Behavioral Health System of Care Workgroup

September 26, 2019
Purpose: To synthesize principles and build consensus around design components for a system of care.
Meeting Schedule

• **Meeting 1**  
  Date: Wednesday, July 31  
  Time: 9:00 a.m. to 12:00 noon  
  Meeting Room: L3  
  Orientation

• **Meeting 2**  
  Date: Thursday, August 22  
  Time: 9:00 a.m. to 12:00 noon  
  Meeting Room: L1  
  Discuss Principles

• **Meeting 3**  
  Date: Thursday, September 26  
  Time: 9:00 a.m. to 12:00 noon  
  Meeting Room: L4  
  Consensus on Principles

• **Meeting 4**  
  Date: Wednesday, October 23  
  Time: 9:00 a.m. to 12:00 noon  
  Meeting Room: L2  
  Discuss Options

• **Meeting 5**  
  Date: Thursday, November 21  
  Time: 9:00 a.m. to 11:00 a.m.  
  Meeting Room: L2  
  Consensus on Options

• **Meeting 6**  
  Date: Monday, December 16  
  Time: 1:00 p.m. to 3:30 p.m.  
  Meeting Room: L4  
  Report and Next Steps
Steering Committee Update
Discussion: Principles
Three Core Principles

• Quality Integrated Care Management
• Cost Management
• Access to Behavioral Health Services through Provider Management & Network Adequacy
Principles Distillation Process

• Collected feedback from Workgroup and Discussion Group
• Staff working sessions to condense
• Definitions list in progress
# Quality Integrated Care Management

<table>
<thead>
<tr>
<th>Person- / Community Centered / Family Focused</th>
<th>Quality / Effectiveness of Care</th>
<th>Oversight and Accountability</th>
<th>Data Sharing Clinical Outcomes Process Measurement</th>
<th>Parity</th>
</tr>
</thead>
<tbody>
<tr>
<td>Engage Participants in Treatment &amp; Recovery Process</td>
<td>Measure Outcomes: Person-centered, evidence-based</td>
<td>Clearly-Defined Hand-off Responsibilities</td>
<td>Optimize Data Flows to Promote Care Coordination</td>
<td>Comply with Federal and State Law</td>
</tr>
<tr>
<td>Least Restrictive Treatment Environment</td>
<td>Case Management and Discharge Planning – ASO, MCO, Locals</td>
<td>Navigation Assistance Across Continuum</td>
<td>Maintain Participant Confidentiality</td>
<td>BH to have Equal Priority with Physical Health</td>
</tr>
<tr>
<td>Chronic Disease Management Model</td>
<td>Transparent Oversight</td>
<td></td>
<td>Provider Access to ASO Data</td>
<td></td>
</tr>
<tr>
<td>Early Detection/ Time-Limited Intervention</td>
<td>Facilitate Coordination of Agencies, ASO, Locals</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interrelationship between Physical and Behavioral Health</td>
<td>Ensure Care Coordination Across Systems</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Integrate SUD and Mental Health Treatment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Cost Management

• Shared deliverables for health outcomes – ASO, MCOs, Locals
• Reduce behavioral and physical health costs
• Manage high utilizers
• Incentivize positive clinical outcomes
• Incentivize communication – providers & payers
Access to Behavioral Health Services through Provider Management & Network Adequacy

• Minimize duplicative overhead on providers
• Ensure providers are clinically competent
• Align physical network requirements with behavioral health resources
• Right mix of provider types & geography
• Accommodate both facilities and independent practices
• Grievance and appeals process
Discussion: Current System Flow Chart
Public Comment
Next Meeting

• Meeting 5
  October 23, 2019
  9:00 AM through 12:00 PM
  Department of Health, L2