

CMHPC

Healthcare Integration Committee

Work Plan 2016-17

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| <p>Describe overall goal here</p> <p>Goal 1: Understand and monitor collaboration/integration between county health plans and mental health plans.</p> | <p>Why is this needed?</p> <p>Rationale: <i>MCPs are responsible for the delivery of certain mental health services through the MCP provider network to beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning resulting from a mental health disorder as defined by the current DSM, that are outside of the PCP's scope of practice</i></p> <p><i>(ACL 13-021)</i></p> | <p>How will we know if it is accomplished?</p> <p>Measure of Success:</p> <p>A written report and comprehensive list of health plans that are “carving in” and those “carving out via CHCF.</p> | <p>Who is this meant for?</p> <p>Target Audience: Local Mental Health Boards, Counties, Public, Legislature</p> |
| <p>Objectives</p> | <p>Action Steps</p> | <p>Timeline</p> | <p>Leads</p> |
| <p>How will we know we are on the right track?</p> <p>Explore Best Practices for the Delivery of Mild to Moderate level of Services.</p> <ol style="list-style-type: none"> Find what the existing data is around the psychiatric hospitalization rates for members of the managed Medi-Cal health plans. <i>(Full Council Theme: alternatives to locked facilities.</i> Create a comprehensive list of health plans that are “carving in” and those “carving out.” | <p>How do we get ON the track?</p> <ul style="list-style-type: none"> Ongoing Presentations at Meetings. Literature Review Ongoing updates Catherine Teare CHCF Qs to consider: #1: Is it better in places where they are carving in versus carving out #2: Is there any difference in the way the county and health plan have arranged their interactions or meeting schedule which leads integration to work better in certain places. | <p>What gets done by when?</p> <ul style="list-style-type: none"> October 2015: Training/Presentation to the CALMHB/C regarding MOU’s (Health plans and mental health plans) (Sent f/u letter March 2016) Ask the CBHDA for a list of entities to request data from. January 2016: Requested data from DHCS and the Dept of Managed Care: <i>what is the existing data around the psychiatric hospitalization rates for members of the managed Medi-Cal health plans.</i> Data not easily accessible. Late April/Early May 2016: CHCF Contractor document review | <p>By whom?</p> <p>Steven Grolnic-McClurg/HCI Committee</p> <p>Staff</p> <p>Catherine Teare CHCF</p> |

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| <p>Describe overall goal here</p> <p>Goal 2: Explore the health effects of psychotropic Medications on Children and alternatives to medication</p> | <p>Why is this needed?</p> <p>Rationale: This project will fall under the full council's theme of : <i>Children and Youth</i></p> | <p>How will we know if it is accomplished?</p> <p>Measure of Success: Written Report</p> | <p>Who is this meant for?</p> <p>Target Audience: Counties, Public, Legislature, Health Plans</p> |
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| Objectives | Action Steps | Timeline | Leads |
| <p>How will we know we are on the right track?</p> <p>Explore the health effects of psychotropic medications on Children.</p> <ol style="list-style-type: none"> 1. Research innovative practices counties and mental health plans are doing and alternatives to medications for children. 2. Gather information from Health Plans, County Mental Health, and the youth and family, and a Nurse Practitioner. | <p>How do we get ON the track?</p> <p>Invite a panel to present at the April 2016 meeting</p> <ul style="list-style-type: none"> • Invite Peter Currie, Health Plan Representative, and possible Nurse Practitioner to June Meeting. • Ongoing research and literature Review (<i>Child Welfare Indicators Project</i>) | <p>What gets done by when?</p> <ul style="list-style-type: none"> • April 2016: Presentation Panel to include • June 2016: Discussion | <p>By whom?</p> <p>Cheryl Treadwell</p> <p>Staff</p> |
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| <p>Describe overall goal here</p> <p>Goal 3: Support and Monitor California's CCBHC's (Certified Community Behavioral Health Clinics) application development</p> | <p>Why is this needed?</p> <p>Rationale: Increase workforce and access to care</p> | <p>How will we know if it is accomplished?</p> <p>Measure of Success:</p> | <p>Who is this meant for?</p> <p>Target Audience: Counties, Public</p> |
| <p>Objectives</p> | <p>Action Steps</p> | <p>Timeline</p> | <p>Leads</p> |
| <p>How will we know we are on the right track?</p> <ol style="list-style-type: none"> 1. Advocate for Occupational Therapists as required provider 2. Monitor inclusion of Peer Specialists which is a requirement for CCBHC. | <p>How do we get ON the track?</p> <ul style="list-style-type: none"> • Continued monitoring via SAMHSA | <p>What gets done by when?</p> | <p>By whom?</p> <p>Staff</p> |
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