

**DHCS Behavioral Health Forum**  
**Strengthening Specialty Mental Health and Drug Medi-Cal County**  
**Programs and Delivery Systems**  
**Strengthening Forum - Charter**

**Background and Purpose of the Forum:**

To provide key stakeholders, and other interested parties, with updates regarding critical policy and programmatic issues impacting public mental health and substance use disorder services (MHSUDS). The Behavioral Health Forum will provide stakeholders with an opportunity to learn about the status of more than 100 program and policy issues identified in the DHCS Business Plan, as well as from other sources (e.g., the *California Mental Health and Substance Use System Needs Assessment and Service Plan*), which have been organized into a grid format and assigned to three Forums (Strengthen Specialty Mental Health and Drug Medi-Cal County Programs and Delivery Systems; Coordinated and Integrated Systems of Care for MHSUDS and Medical Care; and Coordinated and Useful Data Collection, Utilization, and Evaluation of Outcomes). Each of these forums will provide DHCS with a venue for updating stakeholders on identified priority areas. These forums will also give stakeholders across the state and interested parties an opportunity to provide input on these priorities. Stakeholder participation will vary depending on the particular topic being addressed by that forum. If appropriate, DHCS will convene workgroups of key stakeholders and subject matter experts to develop recommendations related to specific program and policy issues. Please note: Not all topics being tracked by the forums will have work groups.

The Strengthening Forum will specifically address key areas related to improving and enhancing existing state and county level delivery systems for MHSUDs.

**Objectives:**

- Improve access to public mental health and substance use disorder services
- Enhance quality assurance efforts and improve quality of care for mental health and substance use disorder services
- Pursue solutions to provide counties with greater flexibility to manage fiscal and program risks
- Develop mechanisms that advocate for behavioral health treatment parity in health care
- Make recommendations to support the development of an adequate and trained workforce
- Promote opportunities to increase sustainability of substance use disorder provider organizations

FY 2014/2015 Priorities:

DHCS identified several priority areas (listed in bold below) for the current fiscal year. The bullets listed under each priority area represent those corresponding items from the stakeholder issues grid. These grid items may inform the discussion, recommendations, and/or work plan related to the overarching priority area. However, additional issues and/or requirements (not listed below) may also inform the priority area.

✓ **Children’s Behavioral Health**

- Four of the five diagnoses classified in DSM-IV under the heading of “Pervasive Developmental Disorders” (Autistic Disorder, Childhood Disintegrative Disorder, Asperger’s Disorder, and Pervasive Developmental Disorder NOS) are, in DSM-5, grouped together under the single diagnosis of “Autism Spectrum Disorder.” Because treatment responsibility for outpatient services for individuals with Autistic Disorder does not rest with DHCS, it is important DHCS work with Managed Care Plans, MHPs, the Department of Developmental Services and/or the Department of Education to get clarity on what services are covered and not covered and by whom. (Grid Issue #14)
- Out of County Mental Health Services - In June 2011 the California Child Welfare Council (CWC) Out-of-County Mental Health Services Work Group’s Data Linkage and Information Sharing Committee released a report entitled, “Data Mining Project.”<sup>[i]</sup> The CWC commissioned the report to document the extent to which foster children placed out-of-county received medically needed specialty mental health services. The report examined the rate of specialty mental health services provided to these children placed “out-of-county” versus those served within the county. The findings, while not definitive, suggested that children placed out-of-county had a lower rate of mental health services provided when compared to children served in their counties of origin (county of jurisdiction). The CWC attributed the lower rate of service was the result of administrative and programmatic barriers between the county of jurisdiction and the county where-in the child is placed, as referred as the host county
- The Katie A. lawsuit filed against the Department of Health Care Services and the Department of Social Services, sought to improve the provision of mental health and supportive services for children and youth in, or at imminent risk of placement in, foster care in California. As a result of the settlement agreement, the State has agreed to take a series of actions that are intended to transform the way children and youth who are in foster care, or who are at imminent risk of foster care placement, receive access to mental health services, including assessment and individualized treatment, consistent with what has been defined as a Core Practice Model that creates a coherent and all-inclusive approach to service planning and delivery. The settlement agreement requires that three services be provided to eligible children and youth who meet Katie A. subclass criteria: these services are Intensive Care Coordination (ICC), Intensive Home Based Services (IHBS) and Therapeutic Foster Care (TFC) services (once federally approved as a Medicaid service). The State (DHCS and CDSS) and counties (Mental Health Plans and Child Welfare Departments) continue to implement the Katie. A. lawsuit settlement agreement.

- ✓ **Compliance and Monitoring**
  - Focus on ensuring compliance with key mandate – i.e. regulations & standards for program quality, access & availability for all services (Grid Issue #17)
  - The expansion of DMC benefits raises concerns about the adequacy of utilization review and other quality oversight and management tools (Grid Issue #30)
  
- ✓ **Cultural Competence**
  - Leadership in addressing health disparities, dealing underserved groups and enhancing cultural responsiveness of services (Grid Issue #19)
  - Are health disparities being addressed in terms of the degree to which special populations are accessing and utilizing mental health and substance use services? (Grid Issue #19)
  - Leadership in addressing health disparities, dealing underserved groups and enhancing cultural responsiveness of services. State and Counties should explore the feasibility of collaborating on how best to increase cultural/linguistic competence in provider networks. (Grid Issue #20)
  
- ✓ **DMC Waiver**
  - The DMC Program is developing an amendment to the current 1115 Demonstration Waiver, “Bridge to Reform.” The goal of the DMC waiver is to create an “organized delivery system” for DMC services to help create greater uniformity of services and administration of the DMC program across the State. The waiver is being developed with input from a broad stakeholder perspective, through the Waiver Advisory Group (WAG). The next WAG meeting is set for July 30, 2014, and the public can attend by conference call or in person.
  
- ✓ **Service Delivery Systems**
  - Streamline program oversight and reduce administrative burden that could detract from investing funds in direct services. Including but not limited to: Create standardized and combined (for dual diagnosis treatment) MH and SUD organizational certification and licensing. (Grid Issue #3)
  - DHCS should engage in an immediate effort to develop DMC into the “good and modern” benefits continuum outlined in federal and state papers. (Grid Issue #2)
  - DHCS should explore options for increasing access to medication assisted treatments, such as through making additions to the Drug Medi-Cal formulary. (Grid Issue #1)
  - Explore the option of offering SUD services via tele-health where appropriate (Grid Issue #31)
  - Revisit the minimum and maximum limitations to group therapy size (Grid Issue #32)
  - Further describe medical necessity in regards to SUDS. In order to standardize could it be spelled out in Regulations (Grid Issue #37)

**Forum Details:**

Date	July 2014
Chairs	Dina Kokkos-Gonzales, Mental Health Services Marjorie McKisson, Substance Use Disorder Services
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<sup>[i]</sup> Data Mining Project: In and Out-of-County Foster Care Placements and receipt of Mental Health Services, State Fiscal Year 2008-09