Behavioral Health Stakeholder Advisory Committee Meeting

July 29, 2021

Webinar Tips

- Please use either your computer or phone for audio connection.
- Please mute your line when not speaking.
- For questions or comments, email: BehavioralHealthSAC@dhcs.ca.gov

Welcome and Introductions

Director's Update

HCBS Spending Plan

- On March 11, 2021, President Biden signed the American Rescue Plan Act (ARPA) of 2021 into law to provide additional COVID-19 relief to states.
- States must use the extra 10% to implement or supplement implementation of one or more activities to enhance, expand, or strengthen HCBS in the state's Medicaid program.
- California's spending plan includes input from stakeholders across the departments under the California Health and Human Services Agency (CHHS) on 30 initiatives, which total approximately $4.6 billion in enhanced federal funding.
- DHCS submitted the initial spending plan and narrative for federal approval on July 12.
- Additional information on the HCBS Spending Plan is available on both the CHHS and DHCS websites.

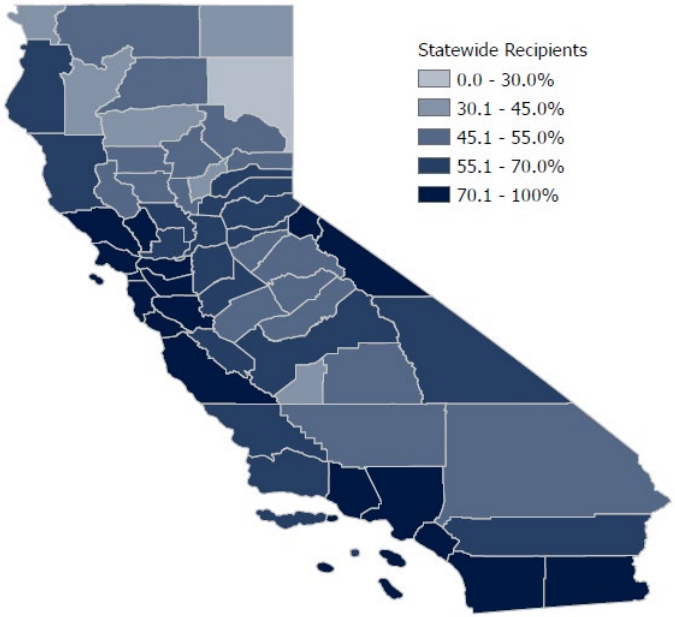
CalAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Changes to eligibility criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation redesign for SUD & SMHS	July 2022
Co-occurring treatment	July 2022
No Wrong Door	July 2022
Standard screening & transition tools	January 2023
Payment reform	July 2023

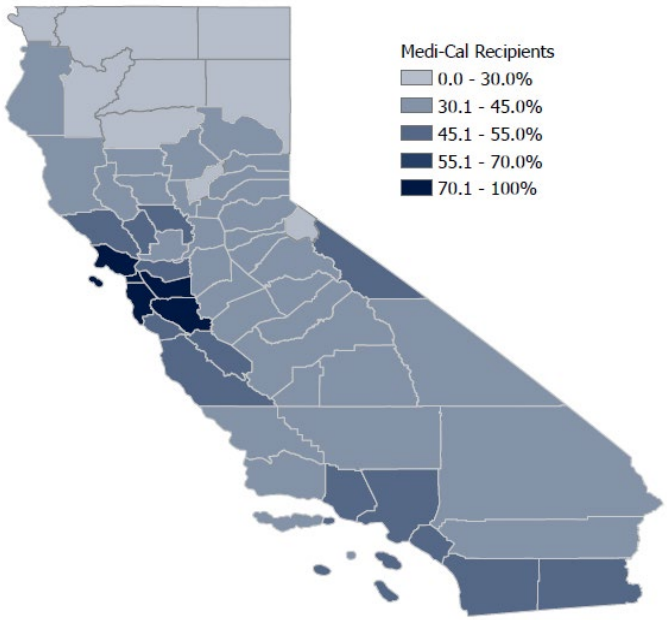
COVID-19 Vaccinations

Received at least one dose as of July 18, 2021
Percentage of 12+ years old, by county

All Californians



Medi-Cal Beneficiaries



Note: Medi-Cal beneficiaries are a subset of all Californians

Slides are updated biweekly and are available on DHCS' COVID-19 response page.

