DHCS Behavioral Health Forum
Integration Forum

April 6, 2015
1:00 p.m. to 2:10 p.m.
Integration Forum Chairs

**Efrat Eilat, PhD**, Special Advisor
Health Care Delivery Systems and
Mental Health and Substance Use Disorder Services
Department of Health Care Services

**Eileen Gillis, JD, MS, LMFT, AGPA**
Program and Grants Management Branch
Substance Use Disorder Services
Department of Health Care Services

**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
   a. Charter FY 15 – 16
1115 Waiver Renewal Proposal-
Workforce Development Concepts

Behavioral Health Forum
Oksana Giy and Wendy Soe
Department of Health Care Services
April 6, 2015
Workforce Strategies and Delivery System Transformation

• Five Core Workforce Strategies are vital to other delivery system transformation and alignment strategies
  – Managed care systems transformation - behavioral health coordination
  – Increased access to housing and supportive services
  – Whole person care pilots
  – Public Safety Net System Global Payment
Overview of Workforce Development
Five Core Strategies

• **Incentives to Increase Provider Participation**

• **Financial Incentives for Non-Physician Community Providers**

• **Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training and Certification**

• **Training:**
  – Targeted Training for Non-Physician Health Care Providers
  – Palliative Care Training
  – Expand Physician Residency Training Slots

• **Incentives to Expand the Use of Telehealth**
Incentives to Increase Provider Participation

• Provide financial incentives for:
  – Health professionals who are not currently serving Medi-Cal members
  – Existing Medi-Cal providers to encourage them to accept additional Medi-Cal members

• Financial Incentives:
  – Health professionals in geographic areas with the greatest need for Medi-Cal providers
  – Specialties that are most challenging to recruit and retain
  – Emphasis on recruiting racially/ethnically diverse health professionals
Financial Incentives for Non-Physician Community Providers

Provide incentives to managed care plans to support the use of non-physician community providers as part of a member’s care coordinating team

- **Front-line Workers/Community Health Workers (CHWs)**
  - CHWs can help reduce barriers of access to health services and improve the quality and cultural competence of services delivered
  - Reduces inpatient and emergency utilization
  - Improved health behavior outcomes

- **Peer Support Specialists**
  - Improved patient care management
  - Expanded use in MH and SUDS as part of a care-team to further improve care coordination and care managed, will lead to better health outcomes
Screening, Brief Intervention, and Referral to Treatment (SBIRT) Training and Certification

- Proposal to expand SBIRT services:
  - Available in additional settings
  - Make training and certification available to a broader spectrum of providers
- SBIRT is currently required for Medi-Cal enrollees in primary care settings.
- SBIRT training is used as a tool to promote better health outcomes and reduce over health care spending
Training Incentives

• Targeted Training for Non-Physician Health Care Providers
  – Provide additional voluntary training, and in some cases certification
    • Examples: IHSS workers, CHWs, Patient navigators, Peer Support Specialists, and others

• Palliative Care (PC) Training
  – Increase participation in voluntary training programs on PC
  – PC improves quality of life for patients, increases patient satisfaction, and reduces hospital stays and overall health care costs
Training Incentives Continued

• Expand Physician Residency Training Slots
  – Provide targeted funding for existing and new residency programs
  – Expansion of residency programs can improve recruitment and retention of physicians in the facilities that sponsor them.
  – Provide incentives for additional training slots in geographic areas of need and for the specialties that are in the greatest need.
  – Further, target residency programs with incentives for medical school graduates to take positions in racially and economically diverse areas to improve access
Incentives to Expand the Use of Tele-Health

• Provide incentives to expand access to specialty services using telehealth

• Priority for geographic areas or certain specialists where access is more limited

• Pilot-test incentive payments to encourage the use of telehealth.
## Progress of Medi-Cal 2020

<table>
<thead>
<tr>
<th>Next Steps</th>
<th>Timeline</th>
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<tbody>
<tr>
<td>Target submission date of Waiver application to CMS</td>
<td>March 27, 2015</td>
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<tr>
<td>DHCS/CMS discussions</td>
<td>April – November 2015</td>
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<tr>
<td>Stakeholder Advisory Committee update</td>
<td>May 20 and July 22, 2015</td>
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<tr>
<td>Collaborative Program development with stakeholders</td>
<td>Spring/Summer 2015</td>
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<td>Final STC development</td>
<td>Fall 2015</td>
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<tr>
<td>Start of new Waiver</td>
<td>November 1, 2015</td>
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<td>Continued Stakeholder engagement forums</td>
<td>Post-approval</td>
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DISCUSSION
Discussion

