



Mental Health Services Act Steering Committee

March 5, 2012

WELCOME

Sharon Browning, Facilitator

LOCAL/STATE UPDATES

Mark Refowitz and Mary Hale

MHSA AND PLANING UPDATES

Bonnie Birnbaum

Innovation Proposed budget

No.	Program	Proposed FY 12/13 Budget	Notes
1	Integrated Community Services	\$1,703,699	
	Family Focus Crisis		
	Management & Community		
2	Outreach	\$600,577	
3	Volunteer to Work	\$736,340	
4	OC Accept	\$755,409	
5	VETS Connect	\$906,032	
6	Community Cares Project	\$245,543	
	Education, Training, and		
7	Research Institute	\$466,328	

Innovation Proposed budget

8	Project Life Coach	\$835,927	
	Training to Meet the MH		
	Needs of the Deaf		
9	Community	\$125,775	
	Consumer Early		
10	Childhood Mental Health	\$399,031	
	Administration	\$958,011	
	Program Monitoring	\$529,596	
			\$3,662,269 to come
	Total	\$8,262,269	from unspent funds
	Estimate FY 12/13		
	allocation	\$4,600,000	

No.	Program	FY 12/13 Budget	Notes
	Children's Full Service		
C1	Wraparound	\$7 <i>,</i> 467 <i>,</i> 486	
	Children's Outreach &		
C2	Engagement	\$325,145	
	Children's In-Home Crisis		
C3	Stabilization	\$763,156	
C4	Children's Crisis Residential	\$1,031,821	
C5	Children's Mentoring	\$282,100	
C6	Children's CAT	\$1,120,320	
C7	Parent Phone Mentors	\$72,250	
C8	Parent-Child Interactive Therapy	\$227,500	
	Dual Diagnosis Residential	, —— , , s s s	
C9	Treatment	\$273,000	
	Medi-Cal Match: Mental Health		
C10	Services	\$127,500	
	Subtotal Children's Programs	\$11,690,278	

T1	TAY Full Service Wraparound	\$7,323,367	
T2	TAY Outreach & Engagement	\$447,721	
T3	TAY Crisis Residential	\$1,098,691	
T4	TAY Mentoring	\$173,850	
T5	TAY-CAT	\$520,105	
Т6	TAY-PACT	\$818,488	
T7	TAY Discovery Program	\$583,383	
	Subtotal TAY Programs	\$10,965,605	

A1	Adult Full Service Partnership	\$13,989,158	
A2	CAT/PERT	\$4,007,323	Increase of \$2,339,013
72	CAITILIT	74,007,323	72,333,013
A3	Adult Crisis Residential	\$1,651,229	
A4	Supportive Employment	\$929,489	
A5	Adult Outreach & Engagement	\$888,322	
A6	PACT	\$3,317,645	
A7	Wellness Center	\$1,365,000	
A8	Recovery Center Program	\$6,630,000	
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A9	Adult Peer Mentoring	\$295,648	
	Subtotal Adult Programs	\$33,073,814	

01	Older Adult Recovery Services	\$1,668,135	
	Older Adult Support &		
02	Intervention	\$3,900,062	
03	Older Adult PACT	\$705,433	
04	Older Adult Peer Mentoring	\$728,000	
	Community Based Senior		
05	Support Team	\$817,242	
	Subtotal Older Adult Programs	\$7,818,872	
	Subtotal All Programs	\$63,548,569	
	Administration	\$9,181,433	
	Operating Reserve	\$4,700,086	Decrease of \$2,339,013
	Grand Total	\$77,430,088	
	Estimated FY 12/13 Allcoation	\$69,900,000	
	Estimated amount to Prudent		
	Reserve	\$10,783,345	

PEI Projects/Programs	FY 12/13 BUDGET	COMMENTS/NOTES
1 Early Intervention Services		
Early Intervention Services for stressed Families	\$668,366	
First Onset Services and Supports	\$3,288,005	
Socialization Program for Isolated Adults & Older Adults		
	\$488,750	
Peer Mentors for Youth	\$336,016	
Peer Led Support Groups	\$122,188	
	\$4,903,324	

2 School Based Services			
School Based Mental Health			
Services	\$2,565,938		
PBIS	\$3,470,125		
Violence Prevention Program	\$1,221,875		
School Readiness Program	\$2,333,781		
	\$9,591,719		
³ Outreach & Engagement Services			
Information and Referral			
Services	\$1,148,563		
PEI Outreach & Engagement			
Services	\$3,222,105		
	\$4,370,667		