Medi-Cal Managed Care Plan (MCP) Procurement

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MCP Procurement Update

- The MCP procurement is key to furthering CalAIM's goals to:
  - Identify and manage member risk and need through whole person care approaches and addressing social determinants of health (SDOH).
  - Move Medi-Cal to a more consistent and seamless system by reducing complexity and increasing flexibility.
  - Improve quality outcomes, reduce health disparities, and drive delivery system transformation and innovation through value-based initiatives, modernization of systems, and payment reform.

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MCP Procurement Update

- DHCS is leveraging the MCP procurement process to:
  - Drive improvements in **quality** of and **access** to care
  - Focus on health **equity** and reducing health care **disparities**
  - Increase **accountability** and oversight of subcontractors
  - Improve administrative and health care delivery **efficiency**

- The procurement proactively encourages, promotes, or requires:
  - Using **value-based** arrangements with providers to better align payment with quality of care and performance
  - Bettering care **coordination** and management
  - **Integrating behavioral health** care with physical health care
  - Assessing and tracking SDOH
  - **Engaging local** entities with experience to work with specific populations

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MCP Procurement Update

- Intent of DRAFT Request for Proposal (RFP) is to solicit public feedback
- DRAFT RFP released June 1, 2021 included:
  - List of Policy items that will be included in the FINAL RFP
  - A sample 2024 managed care plan contract
  - RFP cover letter, Main, attachments, and appendices
- DRAFT RFP webinar held on June 10. Slide deck posted to Contract Services Branch website
- Comments were due July 1
  - ~1,500 comments received by 48 unique responders

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MCP Procurement Update

- In the DRAFT RFP, DHCS provided a list of Managed Care Contract related policy updates that were pending completion of final requirements at the time of the release of the DRAFT.
- The Final RFP will include contract requirements for the following policy items:
  - May 2021 Budget Revisions
  - Population Health Management
  - Enhanced Care Management
  - In Lieu of Services
  - Health Disparities and Health Equities
  - Behavioral Health (BH) Reforms including but not limited to, No Wrong Door
  - School-based services including but not limited to, preventative early-intervention for behavioral health services by school-affiliated health providers

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MCP Procurement Update

- DHCS is reviewing and considering stakeholder feedback that was submitted by July 1.
- Part of DHCS' assessment will be to review whether comments or updates are best addressed through the Managed Care Plan contract, or through other guidance documents, such as All Plan Letters (APLs).

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MCP Procurement Update

External feedback categories for discussion today:

1. Exhibit A, A-III-4.3 – Population Health Management (PHM) and Coordination of Care
2. Exhibit A, A-III-2.2 – Quality Improvement System
3. Exhibit A, A-I-1.0 – Definitions
4. Exhibit A, A-III-5.2 – Network and Access to Care
5. Exhibit A, A-II – Operational Readiness Deliverables and Requirements
6. Exhibit A, A-III-5.6 MOUs and Agreements with Third Party Entities
7. Exhibit A, A-III-5.3 Scope of Services

Planned contract updates listed here are not all inclusive and do not represent all updates or changes that DHCS is considering for the Final RFP.

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MCP Procurement Update

DRAFT RFP # 20-10029 Release

Exhibit A, A-I-1.0 – Definitions

Feedback Themes
Requests to add or update certain terms for greater clarity/specificity.

Current Planned Updates
Update definitions to ensure section is more consistent with all contractual provisions throughout the contract and to add clarity.

Exhibit A, A-II – Operational Readiness Deliverables and Requirements

Feedback Themes
Requests to clarify requirements language.

Current Planned Updates
Update to provide more clarity.

