DHCS Behavioral Health Forum
October Forum Meeting

October 2, 2014
10:00 a.m. to 5:00 p.m.
Forum Agenda Overview

10:00 – 10:45  Welcome & Introductions
10:45 – 12:00  Strengthening Forum
12:00 – 1:00  Lunch Break
1:00 – 2:15  Integration Forum
2:15 – 3:30  Data Forum
3:30 – 4:45  Client and Family Member Forum
4:45 – 5:00  Wrap-Up and Next Steps
INTRODUCTION OF CHAIRS
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<tr>
<th>Name</th>
<th>Title</th>
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<tr>
<td><strong>Karen Baylor, Ph.D.</strong></td>
<td>Deputy Director</td>
<td>Mental Health and Substance Use Disorder</td>
<td>Department of Health Care Services</td>
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<td><strong>Brenda Grealish</strong></td>
<td>Chief</td>
<td>Mental Health Services Division</td>
<td>Department of Health Care Services</td>
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<td><strong>Dina Kokkos-Gonzales</strong></td>
<td>Chief</td>
<td>Policy and Program Quality Assurance Branch</td>
<td>Department of Health Care Services</td>
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<td><strong>Marjorie McKisson</strong></td>
<td>Special Advisor</td>
<td>Substance Use Disorder Services</td>
<td>MHSUD Deputy Director’s Office</td>
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<td><strong>Chuck Anders</strong></td>
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<td>Fiscal Management and Reporting Outcomes</td>
<td>Mental Health Services Division</td>
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<td>Department of Health Care Services</td>
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<tr>
<td><strong>Marco Zolow, PhD</strong></td>
<td>Health Program Specialist I</td>
<td>Prevention Treatment and Recovery Services</td>
<td>Substance Use Disorders Division</td>
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<td>Department of Health Care Services</td>
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</table>
Behavioral Health Forum Leads

Efrat Eilat, PhD, Special Advisor
Health Care Delivery Systems and Mental Health and Substance Use Disorder Services
Department of Health Care Services

Eileen Gillis, JD, MS, MFT, AGPA
Program and Fiscal Policy Branch Substance Use Disorder Services
Department of Health Care Services

Lanette Castleman, Chief
Program Oversight and Compliance Branch Mental Health Services Division
Department of Health Care Services

Jennifer Taylor
Fiscal Management and Outcomes Reporting Mental Health Services Division
Department of Health Care Services

Rachelle Weiss, Chief
Office of Applied Research and Analysis Substance Use Disorder Services
Department of Health Care Services

Dionne Maxwell, Research Program Specialist III
Fiscal Management and Outcomes Reporting Mental Health Services Division
Department of Health Care Services
OVERVIEW OF FORUM
**DHCS BEHAVIORAL HEALTH FORUM**

**DHCS – PARTNERS BEHAVIORAL HEALTH SERVICES STEERING COMMITTEE**

**CHAIRS**
- KAREN BAYLOR
- MHSUD DEPUTY DIRECTOR
- CHAIR

**MEMBERSHIP:**
- CMHDA & CADPAAC
- CSAC
- MHSOAC
- CA MH Planning Council
- Managed Care Plan representation
- Other key DHCS areas of jurisdiction
  (E.g. Elig./Benefits, Financing, Med. Dir., Health Care Del. Sys. etc.)

**FUNCTIONS:**
- Prioritize Issues
- Make policy recommendations
- Track progress and status of issues under consideration
- Oversee stakeholder engagement

**STAKEHOLDER – CONSUMER / FAMILY MEMBER**

“OPEN TO ALL” STAKEHOLDER FORUMS (Frequency TBD)

**“STRENGTHEN SPECIALTY MENTAL HEALTH AND DRUG MEDI-CAL COUNTY PROGRAMS AND DELIVERY SYSTEMS” FORUM**

**CHAIRS**
- MHSD – DINA KOKKOS-GONZALEZ
- SUD-CD – MARJORIE MCKISSON

**“DEVELOP A COORDINATED AND INTEGRATED SYSTEM OF CARE FOR MHSUD AND MEDICAL CARE” FORUM**

**CHAIRS**
- MHSD – LANETTE CASTLEMAN
- SUD-PTRSD – EILEEN GILLES
- MMCD – EFRAT EILAT,

**“CREATE COORDINATED AND USEFUL DATA COLLECTION, UTILIZATION & EVALUATION OF OUTCOMES” FORUM**

**CHAIRS**
- MHSD – DIONNE MAXWELL
- SUD-PTRSD – RACHELLE WEISS

**COST EFFECTIVE AND SIMPLIFIED FISCAL MODELS (FISCAL) FORUM**

**CHAIRS**
- MHSD - CHUCK ANDERS
- SUD - MARCO ZOLOW

• Recommend prioritization of issues and work plan tasks
• Recommend policy and program actions
• Invite participation from other DHCS as well as other areas of jurisdiction (e.g. Managed Care, Benefits, Office of the Medical Director etc.)
• Invite Steering Committee members and/or stakeholders to meetings and/or solicit review and comment as needed
• Invite Legislative staff to meetings and/or solicit review and comment
• Report out as needed (internally and externally)

Version 10/02/14
REVIEW MEETING PROCESSES
Meeting Format

• All Forums meet quarterly

• Webinar/conference call and in-person

• Each Forum will meet for 1 to 1 ½ hours

• Meetings for the following Forums will occur consecutively on same day

• For consistency, DHCS will use a standardized agenda for all Forum meetings
Stakeholder Participation

• Forum meeting announcements will be distributed to the entire BH Forum Stakeholder Distribution List

• Stakeholders are encourage to provide feedback during the Forum meetings

• Stakeholder can provide written follow-up public comment/feedback via email MHSUDStakeholderInput@dhcs.ca.gov

• Forum Chairs will review and respond accordingly to stakeholder input as follows:
  – Add to agenda for relevant Forum meeting
  – Incorporate feedback into charters, if appropriate
  – Prepare responses to questions/comments/feedback
QUESTIONS
Contact Information

Behavioral Health Forum Stakeholder Website:
http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx

Please e-mail questions, comments or concerns to:
MHSUDStakeholderInput@dhcs.ca.gov
COST EFFECTIVE AND SIMPLIFIED FISCAL MODELS (FISCAL) FORUM
Introduction to Fiscal Forum