Based on your experience, what do you believe would be helpful strategies to enhance or increase Workforce Development efforts in order to better serve the Medi-Cal population?
Updates

• Health Homes

• Screening, Brief Intervention, and Referral to Treatment (SBIRT)

• Mental Health Memorandum of Understanding (MOU)
Health Homes for Patients with Complex Needs
Health Homes Background

• ACA Section 2703
  – Created the new health home optional Medicaid benefit for intensive care coordination for people with chronic conditions
  – Six care coordination services: Comprehensive care management, Care coordination, Health promotion, Comprehensive transitional care, Individual and family supports, and Referral to community and social services.
  – 90% federal funding for eight quarters, and 50% thereafter

• AB 361 – enacted in 2013
  – Requires inclusion of a specific target population of frequent utilizers and those experiencing homelessness
  – Requires that DHCS implement only if no additional General Fund moneys will be used.
### Timeline

<table>
<thead>
<tr>
<th>9/14 – 1/16</th>
<th>Design &amp; Decision Making</th>
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<tr>
<td>9/14 – 7/15</td>
<td>Ongoing program design. Solicit, evaluate, and incorporate stakeholder as needed.</td>
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<td>4/15 – 7/15</td>
<td>One time required consult with Substance Abuse and Mental Health Services Administration (SAMHSA)</td>
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<td>4/15 – 7/15</td>
<td>CMS consultation on coverage issues and reimbursement model</td>
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<td>8/14 – 1/16</td>
<td>Ongoing stakeholder engagement</td>
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<tr>
<td>8/15</td>
<td>Formal SPA submission to CMS</td>
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<td>10/15 – 12/15</td>
<td>CMS approval of 2703 SPA</td>
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<th>7/15 – 7/18</th>
<th>Implementation &amp; Provider Technical Assistance</th>
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<td>7/15 – 12/15</td>
<td>Begin to provide TA, build health home networks, and prepare for program implementation</td>
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<tr>
<td>1/16</td>
<td>Begin operating health homes (SPA effective date for enhanced match purposes)</td>
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<tr>
<td>12/17</td>
<td>End of enhanced match for first 2703 health home SPA</td>
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<tr>
<td>1/18</td>
<td>Completion of initial AB 361 evaluation timeframe</td>
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DHCS is actively working on program design on these topics:

- Eligibility Criteria
- Geographic Phasing
- Health Home Services
- Health Home Network Infrastructure
  - Lead Entity
  - Community-Based Care Management Entity
- Quality Measures and Evaluation
- Payment Methodology & Rates
Four Additional Items of Interest

• Concept Paper 2.0:
  – Targeting April for public release of more detail.

• Beneficiary Outreach and Provider Technical Assistance:
  – Still a focus area; exploring possibilities in lieu of CalSIM funding.

• Behavioral Health (BH) and California Children’s Services (CCS):
  – Engaging with stakeholders regarding a BH model and watching the CCS redesign process closely.

• Engaging with our Plan partners very soon:
  – To assist in technical aspects of model development.
Stakeholder Engagement

• We received great stakeholder input from our Nov. webinar and concept paper release; and
  – We have been meeting with various stakeholders on specific areas of Health Homes for the last several months.

• DHCS is targeting an April stakeholder event and release of expanded concept paper for review and feedback; and
  – We will continue with stakeholder events between April and SPA submission in August to solicit feedback on the program evolution.
Stakeholder Engagement Contacts

• Visit the DHCS Health Home web page
  www.dhcs.ca.gov/services/Pages/HealthHomesProgram.aspx
  for:
  • Program Information
  • Links to: Stakeholder Engagement information, including the
    DHCS Concept paper and a recording of the Nov. 17 Webinar

• Please contact us via the DHCS Health Home mailbox
  HHP@dhcs.ca.gov to:
  • Send comments/questions or to ask to be included in future
    notices of stakeholder engagement opportunities
Integration Forum Charter

• Priorities FY 15-16:
  – Ongoing Integration Efforts in the Development and Implementation of the 1115 Waiver Renewal Development and Implementation
  – Screening and Assessment Tool (e.g. SBIRT)
  – Identifying and Supporting Best Practices:
    • Workforce Development
    • Health Homes
Integration Forum Charter

• Priorities FY 15-16 (cont.):
  – Identifying Best Practices (cont.):
    • Increase DHCS collaboration cross-sector (e.g. Justice System, Education System)
    • Substance Abuse And Mental Health Services Administration (SAMSHA) 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
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