
  - Reimbursement for psychiatrists in Medi-Cal system
  - Persons with lived experience as providers

# Key Themes– Workforce (con't)

- ▶ More training to develop competence in co-occurring treatment for both mental health and AOD professionals
- ▶ Bi-lingual/bi-cultural staff
- ▶ Geographic challenges for recruitment in rural areas
- ▶ Case management
- ▶ Gaps between non-Medi-Cal provider requirements and Medi-Cal

# Key Themes–Health Information Technology

- ▶ Technology infrastructure needs should not be underestimated.
- ▶ Privacy issues make it challenging to more effectively share information across physical and behavioral health.
- ▶ MHPES important tool for increased use for county mental health providers; variation exists as to stage of implementation; not available for substance use providers.
- ▶ Tele–health viewed as a solution to access to care problems especially for psychiatry and for people residing in rural areas.
- ▶ Getting workforce trained and comfortable with HIT and EHR use is an important factor in their adoption, as are incentives for use.



# Next Steps

- ▶ Data analysis
  - Examine utilization
  - Pairing estimates of need with current utilization to begin assessment of gaps
- ▶ Key informant interviews
  - Consumer and family advisory groups to ADP & DMH
  - Key themes from data analysis will drive “next round” of informant interviews
- ▶ On track for 3/1/12 submission to CMS



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