



February 17, 2023

Tyler Sadwith
Deputy Director, Behavioral Health
Department of Health Care Services

RE: CalAIM Behavioral Health Administrative Integration Concept Paper

Sent via email to: bhcalaim@dhcs.ca.gov

Dear Deputy Director Sadwith:

The California Alliance of Child and Family Services represents over 160 community-based organizations serving children, youth and families through behavioral health, education, foster care, prevention and juvenile justice programs. After a careful review of DHCS' concept paper on CalAIM Behavioral Health Administrative Integration, we appreciate the approach the Department is taking with the proposed reforms. Administrative integration has the potential to reduce administrative burdens and improve patient care. To strengthen these efforts and ensure there is clarity in the field, we would like to share the following comments, recommendations, and questions:

General Considerations

- The concept of administrative integration is promising to alleviate administrative burdens and the unintentional creation of two separate systems for mental health and substance use service delivery. Alliance agencies who provide both specialty mental health and substance use disorder services are in agreement that administrative integration is a welcome reform if it achieves its stated goals.
- The concept paper mentions that DHCS *will consider* hosting a learning collaborative for counties as they implement the various components of integration. The Alliance believes this resource will be most impactful for the field if providers can also join the collaborative to learn alongside their county partners. We recommend that DHCS commit to hosting a learning collaborative in partnership with community-based providers.
- Questions remain as to how large counties will implement administrative integration and what that will look like on the ground. It will be a massive undertaking to create alignment and successfully integrate programs. Specifically, how will data collection work? How will payment work with administrative integration?

Component 1. County-Operated 24/7 Access Line

- We have concerns that the requirement for counties to provide a 24/7 access line may inadvertently limit providers' ability to complete screenings because they must refer to the county access line first.

Component 2. Screening, Assessment & Treatment Planning

- We appreciate the reference to No Wrong Door and the recognition that beneficiaries must be able to access assessments regardless of where they seek services.

Component 4. DHCS-County Contracts

- On page 3, the concept paper states: “Some counties have already opted to consolidate their behavioral health personnel under a single county department, while other counties maintain separate departments (or divisions within a department) for SMHS and SUD operations.” We are concerned about the inconsistencies among counties and the way they are implementing these reforms and encourage the Department to consider where more consistency can be achieved given that many providers work with more than one county.

Component 5. Data Sharing & Privacy

- The Alliance applauds the Department’s idea to publish a template “universal release” form to comply with Part 2 of Title 42 of the Code of Federal Regulation and privacy laws. This support is greatly appreciated by our providers.

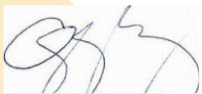
Component 11. Provider Oversight

- We are hopeful that allowing providers that offer both SMHS and SUD services to complete a single credentialing and contracting process at the county level will streamline these processes and reduce the administrative burden on providers. We do have the following questions about how this will be operationalized:
 - If a provider currently has separate Medi-Cal certifications for SMHS and SUD (DMC), what will an integrated certification process look like so sites will only need one certification?
 - If a provider currently has separate SMHS and DMC contracts with two separate county departments, what will a single contract process look like?
 - Page 7 states: “DHCS is considering opportunities to modify the standards and procedures for the licensing and certification of behavioral health providers, with an eye toward promoting clinical integration and reducing administrative burdens.” Could DHCS share what additional changes they are considering at this time?

CalAIM Administrative Integration is an important opportunity to improve the experience of care for individuals who are impacted by co-occurring mental health and substance use conditions. By creating processes that truly reduce the administrative burden for providers, we can ensure providers spend their time where it is most critical: with individuals in need of care.

The California Alliance deeply appreciates DHCS’ stakeholder engagement on this issue and looks forward to future conversations around the vision for Administrative Integration. If you have any questions, please do not hesitate to reach out to pclark@cacfs.org or 916-639-4688.

Respectfully,



Christine Stoner-Mertz, Chief Executive Officer
California Alliance of Child and Family Services

CC: Paula Wilhelm, Assistant Deputy Director, Behavioral Health, DHCS