



# **PRIMARY CARE/BEHAVIORAL HEALTH INTEGRATION INITIATIVES IN CALIFORNIA**

**PRESENTATION TO NATIONAL DIALOGUES ON BEHAVIORAL HEALTH  
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# PRESENTATION OUTLINE

- ❖ Overview of California's Public Mental Health System
- ❖ Overview of California's Public Substance Use Disorder System
- ❖ Managed Care in California
- ❖ Coordinated Care Initiative
- ❖ Outstanding Questions and Considerations



# CALIFORNIA'S PUBLIC MENTAL HEALTH SYSTEM

- ❖ Under the provisions of our Medicaid Title 42, Section 1915(b) “freedom of choice” waiver covering the mandatory enrollment of eligible Medi-Cal beneficiaries in the Mental Health Plans (MHPs) for specialty mental health, emergency and hospital services, California’s county MHPs are considered prepaid inpatient health plans.
- ❖ California’s MHPs are responsible for assuring 24 hour, seven day/week access to emergency, hospital and post-stabilization care for the covered psychiatric conditions for Medi-Cal beneficiaries.



# CALIFORNIA'S PUBLIC MENTAL HEALTH SYSTEM

- ❖ In addition, California has two approved state plan amendments (SPA) that increase the scope of outpatient, crisis and residential and inpatient mental health coverage provided to Medi-Cal beneficiaries when medically necessary, by the MHP.
- ❖ California's Approved State Plan Amendments:
  - Targeted case management for persons with mental illness.
  - Mental health services available under the Rehabilitation Option, broadening the range of personnel and locations that were available to provide services to eligible beneficiaries.



# CALIFORNIA'S PUBLIC MENTAL HEALTH SYSTEM

- ❖ MHPs are subject to CFR Title 42, Part 438 Managed Care requirements which specify additional access, beneficiary protection and quality management requirements that the MHP must conform to.
- ❖ Both federal and state code and regulation specify that there is to be a contract between the state and the MHP/PIHP specifying the conditions under which the managed care program will operate.
- ❖ The regulations and contract also specify requirements for the coordination of health and mental health treatment between the county and the state contracted health plans, including that an MOU be in place between the county and each health plan specifying the process for timely referral and treatment.



# CALIFORNIA'S PUBLIC SUBSTANCE USE DISORDER SYSTEM

- ❖ In California, the public system of care for the prevention and treatment of SUD is overseen by a single state agency, but is administered by counties, which either provide services directly or (in most cases) contract with private providers for services.
- ❖ Public treatment of SUD is predominantly provided in separate specialty services programs, some of which are based on social-model recovery (i.e. 12-step), and others which offer medication-assisted treatment (i.e. methadone maintenance).
- ❖ SUD treatment is typically provided by staff members who are state-certified but not professionally licensed.
- ❖ Traditional sources of funding for public SUD services:
  - Federal Substance Abuse Prevention & Treatment Block Grant
  - FFP for Drug Medi-Cal
  - Realigned tax revenues



# MANAGED CARE IN CALIFORNIA

- ❖ As of October 2012, approximately 4.8 million Medi-Cal beneficiaries in 30 California counties receive their health care through three models of managed care: Two-Plan, County Organized Health Systems and Geographic Managed Care.
- ❖ As part of the 1115 waiver, California recently completed a yearlong transition to mandatorily enroll most Seniors and Persons with Disabilities in managed care (some exemptions).
- ❖ Beginning September 2013, California is expanding managed care into rural areas (28 counties) that are now Fee-For-Service only.
- ❖ Subject to legislative approval, California intends to expand the Coordinated Care Initiative (Duals Demonstration) to all counties in the state



# COORDINATED CARE INITIATIVE – CALIFORNIA'S DUALS DEMONSTRATION

- ❖ The Duals Demonstration will involve models through which one entity is coordinating care for the total needs of a person – medical and social.
- ❖ The demonstration will expand the managed care benefits for selected demonstration health plans to include the In-Home Supportive Services (IHSS) program, as well as Multipurpose Senior Services Programs (MSSP), Community-Based Adult Services, and skilled nursing facility services as part of the blended capitated rate to the participating managed care organizations.
- ❖ While county-administered Medi-Cal mental health and substance use disorder services are not to be initially included in the health plans' blended capitated rate, demonstration plans will be charged with managing the entire Medicare benefit, including mental health services covered by the Medicare program.



# COORDINATED CARE INITIATIVE – CALIFORNIA'S DUALS DEMONSTRATION

- ❖ The demonstration is slated to begin April 2014.
- ❖ The 8 selected demonstration counties are Alameda, Los Angeles, Orange, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara.
- ❖ County mental health & SUD priority areas for further consideration include risk and cost shifting concerns, information exchange barriers and opportunities, payment policies, conflict resolution, network coordination, performance measures and shared savings opportunities, MOU elements, among others.
- ❖ The state is currently developing a shared accountability framework to incentivize coordination between MHPs/SU administrators and demonstration health plans



# CALIFORNIA INTEGRATION INITIATIVES

- ❖ The California Institute for Mental Health (CiMH) – a partner of the California Mental Health Directors Association -- has facilitated the following QI and integration initiatives:
  - **Advancing Recovery Practices (ARP):** Prepares behavioral health agencies to become “Behavioral Health Centers of Excellence”
  - **Small County Care Integration (SCCI):** Prepares Small County behavioral health agencies to communicate, collaborate, and coordinate care effectively with primary care and support client self-management of chronic health conditions
  - **Care Integration Collaborative (CIC):** Prepares behavioral health agencies, substance use disorder agencies, and primary care providers to integrate their care
  - **Strategies for Integrating Health, Prevention and Community:** Prepares community based organizations to promote overall health and wellness for community members with co-occurring behavioral and physical health concerns and coordinate care effectively with primary care providers



# OUTSTANDING QUESTIONS AND CONSIDERATIONS

- Will Memorandums of Understanding (MOUs) between Medi-Cal managed care health plans, county mental health plans and county substance use systems be sufficient to ensure seamless coordination of care for Medicaid beneficiaries with serious MH/SU disorders?
- Are fiscal incentives between health plans and counties designed to ensure the best care for beneficiaries with behavioral health needs?
- What will/should be the future of California's "carved-out" Medi-Cal specialty mental health and substance use systems in meeting the needs of individuals with serious behavioral health needs?



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For additional resources on ACA implications for CA's public mental health system, go to:

<http://www.cmhda.org/go/publicpolicy/healthcarereformresources.aspx>

