Behavioral Health Forum Leads

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Agenda

I. Welcome
II. Stakeholder Feedback
III. Revised Committee Documents
IV. Introduction to the Committee Chairs
V. Proposed Committee Meeting Processes
VI. Partner/Stakeholder Questions and Comments
VII. Future Meeting Dates
VIII. Next Steps
Stakeholder Feedback
Stakeholder Feedback

• Thank you for taking the time to submit feedback to DHCS.
  - DHCS received 48 responses over the past 6 weeks

• Feedback was received that addressed the following questions:
  - 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?”
    - 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?
Overview of Feedback

The following is an overview of the feedback received by partners/stakeholders (note: action has not yet been taken to address most of these items):

• Open the Steering Committee to, at a minimum, provide stakeholders with the meeting materials and the ability to listen into the meetings or sit in the audience.

• Streamline/format/organize the grid
  – Group by topic
  – Clarify items
  – Set annual priorities and multi-year timeframes
  – Set benchmarks
  – Provide brief written status updates for each grid topic
Overview of Feedback (cont’d)

• Additional items to consider (e.g., add items related to network development and strategies for filling service gaps, EHR standards)

• Provide an orientation for consumers and do not separate consumers into a different committee

• Add a separate “fiscal” subcommittee

• Add a requirement for each Committee to ensure “statewideness” in all recommendations

• Add a requirement for each Committee to ensure meaningful stakeholder involvement in all phases of the proposed system
Overview of Feedback (cont’d)

• Do not pit social model vs. medical model… psychosocial and medical care should both be available at any level of care, when needed
• Add a focus on children’s issues (e.g., separate integration committee into two parallel committees: children and adults)
• Leverage and integrate existing efforts (e.g., performance and outcomes measurement)
• Form subgroups to address specific topics (use consultation from experts outside of DHCS)
• Use a webinar format to allow for more interaction
DHCS BEHAVIORAL HEALTH FORUM

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
  (E.g. Elig./Benefits, Financing, Med.
  Dir., Health Care Del. Sys. etc.)

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

STAKEHOLDER – CONSUMER / FAMILY
MEMBER
“OPEN TO ALL” STAKEHOLDER FORUMS

“STRENGTHEN SPECIALTY MENTAL HEALTH AND DRUG MEDICAL 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-PTFSD- ROB MAUS
MMCD – LIANA LIANOV, MD

“CREATE COORDINATED AND USEFUL DATA COLLECTION, UTILIZATION & EVALUATION OF OUTCOMES” COMMITTEE
CHAIRS
MHSD – GARY RENSLO
SUD-PTFSD – RACHELLE WEISS

• Recommend prioritization of issues and work plan tasks
• Recommend policy and program actions
• Invite participation from other DHCS as well as other areas of jurisdiction (e.g. Managed Care, Benefits, Office of the Medical Director etc.)
• Invite Steering Committee members and/or stakeholders to meetings and/or solicit review and comment as needed
• Invite Legislative staff to meetings and/or solicit review and comment
• Report out as needed (internally and externally)

Version 04-30-14
Introduction to the Committee Chairs
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• Chair perspectives regarding:
  – Initial impressions of the respective committee issues
  – Thoughts about immediate priorities
  – Goal(s) for ensuring successful, meaningful collaboration between DHCS and partners/stakeholders through the Behavioral Health Forum
  – A brief introduction of each Chair regarding his/her background and role(s) at DHCS
  – Major projects in which each Chair is involved, particularly if tied to issues identified thus far
Proposed Committee Meeting Processes
Meeting Format

- All committees meet quarterly
- Webinar/conference call
- Each committee will meet for 1 to 1 ½ hours
- Meetings for the following committees will occur consecutively on same day:
  - Consumer/Family Member/Open-to-All (9:30 – 10:30 a.m.)
  - Strengthening (10:30 – noon)
  - Integration (1:00 – 2:30 p.m.)
  - Data (2:30 – 4:00 p.m.)
Meeting Format (cont’d)

• For consistency, use a standardized agenda for all committee meetings, with limited variation, to include:
  – Roll Call
  – Announcements and Issue Updates
  – Workgroup Reports
  – Action Items for Future Meetings
  – Instructions for Providing Input
Stakeholder Participation

- Committee meeting announcements will be distributed to the entire BH Forum Distribution List, though we have created lists based on member interests have thus far been communicated.
- All stakeholders are welcome to participate in all committee webinars.
- Stakeholders will be asked to provide written follow-up public comment/feedback via email MHSUDStakeholderInput@dhcs.ca.gov.
- Committee Chairs will review and respond accordingly to stakeholder input as follows:
  - Add to agenda for relevant committee meeting
  - Incorporate feedback into master grid, if appropriate
  - Add to FAQ doc and post on website
  - Prepare responses to questions/comments/feedback
Stakeholder Participation (cont’d)

- Workgroups will be convened to create recommendations/action plan for specific issues
  - DHCS will seek to leverage BH Forum subject matter expertise when developing workgroups
  - Limited physical space is available – DHCS will look to leverage call in capability for workgroup participation
  - DHCS commits that major program and policy decisions will not be finalized without an opportunity for the full stakeholder community to be made aware and weigh in
Meeting Expectations

• Need for flexibility over time
• Recognize competing priorities, as well as limited staff time/capacity to address all identified issues at any one time
• Partners/Stakeholders role is to advise DHCS (participate in quarterly meetings, as well as workgroups, providing unique perspectives and subject matter expertise)
• DHCS is committed to the success of the Behavioral Health Forum and will communicate Departmental priorities and provide periodic status reports on grid topics via meetings, email, website
DHCS Behavioral Health Forum
Internal Workgroup

- The DHCS Internal Workgroup is a DHCS group, chaired for 2014 by the Mental Health Services Division Chief, Brenda Grealish, that includes the three Committee chairs and other DHCS staff, as needed.

- The DHCS Internal Workgroup will:
  - continue to meet on a weekly basis to coordinate and communicate between and among committees
  - debrief/discuss partner/stakeholder feedback, work to prepare products/deliverables for Committee meetings, and continuously evaluate Committee processes to ensure efficiency and effectiveness
  - update the Issues Grid prior to each Committee meeting and facilitate the update on project progress during the quarterly committee meetings
Introducing New Issues

- Partners/stakeholders should email their new items to MHSUDStakeholderInput@dhcs.ca.gov.

- DHCS Internal Workgroup will review/consolidate the proposed issues into the Issues Grid.
Future Meeting Dates
Future Meeting Dates

Please mark your calendars as the Behavioral Health Forum Committees will be meeting on:

- July 21, 2014
- October 2, 2014
- January 9, 2015
- April 2, 2015

Again, the agenda will be arranged as follows:

- Consumer/ Family Member / Open-to-All (9:30 – 10:30 a.m.)
- Strengthening (10:30 – noon)
- Integration (1:00 – 2:30 p.m.)
- Data (2:30 – 4:00 p.m.)
Partner/Stakeholder
Questions and Comments
Next Steps
Next Steps

• DHCS to post to the DHCS website the feedback received from partners/stakeholders that was submitted to the “MHSUD Stakeholder Input” email account after the March 24th meeting

• DHCS internal workgroup will continue reviewing and incorporating partner/stakeholder feedback into the Issues Grid, as well as incorporate existing projects/workload that may not yet be represented

• DHCS will update the issues grid with written status reports on the web-site for each of the three committee items

• DHCS internal workgroup will collectively evaluate the updated Issues Grid and draft a prioritization proposal DHCS will email the updated Issues Grid to Behavioral Health Forum participants in preparation for the next Behavioral Health Forum meeting
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