



Department of Health Care Services

Annual Medi-Cal Tribal and Indian Health Program Designees Meeting

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Mental Health and Substance Use Disorder Services

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Overview

- Structure of MHSD within DHCS
- Specialty Mental Health Services
 - 1915(b) Waiver
 - Funding
- Substance Use Disorders Services
 - Funding
 - Organized Delivery System Waiver
- Cultural Competence Planning



Medi-Cal
Specialty Mental Health Services
1915(b) Waiver

1915(b) SMHS Waiver

- DHCS provides Specialty Mental Health Services (SMHS) under the authority of a 1915(b) waiver.
- A 1915(b) waives Freedom of Choice, Statewideness and Comparability of Services.
- Allows states to implement managed care delivery systems, or otherwise limit individuals' choice of provider.

1915(b) SMHS Waiver

- May not be used to expand eligibility to individuals not eligible under the approved Medicaid state plan.
- Cannot negatively impact beneficiary access, quality of care of services, and must be cost effective.
- [Link to current waiver](http://www.dhcs.ca.gov/services/MH/Pages/MC_MHP.aspx)
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1915(b) SMHS Waiver

- The SMHS waiver program is administered locally by each county's Mental Health Plan (MHP).
- Each MHP is responsible to provide the services directly, or arrange for, SMHS for Medi-Cal beneficiaries.
- The SMHS waiver population is all Medi-Cal beneficiaries, who meet the medical necessity criteria.

Link to List of MHPs

- http://www.dhcs.ca.gov/services/mh/Documents/C_MHDA.pdf

1915(b) SMHS Waiver

–Impact on Indian Health Programs

–This waiver renewal will impact Indian Health Programs (IHPs) and Urban Indian Health Organizations (UIHOs) by extending the term of the existing SMHS waiver.

–IHPs and UIHOs may contact their county MHP to obtain information on contracting with the program to provide SMHS at the clinic for eligible Medi-Cal beneficiaries.

–Impact on Indian Medi-Cal Beneficiaries

This waiver renewal will impact Indian Medi-Cal beneficiaries by extending the term of the existing SMHS waiver to allow for continued services.

1915(b) SMHS Waiver

- Current SMHS waiver term:
July 1, 2013—June 30, 2015.
- The next waiver renewal must be submitted to Centers for Medicare and Medicaid Services (CMS) by March 31, 2015.
- Waiver renewal modifications will focus on activities to improve monitoring and oversight of compliance with state and federal requirements.

Mental Health Funding

- Under DHCS, California's public mental health system is supported with four primary sources of revenue and some smaller grants.
 - Local Revenue Fund 2011 (2011 Realignment)
 - Mental Health Services Fund (Proposition 63, MHSA)
 - Local Revenue Fund (1991 Realignment)
 - Federal Reimbursement for Medi-Cal Services
 - Mental Health Block Grant
 - Projects for Assistance in Transition from Homelessness (PATH) Grant



Substance Use Disorders Services

Substance Use Disorder Funding

- Local Revenue Fund 2011 (2011 Realignment)
- Substance Abuse Prevention and Treatment (SAPT) Block Grant
 - For State Fiscal Year 2014-15, DHCS allocated to the counties a total of approximately **\$226 million** in SAPT funds to the 57 counties (Sutter and Yuba Counties administer these funds jointly).

Substance Use Disorder Funding (cont'd.)

- SAPT Funding is specified for the following purposes:
 - Primary prevention activities, including over \$1 million for Friday Night Live/Club Live
 - HIV/Early Intervention Services
 - Women-specific services for treatment and recovery from SUD
 - Discretionary funds were allocated to be spent on planning, carrying out, and evaluating activities to prevent and treat SUD; and
 - Adolescent and Youth Treatment funds to provide comprehensive, age-appropriate SUD services to youth.

DMC Organized Delivery System Waiver

- The goal is to improve the quality and availability of SUD services for California's beneficiaries.
- The Waiver will give state and county officials more authority to select quality providers.
- The Waiver will be consumer-focused; use evidence based practices and improve program quality outcomes.
- The waiver will support coordination and integration across systems.

DMC Organized Delivery System Waiver

- A goal is more appropriate use of health care, such as reduced emergency rooms and hospital inpatient visits.
- The waiver will ensure access to SUD services while also increasing program oversight and integrity at the county and state level.
- The waiver will provide availability of all SUD services including residential services without the restrictions of the IMD exclusion.