Chairs

Chuck Anders
Fiscal Management and Reporting Outcomes
Mental Health Services Division

Marco Zolow, PhD
Prevention Treatment and Recovery Services
Substance Use Disorders Division
DHCS Behavioral Health Forum
Strengthening Forum

October 2, 2014
10:45 to 12:00 p.m.
Agenda

I. Welcome and Introductions

II. Strengthening Forum Charter

III. Project Updates
   a. Compliance and Monitoring
   b. Cultural Competence Plan Requirements (CCPR)
   c. External Quality Review Organization (EQRO)
   d. Emergency Regulations

IV. Presentations
   a. Katie A.
   b. Drug Medi-Cal (DMC) Waiver

V. Stakeholder Discussion

VI. Next Steps
Strengthening Forum Chairs

Dina Kokkos-Gonzales, Chief
Policy and Program Quality Assurance Branch
Mental Health Services Division
Department of Health Care Services

Marjorie McKisson, Special Advisor
Substance Use Disorder Services
MHSUD Deputy Director’s Office
Department of Health Care Services
FORUM CHARTER
Background and Purpose

To provide key stakeholders, and other interested parties, with updates regarding critical policy and programmatic issues impacting existing state and county level delivery systems for MHSUDs.
Objectives

• Improve access to public mental health and substance use disorder services
• Enhance quality assurance efforts and improve quality of care for mental health and substance use disorder services
• Develop mechanisms that advocate for behavioral health treatment parity in health care
• Make recommendations to support the development of an adequate and trained workforce
• Promote opportunities to increase sustainability of substance use disorder provider organizations
FY14/15 Priority Areas

- Stakeholder Engagement
- Children’s Behavioral Health
- Compliance and Monitoring
- Cultural Competence
- DMC Waiver
- Service Delivery Systems
PROJECT UPDATES
Project Updates

Compliance and Monitoring

- The Compliance Advisory Committee (CAC) members consist of representatives from relevant stakeholders, including, local mental health departments, private and community based providers, consumers and family members of consumers and advocates.

- The Compliance Advisory Committee (CAC) met on August 8, 2014 to conduct their annual review and provide input for the Annual Review Protocol and review the California Behavioral Health Directors’ Association (CBHDA) recommendations of moving to a graduated review rating system instead of the present “in/out” scoring system.
Project Updates

Compliance and Monitoring

• The CAC agreed with CBHDA’s recommended changes. Where relevant changes are being implemented for the FY 14/15 review cycle to score System Review protocol questions on a percentage basis versus “in/out” of compliance.

• Due to the short time frame, the CBHDA chart review recommendations will not be made for the FY 14/15 reviews. DHCS plans to establish a work group tasked with reviewing these recommendations and determining what changes are feasible for reviews beginning in FY 15/16.
Project Updates

Cultural Competence Plan Requirements (CCPR)

- The CCPRs are embedded in 9 CCR Section 1810.410 and require the MHPs to submit an annual updated Cultural Competence Plan to the department.

- DHCS developed a CCPR Interim Advisory Taskforce to assist with updating the previous eight CCPR criteria.

- The taskforce consists of eight members and meets on bi-weekly basis.

- The revision process will focus on making only necessary changes.

- Information Notice possibly by the end of 2014.
Project Updates

External Quality Review Organization (EQRO)

• As of September 1, 2014, a new EQRO contract has been awarded to Behavioral Health Concepts (BHC) for DHCS Specialty Mental Health Services

• The department is transitioning EQRO activities to BHC

• The department is expecting only a few changes to the existing Mental Health Plan review process
Drug Medi-Cal Organized Delivery System Wavier Update

Marlies Perez, Chief
Substance Use Disorder Compliance Division
Department of Health Care Services
DMC Waiver

- The Department of Health Care Services (DHCS) is seeking an 1115 Demonstration Waiver for the Substance Use Disorder Drug Medi-Cal (DMC) Program.

- The overall purpose of the Waiver is to create a model that will provide an Organized Delivery System of Substance Use Disorder (SUD) services.

- This Waiver will be an amendment to California’s existing section 1115 Bridge to Reform Waiver.
DMC 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.
• 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.

• In mid-July, DHCS publicly released draft Standard Terms and Conditions (STCs).

• A meeting was held on July 30, 2014, to receive input from stakeholders.
DMC Waiver

• The draft STC’s have not been approved by the Centers for Medicare and Medicaid Services.

• Additionally, there are also portions of the waiver which will need federal approval from the Substance Abuse and Mental Health Services Administration (SAMHSA). For example, the use of federal SAPT funds for Recovery Residences.
DMC Waiver

• The financial provisions of the Waiver are still under development. The Department is preparing the Budget Neutrality piece for CMS and also working with the counties to determine the financing provisions.

• The next waiver meeting will focus on the financing and will be presented as a webinar. The date for this meeting has not been set, but will occur around October.

• The Department plans to formally submit the waiver to CMS in the coming weeks once the financial piece is finished.
DMC Waiver

Meeting agendas, handouts and the draft STC’s are available at: [http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx](http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx)

All stakeholders are encouraged to submit comments to: [MHSUDStakeholderInput@dhcs.ca.gov](mailto:MHSUDStakeholderInput@dhcs.ca.gov)
STAKEHOLDER DISCUSSION
Katie A., et al.,

v.

Diana Bonta et al.,

Department of Health Care Services
Behavioral Health Forum
October 2, 2014
How We Got Here

Who is Katie A.?

