GOVERNMENT OF THE DISTRICT OF COLUMBIA
Department of Behavioral Health and Department of Health Care Finance

Behavioral Health Integration Stakeholder Advisory Group
Meeting Minutes
March 23, 2021
WebEx: https://dcnet.webex.com/dcnet/j.php?MTID=m7b440a0857756239e2d9eb5d38ed5e45

Stakeholder Advisory Group Members

Name	Affiliation/ Designation	Attendance
Gail Avent	Total Family Care Coalition	Present
Matt Biel	MedStar Health	
Robert Buck	Family Preservation Services, Inc.	
James Campbell	PSI	Present
Irma Clay	DC Metropolitan Foster and Adoptive Parent Association	Present
Tanya Covington	Consumer and Caregiver	Present
Dr. Beth Crawford	Maryland Family Resource	
Marc Dalton, MD, MPH	HSCSN Health Plan	Present
Sheandinita M. Dyson	McClendon Center	Present
Mark Fracasso, MD	MedStar Family Choice-DC	Present
Christine Golden	HSCSN Health Plan	
Sharra Greer	Children's Law Center	Present
Jean Harris	NAMI DC	Present
Sarah Hoffman	Children's National Hospital	Present
Donise Holley	Consumer and Former Caregiver	
Katrina Huey	Consumer	
Gayle Hurt	DC Hospital Association	
Rhonda Johnson	Certified Peer Specialist	Present
Mark LeVota	DC Behavioral Health Care Association	Present
Michele May	Deaf Reach, Inc.	Present
Dr. Yavar Moghimi	AmeriHealth Caritas DC	Present
Maria Nunez	Capital Clubhouse, Inc.	Present
Dr. Lavdena Or	AmeriHealth Caritas DC	Present
Jenise Jo Patterson	Parent Watch Inc.	Present
Jennifer Pauk	Unity Health Care	
Michael Pickering	RAP, Inc.	Present
Shawnique Poole	Consumer	
Juanita Price	Hillcrest Children and Family Center	Present
Dr. Randy Pumphrey	Whitman-Walker Health	Present
Patricia Quinn	DC Primary Care Association	Present
Elizabeth Reddick	Consumer	Present
Christy Respress	Pathways to Housing	Present
Sabrina Richardson	Caregiver	
Eric Scharf	Depression and Bipolar Support Alliance	Present

Dr. Richard Schottenfeld	Howard University Hospital	Present
Senora Simpson	BH Planning Council/Caregiver	Present
John Smith	Prestige Healthcare	Present
Dr. Mario Testani	Beacon Health Options	Present
Fari Ghamina Tumpe	Consumer	Present
Karin Werner	La Clinica Del Pueblo	Present
Joan Williams	SOME	
Samuel Williams, MD	Magellan Health	Present
Karyn Wills, MD, CHIE	CareFirst CHPDC	Present
Joan Yengo	Mary's Center	Present
Ex-Officio		
Alvin Hinkle	Department of Behavioral Health	Present
Maude Holt	Department of Health Care Finance	
Yolanda Lyles	Department of Aging and Community Living	
Thomas McQueen	Department of Health	Present
Paul Scotman	Child and Family Services Agency	Present
David Shapiro	Department of Behavioral Health	Present
Omotunde Sowole-West	Department of Health	Present
Kenan Zamore	Department of Health	

Additional District Government Attendees

Name	Office or Agency
Melisa Byrd	Department of Health Care Finance
Dr. Barbara J. Bazron	Department of Behavioral Health
Amelia Whitman	Department of Health Care Finance
Marsha Lillie-Blanton	Department of Behavioral Health
Sherri Ellerbe	Department of Aging and Community Living
Colleen Sonosky	Department of Health Care Finance
Alice Weiss	Department of Health Care Finance
Brittany Branand	Department of Health Care Finance
Melanie Williamson	Department of Health Care Finance
Tamiki Jackson	Department of Health Care Finance
Bill Hanna	Department of Health Care Finance
April Grady	Department of Health Care Finance

