



Department of
Health Care Services



DHCS Behavioral Health Forum August 2015 Forum Meeting

**August 14th , 2015
9:30 a.m. to 5:00 p.m.**



Forum Agenda Overview

9:30 – 9:45	Welcome & Opening Remarks
9:45 – 10:45	Client and Family Member Forum
10:45 – 12:00	Strengthening Forum
12:00 – 1:00	Lunch Break
1:00 – 2:10	Integration Forum
2:15 – 3:30	Data Forum
3:30 – 3:45	Break
3:45 – 4:45	Fiscal Forum
4:45 – 5:00	Next Steps and Wrap Up

INTRODUCTION OF CHAIRS



Behavioral Health Forum Leads

Karen Baylor, Ph.D., LMFT, Deputy Director
Mental Health and Substance Use Disorder
Services
Department of Health Care Services

Brenda Grealish, Assistant Deputy Director
Mental Health and Substance Use Disorder
Services
Department of Health Care Services

Dina Kokkos-Gonzales, Chief
Mental Health Services Division
Department of Health Care Services

Erika Cristo, Health Program Specialist II
Mental Health Services Division
Department of Health Care Services

Alice Trujillo, Chief, Program Policy Unit
SUDS-Prevention, Treatment and Recovery
Services Division Program Support and Grants
Management Branch

Charles Anders , Chief
Fiscal Management and Reporting Outcomes
Mental Health Services Division
Department of Health Care Services

Marco Zolow, PhD, Health Program
Specialist I
Prevention Treatment and Recovery Services
Substance Use Disorders Division
Department of Health Care Services



Behavioral Health Forum Leads

Lanette Castleman, Chief
Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services

Rachelle Weiss, Assistant Chief, Mental Health
Services Division
Substance Use Disorder Services
Department of Health Care Services

Jennifer Taylor, Research Manager II
Fiscal Management and Outcomes Reporting
Mental Health Services Division
Department of Health Care Services

Dionne Maxwell, Ph.D., Research Program
Specialist III
Fiscal Management and Outcomes Reporting
Mental Health Services Division
Department of Health Care Services



FORUMS & PRIORITIES



**“STRENGTHEN SPECIALTY MENTAL HEALTH AND DRUG
MEDI-CAL COUNTY PROGRAMS AND DELIVERY
SYSTEMS” FORUM
(a.k.a. “Strengthening”)**

This forum will focus on issues that are unique to the specialty mental health and substance use disorders as they relate to SUD programs and services including, but not limited to, Drug Medi-Cal.



Strengthening - Priorities

FY 15-16 Priorities:

- Children's Behavioral Health (Grid Issue #14)
- Compliance and Monitoring (Grid Issue #17, 30)
- Cultural Competence (Grid Issue #19, 20)
- DMC Waiver
- Service Delivery Systems (Grid issue #1, 2, 3, 31, 32, 37)



**“DEVELOP A COORDINATED AND INTEGRATED SYSTEM
OF CARE FOR MHSUD AND MEDICAL CARE” FORUM
(a.k.a. “Integration”)**

The Integration Forum will specifically address key areas related to the development of a coordinated and integrated system of care for mental health, substance use disorder treatment and physical care.



Integration - Priorities

FY 15-16 Priorities:

- Best Practices (Grid Issue #6)
 - Health Homes
 - Workforce Development
 - Increase collaborative cross-sector (e.g. Justice System, Education System)
 - Substance Abuse And Mental Health Services Administration (SAMHSA)
 - Mental Health and SUD Block Grant: Needs Assessment and Strategic Initiatives as related to Integration
 - Development of relationships between managed care plans (MCP) and SUD providers and the role of DHCS
- Integration efforts in the 1115 Waiver Renewal Development and Implementation
- Screening and Assessment (Grid Issue #37, 38)



**“CREATE COORDINATED AND USEFUL DATA
COLLECTION, UTILIZATION & EVALUATION OF
OUTCOMES” FORUM
(a.k.a. “Data”)**

The Data Forum will specifically address key areas related to improving and coordinating the systems and infrastructure necessary to strengthen data quality, as well as the utilization and evaluation of data for improved program performance and service-recipient outcomes.



Data - Priorities

FY 15-16 Priorities:

- Data Collection Coordination (Grid Issue #2, 6)
- Quality Improvement / Performance Outcomes System (POS) (Grid Issue #3, 18 – bullet 1, 2, 4)
- Mental Health Services Act (Grid Issue #17)
- Data/Outcomes (Grid Issue #10)



**“COST EFFECTIVE AND SIMPLIFIED FISCAL MODELS”
FORUM
(a.k.a. “Fiscal”)**

The Fiscal Forum will specifically address key areas related to improving fiscal policy, reimbursement methodologies, and billing processes for MHSUD – Short Doyle Medi-Cal.



Fiscal - Priorities

Priorities for FY 15-16:

- Improve Fiscal Policies / Statues / Regulations (Grid Issue #10, 24, 33, 34 ,35)
- Improve Reimbursement Methodologies (Grid Issue #14, 40, 60)
- Improve the Billing System / Process (Grid Issue #5, 45, 49, 50, 52)



Client and Family Member Forum

- This forum serves as an opportunity to hear first-hand the experiences of consumers and family members/support persons who access and utilize mental health and substance use disorders services.
- The panelist have enriched the BHF process to hear how policies and current systems impact access and utilization of services.



DHCS UPDATES



Contact Information

Behavioral Health Forum Stakeholder Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

Please e-mail questions, comments or concerns to:

MHSUDStakeholderInput@dhcs.ca.gov





DHCS Behavioral Health Forum Client and Family Member Forum

**August 14th , 2015
9:45 a.m. to 10:45 a.m.**

Client and Family Member Forum

Jane Adcock, Executive Director
California Mental Health Planning Council



Today's Panelist

Barbara White, Sacramento County

Mike Duncan, Sacramento County

Lynn McFarland and Jamison Pritchard, Tuolumne County



DISCUSSION



Discussion

From your experience in accessing mental health care, what practices and perspectives need to be considered/incorporated when an individual is in recovery from substance abuse and/or mental illness?



Evaluation

Your feedback is important to us.

In your packet there is an evaluation form for this Forum.

Please complete the evaluation form now.

Return your evaluation before you leave.



Contact Information

Behavioral Health Forum Stakeholder Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

Please e-mail questions, comments or concerns to:

MHSUDStakeholderInput@dhcs.ca.gov





DHCS Behavioral Health Forum Strengthening Forum

**August 14th , 2015
10:45 a.m. to 12:00 p.m.**

Strengthening Forum Chairs

Dina Kokkos-Gonzales, Chief
Policy and Program Quality Assurance Branch
Mental Health Services Division
Department of Health Care Services

Alice Trujillo, Chief, Program Policy Unit SUDS-
Prevention, Treatment and Recovery Services Division
Program Support and Grants Management Branch



Agenda

- I. Welcome and Introductions
- II. Presentation
- III. Discussion
- IV. Updates and Next Steps





Department of
Health Care Services



Cultural Competency Plans

Presented by

John Lessley, Chief, Quality Assurance Section

Molly Yang, AGPA, Quality Assurance Unit

Objectives

- **Overview of Cultural Competency Plans (CCP)**
 - Timeline
 - Requirements
 - Criteria
 - Stakeholder Involvement
- **Current Efforts and Next Steps**
 - Interim Task Force Advisory Committee
 - Implementing a Strength-based Qualitative CCP Review Process
 - Reconvening Cultural Competency Advisory Committee
- **Stakeholder Input**
 - Barriers to Access
 - Qualitative CCP Review Process
 - Roles and Responsibilities of CCAC
 - Sharing of Cultural Competence Information



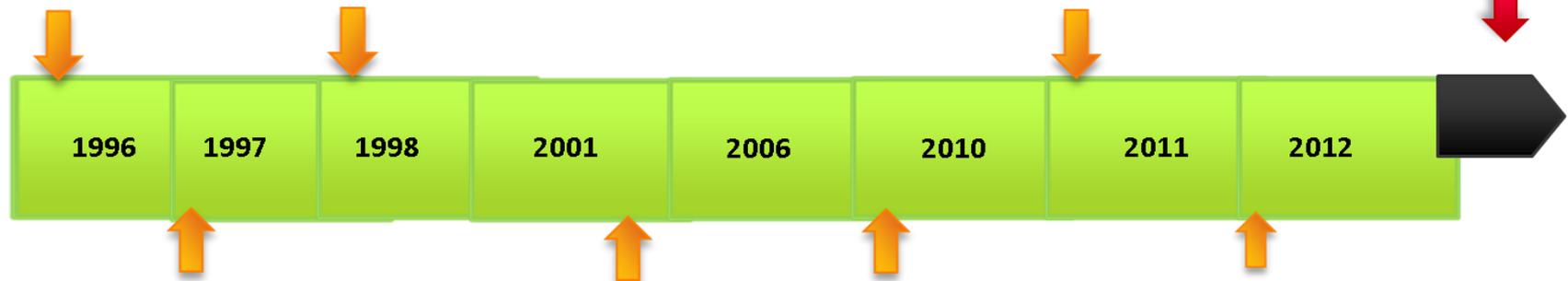
CCP Timeline

Establish Cultural Competence Task Force (CCTF); was later renamed to CCAC

In collaboration with DMH, Cultural Competence Advisory Committee (CCAC) wrote the first CCPR

Legislation eliminates DMH

2013 Current CCPR Status



Require that each county develop (CC) plan

Second CCPR revision & modification.

Third CCPR revision & modification.