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MCP Procurement Update

DRAFT RFP # 20-10029 Release

Exhibit A, A-III-4.3 – PHM and Coordination of Care

Feedback Themes
Requests for more detailed PHM language (i.e., data sources, populations, and characteristics).
Recommendations for additional required data sources for MCP risk stratification mechanisms or algorithms.
Questions and concerns about implementation and feasibility of transitional services.
Requests for more specificity regarding case manager duties.
Language recommendations to improve coordination between MCPs and entities providing SUD treatment, SHMS, and IHSS.
Current Planned Updates
Removal of language requiring specific risk assessments.
Incorporation of the Finalized DHCS MCP ECM and ILOS contract template.
Updates to the contract or through All Plan Letters with stakeholder input to add more detail

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MCP Procurement Update

DRAFT RFP # 20-10029 Release

Exhibit A, A-III-2.2 – Quality Improvement System

Feedback Themes
Requests for more specific accountability requirements on quality and health equity.
Requests for DHCS to tie performance to financial incentives.
Requests to add more details for the annual Quality Improvement and Health Equity report and quality measures used to monitor performance.
Requests for details on membership in the Community Advisory Committee (CAC) and Quality Improvement/Health Equity Committee.
Concern about volume of quality data requested from bidders.
Current Planned Updates
Clarify requirement for NCQA health plan accreditation.
Possible updates to the contract or through All Plan Letters that tie financial incentives/withholds to better drive performance. Additional quality measures and details included in the Annual Quality Improvement and Health Equity report.

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MCP Procurement Update

Exhibit A, A-III-5.2 – Network and Access to Care

Feedback Themes
Requests for more specificity around training and makeup of providers on the Cultural and Linguistic Program Committees.
Requests for more details on, and recommendations for, the CAC governing board membership.
Language requests regarding primary care physician (PCP) assignment for Other Health Coverage (OHC) to ensure members continue to see their PCP when possible.
Requests for specific regulatory guidance regarding subcontracted network certification.

Current Planned Updates
Add OHC/PCP assignment language to account for carve-in of Cal Medi-Connect and members with comprehensive Medicare coverage.
Add additional details on the CAC, including membership.
Updates to the contract or through All Plan Letters with stakeholder input to add more detail

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MCP Procurement Update

DRAFT RFP # 20-10029 Release

Exhibit A, A-III-5.6 MOUs and Agreements with Third Party Entities

Feedback Themes
Requests for increased oversight of MOUs.
Requests to standardize MOUs.
Request to increase SMHS care coordination guidance and documentation.

Current Planned Updates
Inclusion of requirement for manage care plan to work with local partners and CBOs for the provision of Behavioral Health services in schools.

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MCP Procurement Update

DRAFT RFP # 20-10029 Release

Exhibit A, A-III-5.3 Scope of Services.

Feedback Themes
Requests to include detailed definition language in the body of this section.
Requests to clarify care coordination requirements.
Requests to clarify contractor requirements related to behavioral health services and Medi-Cal Rx.
Requests for more details regarding coverage requirements of specific types of services. Examples include prenatal and postpartum care, dental care, cancer care, transplant care, long-term care, hospice, and palliative care.

Current Planned Updates
Updates to the initial health appointments in alignment with existing California Code of Regulations.
Updates to the contract or through All Plan Letters with stakeholder input to add more detail