- A 14-year-old girl at the time the lawsuit was filed in 2002
- Had been placed in foster care for 10 years
- Moved through 37 different placements, including four group homes, 19 stays at psychiatric facilities, a two-year stay at the Metropolitan State Hospital and seven different stays at MacLaren Children’s Center
- Early assessments indicated that she was a victim of trauma and needed intensive trauma treatment and supportive services for her caregiver
On July 18, 2002, a lawsuit was filed seeking declaratory and injunctive relief on behalf of a class of children in California who:

1) Are in foster care or are at imminent risk of foster care placement
2) Have a mental illness or condition that has been documented—or if an assessment had been conducted—would have been documented, and
3) Need individualized mental health services to treat or ameliorate their illness or condition
In December 2011, a Settlement Agreement was reached in the case. The objectives were to:

- Facilitate the provision of an array of services that are coordinated, comprehensive, and community-based
- Support the development and delivery of a service structure and a fiscal system that supports a core practices and services model
- Support effective and sustainable standards and methods to achieve quality-based oversight along with training and education that support the practice and fiscal models
- Address the need for subclass members with more intensive needs to receive medically necessary mental health services in their own home, or the most homelike setting appropriate to their needs, in order to facilitate reunification and to meet their needs for safety, permanence, and well-being
As part of this agreement, DHCS and the California Department of Social Services (CDSS) agreed to perform a number of actions, including:

- The development and distribution of
  - the *Core Practice Model Guide* and
  - the *Medi-Cal Manual for ICC, IHBS and TFC*

- The provision of the following services to subclass members
  - Intensive Care Coordination (ICC),
  - Intensive Home Based Services (IHBS), and
  - Therapeutic Foster Care (TFC) services (once approved as a Medi-Cal service)
The Settlement Agreement

- **Katie A. class members**
  - Have an open child welfare case
  - Are at risk of placement in foster care
  - Have a mental health condition
  - Need individualized mental health services

- **Katie A. subclass members**
  - Children and youth who have greater needs, requiring more intensive services
  - Eligible to receive Specialty Mental Health Services (ICC, IHBS and TFC once approved as a Medi-Cal service)
Intensive Care Coordination (ICC)

- Facilitates assessment of, care planning for, and coordination of services, including urgent services for children and youth who are members of the Katie A. subclass

- The Child and Family Team is a component of ICC, and the vehicle for plan development and service provision in accordance with the Core Practice Model
Intensive Home Based Services (IHBS)

Individualized, strength-based interventions

Designed to ameliorate mental health conditions that interfere with a child or youth’s functioning

To help the child or youth build skills necessary for successful functioning at home and in the community

To improve the family’s ability to help the child or youth successfully function at home and in the community
DHCS submitted a formal State Plan Amendment (SPA) to the Centers for Medicare and Medicaid Services (CMS) on March 28, 2014 for Therapeutic Foster Care services.

CMS released a Request for Additional Information (RAI) on June 25, 2014.

Responses to the RAI are due to CMS by September 23, 2014.

DHCS continues to work with CMS to determine if SPA is necessary to obtain federal approval.
The Core Practice Model (CPM) Guide describes a significant shift in the way that child welfare and mental health systems and individual service providers are expected to address the mental health needs of children, youth, and families in the child welfare system.

The CPM should be a guide for implementation of the expectations of practice, the required elements for fidelity to the model, and approaches to implementation.
CPM Values and Principles
Service Delivery Components

- Engagement
- Screening (CWS) Assessment (MH)
- Child/Youth & Family
- Service Planning and Implementation
- Monitoring and Adapting
- Transition

51
The Child and Family Team (CFT) is a cornerstone of the Core Practice Model and is integral in providing ICC, IHBS, and TFC (once approved)

Key Concepts:
- Team is composed of youth, family, natural supports, child welfare, behavioral health, and any ancillary individuals involved in the youth’s treatments
- Not just a meeting, but “working together”
- Composition, meeting frequency, and facilitation is based upon the youth and family’s needs
Address the need for children and youth with more intensive needs to receive medically necessary mental health services in their own home, or the most homelike setting appropriate to their needs, in order to facilitate reunification and to meet their needs for safety, permanence, and well-being.

- Facilitate the provision of an array of services that are coordinated, comprehensive, and community-based.

- Bringing the treatments out of a formal environment and into the home or community to support the child’s or youth’s needs for safety, permanence, and well-being.

- Ensuring that services are coordinated taking into account the child’s or youth’s family’s voice and choice.
Highlights of County Activities

- Collaboration between Mental Health Plans (MHPs) and Child Welfare Departments (CWDs)
  - Establishing policies and procedures
  - Co-located staff
  - Joint meetings

- Establishing and Strengthening Processes
  - Screenings, referrals, assessments and service provision

- Data Sharing
  - MOUs
  - Petitions
  - Joint Data Bases

Trainings
- Learning Collaborative
- Joint trainings
- Tools and Resources

- Child and Family Involvement and Engagement

- Changes to IT Systems

- Other System Changes
  - Hiring Staff
  - RFPs
  - Contracts
County Implementation Status

As of August 28, 2014:
52 counties are providing ICC and IHBS services and are submitting claims to the Short-Doyle/Medi-Cal claiming system.
Highlights of State Activities

- Continue implementation of Katie A. activities and deliverables
- Continue working with counties to ensure that children and youth with mental health needs are appropriately identified and receive necessary services and supports
- Continue working with CMS to obtain approval to implement TFC services
- Continue bi-weekly TA calls, trainings, webinars, etc.
- Develop DHCS/CDSS interagency agreement for ongoing data sharing
- Katie A. monthly claiming reports
- Develop Katie A. Performance and Outcomes System
- Implement recommendations of the Joint Management, the Accountability Communication and Oversight, and the CPM Fiscal Taskforces
Goal is to achieve systemic and permanent change that is sustainable beyond the court’s period of jurisdiction

- First three years signify the “launch” of Katie A. services
- Transformative change takes time
- The State will continue to work with counties to meet the objectives of the settlement, and to de-brand Katie A. so that services and activities are provided to all eligible children and youth as a regular course of business practice

Continue building the Katie A. legacy

- Bring CPM, ICC, IHBS, and TFC to scale statewide
- Services will become standard practice rather than lawsuit deliverables
- Continue to support, assist, and guide counties with building infrastructures and increasing service delivery
Resources

- DHCS Katie A. Website Address
  http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx

- CPM Guide and Medi-Cal Manuals
  Available at:
  - http://www.dhcs.ca.gov/Pages/KatieAImplementation.aspx
  - http://www.childsworld.ca.gov/PG3346.htm
Thank You!
STAKEHOLDER DISCUSSION
Contact Information

Behavioral Health Forum Stakeholder Website:
http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx

Please e-mail questions, comments or concerns to:
MHSUDStakeholderInput@dhcs.ca.gov
DHCS Behavioral Health Forum
Integration Forum

