



Department of
Health Care Services



**Overview of the
DHCS Behavioral Health Forum
Part I of II**

(Part II scheduled for May 6th)

**March 24, 2014
1:30 to 3:00 p.m.**



Presenters

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

Brenda Grealish, Chief
Mental Health Services Division
Department of Health Care Services

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

Don Braeger, Assistant Chief
Compliance Division
Substance Use Disorder Services
Department of Health Care Services

Sarah Brooks, Chief
Medi-Cal Managed Care
Department of Health Care Services

Rob Maus, Chief
Program and Fiscal Policy Branch
Substance Use Disorder Services
Department of Health Care Services

Rita McCabe, Assistant Chief
Mental Health Services Division
Department of Health Care Services

Gary Renslo, Chief
Fiscal Management and Outcomes Reporting
Mental Health Services Division
Department of Health Care Services

Rachelle Weiss, Chief
Office of Applied Research and Analysis
Substance Use Disorder Services
Department of Health Care Services

Agenda

I. Welcome

II. Background

III. Committee/Sub-Committee Structure

IV. Introduce the Stakeholder Issues Grid

V. Partner/Stakeholder Questions

VI. Next Steps



BACKGROUND



DHCS BH Forum Background

Recent re-organization divided major sections of two Departments (former Dept. of Mental Health and former Dept. of Alcohol and Drug Programs):

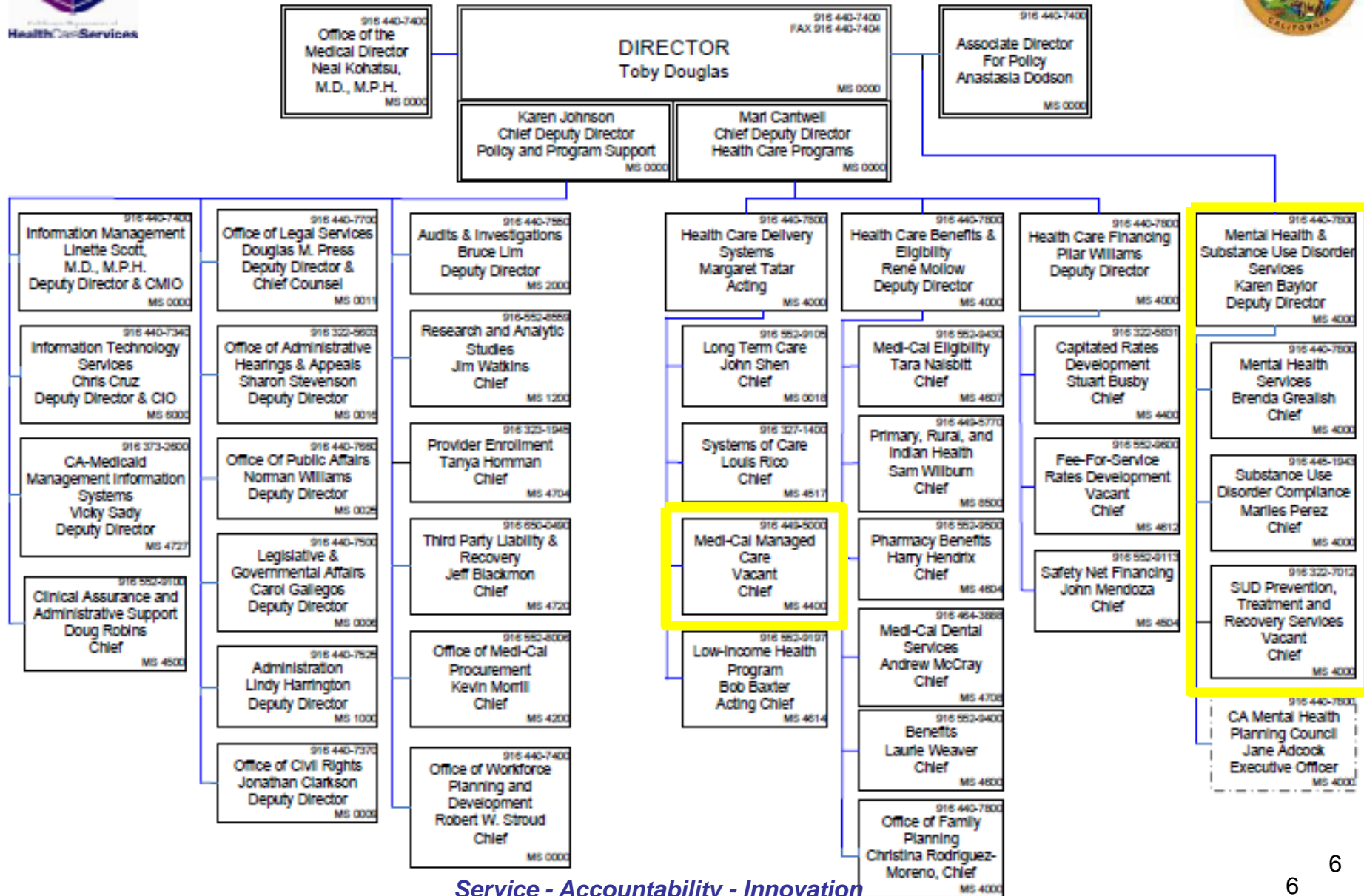
- Divided the former DMH into two components
 - ✓ State hospital and specialty psychiatric programs in CDCR facilities.
 - ✓ Community mental health programs moved to DHCS in 2012.
- Divided Dept. of Alcohol and Drug Programs into two components
 - ✓ The SUD-Compliance Division.
 - ✓ The SUD- Prevention, Treatment and Recovery Services Division.
 - Drug Medi-Cal (DMC) programs moved to DHCS in 2012.
 - Remaining ADP programs moved to DHCS in 2013.





