

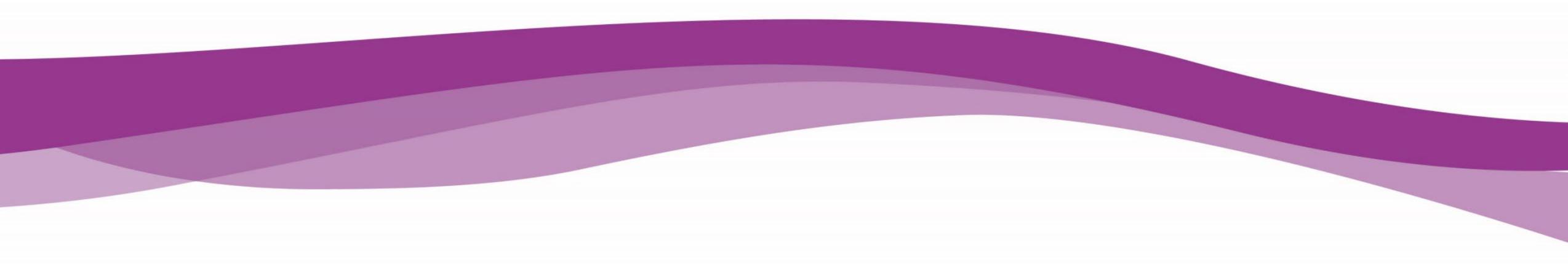
Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

February 17, 2022

Webinar Tips

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

Contingency Management

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Why Contingency Management (CM)?

CM is an evidence-based practice that recognizes and reinforces individual positive behavior change consistent with stimulant non-use.

- » **CM provides motivational incentives for non-use of stimulants**, as evidenced by negative drug tests.
- » **CM has repeatedly demonstrated robust outcomes**, including a reduction or cessation of drug use for individuals with stimulant use disorder (StimUD) and longer retention in treatment.
- » To expand access to evidence-based treatment for StimUD, **DHCS intends to pilot Medi-Cal coverage of CM beginning on July 1, 2022.**
- » **DHCS intends to use the pilot as a basis for informing the design and implementation of a statewide CM benefit**, pending budgetary and statutory authority.

Pilot Program Overview

In December 2021, DHCS received first-in-the-nation approval from the Centers for Medicare & Medicaid Services (CMS) to cover CM as a Medicaid benefit. DHCS intends to pilot Medi-Cal coverage of CM in participating counties from July 2022 to March 2024. Eligible Medi-Cal members will:



Participate in a **structured 24-week outpatient CM program**, followed by six+ months of additional recovery support.



Receive incentives for **testing negative for stimulants only**, even if they test positive for other illicit drugs.



Earn incentives over the treatment period in the form of low-denomination gift cards.



Track progress using either a **web-based or** (beginning July 2022) **mobile CM vendor** (phased in at a later date).

Beneficiary Eligibility

Medi-Cal Beneficiary Eligibility

- » Beneficiaries must be assessed and diagnosed with a StimUD for which CM is medically necessary.
- » Beneficiaries must reside in a participating Drug Medi-Cal Organized Delivery System (DMC-ODS) county that DHCS has approved to pilot CM.
- » Beneficiaries must not be enrolled in another CM program for StimUD.
- » Beneficiaries must receive services from a non-residential DMC-ODS provider that offers the CM benefit in accordance with DHCS policies and procedures.

If a beneficiary chooses to participate in only some of the services identified in their treatment plan (e.g., CM only), they will not be penalized or discharged from the CM program.

Provider Eligibility

Provider Eligibility and Requirements

- » DMC-ODS providers offering outpatient, intensive outpatient, and/or partial hospitalization services and/or Narcotic Treatment Programs (NTPs) will be eligible to offer CM.
- » Providers will be required to offer complementary services and evidence-based practices for StimUD in addition to CM (e.g., individual and group counseling, medication assisted treatment (MAT), and peer support services).
- » Providers must develop a treatment approach that includes other behavioral interventions to support beneficiaries to reduce stimulant use.
- » Providers must verify beneficiaries' Medi-Cal eligibility before permitting them to enroll in CM.
- » Providers must obtain beneficiary consent for CM treatment.

Other Program Elements

CM services will be complemented by ongoing training and technical assistance and a robust evaluation process, while protecting against fraud, waste, and abuse.

Training

- » Participating counties and StimUD providers will be required to participate in start-up training and ongoing technical assistance.
- » Synchronous, live trainings will be offered beginning in May 2022.