July 1st transition to DHCS



CCP Requirements

- Identifying Community Needs and Provider Network Capacity
- Providing Beneficiary Information in Primary Language
- Training of Relevant Staff (i.e., service providers, administrative staff, contractors)
- Providing Statewide, Toll-free Phone Number
- Providing Oral Interpretation Services



CCP Criteria

Criterion I

- Commitment to Cultural Competence

Criterion II

- Updated Assessment of Service Needs

Criterion III

- Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities



CCP Criteria

Criterion IV

- Client/Family Member/Community Committee: Integration of The Committee within the County Mental Health System

Criterion V

- Culturally Competent Training Activities

Criterion VI

- Commitment to Growing A Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff



CCP Criteria

Criterion VII

- Language Access

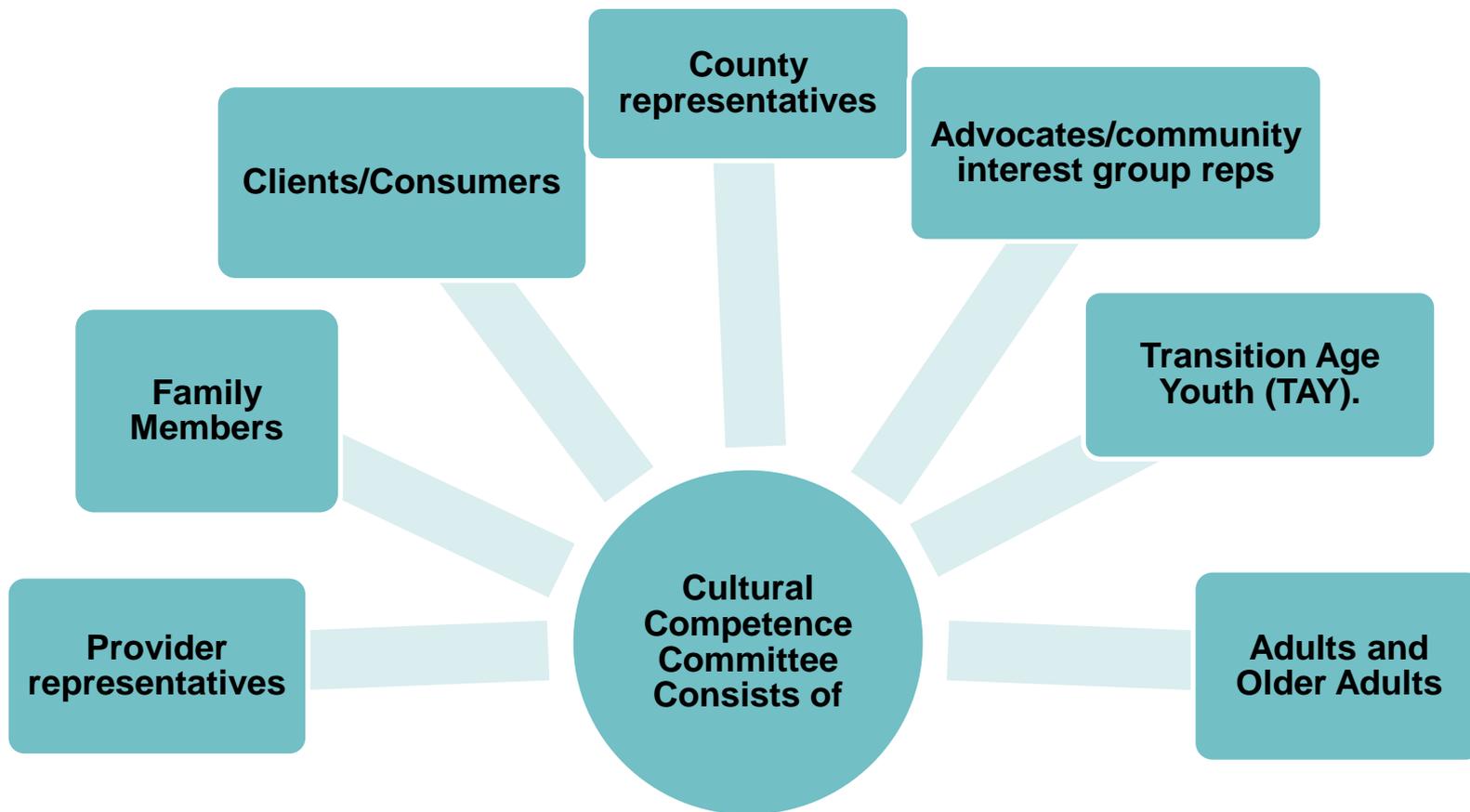
Criterion VIII

- Adaptation of Services

Data collection from the CCPs is used to measure mental health disparities at the state and county level.



CCP Stakeholder Involvement



CCP Stakeholder Involvement



Current Efforts and Next Steps

- **Establish a Forum to Discuss Cultural Competence Activities**
- **CCP Interim Task Force Advisory Committee (2014-2015)**
 - Established to Assist with CCP requirement revisions
 - Aligned Criteria with 2013 Cultural and Linguistically Appropriate Services (CLAS) standards.
 - Incorporated Feedback from Ethnic Services Managers
 - Provide MHPs with Guidance
- **Post CCP Requirement for Stakeholder Input**

CCP Requirements will be posted for Stakeholder review.

<http://www.dhcs.ca.gov/services/mh/pages/culturalcompetenceplanrequirements.aspx>



Current Efforts and Next Steps

- **Implement a Strength-Based, Qualitative Review Process**

As a result of the CCP requirement revision process (2015), the Department of Health Care Services (DHCS) discontinued the CCPR scoring system. DHCS is currently working closely with the California Institute for Behavioral Health Solution (CIBHS) to implement a strength-based, qualitative system in which DHCS provides narrative feedback tailored to the specific needs of each MHP and the communities served.

- **Convene Cultural Competence Advisory Committee (CCAC)**



DISCUSSION



Discussion

- What are the barriers to access to care that beneficiaries from various backgrounds experience?
- What strategies or questions should DHCS consider as we implement a strength-based, qualitative CCP review process?
- What CCAC roles and responsibilities should DHCS consider prior to reconvening the CCAC ?
- What modes of distribution should be used to share cultural competence information, and how frequently?



Contact Information

Monika Grass

Quality Assurance Unit of the Mental Health Services Division
(916) 319-8525
Monika.Grass@DHCS.CA.GOV

Reem Shahrouri

Quality Assurance Unit of the Mental Health Services Division, Cultural Competence
(916) 319-8526
Reem.Shahrouri@DHCS.CA.GOV

Molly Yang

Quality Assurance Unit of the Mental Health Services Division, Cultural Competence
(916) 650-6566
Molly.Yang@DHCS.CA.GOV

UPDATES & NEXT STEPS



NEXT STEPS

- **Post CCP Requirement for Stakeholder Input**
CCP Requirements will be posted for Stakeholder review.
<http://www.dhcs.ca.gov/services/mh/pages/culturalcompetenceplanrequirements.aspx>
- **Convene Cultural Competence Advisory Committee (CCAC)**
- **Establish a Forum to Discuss Cultural Competence Activities**



Evaluation

Your feedback is important to us.

In your packet there is an evaluation form for this Forum.

Please complete the evaluation form now.

Return your evaluation before you leave.



Contact Information

Behavioral Health Forum Stakeholder Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

Please e-mail questions, comments or concerns to:

MHSUDStakeholderInput@dhcs.ca.gov



LUNCH BREAK
11:45 a.m. – 12:45 p.m.





DHCS Behavioral Health Forum Integration Forum

**August 14th , 2015
1:00 p.m. to 2:15 p.m.**

Integration Forum Chair

Lanette Castleman, Chief
Program Oversight and Compliance Branch
Mental Health Services Division
Department of Health Care Services



Agenda

- I. Welcome and Introductions
- II. Presentation
- III. Discussion
- IV. Updates and Next Steps





Department of
Health Care Services



Cultural Competency in Substance Use Disorder Services

Presented by:
Denise Galvez, Branch Chief
Policy and Prevention Branch, SUD/PTRSD

Objectives

- **Overview of CLAS Standards**
 - History
 - Requirements
- **Current Efforts and Next Steps**
 - For Prevention Services
 - For Treatment Services
- **Strategic Direction**
 - Improved Accountability
 - Educated Workforce
 - Meeting Technical Assistance Needs



History

March 2001-
Federal CLAS
Standards were
introduced

May 2008 – Former
Department of
Alcohol and Drug
Programs introduces
CCQI Strategic Plan

April 2013 –
Enhanced
National CLAS
Standards were
introduced



Current Requirements

- Counties complete County Monitoring Tool responding to questions regarding county capacity to follow the 15 National CLAS Standards.
- Counties are required to submit Strategic Prevention Plans based on SAMHSA's Strategic Prevention Framework.



Current Efforts and Next Steps

For Prevention Services:

Infuse Cultural Competence Into the Strategic Prevention Framework



Current Efforts and Next Steps

- Standardized *Strategic Prevention Framework Resource Guide*
- Continued technical assistance to the field



Current Efforts and Next Steps

For Treatment Services:

- Conduct Needs Assessment
- Implement new Training and Technical Assistance contract
- Strengthen County Monitoring Tool



Strategic Direction

- Improved Accountability
- Meeting Technical Assistance Needs
- Educated Workforce



Questions



Contact Information

Denise Galvez, Branch Chief

Policy and Prevention Branch

Substance Use Disorder Prevention,

Treatment and Recovery Services Division

(916) 327-2757

Denise.Galvez@dhcs.ca.gov



DISCUSSION



Discussion

- Is the current business practice to ensure cultural competence for SUD Treatment Services sufficient, or would it be more effective if the counties had a SUD Treatment Cultural Competence Plan (CCP)?
- If a SUD Treatment CCP is needed, should it be a comprehensive plan with SUD Prevention and/or Mental Health i.e., a Behavioral Health CCP?
- What challenges/barriers exist in implementing widespread technical assistance and training that meets every individual/community need?
- Where would it be most beneficial to implement individualized technical assistance and training versus trainings held at the state or regional levels?