Department of Health Care Services

March 6, 2014



DHCS BH Forum Background

- This presented significant opportunities and challenges for the Administration, including:
 - Major changes under federal health care reform (i.e., the Affordable Care Act).
 - Changes to the Mental Health Services Act.
 - Implementation of 2011 Realignment for Medi-Cal specialty mental health services, Drug Medi-Cal and other alcohol and drug treatment programs.
- DHCS partnered with the California Institute for Mental Health (CiMH) and the Alcohol and Drug Policy Institute (ADPI) to obtain stakeholder input to identify and develop a plan to prioritize and address important outstanding issues.



DHCS BH Forum Background (cont'd)

The project consisted of four phases:

1. Gathering information and data.

Information and data gathering through focus groups, interviews and written responses to questions.

2. Establishing priorities for further development.

CiMH and ADPI convened discussions with DHCS, the ADP, the California Mental Health Directors Association (CMHDA), and the County Alcohol and Drug Program Administrators' Association of California (CADPAAC) to develop concurrence on the initial set of priorities.

3. Creating workgroups to identify and make recommendations on priority issues.

County and stakeholder input tended to cluster around a set of seven overarching topic areas.

4. Developing the final report.
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DHCS BH Forum Background (cont'd)

The 7 overarching topic areas identified in the workgroup phase (Phase 3), which resulted in 7 issue papers, included:

- 1) Evaluation, outcomes, and accountability.
- 2) Financing of mental health and substance use disorder services.
- 3) Coordination and integration of primary care and mental health and substance use disorder treatment.
- 4) Reducing administrative burden.
- 5) State and county roles and responsibilities.
- 6) Workforce skills and capacity.
- 7) Organizational capacity of substance use disorder service providers.



DHCS BH Forum Background (cont'd)

- The seven issue papers were provided to stakeholders for review and feedback.
- The stakeholder feedback was gathered and compiled.
- The resulting product was the “Stakeholder Recommendations for Mental Health and Substance Use Disorder Services” report, also commonly referred to as the “Business Plan,” which was released in June 2013. It may be downloaded online at:

<http://www.dhcs.ca.gov/Documents/StakeholderRecommendationsforMHSUD.pdf>.



DHCS BH Forum Background (cont'd)

The recommendations for MH and SUD services in the “Business Plan” are organized around the three goals identified in the Business Plan:

1. Strengthen the overall delivery system for MH and SUD treatment services;
2. Develop a coordinated and integrated system of care for MH, SUD treatment and medical care; and
3. Create a coordinated method for data collection and evaluation of outcomes that helps to ensure excellence in care and improved outcomes for individuals, children, families, and communities.



