

The 2011
NATIONAL



May 10-13, 2011
San Diego, CA

POLICY Summit

*to Address Behavioral Health Disparities
within Health Reform*

*Center for Mental Health Services
Substance Abuse and Mental Health Services Administration*

State: California

Name of Person Completing the Form: Autumn Valerio/Chris Wordlaw

Date: April 27, 2011 – DRAFT #2

As your delegation begins the process of implementing policy strategies to address behavioral health disparities within health care reform, it is important to identify areas where technical assistance (TA) may be needed to enhance your success.

This tool is designed for you and your partners to think through the components of your proposed plan and determine the areas critical for success. You are encouraged to think about your State's strengths, challenges, and intended outcomes as you identify areas for TA. Some of this work may already be planned, under way, or implemented in your State/Territory. In other cases, your State/Territory may not have begun the work described. This assessment process can guide your community as it develops a tailored TA plan to support a successful planning and implementation process.

Identify the top three priority areas

Priority Area #1: Reducing disparities through strategic implementation of the Affordable Care Act (ACA)

Briefly explain the priority.

Health care reform, as enacted in the federal ACA, establishes the framework for sweeping changes to the nation's health care delivery systems and financing mechanisms. California's policy makers have a historic opportunity to make significant strides in expanding access, reforming care delivery, and advancing improved health outcomes and reducing health disparities. A key Summit goal for California will be to lay the foundation for collaborative strategies that ensure Californians most in need of behavioral health services and those hardest to reach benefit from the ACA.

Does your State/Territory have a plan to continue work in this area? Yes No

Briefly explain your answer.

- California's Section 1115 Medicaid Waiver - California's waiver addresses the delivery of health care for the populations that are the most medically vulnerable, highest-cost, highest needs and require the most coordinated care of all Medicaid beneficiaries. These beneficiaries are those with complex chronic condition and co-morbidities. Specifically, California's waiver advances the state's health care goals in four specific areas:
 - Expand coverage to more uninsured adults
 - Ensure funding to support access to care
 - Improve care coordination for vulnerable populations
 - Improve quality of care
- Public education efforts highlighting the opportunities and resources that are, or will become, available through ACA
 - Including information about increased availability and affordability of benefits, tax credits via Health Benefit Exchange
 - Ensure critical material related to ACA implementation is translated/made available to Californians with limited English proficiency
 - Culture of Coverage (public education on the benefit of global participation in this new system of care)
 - Community outreach and engagement strategies
 - Partnerships with community stakeholders
 - Technical assistance contracts that assist behavioral health providers understand the critical need for culturally proficient services, in light of the expanded population of Californians eligible for health care as a result of the ACA

- Ongoing support of efforts/activities that aim to improve the capacity of California’s behavioral health workforce to provide culturally and linguistically proficient services
- Department of Mental Health (DMH) and the Department of Alcohol and Drug Programs (ADP) have demonstrated commitment to reducing disparities through current initiatives:
 - DMH—the California Reducing Disparities Project (CRDP) is a three year strategic planning initiative to reduce disparities in the public mental health system. The comprehensive statewide strategic plan is being developed by five target populations: Latino; Native American; African American; Asian/Pacific Islander; and Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ).
 - ADP—Culturally and Linguistically Appropriate Standards (CLAS)

Would your delegation like to receive TA related to this priority area? Yes No

Please describe any TA you would like to receive related to this priority area.

Please see summary of TA needed following priority 3

Please see summary of TA needed following priority 3

Priority Area #2: Integration of Services

Briefly explain the priority.

Integration of mental illness and addiction services is a top priority for California. California’s growing demographics will result in an expansion of Medi-Cal dual-eligibles requiring integrated services. California’s participation in the SAMHSA Policy Summit coincides perfectly with current efforts underway to support the integration of behavioral health services. Of the 58 counties in California, 38 operate within a system of “integrated behavioral health” so the foundation for integration exists in most counties. The opportunity to collaborate on the national level will greatly enrich current efforts toward meeting the objectives of the ACA.

Does your State/Territory have a plan to continue work in this area? Yes No

Briefly explain your answer.

- California’s Section 1115 Medicaid waiver requires two initiatives, currently underway, to promote integration:
 - Behavioral Health Services Assessment
 - Behavioral Health Services Plan
- Medical home and care coordination will continue to be hallmarks of California’s Health Care Coverage Initiative (HCCI) programs
- Electronic Health Record
- Workforce development – preparing workforce for working in integrated health care model (skills /knowledge development)
- Engaging in dialogue within current infrastructure: Insurance Commissioner, Department of Health Care Health Services, local primary care providers, local SUD providers, local mental providers, stakeholders
- Collaboration and partnership between ADP and DMH, as well as other key delegates, as a step toward further integration of services

Would your delegation like to receive TA related to this priority area? Yes No

Please describe any TA you would like to receive related to this priority area.

Please see summary of TA needed following priority 3

Priority Area #3: _____ Focusing on Prevention and Wellness_____

Briefly explain the priority.

The ACA embraces a vision of health and wellness that extends beyond insurance coverage and reform. The ACA recognizes the role that coverage of preventive services plays in improving access and wellness, but also acknowledges that a comprehensive approach to prevention is required, one that recognizes the role the environment plays in supporting and optimizing health improvement and addressing health disparities. In support of this broader vision, the ACA includes strong prevention and public health components to improve the health of all Americans. California’s behavioral health prevention and early intervention efforts, in conjunction with these components of the ACA, make disease prevention and public health cornerstones of health care reform and, when fully implemented, will improve health and quality of life while lowering health care costs.

Does your State/Territory have a plan to continue work in this area? Yes No

Briefly explain your answer.

- Prevention and Early Intervention components of California’s Mental Health Services Act (MHSA) and the federal Substance Abuse Prevention and Treatment (SAPT) block grant
 - Provides dedicated funding for county behavioral health departments and mental health departments to implement prevention strategies
- California’s continued efforts to identify and support culturally appropriate prevention activities
- Community outreach
 - Engaging technical assistance contractors
 - Engaging schools, youth and families
 - Survey county prevention programs related to tenets of ACA

Would your delegation like to receive TA related to this priority area? Yes No

Please describe any TA you would like to receive related to this priority area.

- Information on funding opportunities offered by the federal government that support/may be used to support **behavioral health** workforce development
- Technical assistance on navigating requirements of 42 CFR while also complying with ACA tenets around data sharing
- Information on funding opportunities and/or economical solutions to support the establishment/development of an integrated (to be utilized by behavioral health/managed care institutions alike) data system in light of the current fiscal challenges facing the state

- Educational tools/materials/engagement strategies which may assist California in improving public awareness around the principle/key tenets of the ACA (i.e. public friendly highlights of legislation, materials that are available in other languages, etc.)
- Educational material that has been tailored to specific audiences/interests (i.e. documents that highlight areas of information particularly relevant to specific audiences such as – insurance commissioner, healthcare providers, behavioral health professionals, state/public officials, etc.)
- Information about what is being implemented on the federal level for American Indian/Alaskan Native populations, recommendations to assist with California’s efforts to engage the AI/AN community related to the implementation of the ACA.
- Strategies for collecting behavioral health data for racial, ethnic, cultural and linguistic populations
- Recommendations related to measurement and evaluation of the effectiveness of prevention and wellness strategies for racial, ethnic, cultural, and linguistic populations
- Strategies for ensuring a continued focus on behavioral health in the larger dialogue around implementation of ACA, necessity of behavioral health being at the table
- Strategies to leverage existing resources and/or programs to improve health, wellness, and recovery
- Strategies to build and strengthen community capacity