

*DHCS-Mental Health and Substance Use  
Disorder Services  
(MHSUDS)*

**California Mental Health Advocates  
for Children and Youth (CMHACY)  
Conference**

May 08, 2014

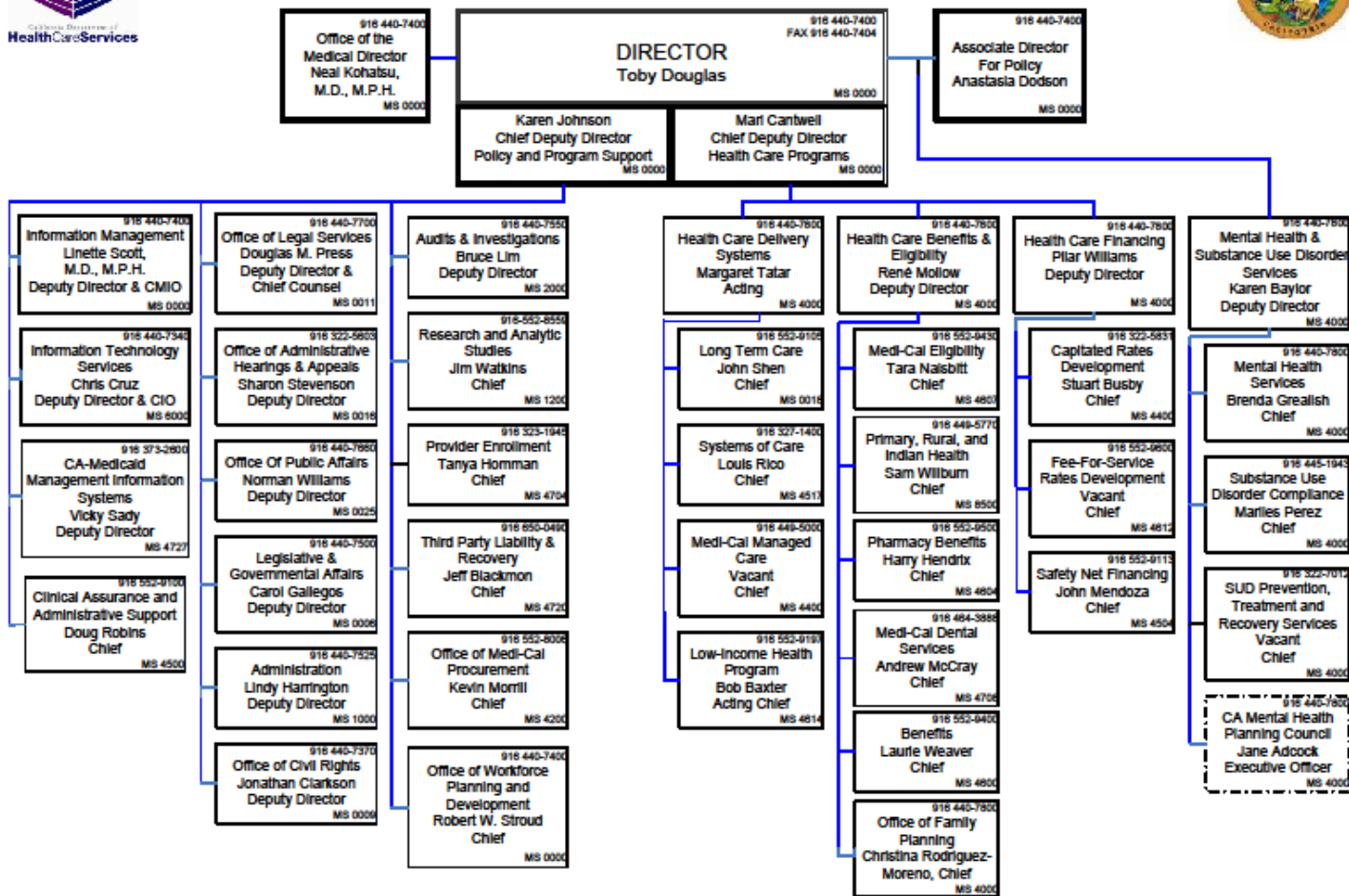
# CMHACY- Overview

- \* **Wanted to start with an overview to give you a context**
- \* **DHCS**
- \* **Table of Organization**
- \* **Accurate look at MHSUDS and where we fit in the DHCS structure**
  - \* **DHCS is large and complex**
  - \* **What MHSUDS is...and is not**