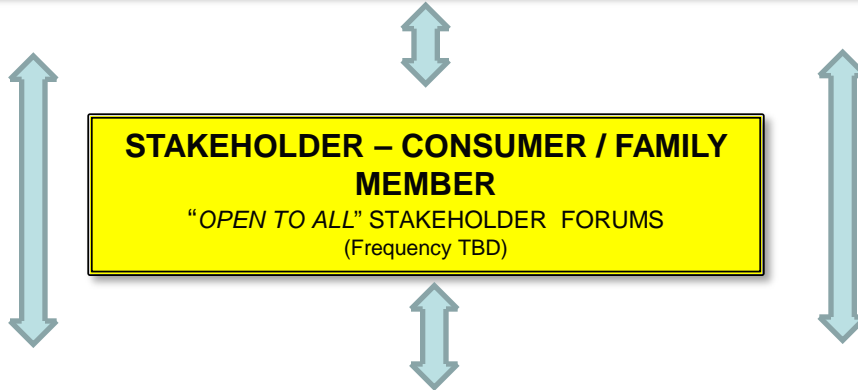
COMMITTEE/SUB-COMMITTEE STRUCTURE



DHCS BEHAVIORAL HEALTH FORUM

DHCS – PARTNERS BEHAVIORAL HEALTH SERVICES STEERING COMMITTEE

<p>MEMBERSHIP:</p> <ul style="list-style-type: none"> • CMHDA & CADPAAC • CSAC • MHSOAC • CA MH Planning Council • Managed Care Plan representation • Other key DHCS areas of jurisdiction (Elig./Benefits, Financing, and Health Care Del. Sys.) 	<p>KAREN BAYLOR MHSUD DEPUTY DIRECTOR CHAIR</p>	<p>FUNCTIONS:</p> <ul style="list-style-type: none"> • Prioritize Issues • Make policy recommendations • Track progress and status of issues under consideration • Oversee stakeholder engagement
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“STRENGTHEN SPECIALTY MENTAL HEALTH AND DRUG MEDI-CAL COUNTY PROGRAMS AND DELIVERY SYSTEMS” COMMITTEE

CHAIRS

MHSD –	DINA KOKKOS-GONZALEZ
SUD- CD–	DON BRAEGER

“DEVELOP A COORDINATED AND INTEGRATED SYSTEM OF CARE FOR MHSUD AND MEDICAL CARE” COMMITTEE

CHAIRS

MHSD –	RITA McCABE + SUD-PTRSD- ROB MAUS
MMCD –	SARAH BROOKS

“CREATE COORDINATED AND USEFUL DATA COLLECTION, UTILIZATION & EVALUATION OF OUTCOMES” COMMITTEE

CHAIRS

MHSD –	GARY RENSLO
SUD-PTRSD –	RACHELLE WEISS

DHCS BH Forum

Organizational Structure (cont'd)

**DHCS – PARTNERS BEHAVIORAL HEALTH SERVICES
STEERING COMMITTEE
KAREN BAYLOR
MHSUD DEPUTY DIRECTOR
CHAIR**

MEMBERSHIP:

- CMHDA & CADPAAC
- CSAC
- MHSOAC
- CA MH Planning Council
- Managed Care Plan representation
- Other key DHCS areas of jurisdiction
(Elig./Benefits, Financing, and Health
Care Del. Sys. and other areas)

FUNCTIONS:

- Prioritize Issues
- Make policy
recommendations
- Track progress and status of
issues under consideration
- Oversee stakeholder
engagement



DHCS BH Forum

Organizational Structure (cont'd)

STAKEHOLDER – CONSUMER / FAMILY MEMBER
“OPEN TO ALL” STAKEHOLDER FORUMS
(Frequency TBD)

- Provide updates to stakeholders regarding prioritized issues.
- Receive input from stakeholders regarding comprehensiveness and accuracy of identified and prioritized issues.
- Discuss new issues for possible consideration and assignment.
- In between meetings, stakeholders are encouraged to use the DHCS MHSUD Stakeholder website and “MHSUD Stakeholder Input” email account (shown on last slide).



DHCS BH Forum

Organizational Structure (cont'd)

- The role of the sub-committees will be to:
 - Recommend prioritization and monitor work on various issues.
 - Recommend policy and program actions.
 - Collaborate with and engage other DHCS divisions (e.g., Managed Care, Benefits, Office of the Medical Director).
 - Invite Steering Committee members, legislators and/or partners/stakeholders to issue-specific meetings and/or solicit review and comment, as needed.
 - Report out internally and externally, as needed.



DHCS BH Forum

Organizational Structure (cont'd)

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

- This sub-committee 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.
- Goal is to improve or strengthen these delivery systems and benefits.
- In many cases, this committee will interact with the green (integration) and blue (data) sub-committees due to overlaps in particular areas.
- The Committee will also focus on the DMC Parking Lot issues identified by county AOD administrators during the expansion of DMC services.



DHCS BH Forum

Organizational Structure (cont'd)

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

- This sub-committee will focus on issues related to the new and expanded interaction between the county mental health plans, county alcohol and other drug programs, MH & SUD providers, and the managed care plans in order to more effectively integrate the delivery of mental health, substance use and primary care services.
- Goal is to develop a coordinated and integrated system between these delivery systems and benefits.
- In many cases, this committee will interact with red (strengthening) and blue (data) sub-committees due to overlaps in particular areas.



