



Improving Medi-Cal Mental Health Services

ITUP Pre-Conference
February 4, 2019

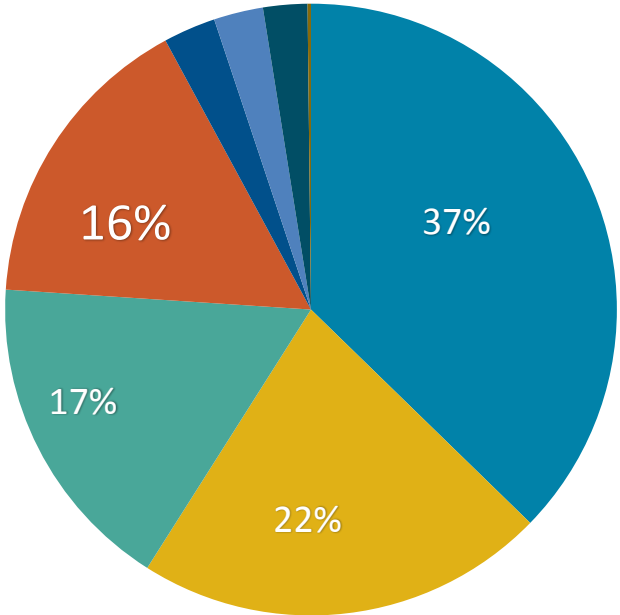
Catherine Teare, California Health Care Foundation

Logan Kelly, Center for Health Care Strategies

Alfredo Aguirre, San Diego County

Kiran Savage-Sangwin, California Pan-Ethnic Health Network

California County Behavioral Health Funding



■ Federal Mental Health Medicaid Matching Funds	\$3.04 billion
■ Mental Health Services Act	\$1.77 billion
■ 2011 Realignment	\$1.39 billion
■ 1991 MH Realignment	\$1.31 billion
■ Federal SAPT Block Grant	\$225.6 million
■ Other (MH Block Grant, County MOE, County GF)	\$212.8 million
■ Federal SUD Medicaid Matching Funds	\$190.5 million
■ State General Fund	\$14.7 million

**Amounts based on FY16/17 Estimated Behavioral Health Funding.*

Does not reflect projected increases in federal matching funds and state general fund spending on SUD services under the DMC-ODS.

Source: CBHDA

Examples of State Approaches



Massachusetts: Community Partner Program and Medicaid ACOs

Behavioral Health Community Partners work with Medicaid ACOs to provide care management and coordination to individuals with BH needs.



New York: Health and Recovery Plans (HARPs)

Integrated MCOs serve general population, and manage separate specialty HARPs for individuals with SMI and SUD diagnoses.



Washington: Fully Integrated Managed Care

Initiated comprehensive carve-in approach with phased implementation based on region.

Key Components of State Approaches to Integration of Financing

- Phasing by population and/or region
- Delegation
- Number of plans available
- Procurement of new or existing plans
- Dually eligible beneficiaries
- Management of non-Medicaid services
- Management of services for non-Medicaid populations
- Ensuring smooth system transition