UPDATES & NEXT STEPS



Evaluation

Your feedback is important to us.

In your packet there is an evaluation form for this Forum.

Please complete the evaluation form now.

Return your evaluation before you leave.



Contact Information

Behavioral Health Forum Stakeholder Website:

<http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx>

Please e-mail questions, comments or concerns to:

MHSUDStakeholderInput@dhcs.ca.gov





DHCS Behavioral Health Forum Data Forum

**August 14th , 2015
2:15 p.m. to 3:30 p.m.**

Data Forum Chairs

Jennifer Taylor Research Manager II
Fiscal Management and Outcomes Reporting, Mental Health Services Division
Department of Health Care Services

Rachelle Weiss, Assistant Chief, Mental Health Services Division
Substance Use Disorder Services
Department of Health Care Services

Dionne Maxwell, PhD, Research Program Specialist III
Fiscal Management and Outcomes Reporting
Mental Health Services Division
Department of Health Care Services

Minerva Reyes, Acting Chief Office of Applied Research and Analysis
Department of Health Care Services



Agenda

- I. Welcome and Introductions
- II. Presentation
- III. Discussion
- IV. Updates and Next Steps



PRESENTATIONS





Department of
Health Care Services



Substance Use Disorders (SUD) Data and Cultural Competence

**An Overview of Data Findings and Analyses that
can Support Cultural Competence Efforts**

August 14th , 2015, Rachelle Weiss

Part 1: Highlights from the Statewide Needs Assessment and Planning (SNAP) Report

Findings from National Survey on Drug
Use and Health (NSDUH)



Statewide Needs Assessment and Planning (SNAP) Report: Findings from National Survey on Drug Use and Health (NSDUH)

Alcohol Use: Gender differences

While males and females start out using at similar rates, males end up with higher drinking rates later in life and have higher illicit drug use patterns throughout life.

- Ages 12-17: 11.2% of males and 11.9% of females are current drinkers.
- Ages 18-25: 62.3% of males vs. 56.9% of females are current drinkers.
- Ages 26 and older: 62.2% of males vs. 50.1% of females are current drinkers.



SNAP Report: Findings from NSDUH

Binge Drinking: Defined as five or more drinks on the same occasion .

Age group differences in binge drinking (five or more drinks on same occasion):

- Ages 18-25 has highest percentage: 35.7% CA vs 38.7% US.
- Ages 26 and older (national only): percentage for males (30.7%) was twice percentage for females (14.7%).



SNAP Report: Findings from NSDUH

Marijuana: Decrease in incidence of first-use in 12-17 year olds in California.

- California: 6.8% reported first-use in 2011-12 vs. 6.0% in 2012-13 ($p \leq .01$).
- US: downward trend also seen, but was not statistically significant (from 6.0% in 2011-12 to 5.8% in 2012-13).
- Decreases in incidence do not appear to be related to perceptions of harm/risk.



SNAP Report: Findings from NSDUH

Other Illicit Drugs:

- California: small decreases in use in 12-17 year olds.
- California 26+ age group: increase in illicit drug use other than marijuana from 2011-12 to 2012-13 (2.7% to 3.4%, $p < .05$).
- Illicit drug use is higher for males.



Part 2: Substance Use Disorder Services Data

Examples of Analyses using Data from the
California Outcomes Measurement System
Treatment (CalOMS Tx)



CalOMS Tx: Fiscal Year (FY) 2013-14

216,000 unique clients served (those admitted in prior year(s) plus new admissions during FY 2013-14).

Race/Ethnicity	Percent of Total Served	Percent of CA Population Age 10+*
White	41.6%	41.1%
Hispanic	36.1%	36.4%
Black	14.3%	5.9%
Other Race (Not Hispanic)	2.6%	Not Reported
Asian	2.1%	13.4%
Multiracial (Not Hispanic)	1.9%	2.3%
American Indian/ Alaska Native	1.1%	0.5%
Pacific Islander	0.3%	Not Reported

* Age 10 and above is used since persons under 10 in treatment are extremely rare. Population estimates are from the the California State Department of Finance P-2 Report.



NSDUH: Needing, Not Receiving

Race/Ethnicity	Percent of R/E Needing But Not Receiving AOD Treatment	Number of R/E Needing But Not Receiving AOD Treatment	2013 R/E Population Age 10+*
American Indian/ Alaska Native	14.20%	21,537	151,669
Multiracial	10.30%	77,002	747,590
Hispanic	8.20%	991,495	12,091,400
White	7.90%	1,078,442	13,651,170
Black	6.90%	135,081	1,957,694
Asian	4.40%	196,111	4,457,070
Other Race	Not Reported	Not Reported	Not Reported
Pacific Islander	Not Reported	Not Reported	Not Reported
Total	NA	2,499,668	33,178,068

* Age 10 and above is used to be consistent with previous table of estimates by race/ethnicity and age groups provided by the California State Department of Finance (P-2 Report)



Data Indicator Report (DIR)

Performance Criteria	90 + Days Stay				< 90 Days Stay		1 Criteria Met	0 Criteria Met
	3 Criteria Met	2 Criteria Met	2 Criteria Met	1 Criteria Met	drug abstinence	drug use		
	meets all 3 criteria	inadequate social support	drug use present	adequate length of stay only				
Drug Use Goal: 0 days	0 days	0 days	> 0 days	> 0 days	0 days	> 0 days	Data not collected	Data not collected
Length of Stay Goal: 90 + days	90 + days	90 + days	90 + days	90 + days	< 90 days	< 90 days	90 + days	< 90 days
Social Support Goal: 4 + days	4 + days	< 4 days	4 + days	< 4 days	*	*	Data not collected	Data not collected
% Total Discharges	18.2%	11.5%	2.6%	3.6%	12.5%	8.1%	13.3%	30.3%
White	21.1%	9.8%	2.5%	2.9%	13.8%	8.4%	12.3%	29.2%
Asian	20.2%	14.6%	2.2%	6.1%	11.7%	7.4%	11.6%	26.3%
American Indian or Alaska Native	18.6%	9.2%	2.2%	2.8%	12.2%	6.9%	14.2%	34.0%
Pacific Islander	17.3%	11.9%	2.5%	5.0%	12.9%	9.4%	13.4%	27.7%
Other Race	17.6%	13.4%	2.8%	5.4%	12.6%	9.1%	12.5%	26.6%
Hispanic	16.9%	12.8%	2.8%	3.6%	11.9%	7.5%	13.6%	30.9%
Multiracial	16.9%	11.5%	3.4%	3.6%	13.7%	8.2%	11.1%	31.7%
Black	13.8%	11.2%	2.4%	5.1%	10.9%	9.3%	15.7%	31.6%

Notes:
 Data for this report comes from the CalOMS Tx discharge data for Outpatient Drug Free (ODF) providers for FY2013-14..
 Percents are calculated for each criteria group (columns) based on total client discharges for the corresponding fiscal year using CalOMS Tx Discharge Data.
¹When providers conduct an administrative discharge they do not complete a standard discharge and data are not collected for Social Support and Drug Use. Administrative discharges for death and incarcerated clients have been excluded.
 *Some clients also meet the 4+ days social support recovery benchmark, but all clients stay less than 90 days.

CalOMS Tx: Outcome Measures

- Client outcomes.
- Based on Outpatient Drug Free (ODF) services
- Four measures:
 1. Abstinence from primary drug in 30 days prior to discharge
 2. Employed in 30 days prior to discharge
 3. In stable housing in the 30 days prior to discharge
 4. Participating in social support in 30 days prior to discharge



CalOMS Tx: Abstinent from AOD Use

- Overall 42% of treatment clients report being abstinent from AOD use at discharge from treatment.
- By race/ethnicity percentages vary:
 - 46.5% of Asian treatment clients
 - 44.7% of White/Caucasian treatment clients
 - 40.0% of American Indian/Alaska Native treatment clients
 - 35.9% of Black/African-American treatment clients



CalOMS Tx: Outcomes Measures

- Client outcomes.
- Based on Outpatient Drug Free (ODF) services.

Outcome	Percent of Those Discharged That Achieved Outcome*	Percent of Outcome That was CJ Referred	Percent of Outcome That was Non-CJ Referred
% Abstinent	42.1%	47.1%	38.2%
% Employed	15.9%	22.0%	11.0%
% Stable Housing	51.7%	54.8%	49.3%
% that used 4 or More Days Social Support	29.0%	31.8%	26.7%

*The numbers of clients CJ and Non-CJ refer differ, so percentages cannot be averaged.



DISCUSSION



Question of the Day

How much detail is too much detail? We commonly release data at the statewide level, would being able to see the same measures presented at the County be helpful? Perhaps for some measures, but not all?





Department of
Health Care Services



Performance Outcomes System

Dionne Maxwell, Ph.D.