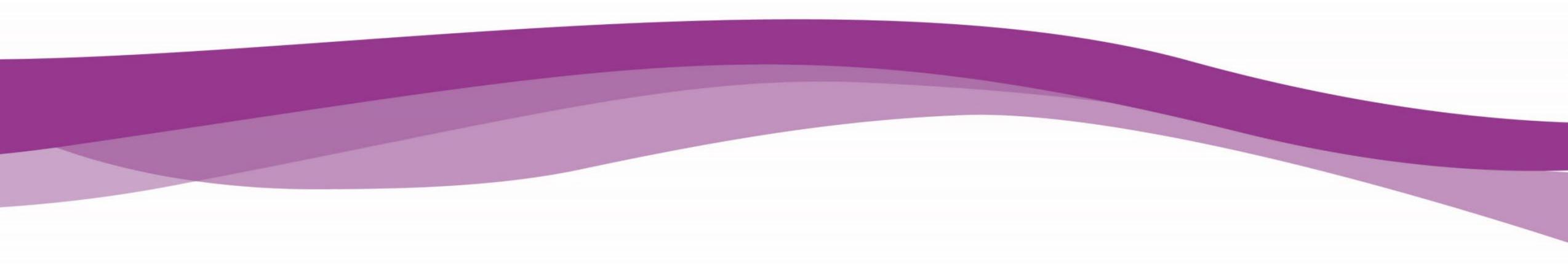
Evaluation

- » The impact of the pilot program will be measured through a robust evaluation process.
- » DHCS will release interim and final evaluation reports, along with quarterly reports to inform future budget decisions.

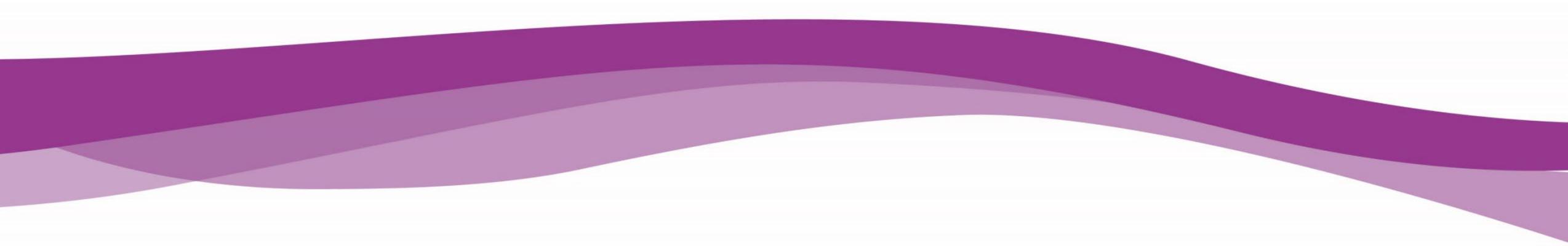
Oversight

- » Each treatment program will have a policies and procedures manual.
- » All providers will be required to complete readiness reviews.
- » DHCS and counties will conduct robust monitoring and oversight of CM providers.

Member Q&A

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Assessing the Continuum of Care for Behavioral Health Services in California

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About the Assessment

The assessment defines the elements of a strong and effective behavioral health system that is person-centered, offers a full array of services, focuses on equity, and is culturally competent and evidence-based. The purpose of the assessment is to:

Provide a framework to describe the core continuum of behavioral health care services.

Review available data and gather insights from stakeholders and experts on the need for and availability of key behavioral health services in California.

Explore issues and opportunities for specific populations, including children, adolescents, and youth; American Indian/Alaska Native (AI/AN) individuals; and justice-involved individuals.

Support the design and implementation of behavioral health initiatives, including the applications for a Serious Mental Illness (SMI)/Serious Emotional Disturbance (SED) 1115 demonstration and the Behavioral Health Continuum Infrastructure Program.

Discuss the implications for DHCS' work and for California's broader efforts to strengthen the behavioral health system.

Envisioning a Core Continuum of Care

The assessment defines a core continuum of behavioral health services, identifying the elements of a strong and effective behavioral health system.



Key Issues and Opportunities

The assessment describes existing challenges and key opportunities across the state to improve prevention services and treatment options. Many already are a focus of DHCS' behavioral health agenda.



It is critical to have a **comprehensive approach to crisis services** that emphasizes community-based treatment and prevention and connects people to ongoing services.



Community-based living options are essential for people living with SMI and/or a substance use disorder.



More treatment options are vital for children and youth living with significant mental health and substance use disorders.



Prevention and early intervention are critical for children and youth, especially those who are at high risk.

Key Issues and Opportunities

The assessment describes existing challenges and key opportunities across the state to improve prevention services and treatment options. Many already are a focus of DHCS' behavioral health agenda.