October 2, 2014
1:00 to 2:15 p.m.
Agenda

I. Welcome and Introductions

II. Integration Forum Charter

III. Project Updates
   a. Revising Substance Use Disorder (SUD) Services to Incorporate Best Evidence Based Practices (EBP)
   b. Health Home Option
   c. MCP-MHP Memorandum of Understanding (MOU)
   d. SUD Memorandum of Understandings (MOU)
   e. Ombudsman Services

IV. Presentations
   a. Screening, Brief Intervention and Referral to Treatment (SBIRT)
   b. Dispute Resolution Workgroup

V. Stakeholder Discussion

VI. Next Steps
Integration Forum Chairs

Efrat Eilat, Special Advisor
Health Care Delivery Systems and Mental Health and Substance Use Disorder Services
Department of Health Care Services

Eileen Gillis, AGPA
Program and Fiscal Policy Branch Substance Use Disorder Services
Department of Health Care Services

Lanette Castleman, Chief
Program Oversight and Compliance Branch Mental Health Services Division
Department of Health Care Services
FORUM CHARTER
Background and Purpose

To provide key stakeholders, and other interested parties, with updates regarding critical policy and programmatic issues impacting public mental health and substance use disorder services (MHSUDS) and Medi-Cal Managed Care (MMC).
Objectives

• Identify barriers and possible solutions to coordination and integration of physical care, mental health and substance use disorder services
• Promote and identify best practices and key principles of integrated care throughout the state
• Identify user-friendly mechanisms to disseminate, maintain and update resources and case studies
• Present best service models and delivery system design to support co-occurring disorders, physical care, mental health and substance use disorder services
• Help to ensure workforce development issues around coordinated and integrated care are addressed by the forum
FY14/15 Priority Areas

- Stakeholder involvement
- SBIRT training
- Dispute resolution process
- Monitoring MOUs
- Screening, assessment, and referral processes
- Sharing best practices
- Ombudsman services
- Exploring solutions for physical, mental, and SUD provider network adequacy and coordination
PROJECT UPDATES
Project Updates

County Integration

- CMHDA & CADPAAC are now CBHDA - the County Behavioral Health Director’s Association of California
- Almost all of the counties have an integrated Behavioral Health Department (vs. separate Mental Health and Alcohol and Drug Departments)
Project Updates

Revising Substance Use Disorder (SUD) Services to Incorporate Best Evidence Based Practices (EBP)

• DHCS PTRSD performed a GAP analysis: identified that SUD treatment standards should be revised to align with CMS guidelines for best EBP
• Examined use of ASAM placement criteria and other state’s practices to design best EBP models of SUD assessment and treatment services
• Developing SUD revised treatment standards based on EBPs: DHCS will seek Stakeholder’s input and guidance
• Goal: to implement revised treatment standards by promulgating regulations
Project Updates

Health Home Option

- DHCS has begun a new stage of work to assess and plan for implementation of Health Home program(s) under ACA Section 2703 and AB 361.

- Under AB 361, DHCS will determine if such a program would be operationally viable, produce positive health outcomes, and be at least cost neutral.

- DHCS will begin stakeholder engagement for the development of Health Home program(s), as required by AB 361, when there is fresh assessment information to share and program development begins.
Project Updates

MCP-MHP Memorandum of Understanding (MOU)

- Title 9, CCR, Chapter 11 regulations and the MHP/DHCS contract require MHPs to have an MOU in place with each MCP serving the MHP’s beneficiaries.

- MOUs are essential in developing effective working relationships between MCPs and MHPs, which is crucial to assure quality care.

- MCPs and MHPs need agreement to cover key areas (for example, screening/assessment results, appropriate level of care, care coordination, timely information exchange, and warm hand-offs). These items should be clearly delineated in the MOU. DHCS issued APL 13-018 that describes the responsibilities of Medi-Cal MCPs for amending or replacing MOUs with MHPs for coordination of Medi-Cal mental health services.
Project Updates

MCP-MHP Memorandum of Understanding (MOU) (cont.)

• DHCS MHSD and DHCS MMCD are currently conducting a joint MOU review process to assure that the MOU include the 10 topic areas described in APL 13-018.

• DHCS plans to convene regional calls in 2015 with MCPs and MHPs to share lessons learned for effective MOU implementation.

• MCPs and MHPs involved in Cal MediConnect (Coordinated Care Initiative or Dual Demonstration) have more experience coordinating behavioral health services and will be asked to share best practices.

• MCPs were required to send executed MOUs to DHCS by June 30, 2014.

• DHCS is following-up with MCPs and MHPs regarding overdue MOUs.
**MCP-MHP Memorandum of Understanding (MOU) - Recent Activities**

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<th>Date</th>
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<tr>
<td>Number Reviewed</td>
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</tr>
<tr>
<td>Number Received Not Reviewed</td>
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<tr>
<td>Total Received</td>
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<td>Number missing at least 1 category</td>
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<td>Total Approved</td>
<td>25</td>
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<tr>
<td>Percent Approved of Total Received</td>
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^ DHCS received number of extension requests. New submission date for those asked for extension: September 30, 2014.
Project Updates

SUD Memorandum of Understandings (MOU)

- DHCS All Plan Letter 13-018: Department gave notice of intent to provide MCPs and counties participating in Drug Medi-Cal with MOU requirements for the coordination of substance use benefits

- Re-examination of SUD MOU ongoing: development of MOU is critical to ensure care coordination in an integrated system

- Next step: prepare draft SUD MOU requirements and template and gather Stakeholder input and guidance
Ombudsman

• SUD, in cooperation with the DHCS Office of Mental Health Ombudsman, is identifying the anticipated number of SUD specific complaints DHCS will receive and Department’s potential capacity to investigate and resolve the same

• Whitepaper will be drafted and presented to executive staff on feasibility of adding SUD specific Ombudsman services
PRESENTATIONS
Screening, Brief Intervention & Referral to Treatment: Background, Rationale, and Training Overview

Beth A. Rutkowski, MPH

Integrated Substance Abuse Programs
Department of Psychiatry & Biobehavioral Sciences
David Geffen School of Medicine at UCLA
Pacific Southwest Addiction Technology Transfer Center

www.uclaisap.org   www.psattc.org
What is SBIRT?

