

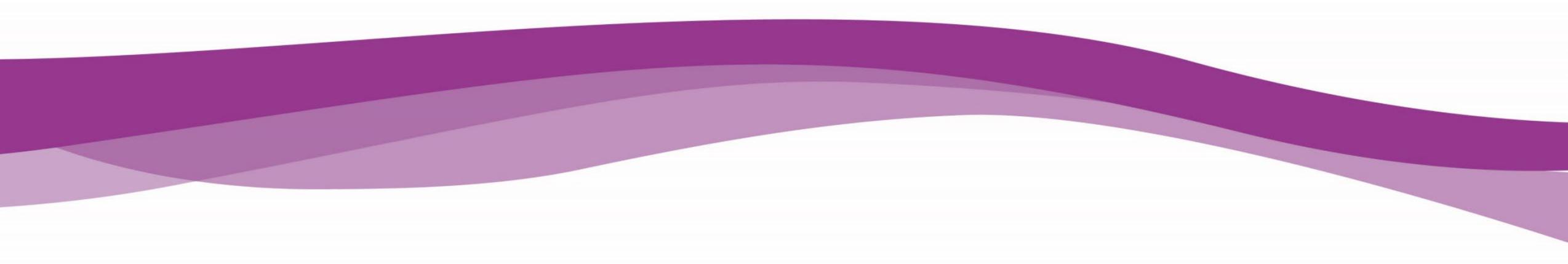
# Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

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](mailto: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.

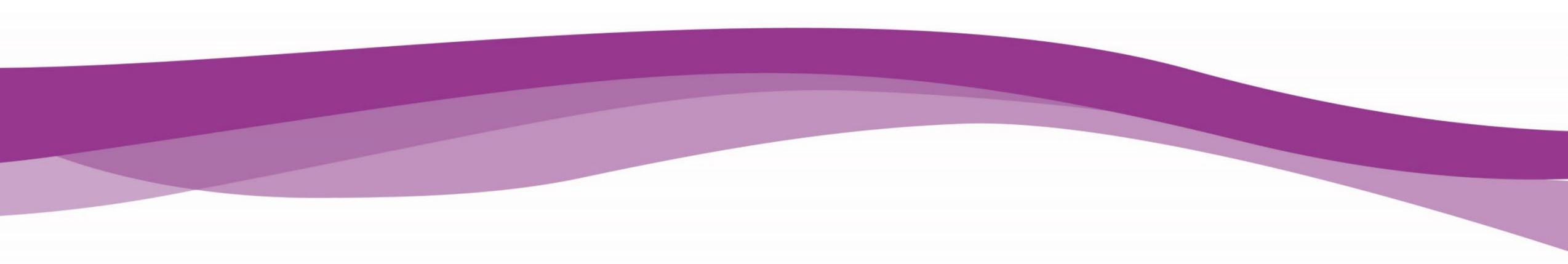
## Evaluation

- » 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.