Services should be designed and delivered in a way that **advances equity and addresses disparities in access to care** based on race, ethnicity, and other factors.

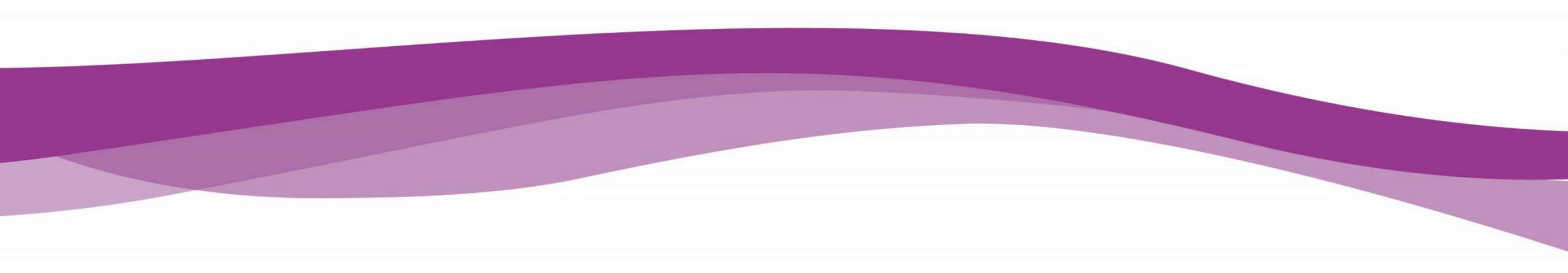


More can be done to ensure that **evidence-based and community-defined practices** are used consistently and with fidelity throughout California's behavioral health system.

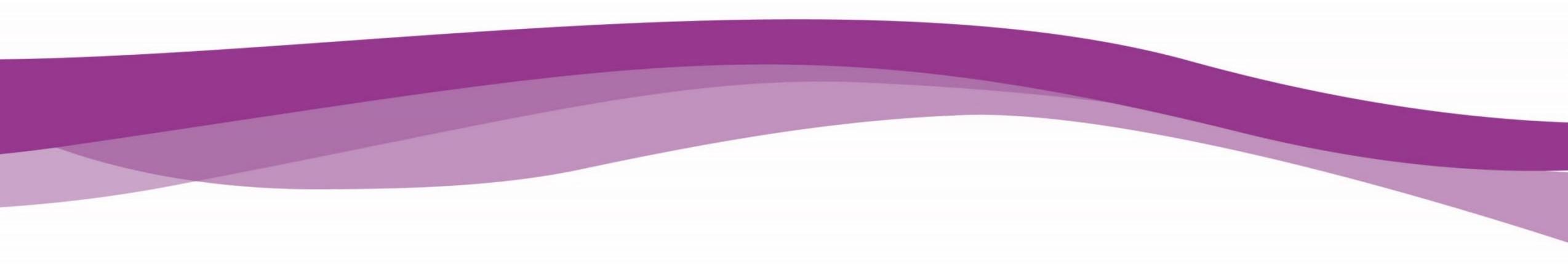


More effectively addressing the behavioral health issues – and related housing, economic, and physical health issues – of **individuals who are justice-involved** is critical.

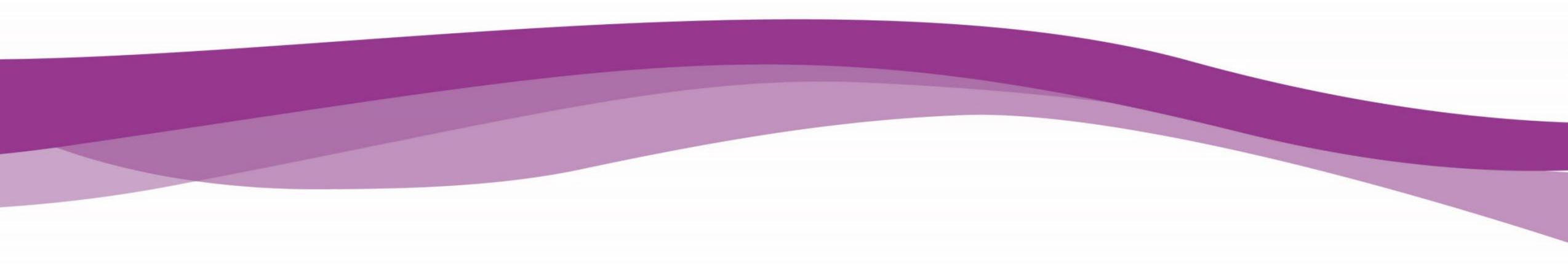
Member Q&A



Public Comment

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Upcoming Meeting and Next Steps

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