Research Program Specialist III

CA Department of Health Care Services

**Mental Health Services Division, Fiscal Management and
Outcomes Reporting Branch**

Agenda

1. Overview of the Statute

- a. Objectives

2. Initial POS Reports

- a. Current Foster Care Youth Defined
- b. Population-Based County Groupings
- c. Counties by Grouping
- d. Initial Indicators Reported On

3. Exploring the Data

4. Next Steps

5. Question of the Day



Overview of Statute

Welfare & Institutions Code (WIC) 14707.5

Background

- Part of Trailer Bill Language
- Enacted July 1, 2012; Amended in June 2013

Purpose

- To develop a performance and outcomes system for Medi-Cal Specialty Mental Health Services for children and youth that will:
 - Improve outcomes at the individual and system levels
 - Inform fiscal decision making related to the purchase of services



Objectives

- Achieve high quality and accessible mental health services for children and youth
- Provide information that improves practice at the individual, program, and system levels
- Minimize costs by building upon existing resources to the fullest extent possible
- Collect and analyze reliable data in a timely fashion



POS Initial Reports

- Two populations being reported on:
 - All Medi-Cal SMHS eligible children/youth
 - Current Foster Care Medi-Cal SMHS eligible children/youth
- Three sets of reports will be produced:
 - Statewide aggregate (posted 2/2015)
 - Population-based county groupings
 - Individual county reports



Current foster care youth/children defined as...

40	AFDC-FC/Non-Fed (State FC). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	X
42	AFDC-FC/Fed (FFP). Provides financial assistance for those children who are in need of substitute parenting and who have been placed in foster care.	X
43	AFDC-FC State Cash Aid/FFP Medi-Cal.	X
45	Children Supported by Public Funds (FFP). Children whose needs are met in whole or in part by public funds other than AFDC-FC.	X
49	AFDC-FC Title IV-E/Federal Cash and Medi-Cal	X
4H	Foster Care children in CalWORKs	X

4L	Foster care children in Social Security Act Title XIX, Section 1931 (b) program	X
4N	CalWORKs FC State Cash Aid/ FFP Medi-Cal.	X
4P	CalWORKs Family reunification – All Families (FFP) Provides for the continuance of CalWORKs services (includes Medi-Cal) to all families except two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care.	X
4R	CalWORKs Family reunification – Two Parent (FFP) Provides for the continuance of CalWORKs services (includes Medi-Cal) to two parent families, under certain circumstances, when a child has been removed from the home and is receiving out-of-home care.	X

Population-Based County Groupings

- Produced in accordance with EQRO guidelines for grouping counties for reporting purposes
- Uses 2014 county population estimates from the CA Department of Finance

<http://www.dhcs.ca.gov/formsandpubs/Documents/ACLSS%20PPLs/2013/PPL%2013-009%20-%20LGA%20CMAA%20CWA%20FY12-13.pdf>

Category:	Population Size:
Small Rural	< 50,000
Small	50,000-199,999
Medium	200,000-749,000
Large	750,000-3,999,999
Very Large	>= 4,000,000

Counties by Grouping

Small Rural < 50,000

Alpine
Amador
Calaveras
Colusa
Del Norte
Glenn
Inyo
Lassen
Mariposa
Modoc
Mono
Plumas
Sierra
Siskiyou
Trinity

Small 50,000-199,999

El Dorado
Humboldt
Imperial
Kings
Lake
Madera
Mendocino
Napa
Nevada
San Benito
Shasta
Sutter
Tehama
Tuolumne
Yuba



Medium 200,000-749,000

Butte
Marin
Merced
Monterey
Placer
San Joaquin
San Luis Obispo
San Mateo
Santa Barbara
Santa Cruz
Solano
Sonoma
Stanislaus
Tulare
Yolo

Large 750,000-3,999,999

Alameda
Contra Costa
Fresno
Kern
Orange
Riverside
Sacramento
San Bernardino
San Diego
San Francisco
Santa Clara
Ventura

Very Large >= 4,000,000

Los Angeles



POS Initial Reports

- Each report provides information on the following:
 - Demographic characteristics (i.e., age, race, gender)
 - Penetration rates
 - 1+ contacts
 - 5+ contacts
 - Mental health service use
 - Snapshot data
 - Average time to step down services post inpatient discharge



Exploring the data

Statewide and population-based county groupings



Beneficiaries Receiving SMHS & Medi-Cal Eligibles for FY13/14*

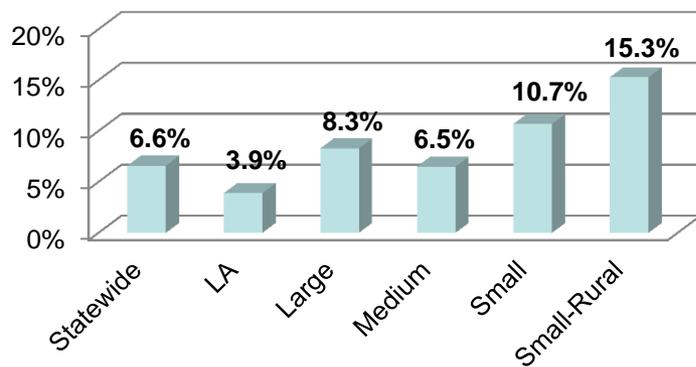
	Unique Count Receiving SMHS	Year-over-Year % Change	Unique Count Medi-Cal Eligibles	Year-over-Year % Change
Statewide	262,318	6.6%	6,025,217	10.2%
LA	92,281	3.9%	1,743,672	6.1%
Large	117,751	8.3%	2,995,123	11.1%
Medium	35,600	6.5%	949,429	13.0%
Small	13,992	10.7%	289,948	16.5%
Small-Rural	2,694	15.3%	47,045	19.1%

*For population of children and youth under 21 years of age

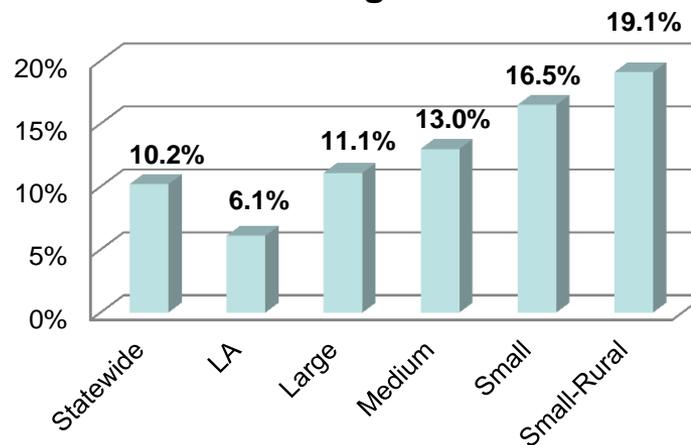


FY13/14 Youth Receiving SMHS & Unique Count Medi-Cal Eligible Youths

Year Over Year Percent Change Unique Count Youth Receiving SMHS



Year Over Year Percent Change in Medi-Cal Eligible Youths

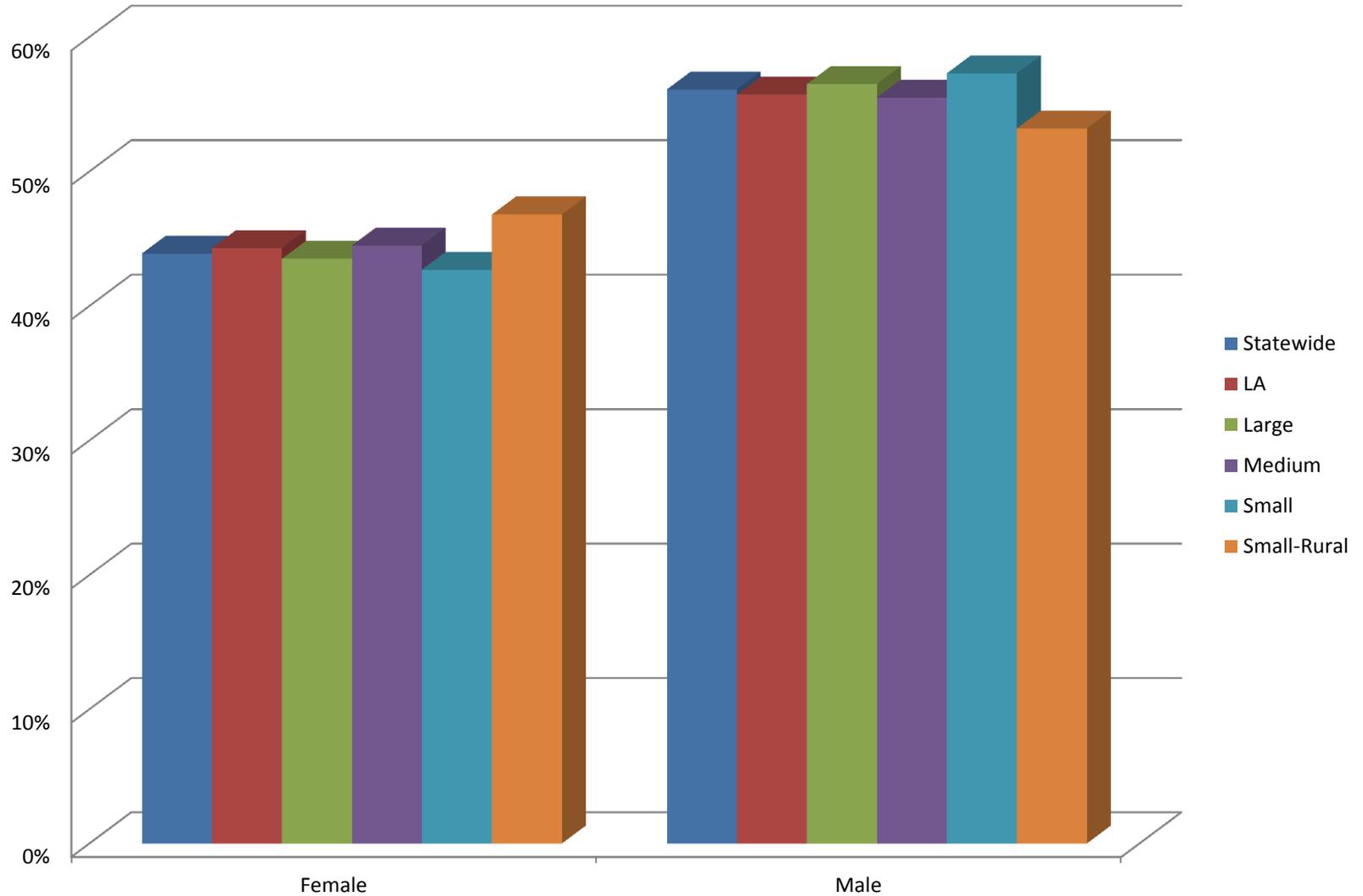


Gender FY 13/14

FY13/14	Female	Male
Statewide	43.9%	56.1%
LA	44.3%	55.7%
Large	43.5%	56.5%
Medium	44.5%	55.5%
Small	42.7%	57.3%
Small-Rural	46.8%	53.2%