Timeline and Next Steps

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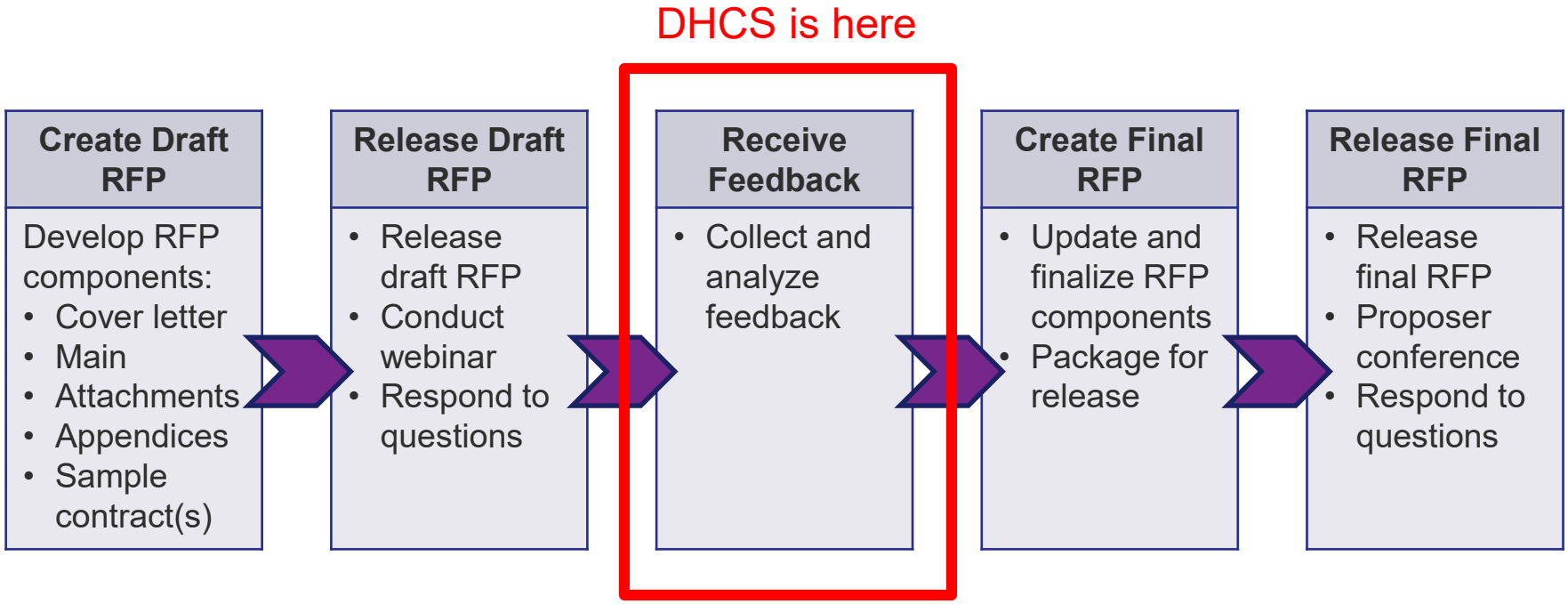
MCP Procurement Process Timeline

Timeline and Next Steps



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MCP Procurement Process Timeline

Timeline and Next Steps

Key Event	Date
Final RFP Release	Targeting Late November / Early December 2021
Proposals Due	Targeting Late 2021 – Early 2022
Notice of Intent	Targeting Early 2022 – Mid 2022
MCP Operational Readiness	Targeting Mid 2022 – Late 2023
Implementation	January 2024

Questions?

Children and Youth Behavioral Health Initiative

Jacey Cooper, State Medicaid Director,

Chief Deputy Director

Goal

Transform California's children and youth behavioral health system into a world-class, innovative, up-stream focused, ecosystem where ALL children and young adults are routinely screened, supported, and served for emerging behavioral health needs.

Children and Youth BH Initiative

- ALL of Californian's children and youth will receive early and routine, evidence-based, culturally responsive, equity-focused behavioral health (BH) screenings.
- More than $4 billion in total funds invested over the next five years.
- Those with service needs receive access to readily available virtual and interactive tools.
- When virtual tools are not enough, timely services are made available through telehealth and in person.
- The program will be statewide for ALL children and youth, regardless of insurance type or status.

Why?

- Early Intervention: Serving young people and doing it well pays off.
  - Half of all lifetime cases of diagnosable mental illnesses begin by age 14
  - Three-fourths of all lifetime cases of diagnosable mental illness begin by age 25
- State's children's BH system is inadequate to meet current needs.
  - Too little focus on prevention
  - Too few programs
  - Too few BH professionals
  - Too few crisis and emergency services
  - Too few acute care services and beds
- The most glaring BH challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences (ACEs) are widespread.

COVID Intensified Need to Address Inadequacies

- Children's BH-related emergency department visits increased significantly due to COVID-19.

- A Kaiser Family Foundation report found that of Americans between ages 18-24:
  - 56.2% reported symptoms of anxiety and depression
  - 25% described an increase or onset of substance use
  - 26% reported serious thoughts of suicide

- Children's BH conditions are anticipated to grow and intensify due to the pandemic, including untreated anxiety, depression, psychosis, and new substance use disorders.