DHCS BH Forum

Organizational Structure (cont'd)

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

- This sub-committee will focus on developing and utilizing meaningful measures for performance/outcomes evaluation.
- Goal is to use appropriate and standard information to promote excellence in care and improve outcomes.
- This committee will interact with red (strengthening) and green (integration) due to overlaps in particular areas.
 - This sub-committee was set forth in the Business Plan, but we may learn in the coming months that this may be more appropriately embedded into either the red (strengthening) or green (integration) sub-committees since outcomes are integral to many of their identified issues.

DHCS BH Forum

Organizational Structure (cont'd)

- To sign up to participate in a committee, please send the following to the “MHSUD Stakeholder Input” email account (shown on last slide):
 - Name;
 - Contact Information; and
 - Identify the sub-committee(s) in which your interested in participating.
- Given the potential for a large number of participants in each sub-committee, DHCS is currently developing processes such as how best to:
 - Engage Stakeholders (i.e., identifying stakeholders for workgroup participation).
 - Design the meeting format (consistency across groups, e.g., meeting qua standard agenda).
 - Prioritize identified issues.
 - Introduce new items to the grid.
 - Ensure that the three sub-committees communicate and work together.



DHCS BH Forum

Organizational Structure (cont'd)

- Stakeholders are encouraged to provide suggestions for these and other processes that might be helpful for conducting the sub-committee meetings by using the “MHSUD Stakeholder Input” email account (shown on last slide).
- Over time the Department, in consultation with partners and stakeholders, may change the focus/title of these groups, depending on changing needs.



STAKEHOLDER ISSUES GRID



Overview of the Stakeholder Issues Grid

- The Stakeholder Issues Grid is a compilation of the issues identified through the following sources:
 - CiMH-developed Business Plan.
 - The process to develop the “California Mental Health and Substance Use System Needs Assessment and Service Plan,” which was produced as part of the 1115 Waiver.
 - SUD-Parking Lot.
 - Issues/recommendations that have been raised during a variety of forums related to the transition of DMH and ADP to DHCS, as well as of ACA implementation discussions regarding the new and/or expanded specialty and non-specialty MH/SUD benefits.



Overview of the Stakeholder Issues Grid (cont'd.)

- The issues outlined in the grid are grouped by subcommittee:
 - RED = “Strengthen Specialty Mental Health and Drug Medi-Cal County Programs and Delivery Systems”
 - PURPLE = “SUD – PARKING LOT”
 - GREEN = “Develop a Coordinated and Integrated System of Care for MHSUD and Medical Care”
 - BLUE = “Create Coordinated and Useful Data Collection, Utilization & Evaluation of Outcomes”
- DHCS will add the existing projects/mandates, if not already included.



Overview of the Stakeholder Issues Grid (cont'd.)

- Stakeholder review and feedback is key to ensuring that:
 - Priority behavioral health issues have been identified.
 - The identified issues have been accurately documented.
 - The issues have been assigned to the appropriate sub-committee.
- The issues included in the grid will serve as the initial focus of the three sub-committees.



Overview of the Stakeholder Issues Grid (cont'd.)

- DHCS requests that stakeholders provide suggested edits and/or feedback regarding the “Stakeholder Issues Grid” by **Friday, April 11, 2014**, using the “MHSUD Stakeholder Input” email account (shown on last slide).
 - *When providing feedback on an issue that is in the grid, please identify the color group and number associated with the issue. For example, “Blue 5” would reflect “Improve care and quality using health information technology” in the “Data” section of the grid.*



PARTNER/STAKEHOLDER QUESTIONS



NEXT STEPS



Next Steps

- Stakeholders provide DHCS with responses to the following questions, if applicable:
 - Does the Behavioral Health Forum structure presented today make sense to you? Do you have any recommendations on how to improve it?
 - In what sub-committee(s) are you interested in participating?
 - Do you have any suggestions on how to structure the processes for the sub-committees (e.g., how to introduce new issues to the grid)?
 - Do you have any feedback/recommendations on the “Stakeholder Issues Grid?”¹
 - Are the issues in the grid accurately documented?
 - Are the issues in the grid assigned to the appropriate sub-committee?
 - Do any additional priority behavioral health issues need to be added?



¹ When providing feedback on an issue that is in the grid, please identify the color group and number associated with the issue. For example, “Blue 5” would reflect item #5, “Improve care and quality using health information technology,” in the “Data” section of the Stakeholder Issues Grid.

Next Steps

- Please provide feedback to DHCS via email by ***Friday, April 11, 2014.***
- E-mail feedback, questions, comments or concerns to: MHSUDStakeholderInput@dhcs.ca.gov.
- DHCS will review and incorporate stakeholder feedback into the issues grid, and will also insert existing projects/mandates.
- Next Overview of the DHCS Behavioral Health Forum, Part II of II – Tuesday, May 6th, from 1:30 to 3:00 p.m.



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