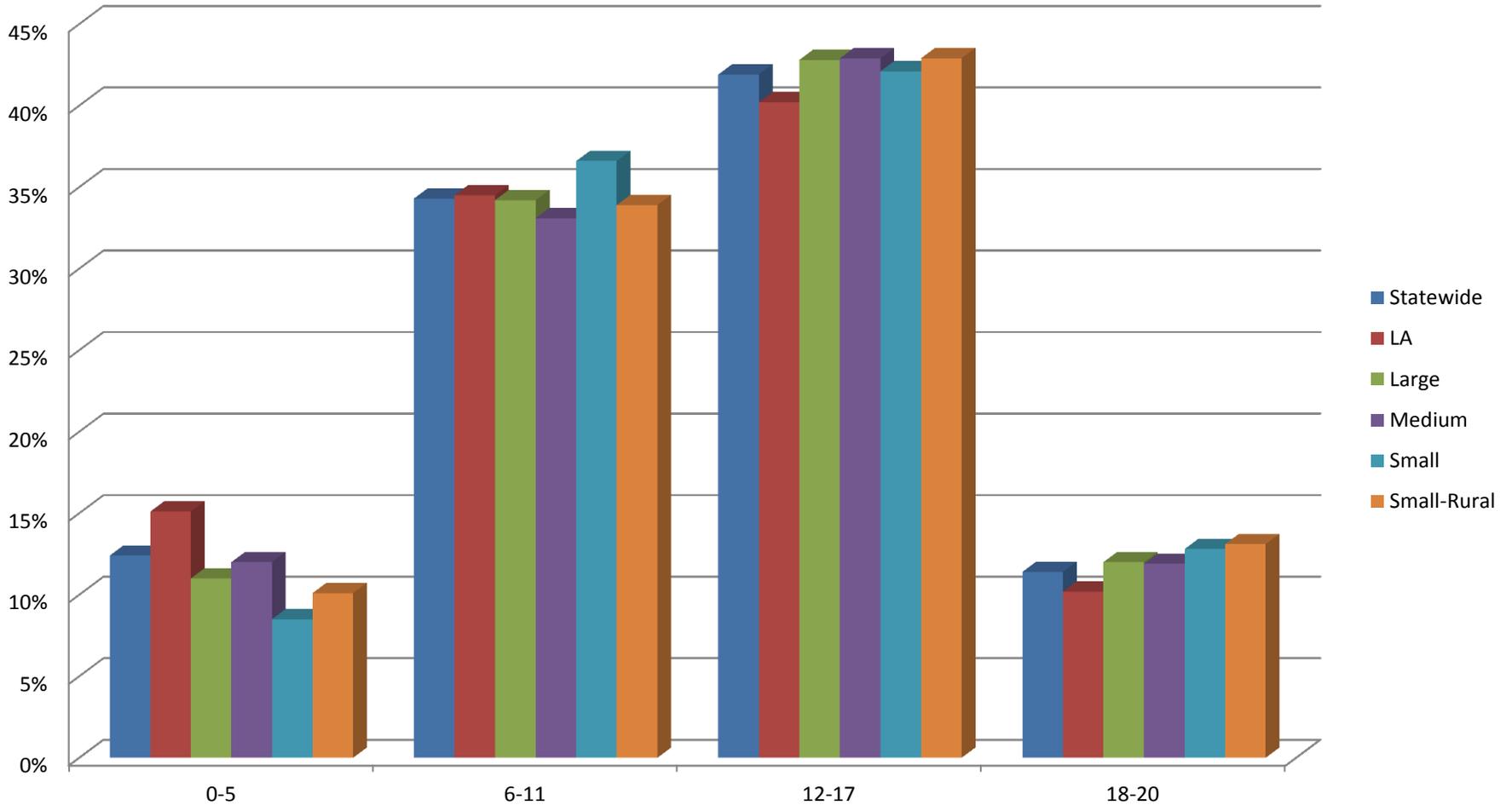
Gender FY 13/14



Age FY 13/14

FY13/14	0-5	6-11	12-17	18-20
Statewide	12.4%	34.3%	41.9%	11.4%
LA	15.1%	34.5%	40.2%	10.2%
Large	11.0%	34.2%	42.8%	12.0%
Medium	12.0%	33.1%	42.9%	11.9%
Small	8.5%	36.6%	42.1%	12.8%
Small-Rural	10.1%	33.9%	42.9%	13.1%

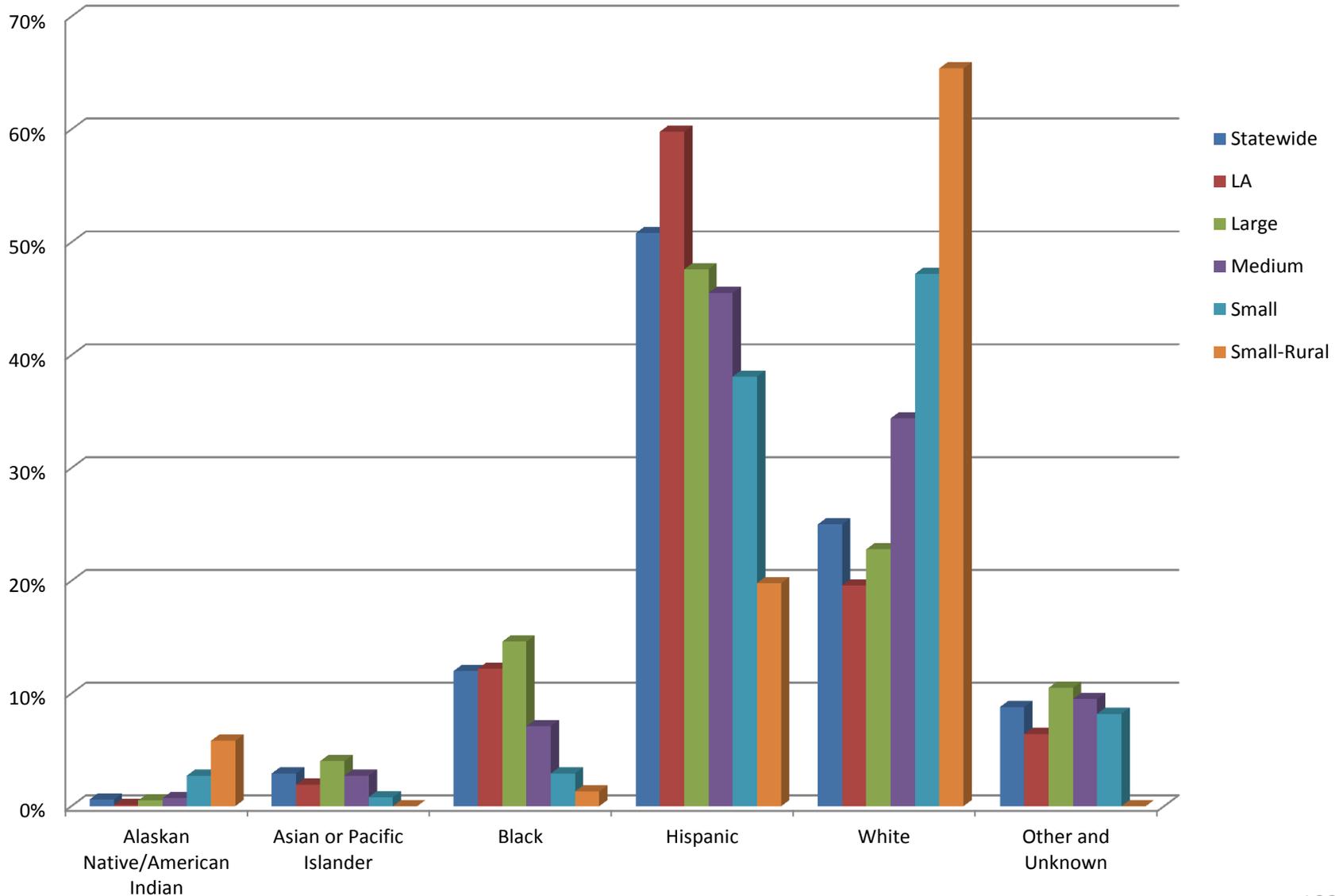
Age FY 13/14



Race/Ethnicity FY 13/14

FY13/14	Alaskan Native/American Indian	Asian or Pacific Islander	Black	Hispanic	White	Other and Unknown
Statewide	0.6%	2.9%	12.0%	50.8%	25.0%	8.8%
LA	0.1%	1.9%	12.2%	59.8%	19.6%	6.4%
Large	0.5%	4.0%	14.6%	47.6%	22.8%	10.5%
Medium	0.7%	2.7%	7.1%	45.5%	34.4%	9.5%
Small	2.7%	0.8%	2.9%	38.1%	47.2%	8.2%
Small-Rural	5.8%	-%	1.3%	19.8%	65.4%	-%