Public Attendees

Name	Role	Organization
Kim Collie	Public	Not provided
Jessica Pinchinat	Public	CareFirst CHPDC
Henry Pierce	Public	Federal City Recovery Services
Jeremiah Montague, Jr.	Public	ANC 5C

Jennifer Joyce	Public	Community Connections
Patricia Robson	Public	Mary's Center
Aarti Subramanian	Public	Psychiatric Institute of Washington
Leslie Lyles Smith	Public	MedStar Family Choice
Marisa Parrella	Public	Mary's Center
Melissa Millar	Public	Community of Hope
Angie Boulware	Public	Magellan/MedStar Family Choice
Aarti Subramania	Public	Psychiatric Institute of Washington
Yolanda McGee	Public	Pathways
Guy Starling	Public	Federal City Recovery Services
Frances Ballard	Public	Family Preservation Services, DC

1. Welcome **Dr. Barbara Bazron, DBH**
Melisa Byrd, DHCF

Dr. Barbara Bazron and Melisa Byrd welcomed the group and shared their goals for this group and the overall project.

2. Behavioral Health Integration Process Overview **Amelia Whitman, DHCF**

Amelia Whitman presented an overview of the behavioral health integration process, internal project structure, and role of the Stakeholder Advisory Group.

Behavioral Health Integration Project

The District recently embarked on a **Medicaid behavioral health redesign and transformation** effort to establish an **integrated care system** that is **comprehensive, coordinated, high-quality, culturally competent, and equitable**.

A key component of this project will be to **carve-in specialized behavioral health services into managed care contracts**. DHCF plans to include behavioral health services as covered benefits in the District's managed care contracts as of **October 1, 2022** with the purpose of **improving coordination and providing whole-person care**.

2

- Carve-in refers to changing the method of payment from fee-for-service (paid directly from DHCF) to payment by our Managed Care Organizations, who receive a per member per month payment for their enrollees.

High-Level Timeline of Behavioral Health Transformation

- Phase I: January 2020 (ongoing) - Implementation of the 1115 waiver, support for behavioral health practice transformation, access and use of health information exchange, and the enrollment of approximately 17,000 FFS Medicaid enrollees in MCO

- **Phase II: Incorporating a full continuum of behavioral health services in Medicaid managed care plans - "Behavioral Health Integration"**
  - Summer – Fall 2021 – Information Gathering
  - Fall 2021 – Fall 2022 – Planning
  - Fall 2022 – Implementation

- Phase III: Advancing a population health model and incorporate value-based payment methodologies - Beginning Fall 2022

3

- Dates on slides are slightly off – Information Gathering was Summer and Fall 2020; Planning began in Fall 2020 and is ongoing.

Behavioral Health Integration – Key Deadlines

- **September/October 2021** – FY23 Agency Budget Formulation
  - The following must be finalized by this date:
    - Service changes and additions, including what will be carved in
    - Proposed provider rate changes
    - Proposed contract changes impacting costs (local budget or MCO rates)
    - Any other changes or supports requiring funding
- **January 2022 –** State Plan Amendment (SPA) Drafting
  - Drafting program and service scope based on previous decisions
  - The following must be finalized by this date:
    - Any other policy changes not impacting cost
- **April 2022 –** SPA Submission to CMS
- **July 2022 –** MCO Contract Modifications Complete
  - The following must be finalized by this date:
    - Changes to the MCO contracts
- **October 2022 –** Implementation begins
  - Provider, MCO, and beneficiary readiness activities will occur leading up to the October 1 launch date