DMC Organized Delivery System Waiver

Key Elements in the Waiver:

- Counties Opt In
- Continuum of Care
- Residential Services
- The ASAM Criteria
- Utilization Controls
- Selective Provider Contracting
- Recovery Services
- Expanding Medication Assisted Treatment

DMC Organized Delivery System Waiver

- Quality Assurance Activities
- Telehealth
- Case Management
- Licensed Practitioners of the Healing Arts
- Interface with Primary Care and Health Plans
- Evidence Based Practices
- Intersection with the Criminal Justice System

DMC Organized Delivery System Waiver

Residential Services

- Currently restricted due to the IMD exclusion.
- 90% of CA's residential bed capacity is considered an IMD.
- CA needs the waiver to provide residential services.
- In order to provide residential services, a county must provide all services outlined.

DMC Organized Delivery System Waiver

DMC Services With and Without Waiver

DMC Services	SPA 13-038 (Non-Waiver)	Opt-In Waiver
Outpatient/Intensive Outpatient	X	X
Narcotic Treatment Programs	X	X
Additional MAT		X*
Residential		X (one level)
Withdrawal Management		X (one level)
Recovery Services		X
Case Management		X
Recovery Residence		X (optional)
Physician Consultation		X

*Counties opting into the Waiver will be required to provide NTP and/or other MAT services.

DMC Organized Delivery System Waiver

Realignment

- Counties receive realignment funds derived from sales tax revenues deposited into their BH Subaccount to pay for a portion of DMC treatment services.
- Federal Financial Participation (FFP) would be available for waiver counties, including residential services.

DMC Organized Delivery System Waiver

Next Steps

- DHCS submitted the Waiver to CMS in November 2014.
- CMS has 120 days to render a decision.
- The implementation will roll-out in four regional phases.
- More information can be found on the DHCS website.



Cultural Competence

Cultural Competence Plans

- MHPs must comply with Cultural Competence Plans (CCPs) as required by CCR Title 9, section 1810.410
- MHPs are required to:
 - establish a 24/7 toll-free telephone number (language line) in all languages spoken by the beneficiaries of that county.
 - provide oral translation services to assist beneficiaries with access to mental health services.
 - provide written literatures/brochures in the threshold languages as spoken by the beneficiaries of that county.

Cultural Competence Plans

- MHPs must implement program trainings to improve the cultural competence skills of staff and contract providers; and a process that ensures the interpreters are trained and monitored for language competency.
- The CCP provides information on the MHP's progress in improving cultural competence, and provides an opportunity for immediate feedback to the MHPs on problem areas.

Cultural Competence Plans

CCP and Improving Mental Health Services

Components of the Cultural Competence Plans (CCPs) are deeply embedded in the mission of providing culturally and linguistically appropriate services for beneficiaries, including access and community outreach. These components include national standards from the Office of Minority Health to improve quality, and help eliminate health care disparities.

Cultural Competence Plans

The current eight criteria are based on the revised 2013 CLAS standards and are as follows:

CRITERION 1: COMMITMENT TO CULTURAL COMPETENCE

CRITERION 2: UPDATED ASSESSMENT OF SERVICE NEEDS

CRITERION 3: STRATEGIES AND EFFORTS FOR REDUCING RACIAL, ETHNIC, CULTURAL, AND LINGUISTIC MENTAL HEALTH DISPARITIES

CRITERION 4: CLIENT/FAMILY MEMBER/COMMUNITY COMMITTEE: INTEGRATION OF THE COMMITTEE WITHIN THE COUNTY MENTAL HEALTH SYSTEM

CRITERION 5: CULTURALLY COMPETENT TRAINING ACTIVITIES

CRITERION 6: COMMITMENT TO GROWING A MULTICULTURAL WORKFORCE: HIRING AND RETAINING CULTURALLY AND LINGUISTICALLY COMPETENT STAFF

CRITERION 7: LANGUAGE CAPACITY

CRITERION 8: ADAPTATION OF SERVICES

Cultural Competence

Future Activities

- In the future, DHCS would like to establish a Cultural Competence Advisory Committee (CCAC).
- The integration of mental health and substance use disorder (SUD) services programs will strongly influence the development and implementation of cultural competence activities in the future as part of a transition into behavioral health.
- The Mental Health and Substance Use Disorder Services collaboration on this effort is the first step toward integrating cultural competence in both substance use and mental health.

Questions

Thank you!