Behavioral Health Workgroup
11.08.19 Meeting Summary

The Department of Health Care Services (DHCS) held the first of seven Behavioral Health (BH) workgroup meetings on November 8. The BH workgroup will also convene a separate BH Payment Reform sub-workgroup to ensure that the appropriate level of fiscal expertise is included in payment reform discussions. The sub-workgroup will commence on December 13.

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 and Dina Kokkos-Gonzales were the DHCS lead presenters.

This meeting focused on the following topics. A full agenda can be found here.

- An overview of the CalAIM BH workgroup;
- A presentation of the current Centers for Medicare and Medicaid Services (CMS) Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) Institution for Mental Diseases (IMD) demonstration opportunity and requirements;
- A presentation about California's readiness to pursue the SMI/SED IMD demonstration;
- Workgroup discussion on the above topics; and
- Public comment on the above topics.

Discussion Summary

- The meeting began with a presentation from DHCS on the six CalAIM BH proposals, and overview of BH workgroup deliverables, the proposed meeting schedule, and an overview of workgroup expectations. See slides here (2-8). Below are additions to the DHCS presentation based on questions and comments from workgroup members.
  - Ensure coordination and communication with other CalAIM workgroups that are discussing separate but related proposals. Meeting materials will be posted in advance, and a meeting summary will be developed after each workgroup to promote transparency.
  - Include time for a more focused discussion on workforce needs.

- Next DHCS presented an overview of the current SMI/SED IMD demonstration opportunity as outlined in State Medicaid Director Letter #18-011. See slides here (9-13).

- Next DHCS presented an overview of California's experience in the Medicaid Emergency Psychiatric Services Demonstration (MEPD), a national demonstration implemented across 11 states for private IMDs. MEPD began on July 1, 2012 and ended on June 30, 2015. Two counties participated: Contra Costa and Sacramento. To provide further insight into MEPD, Ryan Quist from Sacramento County, and Sheree Lowe from the California Hospital Association (CHA) made verbal presentations to the workgroup. See slides here (14- 16). Below is a summary of the presentations made by Quist and Lowe.
    - Sacramento County shared several key data points from their participation in MEPD. The average length of stay (LOS) was 8.7 days (an increase from baseline by 2.5 days). Readmission rates within 30 days decreased by 20%. Across the demonstration, Sacramento County claimed $8.8 million in federal financial participation. Big lift in getting data systems operational. This was a significant barrier in implementation.
    - CHA thanked DHCS in being good partners in MEPD and flagged the importance of capturing the wide array of facilities that can be considered IMDs. Per the evaluation report published by Mathematica, there was no statistically significant change in emergency room visits in California. There were also data challenges in the evaluation – only patients living in the county admitted to an IMD were included in the evaluation; it did not include patients who crossed county lines. MEPD also did not result in any meaningful practice change at the hospital level and data sharing between the counties and hospitals was a barrier.

- After the presentations from DHCS, Sacramento County, and CHA on MEPD, workgroup members were invited to comment. Below is a summary of the key themes from the workgroup discussion:
    - Due to the 30-day LOS requirement under the current IMD Demonstration opportunity, need to have a more tailored discussion to clarify which facilities should be included. Important to leverage the full continuum of care in facilities considered IMDs.
    - Need enough financial incentive to increase capacity across the continuum of care, not just focused on inpatient settings. This current SMI/SED IMD demonstration opportunity has an emphasis on enhancing community mental health services. The hope is that by providing FFP for IMD services, states and counties can reinvest those funds to improve other parts of the system.
    - Need to identify the gaps in our current system to better understand how this demonstration might address identified challenges.

- Next DHCS presented an overview of the requirements, goals and milestones of the current SMI/SED IMD demonstration opportunity, including a summary of states that have applied for the demonstration to date. Since the slides

were posted, the District of Columbia (DC) had their application approved on November 6. See slides here (17-29). After the presentation, workgroup members were invited to comment. Below is a summary of the key themes from the workgroup discussion:
  - Several questions and discussions around clarifying the requirement to achieve a statewide average LOS of 30-days for beneficiaries receiving care in IMDs pursuant to this demonstration opportunity.
  - Call to view the child and adult system of care separately and the importance of distinguishing between the two systems. Unique systems of care and evidence-based practices.
  - A reminder to keep the individuals and families that rely on care provided in IMDs at the center of this discussion.
  - Recommend that California review what DC was approved for.

- Next, DHCS led a discussion about California's readiness to pursue this demonstration opportunity. Workgroup members were invited to comment. Below is a summary of the key themes from the workgroup discussion:
  - Several workgroup members voiced support for pursuing this demonstration opportunity, but also expressed caution that the funding would not be substantial enough to increase capacity across the continuum of care and enhance community-based services. Accountability and monitoring are key to ensure the funds trickle down to community level services. One workgroup member voiced opposition to pursuing this demonstration opportunity.
  - Need to have further discussion about whether this demonstration opportunity would be statewide, or an "opt-in" county-by-county or regional approach. Pros and cons to both. A statewide approach would promote equity and parity across the state, but many counties do not have the resources to participate in the demonstration and meeting the requirements would be challenging.
  - Conversations about sustainability are also critical. What happens when the demonstration ends and how to ensure investments in infrastructure are sustainable once the funding goes away?
  - Calls to have a more comprehensive overview of the existing BH system of care to better understand where gaps currently exist.
  - Calls to establish a framework to guide discussions, and focus conversations around a common vision and goal. What is California trying to solve through participation in this demonstration?
  - Calls to establish clarity around what types of facilities in California that are considered IMDs and to what extent each might be considered for inclusion in the demonstration if California decides to pursue the opportunity.
  - Focus discussions around the demonstration milestones, what it would take for counties and providers to achieve the milestones, and how they align with overarching CalAIM goals.

- Finally, members of the public were invited to comment. Two members of the public shared their comments. Below is a summary.
    - Counties spend millions of dollars on care in facilities considered IMDs. Having access to FFP could free up funds to be used to build up the continuum of outpatient care, so when the demonstration ends, the infrastructure will remain.
    - Access to IMDs is a critical part of the continuum of care. California should seize this opportunity and interested counties should have an opportunity to pursue participation in the demonstration, although equity across counties is an issue.

Next Steps for DHCS:

The BH Payment Reform sub-workgroup will convene on December 13, 2019. The next BH workgroup meeting will take place on December 20, 2019.

In preparation of the next SMI/SED IMD demonstration BH workgroup meeting, DHCS committed to further research and planning to help focus future discussions. This includes an inventory of facilities that fall under the IMD umbrella, the mental health continuum of care (both managed care and county benefits), key decision points, and discussion questions.