**Screening:** Very brief set of questions that identifies risk of substance-related problems

**Brief Intervention:** Brief counseling that raises awareness of risks and motivates client toward acknowledgement of problem

**Brief Treatment:** Cognitive behavioral work with clients who acknowledge risks and are seeking help

**Referral:** Procedures to help patients access specialized care
2M people (0.8%) receiving treatment*

21M people (7%) have problems needing treatment, but not receiving it*

≈ 60-80M people (≈20-25%) using at risky levels

US Population:
307,006,550

US Census Bureau, Population Division
July 2009 estimate

*NSUDH, 2008
# SBIRT for Alcohol: Significant Reduction of Morbidity and Mortality

<table>
<thead>
<tr>
<th>Study</th>
<th>Results - conclusions</th>
<th>Reference</th>
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<tr>
<td>Trauma patients</td>
<td>48% fewer re-injury (18 months)</td>
<td>Gentilello et al, 1999</td>
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<td></td>
<td>50% less likely to re-hospitalize</td>
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<td>Hospital ER screening</td>
<td>Reduced DUI arrests</td>
<td>Schermer et al, 2006</td>
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<td>1 DUI arrest prevented for 9 screens</td>
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<tr>
<td>Physician offices</td>
<td>20% fewer motor vehicle crashes over 48 month follow-up</td>
<td>Fleming et al, 2002</td>
</tr>
<tr>
<td>Meta-analysis</td>
<td>Interventions reduced mortality</td>
<td>Cuijpers et al, 2004</td>
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<tr>
<td>Meta-analysis</td>
<td>Treatment reduced alcohol, drug use</td>
<td>Burke et al, 2003</td>
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<td>Positive social outcomes: substance-related work or academic impairment, physical symptoms (e.g., memory loss, injuries) or legal problems (e.g., driving under the influence)</td>
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<tr>
<td>Meta-analysis</td>
<td>Interventions can provide effective public health approach to reducing risky use.</td>
<td>Whitlock et al, 2004</td>
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## SBIRT for Alcohol: Significant Reduction in Healthcare Costs

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<thead>
<tr>
<th>Study</th>
<th>Cost Savings</th>
<th>Authors</th>
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<tr>
<td>Randomized trial of brief treatment in the UK</td>
<td>Reductions in one-year healthcare costs $2.30 cost savings for each $1.00 spent in intervention</td>
<td>(UKATT, 2005)</td>
</tr>
<tr>
<td>Project TREAT (Trial for Early Alcohol Treatment) randomized clinical trial: Screening, brief counseling in 64 primary care clinics of nondependent alcohol misuse</td>
<td>Reductions in future healthcare costs $4.30 cost savings for each $1.00 spent in intervention (48-month follow-up)</td>
<td>(Fleming et al, 2003)</td>
</tr>
<tr>
<td>Randomized control trial of SBI in a Level I trauma center Alcohol screening and counseling for trauma patients (&gt;700 patients)</td>
<td>Reductions in medical costs $3.81 cost savings for each $1.00 spent in intervention.</td>
<td>Gentilello et al, 2005)</td>
</tr>
</tbody>
</table>
Screening Tools

BAC/Urine Drug Screen
Pre-Screens (i.e. 1-item)
AUDIT (approved for Medi-Cal reimbursement)
AUDIT-C (approved for Medi-Cal reimbursement)
AUDIT-C+ (not approved for Medi-Cal reimbursement)
DAST (not approved for Medi-Cal reimbursement)
CRAFFT (adolescents)
ASSIST
Goal of Brief Interventions

- Awareness of problem
  - Presenting problem
  - Screening results

- Motivation

- Behavior change
The FLO Brief Intervention: How Does It All Fit Together?

Feedback
- Setting the stage
- Tell screening results

Listen & understand
- Explore pros & cons
- Explain importance
- Assess readiness to change

Options explored
- Discuss change options
- Follow up
4-Hour SBIRT Training Goals

1. Increase knowledge of screening and brief intervention concepts and techniques
2. Introduce and practice screening and identification skills
3. Review motivational interviewing skills needed for brief interventions
4. Develop skills to deliver the F.L.O. Brief Intervention
“SBIRT Training in Action”
“SBIRT Training in Action”
Trainings Completed to Date

- August 26\textsuperscript{th} – Santa Barbara
- August 26\textsuperscript{th} – Santa Rosa
- September 19\textsuperscript{th} – Riverside
- September 25\textsuperscript{th} – Fresno
- September 26\textsuperscript{th} – Napa
Upcoming Trainings

http://www.uclaisap.org/sbirt

- October 23rd – Universal City
- October 31st – San Francisco
- November 17th – El Centro
- November 18th – Whittier
- November 18th – Oakland
- November 18th – San Marcos
- November 19th – Scotts Valley
Upcoming Trainings
http://www.uclaisap.org/sbirt

- December 2\textsuperscript{nd} – Orange
- December 10\textsuperscript{th} – Los Angeles
- January 13\textsuperscript{th} – Los Angeles
- February 4\textsuperscript{th} – Long Beach
- March 17\textsuperscript{th} – Los Angeles
- March 24\textsuperscript{th} – West Sacramento
- March 25\textsuperscript{th} – Modesto
Thank You!

For additional information on SBIRT, visit:

www.uclaisap.org/sbirt
http://www.dhcs.ca.gov/services/medi-cal/Pages/SBIRT.aspx
www.psattc.org
www.worldofsbirt.wordpress.com
http://www.healtheknowledge.org
(“Foundations of SBIRT”)
Planning and Initial Implementation of SBIRT: Sonoma County

Lynn Campanario, AOD Prevention Coordinator, Department of Health Services
• Continuum of Care: Prevention to Treatment
• Primary Care/Mental Health/Substance Use Treatment
• Mutual Learning Experiences
• Improved Customer Service
Planning: Countywide Reach

Medical settings
- (Mandated) MediCal primary care providers
- Other community health providers (ie: outpatient general and specialty medical providers, college health centers, mental health services, and family planning)
- ERs/Trauma Centers
- Dental Offices

Non-Medical settings
- Schools
- Criminal justice (ie: in-custody, probation)
- Homeless shelters
- County social service providers
- Employee Assistance Programs (EAPs)
Federally Qualified Health Centers (11+)
• Tribal Health Clinic (1)
• Specialty satellite clinics (4)
• Outpatient Medical Groups (3)
• Hospitals (Santa Rosa-3, Sonoma, Petaluma, and Healdsburg)
Training Plan

- Meet state minimum requirements
- Encourage diverse participation (locations and role level)
- Pre-survey to understand past/current experiences
- Encourage Face-to-Face training
- Comprehensive
  - Workgroup with key partner
  - Learning Collaborative
  - Site-specific Technical Assistance
- Develop local capacity
  - Train-the-Trainer
  - Countywide trainers circle
- On-line resources
- Evaluation Plan
Considerations....