4

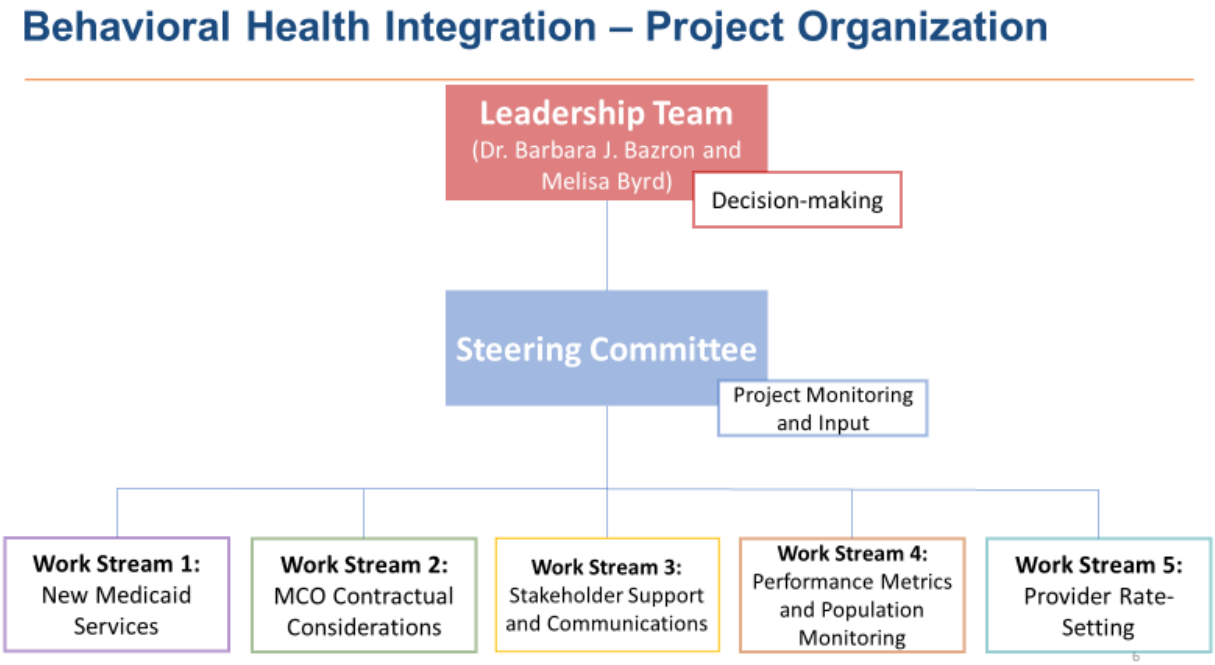
Behavioral Health Integration – Information Gathering

Before we began planning, we conducted information gathering through two primary opportunities:

- Report from DBH contractor Aurrera Health Group on options for integrating behavioral health services into managed care based on interviews with five states with carve-in experience and a national review of integration efforts. This report included four key lessons:
  - Support & Train Behavioral Health Providers Early & Often
  - Support Provider Stability & Enrollee Access to Care
  - Ensure Oversight of MCOs Specific to Behavioral Health Care
  - Build Strong Partnership Between Medicaid and Behavioral Health Teams
- Behavioral Health Transformation Request for Information
  - We received a total of 16 responses from respondents to the 21 questions.
  - Overall, respondents were supportive of transforming behavioral health care in the District to achieve a whole-person, population-based, integrated Medicaid behavioral health system that is *comprehensive, coordinated, high quality, culturally competent, and equitable.*

5

- States interviewed by Aurrera Health were Colorado, Ohio, New York, Virginia, and Louisiana.



- Five workstream came from Aurrera Health report and experience on other projects.

Stakeholder Advisory Group

DHCF and DBH have established a stakeholder advisory group to help inform decisions regarding the carve-in of behavioral health services. The purpose of this group is to:

- Provide solution-oriented feedback on behavioral health integration, associated issues, and stakeholder concerns;
- Provide front-end stakeholder input on specific topics and decision points related to the carve-in;
- Provide edits and comments on documents related to the carve-in, as requested; and
- Identify other external entities needed for input.

