



## **Behavioral Health Workgroup 1.23.20 Meeting Summary**

The Department of Health Care Services (DHCS) held the first Behavioral Health workgroup meeting focused on administrative integration on January 23. The second Behavioral Health workgroup meeting focused on administrative integration will take place on January 30, 2020.

The meeting was attended by DHCS staff, [workgroup members](#), and members of the public. Molly Brassil from Harbage Consulting facilitated the meeting and Brenda Grealish, Kelly Pfeifer, and Autumn Boylan were the DHCS lead presenters.

This meeting focused on the following topics. A full agenda can be found [here](#).

- An overview of the current system and the administrative integration proposal;
- An overview of building an integrated workforce;
- An overview of building an integrated delivery system and licensing and certification; and
- Public comment on the above topics.

### **Discussion Summary**

The meeting began with a presentation from DHCS providing an overview of the goals of the administrative integration proposal and the current system. See slides [here](#) (4-13).

- Below are comments made by multiple workgroup members:
  - Support for the administrative integration proposal.
  - Calls for DHCS to identify functions and activities that can be integrated more quickly, and to get started on those as soon as possible.
  - Questions and concerns with federal privacy law considerations.
  - Calls to ensure that administrative integration helps clinical integration in the future.
  - Calls to address transitions of care and ensure providers get training on care coordination.
  - Calls to invest savings from integration back into services.

- Calls to think about implications for youth, pregnant and parenting women, and the importance of considering primary care when making decisions on administrative integration.
- Calls to ensure that this work does not negatively impact the existing workforce.

Next, DHCS presented an overview of workforce considerations for building an integrated workforce. See slides [here](#) (14-25). Below is a summary of the key themes from the workgroup discussion.

- Below are comments made by multiple workgroup members:
  - Calls for additional workforce education for current clinicians and cross training for different disciplines.
  - Calls for a single credentialing system across the state.
  - Calls to ensure that the rates can accommodate the true costs of providing team-based care.
- Below are additional comments from workgroup members:
  - Ensure that documentation standards are not overly stringent.
  - Call to utilize people coming from the criminal justice system as peer-providers and calls to allow reimbursement for peer-based services across behavioral health modalities of care.
  - Ensure continuity in definitions of provider types.

Next, Vitka Eisen from HealthRIGHT 360 presented an overview of the integrated care they provide for Substance Use Disorders and co-morbid conditions. See slides [here](#). Below is a summary of the presentation made by Eisen.

- HealthRIGHT360 provides integrated care that includes primary medical, dental, mental health, substance use disorder treatment and re-entry services. Vitka described the population of substance use disorder and homeless in San Francisco and provided background on the integrated care center in San Francisco. Next, Vitka described the roles within the patient care team providing team-based care and provided an overview of the specialty care teams within their clinics including the mental health team, addiction team, dental team, and behavioral health team. Vitka also provided background on the work care coordinators do for patients with complex conditions.

Next, DHCS presented an overview of building an integrated delivery system with a focus on licensing and certification. See slides [here](#) (27-32).

- Below are comments made by multiple workgroup members:

- Calls for a more streamlined licensing process with walkthroughs developed by DHCS.
- Calls for a single application for those working with both populations.
- Below are additional comments from workgroup members:
  - Interagency coordination needs to occur, especially with regards to audits and monitoring.
  - Consider the impact of ASAM designation.
  - Ensure that decisions are made to make it easier to provide care across the system.
  - Look at ways that DHCS might be able to license the entity and not the provider.

Finally, members of the public were invited to comment. No comments were offered by members of the public.

**Next Steps for DHCS:**

The Behavioral Health Workgroup will convene to discuss Behavioral Health Integration again on January 30, 2020.

A Behavioral Health Stakeholder Advisory Committee will take place on February 12, 2020.