- Variation in patient approach
  - Based on Motivational Interviewing techniques vs. Prescriptive
  - Ongoing site TA
  - Flexibility
- On-site SBIRT Champion
- Patient’s Stage of Change
- Release of information (between relevant parties)
- Collaborative agreements, co-location or integrated services, with treatment providers

This is just the beginning....
Questions?

Lynn M. Campanario
AOD Prevention Coordinator
Sonoma County DHS, HPPE/Healthy Communities
(707) 565-6649
Lynn.Campanario@sonoma-county.org
STAKEHOLDER DISCUSSION
Dispute Resolution Workgroup

Presenters
Department of Health Care Services
Background

• Effective January 1, 2014, Medi-Cal Managed Care Plans (MCPs) began providing new mental health benefits to Medi-Cal beneficiaries with mild to moderate levels of mental health impairment:
  – Individual and group mental health evaluation and treatment (psychotherapy);
  – Psychological testing, when clinically indicated to evaluate a mental health condition;
  – Outpatient services for the purposes of monitoring drug therapy;
  – Psychiatric consultation; and
  – Outpatient laboratory, drugs, supplies and supplements (excluding the medications that remain covered through the FFS/MC program).

• Specialty mental health services provided by County Mental Health Plans (MHPs) have not changed as a result of the new MCP services, however the need for MCPs and MHPs to effectively coordinate mental health services between the two delivery systems has become more critical.
Background (cont.)

• DHCS began meeting with stakeholders in the fall of 2013 to get stakeholder input regarding implementation of the new MCP-provided mental health benefits.

• Stakeholder participation was broad and included DHCS representation from various Divisions, MHPs, MCPs, CBHDA, CAHP, providers, provider associations, Legislative staff, and others.

• The immediate focus and goals were to implement the new MCP mental health services so that beneficiaries could begin accessing the new services on January 1, 2014; specifically, establishing rates, ensuring provider network adequacy, updating MCP/MHP Memorandum of Understanding requirements, and establishing service criteria.

• This large Stakeholder group met approximately three times in the fall of 2013.
During this stakeholder process, stakeholders raised other important issues that were tabled for future discussion after January 1, 2014, including dispute resolution (especially having to do with levels of impairment), and data exchange, as well as complex diagnoses that have physical health and mental health components.

Following January 1, 2014 implementation, DHCS convened a Dispute Resolution Workgroup that met twice regarding levels of impairment and once regarding data exchange.

DHCS MHSD and MMCD continue to work in collaboration to review and monitor the MCP/MHP MOU.

DHCS plans to re-convene the Dispute Resolution Workgroup in the coming months to get stakeholder input on MCP and MHP coordination of care for beneficiaries receiving care in both delivery systems for complex diagnoses with physical and mental health components such as eating disorders.
Information Notice and All Plan Letter

• Delivery System Dispute Resolution Workgroup raised the need for clear guidelines for both MHPs and MCPs on submitting a service delivery system disputes that the MCPs and MHPs are unable to resolve at the local level.

• It was agreed that the guidelines should be similar for both systems (MCPs and MHPs).
Information Notice and All Plan Letter (cont.)

The documents include the following substantive sections:

- Policy
- Scope of review
- Requestor’s requirements
- DHCS’ dispute resolution process
Information Notice and All Plan Letter (cont.)

Policy

- The MCP/MHP is required to enter into an MOU in each of the counties which the MCP/MHP serves, or demonstrate a good faith effort to enter into an MOU.

- If MCP and MHP unable to resolve a dispute they may submit a written request for resolution to DHCS.
Disputes that are qualified for DHCS’ review:

- Disputes related to obligations of the MCP and MHP under its respective contract with DHCS

- Disputes related to State Medi-Cal laws and regulations’ requirements

- Disputes that stem from the MOU between an MCP and MHP
Requestor’s requirements include:

- Summary of the dispute
- History
- Justifications
- CEO Signature
Information Notice and All Plan Letter (cont.)

DHCS’ Dispute Resolution Process

- DHCS will forward a copy of the request to the Director/CEO of the impacted MCP/MHP. The impacted party will have certain number of days to submit its response.

- DHCS will make a decision based on its review of the submitted documentation and applicable statutory, regulatory and contractual obligations of the MCP and MHP.

- The decision will be communicated to both MCP CEO and MHP Director.
Healthy San Diego Model

George Scolari, Chair
Healthy San Diego
Behavioral Health Work Group

Tabatha Lang, MFT
Chief, Quality Improvement Unit
Performance Improvement, QM & MIS
HHSA Behavioral Health Services Division
STAKEHOLDER DISCUSSION
NEXT STEPS
Contact Information

Behavioral Health Forum Stakeholder Website:
http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx

Please e-mail questions, comments or concerns to:
MHSUDStakeholderInput@dhcs.ca.gov
DHCS Behavioral Health Forum
Data Forum

October 2, 2014
2:15 to 3:30 p.m.
Agenda

I. Welcome and Introductions

II. Data Forum Charter

III. Project Updates
   a. Federal Data Standards and Requirements
   b. Data Modernization

IV. Presentations
   a. UCLA Substance Use Disorders Analysis Project
   b. Performance Outcome Systems Workgroup

V. Stakeholder Discussion

VI. Next Steps
Data Forum Chairs

Jennifer Taylor
Fiscal Management and Outcomes Reporting
Mental Health Services Division
Department of Health Care Services

Rachelle Weiss, Chief
Office of Applied Research and Analysis
Substance Use Disorder Services
Department of Health Care Services