Race/Ethnicity FY 13/14

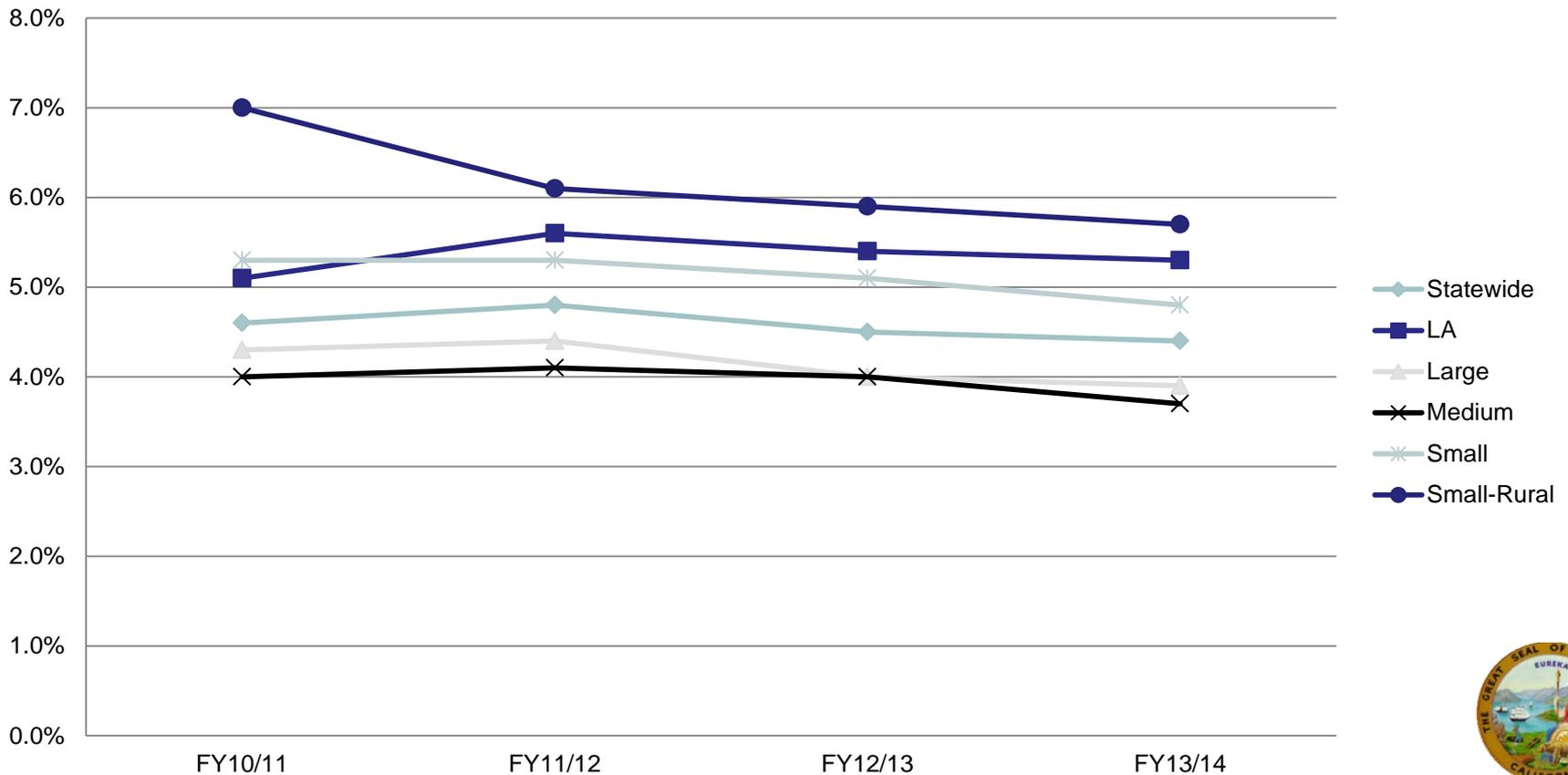


Penetration Rate 1+ Contact

Calculated as: unique count beneficiaries receiving 1 or more SMHS in FY divided by total number unique beneficiaries eligible for SMHS in FY

	Children/Youth with 1+ SMHS Visit	Certified Eligible Children/Youth	Penetration Rate FY13/14
Statewide	262,318	6,025,217	4.4%
LA	92,281	1,743,672	5.3%
Large	117,751	2,995,123	3.9%
Medium	35,600	949,429	3.7%
Small	13,992	289,948	4.8%
Small-Rural	2,694	47,045	5.7%
	Penetration Rate FY10/11	Penetration Rate FY11/12	Penetration Rate FY12/13
Statewide	4.6%	4.8%	4.5%
LA	5.1%	5.6%	5.4%
Large	4.3%	4.4%	4.0%
Medium	4.0%	4.1%	4.0%
Small	5.3%	5.3%	5.1%
Small-Rural	7.0%	6.1%	5.9%

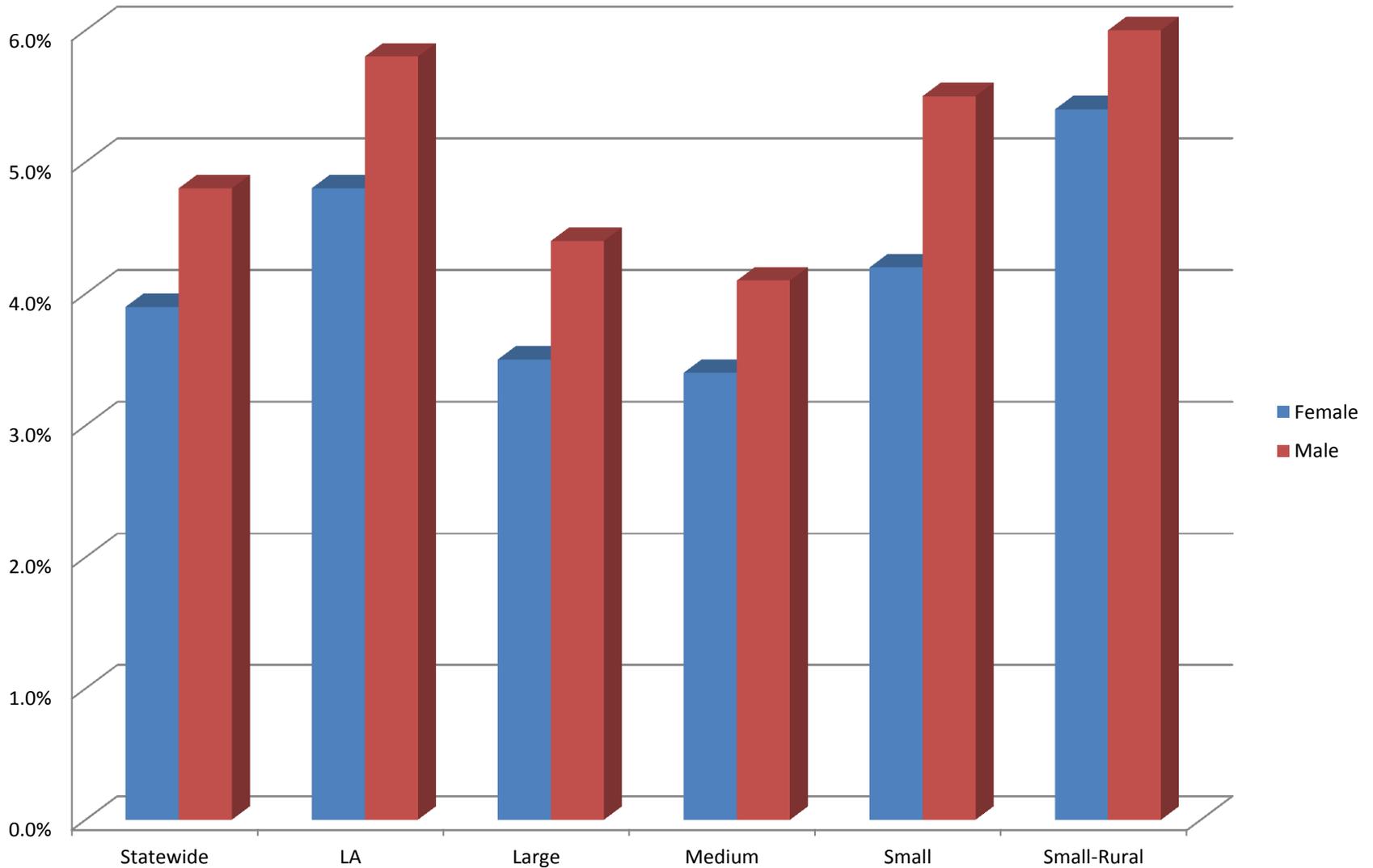
Penetration Rates 1+ Contact



Gender by Penetration 1+ Contact FY13/14

FY13/14	Female	Male
Statewide	3.9%	4.8%
LA	4.8%	5.8%
Large	3.5%	4.4%
Medium	3.4%	4.1%
Small	4.2%	5.5%
Small-Rural	5.4%	6.0%

