County Integration Efforts

Workgroup participants discussed county progress in integrating behavioral and physical health silos. Counties that reported initial success shared no single methodology. Rather, they emphasized that leadership and strong local collaboration were the deciding factors determining success for behavioral health integration efforts. Many successful counties reported that having some sort of central convening table was especially helpful to establishing the necessary agreements and working relationships to integration work. Several counties have started developing systems that encourage patient-centered care, with co-located behavioral and physical health clinicians in facilities.

Stakeholders also took issue with the State's decision to separate care into separate systems for those classified as "mild-to-moderate" and those classified as severely mentally ill, finding that the distinction fractures systems of care and hurts care continuity by creating separate provider networks for the two classification groups. The separation could further complicate care as attempts to integrate substance abuse treatment are ramped up in light of the new Drug Medi-Cal waiver, which extends Medi-Cal's substance abuse benefit to all Medi-Cal beneficiaries.

Drug Medi-Cal Waiver

The Drug Medi-Cal waiver played a significant role in the workgroup's conversation as well. The waiver hopes to achieve savings through reduced emergency department and hospital utilization, but some uncertainty still exists over how the expanded range of services will be financed. Stakeholders expressed optimism about the waiver's opportunities to help expand the total range of services, but also noted licensing issues could potentially bottleneck efforts to certify and bring new providers into the program. Care coordination will become critically important as newly eligible beneficiaries seek these services – if the substance abuse treatment system does not coordinate care with the primary care physicians who refer patients in, they will not refer patients in. Health plans could provide the necessary linkages to ensure careful care collaboration once a framework that can address confidentiality barriers to information sharing (Universal Consent Forms and §42 CFR) is developed, ensuring SUD, behavioral health, and primary care are tied together.

§1115 Waiver

The §1115 waiver renewal may help tie social support services together and improve integration between many different agencies that work with the mentally ill. Stakeholders emphasized that agreements must be made before any sort of integration can take place. Funding will also need to be directed towards developing a framework to coordinate integration, and agencies must lay out clear implementation plans to ensure the desired outcomes are achieved. Participants expressed hope that the Drug Medi-Cal waiver will help improve the SUD treatment system's capacity so that it can properly work with other social support elements.

Stakeholders also noted the State maintains a data warehouse of all submitted coded Medi-Cal information. This could form the foundation of future data sharing efforts, but a standard for data exchange needs to be agreed upon first to ensure compatibility between different systems. In addition, more mental health and substance abuse treatment data needs to be collected before serious disparities between these systems and physical health develop.

Special Populations

Prior to the waiver, it was frequently difficult to provide SUD treatment to the mild-to-moderate classification population, especially in most counties where the provider network was not integrated and patients had

to be referred out of the mental health network. Some counties addressed this issue by integrating their provider networks and requiring their county networks to contract with MCOs to provide SUD treatment. The waiver will help expand these networks and allow all Medi-Cal beneficiaries to access this care.

Participants also noted the need for integration between non-specialty mental health (typically handled by MCOs) and specialty mental health (typically handled by the county). Some counties do so by only contracting with providers who also work with local MCOs to ensure that the same providers are responsible for both levels of care so that no one has to be removed from the primary care system to access care. An additional benefit of this sort of integration is clean integration with the SUD network, which works as long as the SUD network is well-integrated with the county's network for those classified as severely mentally ill. Stakeholders also pointed out that county refusals to contract with capable FQHCs to provide behavioral health services create additional barriers to care.

Stakeholders also discussed approaches to providing support for the homeless. There is hope that the waiver will provide funding for supportive housing as part of a larger strategy to move homeless off the streets and provide services to reduce disproportionate ER usage. Currently, plans are struggling to identify and locate homeless members in order to properly direct services. Housing remains the missing piece, with no funds readily available to develop housing stock.

Insure the Uninsured Project's Workgroups are supported by grants from the Blue Shield of California Foundation, The California Endowment, The California Community Foundation, The California Wellness Foundation, and the California HealthCare Foundation.