# Department of Health Care Services

March 6, 2014



# CMHACY- Today's Presentation

- **Some of my current priorities**
- **Where I think we are now**
- **Some challenges we face**
- **Some directions we are headed**

# MHSUDS Overall Priorities

- \* **Providing LEADERSHIP:**
- \* **Building internal & external PARTNERSHIPS :**
- \* **Assuring effective INTEGRATION:**
- \* **Emphasizing OVERSIGHT & ACCOUNTABILITY:**
- \* **Making STAKEHOLDER ENGAGEMENT a priority:**
- \* **Being a NATIONAL MODEL:**

# Where We Are

## WHERE WE ARE NOW

- \* **Historic.... Exciting... Challenging....and a bit overwhelming at times!**
- \* **The volume of issues and the velocity at which they're moving is challenging...but what great problems to have!**
- \* **CA signaled its commitment to integration of behavioral health and physical health over three years ago by reorganizing the Departments of Mental Health and ADP and integrating them into DHCS**
- \* **CA coupled that action with the decision to strengthen and expand the managed care delivery system to 28 rural counties so managed care is now statewide**
- \* **Then CA dramatically strengthened and expanded the mental health benefits in the managed care system**

# Where We Are

- \* **Integration is a priority at DHCS---BOTH the integration of MH and SUD ....AND... the integration of MH/SUD with physical health care**
- \* **The fact that the Deputy of MHSUDS reports directly to the DHCS Director ensures that behavioral health issues are front and center at the highest levels within the Department**
- \* **MHSUDS programs work, as never before, in far closer collaboration with the multiple DHCS areas and divisions**
  - \* **Health Care Delivery Systems, Managed Care, Benefits and Eligibility, Health Care Financing, Provider Enrollment, Audits and Investigations, Long Term Care, Pharmacy and many other areas as needed.**

# Where We Are

- \* **MH/SUD issues are front and center with health care reform, The Duals demonstration, the rural managed care expansion, FQHCs, RHCs, IHCs, the DMC waiver and the overall growth of the managed care system**
- \* **MHSA remains a priority----ensuring we're collaborating with the OAC to make sure it continues to be a strong/effective funding resource**
- \* **With Katie A., our focus continues to be implementation of the Settlement Agreement:**
  - \* **Ensuring that children and youth in the Katie A. subclass are appropriately identified and provided with Intensive Care Coordination (ICC) and Intensive Home Based Services (IHBS) within the Core Practice Model in addition to other Specialty Mental Health Services as medically necessary**
  - \* **Monitoring the implementation through semi-annual progress reports and monthly claiming data reports**



# Where We Are

- \* **Providing training and technical assistance to counties, which includes**
  - \* **Weekly technical assistance calls**
  - \* **Webinars**
  - \* **Information Notices**
  - \* **FAQs**
- \* **DHCS submitted a State Plan Amendment on March 28, 2014 to include Therapeutic Foster Care as a Medi-Cal service for eligible children and youth in the Katie A. subclass**
- \* **DHCS has completed and implemented recommendations of several taskforces regarding shared management structure, fiscal incentives for implementation, accountability, communications, and the use of a data-informed system of performance oversight**
- \* **As of March 28:**
  - \* **43 counties are providing and submitting claims for ICC/IHBS**
  - \* **12 counties have the ability to process ICC/IHBS claims but are not yet providing the services**
  - \* **3 counties do not have the ability to process ICC/IHBS claims and are not providing the services**

# Where We Are

- \* We're also pursuing a Drug Medi-Cal (DMC) waiver to ensure a stronger and more integrated, accessible and accountable county alcohol and drug services delivery system**
- \* Lots of changes --using our 3 major delivery systems (county, managed care and FFS) to implement these benefits for existing and newly eligible beneficiaries**
- \* These new changes support even stronger integration and treating the whole person -----but they also provide new challenges**
- \* Let me describe some of the challenges we face**

# Challenges

## CHALLENGES WE FACE

- \* **Merging two departments into DHCS**
- \* **One of the most important challenges we face is working with two major delivery systems (managed care and the counties) to help ensure cooperation, collaboration and quality**
- \* **DHCS monitoring of quality of care and compliance remains an important priority**
- \* **HOWEVER.... we need to face the challenge of balancing this oversight with supporting our county partners in increasing their capacity and their delivery of quality services**
- \* **Challenges of helping and monitoring two major systems of care (Managed Care and County)—working together and determining appropriate levels of care for beneficiaries**
- \* **Providing guidance to these two systems as they determine levels of care and who's the appropriate service provider**