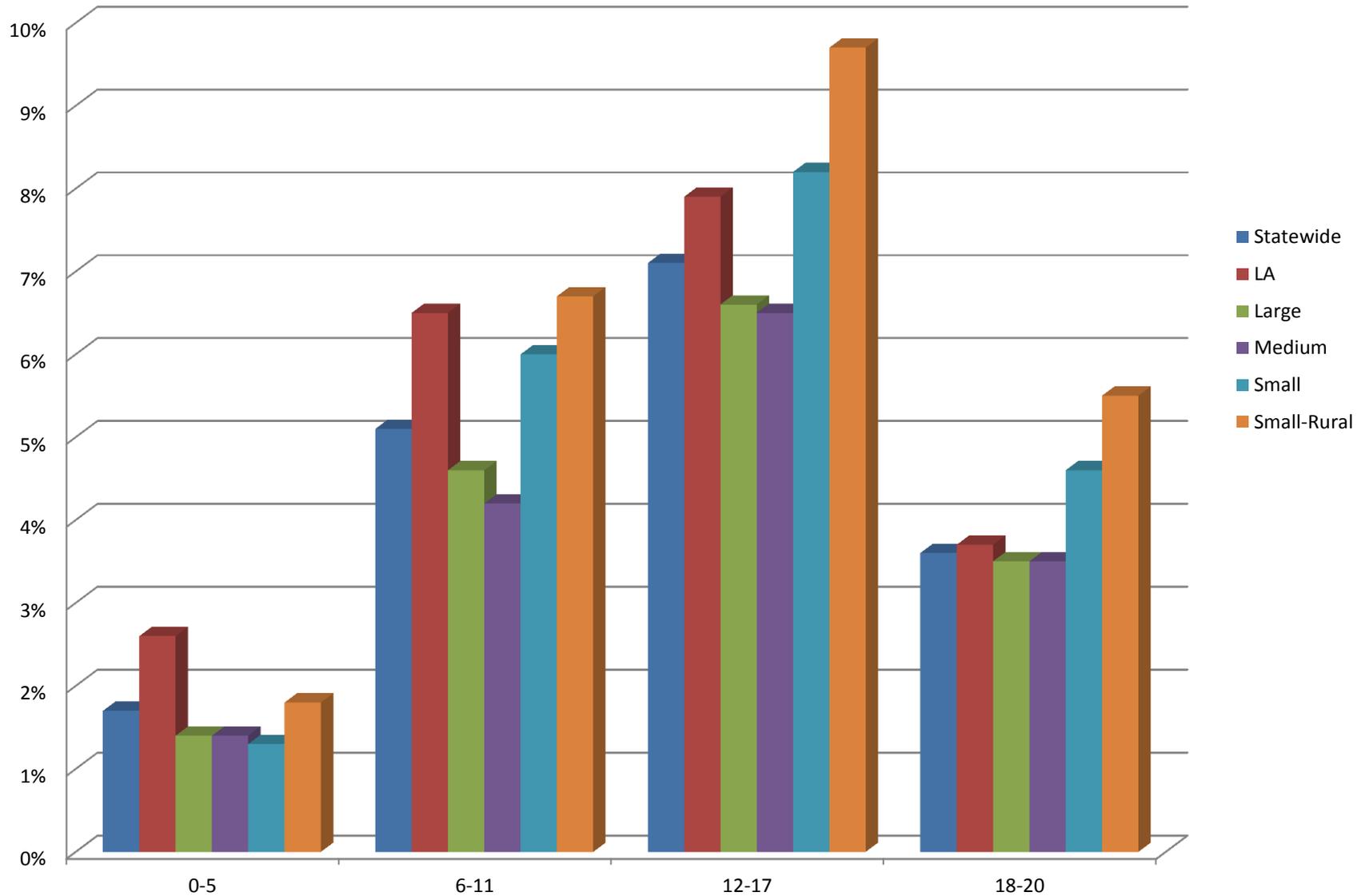
Gender by Penetration 1+ Contact FY13/14



Age by Penetration 1+ Contact FY 13/14

FY13/14	0-5	6-11	12-17	18-20
Statewide	1.7%	5.1%	7.1%	3.6%
LA	2.6%	6.5%	7.9%	3.7%
Large	1.4%	4.6%	6.6%	3.5%
Medium	1.4%	4.2%	6.5%	3.5%
Small	1.3%	6.0%	8.2%	4.6%
Small-Rural	1.8%	6.7%	9.7%	5.5%

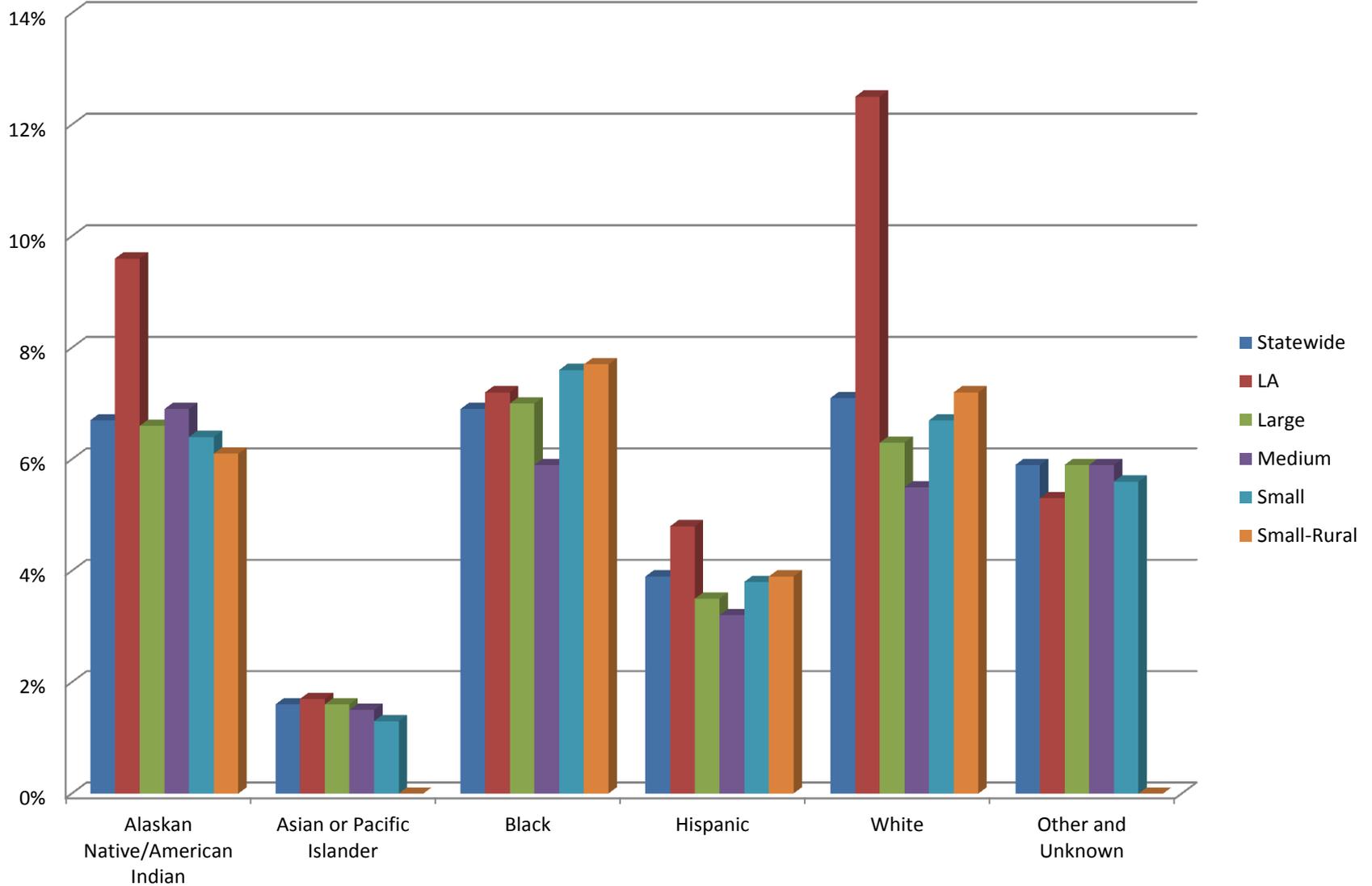
Age by Penetration 1+ Contact FY 13/14



Race/ethnicity by Penetration 1+ Contact FY13/14

FY13/14	Alaskan Native/American Indian	Asian or Pacific Islander	Black	Hispanic	White	Other and Unknown
Statewide	6.7%	1.6%	6.9%	3.9%	7.1%	5.9%
LA	9.6%	1.7%	7.2%	4.8%	12.5%	5.3%
Large	6.6%	1.6%	7.0%	3.5%	6.3%	5.9%
Medium	6.9%	1.5%	5.9%	3.2%	5.5%	5.9%
Small	6.4%	1.3%	7.6%	3.8%	6.7%	5.6%
Small-Rural	6.1%	-%	7.7%	3.9%	7.2%	-%