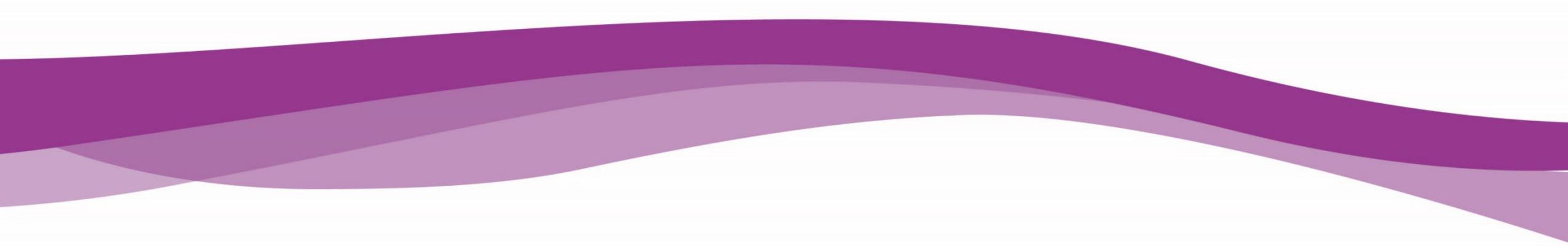
## Oversight

- » 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



# **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.

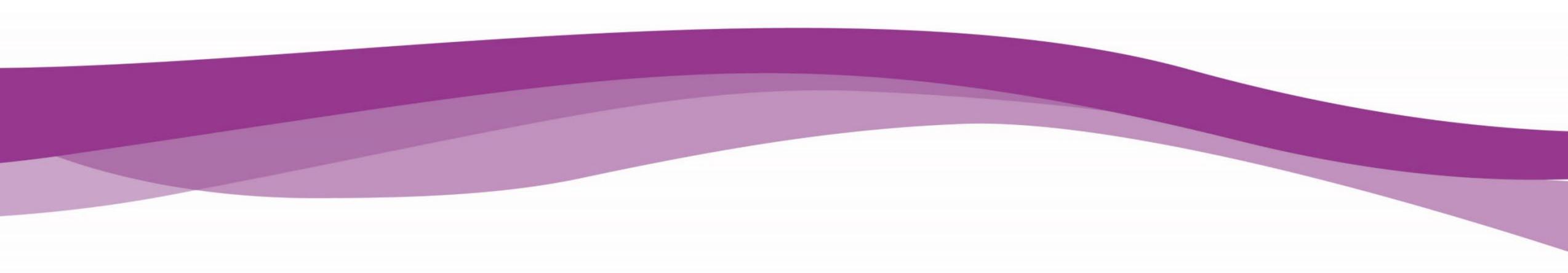


More can be done to ensure that **evidence-based and community-defined practices** are used consistently and with fidelity throughout California's behavioral health system.

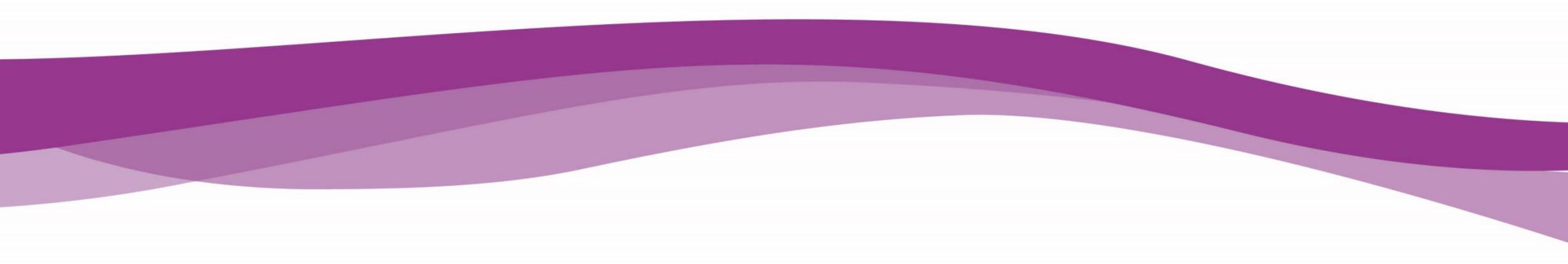


More effectively addressing the behavioral health issues – and related housing, economic, and physical health issues – of **individuals who are justice-involved** is critical.

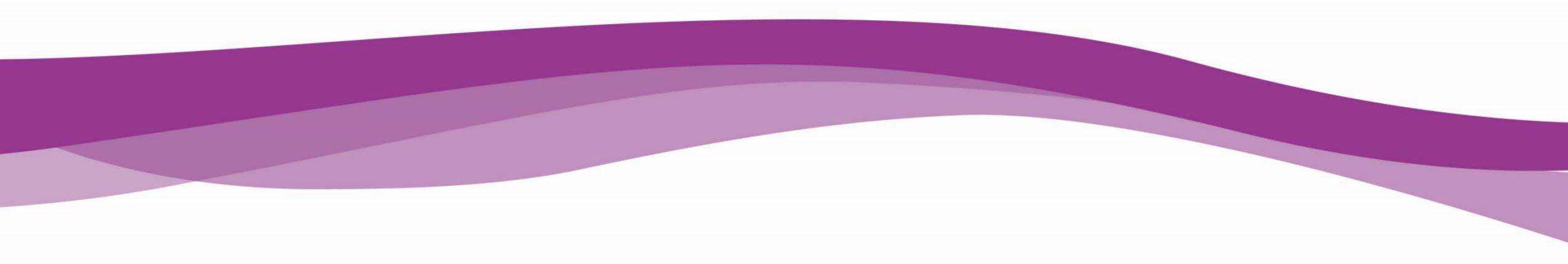
# Member Q&A



# Public Comment

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# Upcoming Meeting and Next Steps

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