Key components

BH Service Virtual Platform and e-consult - Direct service and CBO network - Defined list of services and fee schedule
Training for pediatric, primary care, and other health care providers
School BH capacity grants to expand services and programs
BH evidence-based programs: spread and scale
BH continuum of care infrastructure
Dyadic care (integrating BH and medical services)
Expanding BH workforce capacity
Public education and change campaign

Key Components: Virtual Services Platform

Multi-year development: first year focused on research, planning, and convening subject matter experts and stakeholders.

A **new statewide virtual platform:** screening, tools and supports, and initial care for ALL young people through age 25 and their caregivers.

- Portal is a **universal point of entry**
- **Tiered model:** most effective, least resource-intensive treatment is delivered first and then referrals to plans for higher level of services.
- Statewide **eConsult/eReferral service** to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to better manage BH conditions.
- **Navigation tools** to guide step-by-step access to help regardless of pay source, support locating available services and supports.

Key Components: programs and workforce

- **Evidence-based practices:** Support scale and spread of interventions proven to improve outcomes for children and youth with or at high risk for BH conditions
- **School behavioral health capacity grants:** Support to build and expand behavioral health services in schools through health plans, counties, community-based organizations, providers.
- **Workforce:** Expand available workforce to include new school BH counselors and coaches, and build new training opportunities and pipelines for other BH professionals.

Key Components (continued)

Build new **mental health and SUD infrastructure**: **beds and facilities:** includes social model and residential settings, crisis stabilization and crisis residential services in a home-like settings, Wellness Centers and services for children and youth.

Implement **dyadic services** in Medi-Cal: integrating BH screening and services into medical care.

Statewide **education and awareness campaign** to raise the BH literacy of all Californians to normalize and support prevention and early intervention. Develop a public awareness campaign on ACEs and toxic stress.

Initiative-wide independent **evaluator** for all program components to identify best and innovative practices and inform future policy and program work.

Vital to California's Recovery is Addressing Behavioral Health for ALL California's Children and Youth

Questions and discussion

Health Equity Roadmap

Health Equity Roadmap: Background

- On behalf of DHCS, the California Health Care Foundation (CHCF) engaged Sellers Dorsey to quickly complete an assessment of DHCS' efforts related to health disparities and equity, and to propose a roadmap for future activities and initiatives.
- Specific focus on race and ethnicity, though some of the information provided to DHCS is outside of this area.
- Work was completed in the beginning of the calendar year.
- The Governor's May Revision and subsequent budget actions reflect proposals tied to equity that are not reflected in the Sellers Dorsey work, as those were released after the final roadmap was submitted. Some of those proposals reflect work included in the roadmap.
- Research conducted at state and national levels, and interviews conducted with national and other state experts.

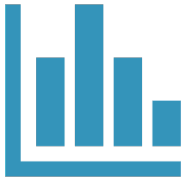
Health Equity Roadmap: Areas of Focus

The health equity roadmap is organized into six areas of focus, each of which has associated recommendations organized by key levers to drive change.

Each area of focus is equally and vitally important to the success and impact of the overall initiative.

Health Equity Structure & Culture	• Leadership and Governance • Cultural Competency, Training, and Education
Community Partnerships & Collaboration	• Stakeholder Engagement • Collaboration and Partnerships
Measurement & Analytics	• Data and Data Collection • Measures and Disparity Identification
Performance Monitoring & Evaluation	• Reporting • Compliance Activities • Accountability Mechanisms
Program Policy Changes & Interventions	• Program Policies • Interventions
Payment Structures and Fiscal Strategies	• Payment Structures • Fiscal Strategies

Health Equity Roadmap: Key Levers

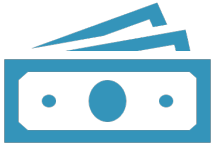


Reporting

Accountability

Procurement and Contracting

State-Based Payments and Initiatives



Contractor Payments and Initiatives

Member Engagement

Eligibility

Benefit Design

Summary of Sellers Dorsey Recommendations to DHCS

DHCS bears a critical responsibility and plays an important role in identifying and eradicating systemic inequities by being a vision and culture standard bearer, a policy champion, and a convener.