Race/ethnicity by Penetration 1+ Contact FY13/14

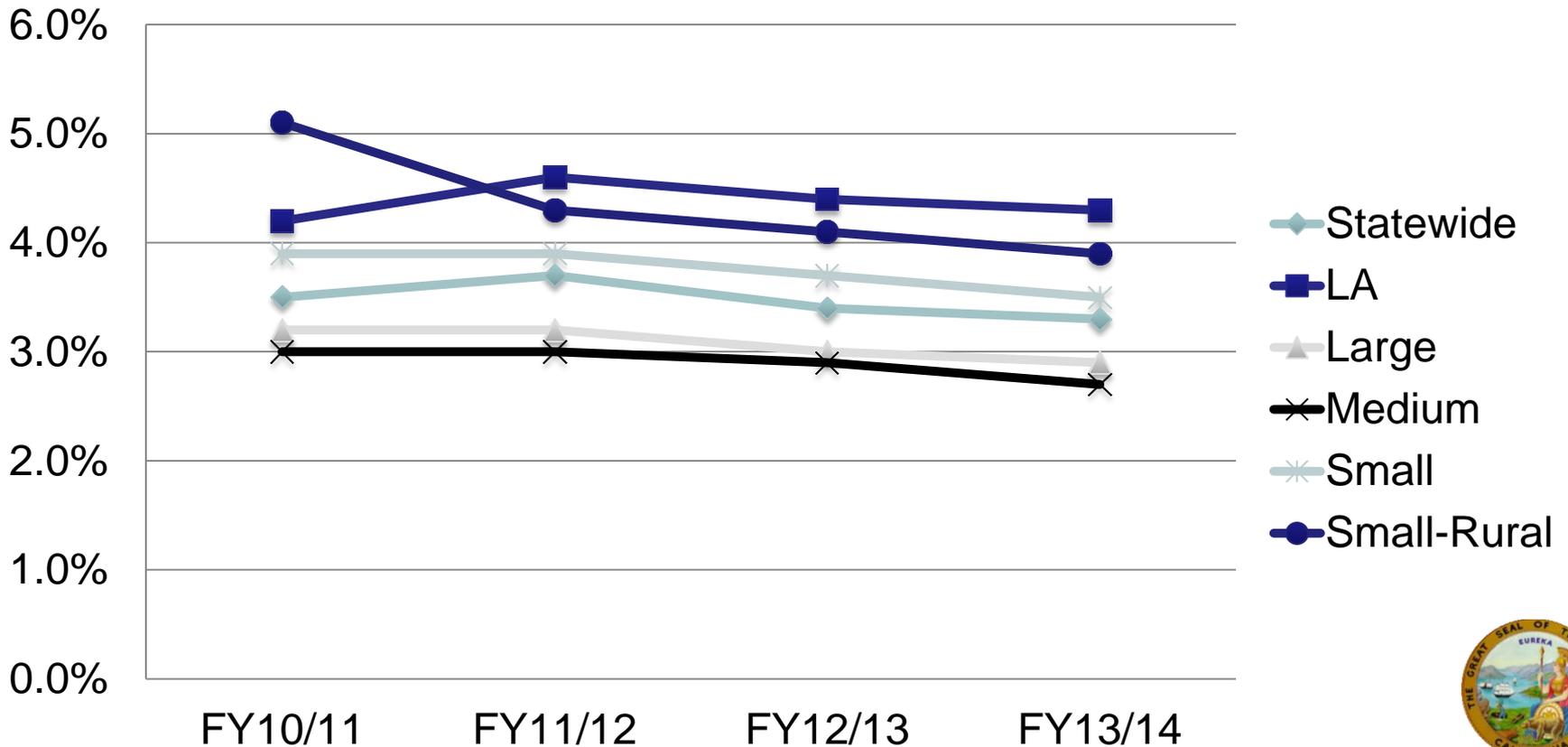


Penetration Rate 5+ Contacts

Calculated as: unique count beneficiaries receiving 5 or more SMHS in FY divided by total number unique beneficiaries eligible for SMHS* in FY

	Children/Youth with 5+ SMHS Visit	Certified Eligible Children/Youth	Penetration Rate
Statewide	201,192	6,025,217	3.3%
LA	74,972	1,743,672	4.3%
Large	88,211	2,995,123	2.9%
Medium	26,020	949,429	2.7%
Small	10,135	289,948	3.5%
Small-Rural	1,854	47,045	3.9%
	Penetration Rate FY10/11	Penetration Rate FY11/12	Penetration Rate FY12/13
Statewide	3.5%	3.7%	3.4%
LA	4.2%	4.6%	4.4%
Large	3.2%	3.2%	3.0%
Medium	3.0%	3.0%	2.9%
Small	3.9%	3.9%	3.7%
Small-Rural	5.1%	4.3%	4.1%

Penetration Rates 5+ Contacts



Time to step down services following inpatient discharge FY 13/14

	Minimum # Days between Discharge & SD	Maximum # Days between Discharge & SD	Mean Time Next Contact - Days	Median Time Next Contact - Days
Statewide	1	498	17.7	5
LA	1	363	12.4	4
Large	1	498	23.9	7
Medium	1	80	9.6	3

**Time to step down numbers not produced for Small and Small-Rural population-based county groupings due to small cell sizes



DISCUSSION



Questions of the Day

- How could the data from these reports be used for quality improvement purposes at the state level and for the counties?
 - Do the two different levels of reporting (statewide and counties grouped by population) matter in terms of being able to be used for QI purposes? How?
 - Do the two different levels of reporting provide information that is relevant to different audiences? To who and why?
 - Can we make this information more meaningful for allowing the provision of QI? How?



UPDATES & NEXT STEPS



Next steps

- Produce county-level reports
- Engage counties in data validation process
- Post reports
- Identify trends and patterns in data
- Identify outliers in data
- Follow-up with counties that have data outside the “normal” ranges for potential Quality Improvement Technical Assistance
 - Explore the data to determine source of issue
 - Work with counties to find solutions to resolve discrepancies



Evaluation

Your feedback is important to us.

In your packet there is an evaluation form for this Forum.

Please complete the evaluation form now.

Return your evaluation before you leave.



Contact Information

Behavioral Health Forum Stakeholder
Website:

[http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-
UpcomingMeetings.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx)

*Please e-mail questions, comments or
concerns to:*

MHSUDStakeholderInput@dhcs.ca.gov



BREAK
3:30 p.m. – 3:45 p.m.





DHCS Behavioral Health Forum Fiscal Forum

**August 14th , 2015
3:45 p.m. to 4:45 p.m.**

Introduction to Fiscal Forum

Chairs

Chuck Anders, Chief

Fiscal Management and Reporting Outcomes
Mental Health Services Division

Marco Zolow, PhD, Health Program Specialist I
Prevention Treatment and Recovery Services
Substance Use Disorders Division



Agenda

- I. Welcome and Introductions
- II. Presentation
- III. Discussion
- IV. Updates and Next Steps



PRESENTATION





Department of
Health Care Services



Short Doyle Modernization (SDM) Project Update

DHCS Behavioral Health Stakeholders Fiscal Forum

August 14th , 2015

Background

- Existing Short Doyle claims processing system was designed as stand alone system prior to the use of Certified Public Expenditures (CPE) as the basis for Medi-Cal Federal Financial Participation (FFP)
- CMS, through the Medicaid Information Technology Architecture (MITA) process, is providing incentives for states to replace stand alone behavioral health systems with systems that are interoperable, seamless and integrated across all health care systems



Background

- DHCS Leadership invited counties to partner to explore alternatives to Short Doyle 2
- Partnership between DHCS, CBHDA and CalMHSA was initiated in 2013
- Staff continue to work together regularly to support activities outlined in project Charter
- To date, 47 counties have opted to support SDM efforts, together contributing \$244k



Project Governance & Charter

- September 30, 2014- Leadership from counties and DHCS approved the revised project charter
 - Counties represented by CBHDA leadership, IT and Financial Services Chairs and CalMHSA leadership
- Shift from funding a feasibility study for a new Short Doyle system to a three part approach:
 1. Short Doyle 2 Enhancements
 2. Fiscal and Delivery System Pilot Study
 3. County involvement in MITA planning



Short Doyle Modernization Project

- Short Term Goals
 - Increase the efficiency and accuracy of interim federal reimbursement for cash flow as well as timely access and accuracy of the information used for cost settlement purposes
- Long Term Goals
 - County Mental Health Plan (MHP) representatives participate in the development of the MITA state assessment and implementation plan to assure that behavioral health is fully integrated into the proposed products



Possible Short Doyle 2 Enhancements

- Consider possible short term adjustments to the SD 2 system with the goal of decreasing denied Medi-Cal claims and improving the timeliness and accuracy of Medi-Cal billing
- Improvements require IT and policy changes
- Explore leveraged resources from counties and DHCS



Fiscal & Delivery System Pilot Study

- Conduct pilot study with ~ 6 counties
- Collect fiscal and delivery system data; generate findings for discussion
- Consider possible payment options for Medi-Cal Specialty Mental Health Services
- Consider possible SPA and/or waiver changes



Considerations for Fiscal & Delivery System Policy

- Supported by information technology, not driven by information technology
- Reimbursement not tied to submission and adjudication of individual service level claim data
- Consistent with federal requirements
- Foster better quality of service and performance outcomes rather than quantity of service





Department of Health Care Services



Questions?

CBHDA: Don Kingdon, dkingdon@cbhda.org

CalMHSA: Sarah Brichler, sarah.brichler@calmhsa.org

DISCUSSION



Fiscal Forum Discussion

What would you like to see developed as alternative payment methodologies?

What are some examples of how alternative payment methodologies are currently being used and what are their benefits?



UPDATES & NEXT STEPS



Fiscal Forum Updates

- Enterprise Wide Cost Reporting



Evaluation

Your feedback is important to us.

In your packet there is an evaluation form for this Forum.

Please complete the evaluation form now.

Return your evaluation before you leave.



Contact Information

Behavioral Health Forum Stakeholder
Website:

[http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-
UpcomingMeetings.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx)

*Please e-mail questions, comments or
concerns to:*

MHSUDStakeholderInput@dhcs.ca.gov



BEHAVIORAL HEALTH FORUM NEXT STEPS



Evaluation

Your feedback is important to us.

In your packet there is an evaluation form
for this Forum.

**Please complete the evaluation
form now.**

Return your evaluation before you leave.



Next Forum Meeting Date

Behavioral Health Forum Forums will be meeting on:

October 29th, 2015