Dionne Maxwell, Research Program Specialist III
Fiscal Management and Outcomes Reporting
Mental Health Services Division
Department of Health Care Services
FORUM CHARTER
Background and Purpose

The Data Forum will specifically address key areas related to improving and coordinating the systems and infrastructure necessary to strengthen data quality, as well as the utilization and evaluation of data for improved program performance and service-recipient outcomes.
Objectives

• Identify data collection efforts across service systems

• Streamline data reporting requirements, data systems, and data collection

• Identify appropriate program performance and service-recipient outcome measures to improve quality of care in the public behavioral health system

• Ensure the development of a comprehensive, coordinated data-driven measurement system that supports evaluation, accountability and continuous quality improvement
FY14/15 Priority Areas

• Data Collection, Coordination

• Quality Improvement / Performance Outcome Systems (POS)

• Data Sharing

• Electronic Health Records

• Data Systems

• Outcomes Reporting
PROJECT UPDATES
Project Updates

Federal Data Standards and Requirements

- SAMHSA has begun looking at building a modern and integrated mental health and substance abuse treatment data system.
- Development and implementation will take several years.
- 2014 is the first reporting year where states had the option to report combined mental health and substance abuse data.
- California is monitoring progress as this effort evolves so we can align our state-level efforts with those of SAMHSA.
Project Updates

Data Modernization

- The Client and Services Information System (CSI) reports and collects client-level service utilization data about California’s County Mental Health Programs.

- This system was created in 1998.

- DHCS’ goal is to modernize this legacy system including updating the processes, framework, programming language(s), addressing the issues reported by the Counties and streamline and strengthen the integrity of the CSI application.
Beyond Silos:
Behavioral Health Data in a New Era

October 2, 2014
Behavioral Health Forum
Darren Urada, Ph.D
UCLA Integrated Substance Abuse Programs
Acknowledgements

UCLA team: Valerie Antonini, MPH, Brandy Oeser, MPH, Cheryl Teruya, Ph.D., Elise Tran, Kate Lovinger, Desiree Crevecoeur-MacPhail, Ph.D., Thomas Freese, Ph.D., Sherry Larkins, Ph.D., Diego Ramirez, Beth Rutkowski, MPH, Richard Rawson, Ph.D.

Support provided by:
California Department of Health Care Services (DHCS)

The opinions, findings, and conclusions herein stated are those of the author/presenter and not necessarily those of DHCS or UCLA.
Evaluation, Training, and Technical Assistance for Substance Use Disorder Services Integration (ETTA)

July 1, 2012 – June 30, 2015

Domains:

1. Data Analysis: Understanding the Changing Field

2. Health Care Reform and the Integration of SUD Services with Mental Health and Primary Care
Overall Goals

Short Term

• *Begin* analyzing data across the three “silos” of publicly funded substance use, mental health, medical facilities to identify data challenges.

• Make recommendations to improve the state’s capacity to conduct such analyses in the future.

Long Term

• Develop ability to track client outcomes across systems. For example, how does providing behavioral health impact medical health costs?
Describe the Current State of SUD and Medical Services

Analyze Medi-Cal & Drug Medi-Cal data to identify and document challenges in quantifying:

- The number and characteristics of patients receiving SUD services under Drug Medi-Cal
- Services received
- Costs & medical costs associated with these services

Provide recommendations to improve data quality and the ability to accurately quantify SUD patients, services, and costs in the future.
MH Patients Receiving SUD Services

Examine Department of Mental Health (DMH) Client and Service Information (CSI) data to identify and document challenges in quantifying:

- the number of DMH patients receiving SUD services
- the services received.

Provide recommendations to improve data quality and the ability to accurately quantify SUD patients, services, and costs in the future.
Track across silos over time

• Attempt to determine the number of patients being treated for SUD across the three “silos” using CalOMS, CSI, and Medi-Cal databases.

• Track the mix of patients in each “silo” over time.

• Identify data issues and make recommendations to improve analyses across DHCS silos.
Contact

Darren Urada, Ph.D.
310-267-5227
durada@ucla.edu

Richard Rawson, Ph.D.
310-267-5311
rrawson@mednet.ucla.edu
QUESTIONS / COMMENTS
Performance Outcomes System
for Medi-Cal Specialty Mental Health Services
for Children and Youth

California Department of Health Care Services
Agenda

I. Overview of the Statute
II. Performance Measurement Paradigm
III. Performance Outcomes System Domains
IV. Performance Outcomes Implementation
V. High-Level Timeline
VI. Activities and Accomplishments
VII. Looking Forward
I. Overview of Statute

Welfare & Institutions Code (WIC) 14707.5

Background

• Part of Trailer Bill Language
• Enacted July 1, 2012; Amended in June 2013

Purpose

• To develop a performance and outcomes system for Medi-Cal Specialty Mental Health Services for children and youth that will:
  • Improve outcomes at the individual and system levels
  • Inform fiscal decision making related to the purchase of services
Overview of Statute (continued)

Objectives

• Achieve high quality and accessible mental health services for children and youth

• Provide information that improves practice at the individual, program, and system levels

• Minimize costs by building upon existing resources to the fullest extent possible

• Collect and analyze reliable data in a timely fashion
Overview of Statute (continued)

Objectives

• Improve the continuum of care between managed care plans and mental health plans:
  • Develop methods to routinely measure, assess, and communicate program information regarding informing, identifying, screening, assessing, referring, and linking Medi-Cal eligible beneficiaries to mental health services and supports;
  • Review health plan screenings for mental health needs, as well as referrals to Medi-Cal fee-for-service providers and county mental health plans;
  • Recommend measures that will contribute to improving timely access to appropriate care for Medi-Cal eligible beneficiaries.
II. Performance Measurement Paradigm

**Individual Youth/Family Level**
Outcomes and results for those who receive direct mental health services.

**Provider/Program Level**
Outcomes and results for those individuals or groups who provide direct mental health services to the individual youth/family level.

**Mental Health System/State Level**
Outcomes and results for those individuals or groups who provide the infrastructure support to the provider level.