7

Current Medicaid Behavioral Health Services

Services Currently Carved Out					Services Currently Carved In
MHRS/CSA (DBH Ch. 34 certified providers)	Diagnostic/Assessment	Medication/Somatic Treatment	Counseling	Community Support	Any medically necessary clinic-based (i.e., FSMHC, FQHC, etc.) mental health or substance use service
	Assertive Community Treatment (ACT)	Community Based Intervention (CBI) (Level 1: Multisystemic Therapy (MST); Levels 2 and 3; and Level 4: Functional Family Therapy (FFT))	Rehabilitation Day Services	Intensive Day Treatment	
	Therapeutic Supported Employment Services for Mental Health	Child-Parent Psychotherapy for Family Violence (CPP-FV)	Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)	Crisis/Emergency Services	In-lieu of services (i.e., IMD stays ≤ 15days in a calendar month), excluding Room & Board
Adult Substance Abuse Rehabilitative Services (ASARS) (DBH Ch. 63 certified providers)	Assessment/ Diagnostic and Treatment Planning	Clinical Care Coordination	Crisis Intervention	Substance Abuse Counseling	
	Short-Term Medically Monitored Intensive Withdrawal Management (MMIWM) in non-IMD residential treatment settings	Medication Management	Opioid Treatment Program Services (i.e., medication-assisted treatment with methadone)		Inpatient hospital MH/SUD services (up to sixty (60) days for inpatient psychiatric stays)
1115 Behavioral Health Demonstration Waiver Services	Psychosocial Rehabilitation Clubhouse	Trauma Recovery and Empowerment Model (TREM)	Trauma Systems Therapy (TST)	Vocational Supported Employment for Mental Health	MH/SUD pharmacy benefits, excluding Methadone administration and related services when provided by a DBH certified Methadone provider
	Vocational and Therapeutic Supported Employment for SUD	Recovery Support Services for SUD	Residential SUD Treatment in IMDs for individuals ages 21-64,where a stay in calendar month exceeds 15 days	Inpatient hospital services in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days	
	MMIWM in IMDs for individuals ages 21-64, where a stay in calendar month exceeds 15 days	Crisis Stabilization (CPEP; Psychiatric Crisis Stabilization Programs; Youth Mobile Crisis Intervention; and Adult Mobile Crisis and Behavioral Health Outreach)	Transition Planning Services		MH/SUD services provided by psychologists or other licensed behavioral health practitioners

- Questions

- Karyn Willis asked about Alliance beneficiaries who are currently receiving services through DBH
  - Amelia: Right now we have focused on Medicaid, and many parts of this process like the State Plan Amendment are specific to Medicaid. We can discuss Alliance as part of our conversations and welcome your feedback, but focus is on Medicaid.
- Paul Scotman asked is the Foster Care population included in the transition to Managed Care? If a child is In Home Care and is transferred?
  - Melisa: Right now foster care population is largely enrolled in fee-for-service population, with some exceptions. That is a separate conversation from this one.

3. Group Charter Review and Decision Points **Group Discussion**

- **Co-leader Identification**
  - Mark LeVota asked for discussion on whether there would be value in identifying co-leaders for consumers, providers, and MCOs.
  - Fari Ghamina Tumpe noted that she is a family leader and consumer and is willing to serve in co-leadership
  - Elizabeth Reddick asked about whether the group is supposed to be consumer-driven or whether consumers are just allowed to be part of the organization.
    - Amelia: We purposely included a larger percentage of consumers on the group – we wanted to make sure we were hearing from consumers – but we also know that all three of these groups have significant interest in these changes, so also want to make sure we are hearing from all the groups.
  - Jenise Jo Patterson agrees with the co-lead, but concerned about making sure the consumer knowledge of the on the ground work and how things happen that often isn't documented are documented and heard.
    - Amelia: That on the ground knowledge is absolutely what we want to make sure we are hearing and factoring into this process.
  - Jenise Jo Patterson added that we want the real issues addressed and also the system failures, gaps and cracks of processes that serve the well-being of the consumer
  - Randy Pumphrey asked Mark to expand on his suggestion.
    - Mark LeVota added that by having co-leaders we can ensure that the voices of the different groups are involved when setting the agenda and formulating process.
  - Dr. Senora Simpson suggested we identify topics to be covered and develop work groups that include representatives that can really speak to the issues.