- Reinforce Medi-Cal's public commitment to pursuing a more equitable health care system for all of its beneficiaries.
- Convene stakeholders at the right cadence to identify priority areas of focus.
- Collect and use stratified data as well as analytic efforts to identify and understand health disparities and address data gaps such as for social risk factor data.
- Convene stakeholders to develop and refine measurement processes and methods to increase accountability and transparency of progress over time.
- Share and publicly report health disparities data, related outcomes, and activities to address health equity by DHCS and its contracted partners.
- Modify payment mechanisms and accountability metrics to pay for quality outcomes that are equitable across the Medicaid population and reduce disparities.
- Use compliance mechanisms, such as corrective action plans (CAPs) and penalties, for MCPs when benchmarks are not met for specified metrics.

Proposed Focal Measures from Sellers Dorsey

The following measures were selected to serve as a focal point for DHCS' efforts to reduce racial and ethnic health disparities. These measures are based on the following factors:

- Nationally recognized criteria such as the National Quality Forum – measures reflective of key areas of focus, as identified by national leaders .
- Areas identified in various studies, including those conducted by DHCS and other California organizations, showing significant disparities, including conditions highly sensitive to disparities, such as diabetes, hypertension, cancer, and low-birth weight.
- State efforts and areas of focus – these measures include cross-delivery system metrics that report on the performance of the entire delivery system, policy areas of focus by the State such as blood lead screening, and other state programs, such as the Quality Incentive Program.
- Alignment with other entities – such as Covered California.
- Data source – whether data are easily available to the state for analysis (i.e., administrative vs. hybrid measures).
- Building on Medi-Cal's current quality improvement infrastructure – areas that the state has focused on historically for improvements such as Childhood Immunization Status.

Additional analysis will be conducted to assess Medi-Cal specific data and performance rates relative to these metrics. The following list may change based on this analysis.

Proposed Focal Measures from Sellers Dorsey

Asthma Medication Ration (AMR)
Breast Cancer Screening (BCS)
Cervical Cancer Screening (CCS)
Childhood Immunization Status (CIS-10)
Colorectal Cancer Screening (COL)
Comprehensive Diabetes Care: HbA1c Poor Control (>9.0%) (CDC-H9)
Controlling High Blood Pressure (CBP-AB)
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)
Follow-Up After Emergency Department Visit for Mental Illness (FUM)
Follow-Up After Hospitalization for Mental Illness — 7 days (FUH)
Lead Screening in Children (LSC)
Prenatal & Postpartum Care (PPC-PST)
Screening for Depression & Follow-Up Plan (CDF)

Sellers Dorsey Behavioral Health Recommendations - Examples

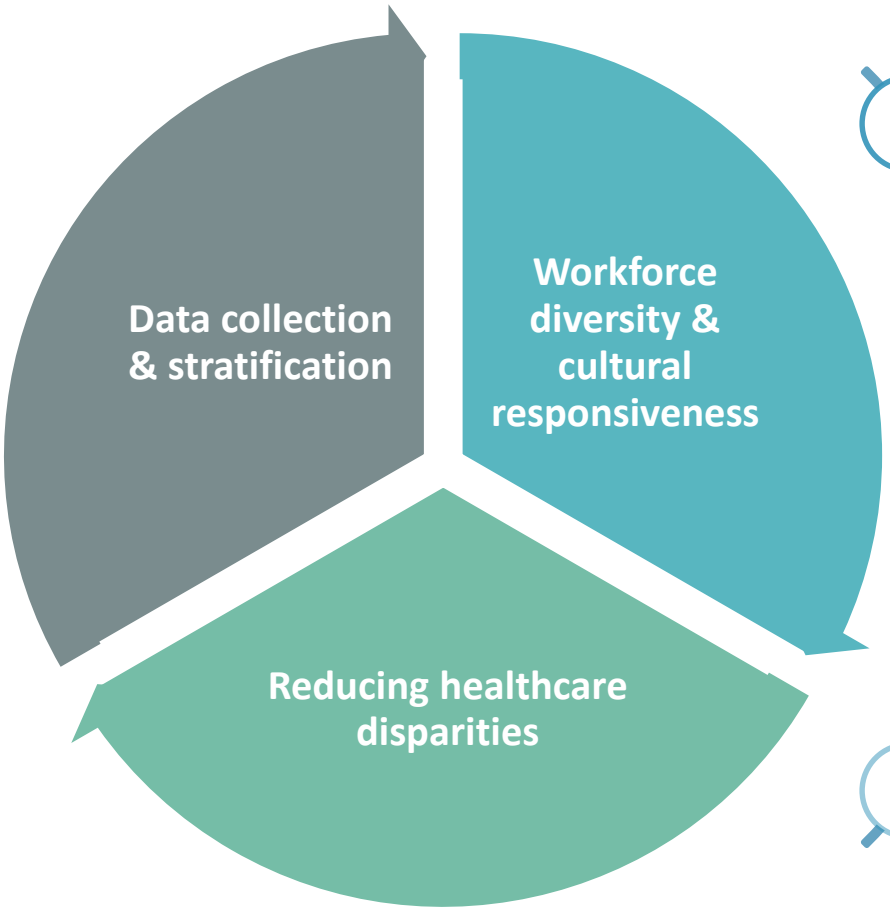
Sellers Dorsey made several recommendations to DHCS regarding changes that could be made to the behavioral health aspects of the Medi-Cal delivery system. Some of those recommendations include:

- Create, implement, and update annually a health equity strategic plan/roadmap.
- Clearly identify via title and define equity-related duties/requirements for a: (1) Health Equity Officer; and (2) Data Analytics Officer.
- Establish and maintain coordinated processes for internal and external efforts to improve and address disparities and inequities including vetting information, updating policies and procedures, contracts, etc.
- Refine staff training on cultural competency; requirements applicable to delegated entities as well.
- Establish an external Health Equity Stakeholder Committee and targeted workgroups/subgroups spearheaded by the Health Equity Officer.
- Include the member, family, and community in stakeholder discussions and policy development.
- Support the establishment of local feedback mechanisms, such as town halls and focus groups, to inform policy and implementation efforts.
- Actively participate in multi-agency and cross-sector efforts to address the overlapping health, social, and other needs of members.

Sellers Dorsey Behavioral Health Recommendations - Examples

- Develop and expand on relationships with community-based organizations that support a better existence for the member. Critical components include effective messaging, obtaining buy-in from stakeholders, partnering to convene learning collaboratives, and other stakeholder engagement activities.
- Require all contracted plans and partners to attempt to collect race and ethnicity data and report back to DHCS so the state has updated information.
- Further efforts to connect with other entities, including state and local health departments, to collect additional data such as those related to social determinants of health.
- Expand the collection and use of member clinical data to better identify and understand the root causes of health disparities.
- Require contracted plans to implement incentive or value based payment structures linking payment to outcomes on selected health equity achievements.

DHCS's Health Equity Conceptual Framework



- Managed Care/FFS (including CCS)
- Dental
- Behavioral Health
- School-Based Services
- HCBS/1915c delivery systems
- CalAIM & Quality Strategy
- Alignment with public health

Current and Planned DHCS Initiatives

- Assess recommendations from this comprehensive report in light of conceptual framework.
- Identify areas of overlap and alignment with existing DHCS efforts, including:
  - CalAIM
  - NCQA health equity requirements
  - New benefits, including doulas and community health workers
  - Re-design of cultural competence plans for county mental health plans and Community Mental Health Equity Project
- With stakeholder engagement, identify gaps in existing efforts and create strategies to address them to inform the Health Equity Roadmap, which will be a part of DHCS' Comprehensive Quality Strategy.

Key Resources

DHCS Health Equity website:
https://www.dhcs.ca.gov/dataandstats/reports/Pages/HealthDisparities.aspx

DHCS Health Disparities Data:
https://www.dhcs.ca.gov/dataandstats/reports/Pages/Health-Disparities-Data.aspx

DHCS 2019 Health Disparities Report:
https//www.dhcs.ca.gov/Documents/MCQMD/2019-Health-Disparities-Report.pdfort(ca.gov)

Questions

Public Comment