PEI Projects/Programs	FY 12/13 BUDGET	COMMENTS/NOTES
4 Parent Education and Support Programs		
Training	\$829,387	
Parent Education & Support	\$2,989,656	
	\$3,819,044	
5 Prevention Services		
PEI Mental Health Consultants	\$624,706	
Children of Substance Abusers and/or Mentally III Parents	\$943,618	
PEI Services for Parents and Siblings of Youth in the		
Juvenile Justice System	\$286,783	
Youth Development and		
Resiliency	\$347,741	
Transition Services	\$231,479	
	\$2,434,327	

PEI Projects/Programs	FY 12/13 Budget	Comments/ notes
6 Screening and Assessment Services		
Screening Tools and Training	\$290,425	
Professional Assessors	\$536,136	
Mobile Assessment Team	\$309,146	
	\$1,135,707	
7 Crisis & Referral Services		
Crisis Prevention		
Hotline/Warm Line Network	\$713,858	
Crisis Intervention	\$720,934	
Law Enforcement Partnership	\$640,651	
Survivor Support Services	\$339,890	
	\$2,415,332	

8 Training Services		
Training and Technical		
Assistance	\$673,315	
Child Development Training	\$438,682	
Training in Physical Fitness		
& Nutrition	\$381,659	
Stress Management Training		
for Caregivers & Service		
Providers	\$305,670	
Community based Stigma		
Reduction Training	\$554,687	
	\$2,354,013	
Administration	\$4,649,871	
Total PEI Funds Requested:	\$35,674,003	

MHSA SUBCOMMITTEE CHAIRS AND VICE CHAIRS

REPORTS

- CSS Adults/Older Adults Geoffrey Henderson & Helen Cameron
- CSS CYS/TAY Kelly Tran & Cynthia Coad
- PEI Chris Bieber & Daria Waetjen
- WET/Innovation William Gonzalez & Denise Cuellar

ACTION ITEM:

FY 12/13 PLAN UPDATE

2:25 - 2:35



Enjoy your break



California's Dual Eligible Demonstration

Mental Health Services Act Steering Committee March 5, 2012

Dianna Daly Director, Behavioral Health Integration

Deborah Miller, Executive Director Programs for Seniors and Persons with Disabilities

Presentation Outline

- Who are Dual Eligibles?
- What is the Dual Eligible Demonstration?
- When and Where may a Demonstration happen?
- Why is the Demonstration important for behavioral health in Orange County?
- How can the MHSA steering committee and other interested stakeholders be involved?



Dual Eligible = Medi-Cal and Medicare

Medi-Cal (Medicaid)



Medicare





Dual Eligible Profile

California:

- ➤ 1.1 million duals statewide
- ➤Only 175,000 are in managed care today (16%)

Orange County:

- >75,000 duals
- ➤ All receive Medi-Cal services from CalOptima
- ➤ For their Medicare services:
 - 18% are in CalOptima OneCare Special Needs Plan (SNP)
 - 12% are in other Dual SNPs or HMOs
 - 70% are in Fee-for-Service Medicare



Dual Eligible Profile (cont.)

- Duals tend to have complex and chronic health conditions, including mental health and substance use conditions
- Duals account for significant Medi-Cal and Medicare costs
- Changing how Duals receive care is a high priority at the federal and state level



Path to the Dual Eligible Demonstration

- •In 2010, CA legislature passed SB208 (Steinberg) which authorized the Department of Health Care Services (DHCS) to implement a coordinated care demonstration in four counties
- •In 2011, CA was one of 15 states that received a planning grant to develop new ways to meet the often complex and costly health needs of Duals
- Throughout 2011 DHCS held a series of public meetings and received stakeholder input
- •On January 27, 2012, DHCS released the Dual eligible Demonstration "Request for Solutions" (RFS)



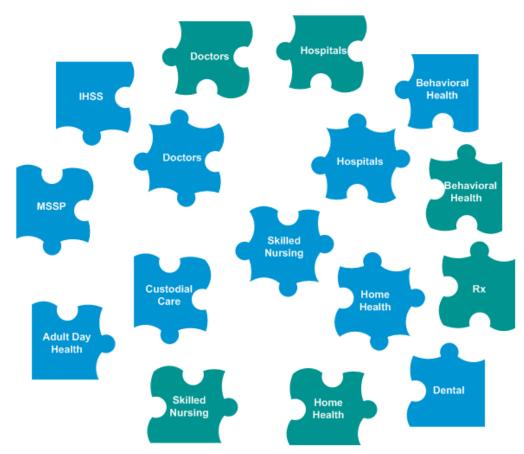
Dual Eligible Demonstration Goal

Transition Medicare benefits to managed care for duals and integrate with Medi-Cal benefits

Currently for 84% of Duals in CA:

Medicare

Medi-Cal





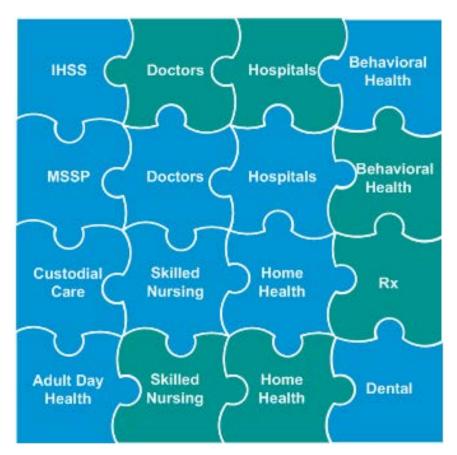
Dual Eligible Demonstration Goal (cont.)

Transition Medicare benefits to managed care for duals and integrate with Medi-Cal benefit

Proposed:

Medicare

Medi-Cal





Duals Demonstration Goal (cont.)

- Integrate services that are consumer friendly and coordinated with the consumer in the middle of the process
- Create financial incentives that encourage communitybased care over institutional care
- Create sites in California with promising coordinated care models that can be copied in other areas
- Save the State of California and the Federal government millions of dollars



Demonstration Requirements

- Only full duals eligible (Medicare and Medi-Cal)
- Serve entire county
- Single Medi-Cal and Medicare benefit package serves all duals needs
- Coordinate care for all needs
- Planning for Medi-Cal benefits to be integrated
 - ➤ Medi-Cal Behavioral Health integration by 2015
 - Mental Health & Substance Use services
 - ➤ In-Home Supportive Services (IHSS)
 - IHSS contracted through SSA in first year



Demonstration Requirements (Cont.)

- Can provide supplemental benefits if funding allows
- Must show evidence of local stakeholders collaborative process in planning and implementation
- Include strong consumer protections
- Demonstrate network adequacy



CalOptima proposing to be the Duals Demonstration for OC

- CalOptima has experience providing and coordinating a continuum of care and services for people who are dually eligible for Medicare & Medi-Cal
- CalOptima has been preparing for integration of long term services and supports, including OneCare
- CalOptima has worked closely with HCA in coordinating behavioral health for CalOptima members
 - ➤ Collaborative meetings since 1997
 - ➤ MOU since 1998
 - >ASO since 2010
 - ➤ Many collaborative projects, including the Integrated Community Services Project under MHSA Innovations



Demonstration Framework for BH Integration

- Adequate screening and links to services
- Broad definition of care management with services aimed toward recovery
- Use of person-centered health homes that emphasize communication, coordination, shared records and active outreach
- Financing arrangements that focus on aligning incentives to deliver the right care when and where people want and need it
- There is no one-size-fits-all approach to coordinating services – it depends on patient needs, on-site capacity, community resources and local partnerships



There are Many Unanswered Questions

- Full impact of becoming a demonstration pilot is unclear
- Rates have not been revealed
- Enrollment rules are not clear
- CalOptima's network for the demonstration is not finalized
- Public comments will continue and the state can change the rules even after sites are selected
- Selected demo sites can withdraw prior to start-up
- CMS, DHCS & plan MOU terms unknown at this time



Timeline

- February 24, 2012 RFS response submitted
- Mid to Late March 2012 DHCS selects demo sites
- April 2012 DHCS submits California proposal to CMS
- Late Spring 2012 CMS announces approval of DHCS proposal
- Summer 2012 pilot sites negotiate contracts; rates; readiness reviews
- 2013 Launch demonstration



How Can You Help?

- We would like to request that the MHSA Steering Committee form an adhoc *Duals Demonstration Workgroup* to meet with HCA and CalOptima staff and:
 - Share your perspective as a consumer, family member and/or service provider
 - ➤ Assist in planning a member-centric care delivery system that will provide seamlessly coordinated care along the continuum of mental health and substance use services
- First meeting late March/early April
- Additional meetings as agreed upon through 2012 and beyond



CalOptima's Mission

To provide members with access to quality health care services delivered in a cost-effective and compassionate manner



Steering Committee Members

Questions and Comments

INTERESTED PUBLIC

COMMENTS/QUESTIONS

Sharon Browning Facilitator

Meeting Adjourned

Visit MHSA online:

http://www.ochealthinfo.com/mhsa /index.htm

Next Meeting: Sub-Committee Meetings

Monday, April 2, 2012

1:00 - 2:25 Adults/OA CSS; PEI

2:35 – 4:00 Children & TAY CSS; WET/INN

Neighborhood Community Center 1845 Park Avenue Costa Mesa, CA 92627 714-327-7525

www.ci.costa-mesa.ca.us