- Amelia noted that the charter includes a list of topics (that is not exhaustive) and that it will be up to the group to determine how they want to develop their input.
- Ms. Patterson agreed that groups that are not providers, but are doing the work need to be included.
- Jean Harris noted that family groups that support children and some adults need to be included.
- Amelia noted that we will make sure to make staff available to support work groups as needed.

- Patricia Quinn noted that an "executive committee" is consistent with how the HIE Policy Boar functions.
- Rhonda Johnson noted that as we are moving forward with change the change, we must begin with the behavioral health language, stigma language to empower this group for change.
- Michele May agreed with the suggestion of a leadership team or committee
- Sheandinita M. Dyson noted that there is value in ensuring that there is representation for each group for balance.
- Mark added, to answer a few of Amelia's other questions, it seems there's too much to discuss without setting some committees. Without an alternative strategy, I would suggest a committee to make or review recommendations regarding each of the five 'work streams'. It seems to make sense for those groups to allow participation from 'non-members'. Given the amount of work to be done, this full group likely needs to meet no less than monthly, with committee meetings between. The charter's sample discussion topics could likely be grouped (and perhaps already have been) to fit within a committee that matches each work stream.
- Sarah Hoffman noted that individuals with lived experience often participate in these type of groups without compensation, while provider groups and MCOs have this built into their typical work day. Is there opportunity for compensation or for those consumer(s) who take on added time and responsibility for a co leadership role?
  - Amelia noted that there are some restrictions on this, but we will look into this.
  - Melisa noted that DHCF did look into this related to MCAC and can reference those to see if they are possible.
- Dr. Simpson asked about children in residential treatment and how they fit in.
  - Dr. Bazron noted members of DBH are part of this and provide oversight, but CFSA runs these.

- Dr. Simpson noted we needed to include consumer notion of what happens with these children. This could be a topic and would hope there are a lot of consumers on this group. We need to make sure we are listening to those who are not profiting from this.
- Dr. Bazron noted that she isn't sure if there is a parent or consumer who has received treatment at PRTFs are on the group.

- Irma Clay asked about residential homes here for children.
  - Dr. Bazron said there is not one in the city.
- Juanita Price noted that this is a challenging process, however, I believe the skill sets are here to make it productive and achieve the outcomes we have identified. Full disclosure, transparency and maximum input from people who are most impacted by the changes.

- **Charter Updates**
  - Topic tabled due to time. Current charter is draft for group to work from to create an official charter. Would like this set no later than second meeting. Amelia will work with Executive Committee, once established, to create a process to update and finalize charter, including structure for work and timeline.
- **Meeting Frequency**
  - Topic tabled due to time. Amelia will work with Executive Committee, once established, to set meeting dates.

4. **Recommended Documents for Review** **Amelia Whitman**, **DHCF**
   - Strategies for Integrating Behavioral Health Services into Medicaid Managed Care Systems, Aurerra Health Group (Attached to meeting invite)
   - Behavioral Health Transformation RFI Response Summary (Available here)

5. **Next Steps** **Amelia Whitman, DHCF**
   - Amelia recapped next steps:
     - Individuals interested in serving on the Executive Committee should email Amelia by Friday; If interest exceeds slots available, Amelia will send out voting process. An email with additional information will be sent following the meeting.

6. **Public Comment** **Members of the Public**
   - Yolanda McGee asked about whether there will be a platform for the Revenue Cycle Management/billing department?
     - Amelia: We will discuss billing systems