



## Behavioral Health Workgroup

### 11.29.21 Meeting Summary

The Department of Health Care Services (DHCS) hosted the Behavioral Health Workgroup on November 29, 2021.

The meeting was attended by DHCS staff, [workgroup members](#), and members of the public. Devin McBrayer from Aurrera Health Group helped facilitate the meeting and Kelly Pfeifer, Tyler Sadwith, and Shaina Zurlin were the DHCS lead presenters.

This meeting focused on the following topics. A full agenda can be found at the [CalAIM Behavioral Health Workgroup](#) agenda page.

- Status updates on contingency management and peers benefit;
- An overview of the CalAIM Behavioral Health initiatives going live January 2022;
- An overview of the CalAIM Behavioral Health initiatives going live July 2022 and beyond;
- A discussion about implementation and operational considerations related to the CalAIM Behavioral Health initiatives; and
- Public comment on the above topics.

### Discussion Summary

- The meeting began with a presentation from DHCS providing an overview of the meeting objectives and a summary of contingency management, peer certification, beneficiary access to Specialty Mental Health Services (SMHS), and the Drug Medi-Cal Organized Delivery System (DMC-ODS). See [CalAIM Behavioral Health Workgroup slides](#) (5 – 21). Below is a summary of the comments from the workgroup discussion:
  - Call for clarity on how beneficiaries will benefit from the implementation of initiatives.
  - Call for further provider support during the rollout of initiatives.
  - Consider how DHCS can best align across delivery systems.
  - Call for more opportunities to better serve populations who have multiple disabilities.
  - Call to ensure beneficiary access to technology does not limit access to contingency management.
  - Support for continuing to negotiate natural healer services with the Centers for Medicare and Medicaid Services (CMS).

- Call for ongoing support clarifying access criteria and medical necessity determinations.
  - Call for further clarity on the alignment of screening and transition tools with other CalAIM initiatives.
  - Call for additional information on the roadmap for Behavioral Health Administrative Integration in 2027.
  - Consider raising the implications of the establishment of the California Health and Human Services data exchange framework on CalAIM.
  - Call to expand the contingency management benefit to all counties.
  - Consider the requirements of Early and Periodic Screening, Diagnostic and Treatment (EPSDT) related to contingency management.
- Next, DHCS presented an overview of the initiatives that go live July 2022 and beyond. See [CalAIM Behavioral Health Workgroup slides](#) (23 – 31). Below is a summary of the comments from the workgroup discussion:
    - Appreciate that DHCS is committed to making patients' and providers' lives easier as the result of these CalAIM initiatives.
    - Calls for clarity on how the screening tools will interact with the “No Wrong Door” approach.
    - Call for information on what support and trainings DHCS is going to provide Managed Care Plan partners to implement these initiatives.
    - Calls for a public service campaign to attract individuals to the behavioral health workforce.
    - Calls for greater collaboration amongst DHCS Behavioral Health staff, Managed Care Quality and Monitoring Division (MCQMD), Managed Care Plans, Mental Health Plans, Department of Social Services, and Regional Centers.
    - Call for clarity on screening and transition tool changes for those who are not clinicians.
    - Call for clarity on how the screening and transition tools will impact the DMC-ODS requirement to evaluate beneficiaries according to the American Society of Addiction Medicine (ASAM) Criteria.
    - Ensure that equal time is allocated to developing both the adult and youth screening and transition tools.
    - Ensure cooperation between Managed Care Plans and Mental Health Plans in accurate usage of screening and transition tools.
    - Ensure consumers with multiple health diagnosis are considered in the screening and transition tools appropriateness.
    - Call for clarity on how fee schedule is going to be determined for county behavioral health plans.
    - Call for clarity on how the behavioral health workforce shortage is going to impact the implementation of CalAIM.
    - Call to provide clarity to providers and county contracts on the “No Wrong Door” implementation.
    - Ensure Enhanced Care Management (ECM) and “No Wrong Door” are supported congruently.

- Finally, members of the public were invited to comment (slide 34). Below is a summary:
  - Utilize CalAIM grant opportunities to create positions that would coordinate non-profit groups to facilitate warm hand-off resources for beneficiaries.
  - Ensure services are accessible to people with disabilities and ensure future webinars and public meetings have closed captions.
  - Call to increase provider participation in the development of the youth screening and transition tools.
  - Call for clarity if California will implement a standardized Child and Adolescent Needs and Strengths (CANS) assessment.
  - Call for clarity on how CalAIM changes will impact those that are incompetent to stand trial in California.
  - Call for the resources required for the implementation of CalAIM to be dealt with on a legislative level.
  - Ensure that compensation for CalAIM initiatives is adequate and appropriate to provide high quality care to beneficiaries.
  - Call for clarity if payment reform will apply to residential substance use disorder treatment.
  - Call for clarity on the rate setting process.

**Next Steps for DHCS:**

- Information about upcoming webinars and other items related to the CalAIM BH initiatives can be found on the [Behavioral Health CalAIM Webpage](#).
- Stakeholders may submit written comments related to the implementation of CalAIM behavioral health initiatives to: [bhcalaim@dhcs.ca.gov](mailto:bhcalaim@dhcs.ca.gov)