**Public/Community Level**
Outcomes and results for all; both those who do not receive direct mental health services as well as those who do.
Paradigm – Sample Questions

**COMMUNITY**
- Are services provided in a culturally competent manner, appropriate to the community’s languages and cultures?
- Is the community being provided better access to care?
- Are community based services being provided, such as community support groups?

**SYSTEM**
- Is adherence to continuous quality improvement demonstrated?
- At the aggregate level, is there improvement of outcomes at the individual and program levels?
- Does the system adequately provide quality services to families, children, and youth?
- Are specialty mental health funds spent on services that achieve positive outcomes?

**PROVIDER**
- Are quality services provided? Are they working and which need improvement?
- Are penetration rates appropriate to the population?
- Are services cost-effective in terms of successful outcomes?

**INDIVIDUAL**
- Are children and youth able to access the services they need in a timely manner?
- Are children and youth improving?
III. Performance Outcomes Domains

1. Access
2. Engagement
3. Service Appropriateness to Need
4. Service Effectiveness
5. Linkages
6. Cost-Effectiveness
7. Satisfaction
## Performance Outcomes Matrix - sample

<table>
<thead>
<tr>
<th>Domain</th>
<th>Outcomes</th>
<th>Examples of indicators/measures by age, gender, ethnicity, language, area, etc</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access (provision of services in a timely manner)</td>
<td>Children served and not served (Penetration rate) A &amp; B</td>
<td>Relative to estimated prevalence, % of Medi-Cal beneficiaries who receive treatment - (Penetration rate)</td>
</tr>
<tr>
<td>Timeliness</td>
<td>Wait time for evaluation, treatment (Provider access)</td>
<td></td>
</tr>
<tr>
<td>Engagement (child and caregivers’ participation and empowerment in treatment)</td>
<td>Children and Caregivers participate in services</td>
<td>Children and Caregivers perceive services as necessary, collaborative and useful</td>
</tr>
<tr>
<td>Services are maintained</td>
<td>Percent of clients served in a year with &gt;1 mental health contact</td>
<td></td>
</tr>
</tbody>
</table>

*Performance Outcomes System for Medi-Cal Specialty Mental Health Services*
## IV. Implementation Plan

### Stakeholder Process and Input - Transparency is Critical

<table>
<thead>
<tr>
<th>Title</th>
<th>Purpose</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stakeholder Advisory Committee</td>
<td>Review and provide feedback on materials and concepts. Meetings have been called on an as-needed basis.</td>
</tr>
<tr>
<td>Subject Matter Expert Workgroup</td>
<td>Advise DHCS on work products. For example, drafted and presented the Performance and Outcomes Matrix to the Stakeholder Advisory Committee, reviewed plans submitted to Legislature.</td>
</tr>
<tr>
<td>Measures Task Force</td>
<td>Assist in determining what specific client and program level information is collected and analyzed by counties and providers. Define domain measures and indicators; determine gaps in the data.</td>
</tr>
</tbody>
</table>
V. High-Level Timeline

- **Updated Performance Outcomes System Plan**: October 2014
- **Updated System Implementation Plan**: January 2015
- **Performance Outcomes System Methodology (POS Protocol)**: February 2015
- **Initial Performance Outcomes Reporting: Existing DHCS Data**: December 2014
- **Comprehensive Performance Outcomes Reporting: Expanded Data Collection**: FY 2016-17
- **Continuous Quality Improvement Using Performance Outcomes**: Summer 2015 & Ongoing
- **Continuum of Care: Updates to System and System Implementation Plans**: October 2014, January 2015
VI. Activities and Accomplishments

- Established Process for Stakeholder Interaction
  - Subject Matter Experts & Measures Task Force
  - Stakeholder Advisory Committee

- Developed Performance Outcomes Matrix

- Delivered Reports to Legislature
  - System Plan – November 1, 2013
  - System Implementation Plan – January 10, 2014

- Developed and executed work plan
Activities and Accomplishments (continued)

• Received four positions in FY14/15 to support the POS project.

• Reviewed evidence-based measures to assess comparability

• Collaboration for consistency of outcomes reporting:
  • Katie A. Settlement Agreement – Foster care children receiving Medi-Cal Specialty Mental Health Services
  • Continuum of Care – Children and youth receiving mental health services from Managed Care Plans and/or Mental Health Providers
Activities and Accomplishments (continued)

• Develop Quality Improvement (QI) Approach
  • Initiate research with other states to learn:
    • Current QI methods and experience
    • Data used and how acted upon, challenges, lessons learned, and recommendations
  • Conduct similar research with California counties
VII. Looking Forward - Next Steps

SMHS Reports

• Update POS System Plan – October 2014
• Update POS Implementation Plan – January 2015
• Develop performance outcomes system evaluation methodology (aka protocol) – February 2015
• Design initial reports, identify data elements, and assess data integrity

Initial Katie A. Reports

• Document outcomes and definitions to report on Katie A. class and subclass
• Finalize the MOU for data sharing with CDSS and DHCS

Continuum of Care

• Request stakeholder feedback on DHCS health screening tool to enhance mental health screen
• Update System and System Implementation Plan to improve the continuum of care between managed care plans and mental health plans

Quality Improvement Research

• Continue research through interviews and website reviews
• Develop recommendations for planning QA approach and solicit input from stakeholders
QUESTIONS?
Thank You
NEXT STEPS
Contact Information

Behavioral Health Forum Stakeholder Website:
http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx

Please e-mail questions, comments or concerns to:
MHSUDStakeholderInput@dhcs.ca.gov
DHCS Behavioral Health Forum
Client and Family Member Forum

October 2, 2014
3:30 to 4:45 p.m.
Stakeholder Initiative Updates

• DHCS Stakeholder Initiatives
• CA Mental Health Planning Council, Jane Adcock
• California Stakeholder Process Coalition, Viviana Criado
Contact Information

Behavioral Health Forum Stakeholder Website:
http://www.dhcs.ca.gov/provgovpart/Pages/MH-SUD-UpcomingMeetings.aspx

Please e-mail questions, comments or concerns to:
MHSUDStakeholderInput@dhcs.ca.gov
BEHAVIORAL HEALTH FORUM
NEXT STEPS
Future Meeting Dates

Behavioral Health Forum Forums will be meeting on:

- January 9, 2015
- April 2, 2015