# Challenges

## ***SERVICE PLAN***

- \* **As you know, we submitted the required *Service Plan* to CMS— In that plan were a number of recommendations from stakeholders and consultants the Department agreed to consider.**
  
- \* **DHCS was clear decisions regarding those recommendations would have to be made as to priorities and the Department would explore feasibility and timing related to implementation**
  
- \* **One of the goals of the *Service Plan* is to put the focus on the challenges of increasing integrated care--- so it becomes the standard of physical health, mental health and substance use services.**
  - **Revisions to regulations and contracts**
  - **Stronger monitoring and oversight**
  - **Dissemination of best practices**
  - **Joint planning and program coordination**
  - **Special payment programs**

# Challenges

- \* **There are challenges with the effective use of data and determining and implementing useful indicators and benchmarks, including but not limited to:**
  - \* **The percentage of Medi-Cal physical health plan members that access mental health and substance use treatment services on an annual basis**
  - \* **The percentage of MHP and DMC participants that also have physical health encounters on an annual basis**
  - \* **The number of emergency department presentation by MHP and DMC participants on an annual basis**

# Challenges

- \* **And the challenges of addressing POLICY QUESTIONS related to ACA, knowing we want to better understand....**
  - \* **What degree are the new enrollees in Medi-Cal receiving mental health and substance use services?**
  - \* **Are health disparities being addressed with special populations accessing services**
  - \* **What is the mix of mental health and substance use services received by the expansion population compared to the MediCal population?**
  - \* **What extent do Medi-Cal participants receive screening and brief intervention?**
  - \* **What portion of MH and SUD participants are high cost users of health care services and require care coordination?**
  - \* **What proportion of mental health and substance use services receive a service after a screening?**

# Challenges

**Effective STAKEHOLDER ENGAGEMENT remains a challenge and a priority:**

- \* **There are a number of key stakeholder & partner advisory committees with whom we interact that focus on behavioral health**
  - \* Increased collaboration with CMHDA and CADPAAC---who will soon merge
  - \* CA Mental Health Planning Council
  - \* CCCMHA, CAADPE, and others play a valuable role helping the Department keep focused
- \* **DHCS is establishing the new *DHCS-Behavioral Health Forum***
- \* ***The Forum* is comprised of other DHCS areas of jurisdiction (Health Care Delivery Systems, Benefits & Eligibility, Health Care Financing, Medical Director's Office), CSAC, county specialty mental health and alcohol and drug administrators, managed care association representatives, and the CA MH Planning Council.**
- \* **The Forum will also have three sub-committees to track the key issues**
  - 1. *Create Coordinated and Useful Data Collection, Utilization and Evaluation of Outcomes Committee***
  - 2. *Develop Coordinated and Integrated Systems of Care for MH/SUD and Medical Care Committee***
  - 3. *Strengthening Specialty MH and DMC County Programs and Delivery Systems Committee***
- \* **It will meet regularly with stakeholders to identify, prioritize, track and monitor critical MH and SUD public program/policy and/ or funding issues --- all in the service of more effectively coordinating, integrating, delivering and monitoring community based MH/SUD services and care.**

# Directions

## **DIRECTIONS WE'RE HEADED**

- \* Continuing to work internally....to integrate and operate my three new MH and SUD divisions into all areas of DHCS**
- \* Continuing to work externally with the Managed Care system to ensure a strong partnership**
- \* Continued working closely with our County and Federal partners**
- \* One specific area is DHCS will working closely with our County and Federal partners and requesting a waiver from CMS to operate the Drug Medi-Cal Program**



# Directions

- \* **All the work associated with continuing to implement the ACA**
- \* **While I'm not establishing a children's mental health unit, I'm locating the focus in my MHSDiv. and asking Assistant Division Chief Rita McCabe to be our point of contact**
  - \* Rita brings 30 years of experience in mental health and child welfare services both in the private sector as treatment provider and Assistant Director of an out patient community mental health clinic
  - \* The most recent 15 years were with the former Department of Mental Health working in community mental health policy with particular expertise with EPSDST specialty mental health services and the the Emily Q. and Katie A. lawsuits
- \* **Continued involvement in the Duals demonstration and the rural expansion of managed care**
- \* **A stronger stakeholder engagement process---assuring that our mental health and substance use disorder services partners and stakeholders feel a sense of connection and confidence with the new organizational structure and their new connection with DHCS**
- \* **As I said at the outset, it's an exciting time to be leading this effort at DHCS and I'm delighted to have the opportunity to work with all of you**
- \* **As we go forward, what I can guarantee are.....**

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- \* **What I can also guarantee is I'm committed to....**

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**THANK YOU**