

## **BHI Advisory Hub Meeting #1: Summary of Information Presented and Stakeholder Feedback**

During the October 23, 2023 meeting of the Behavioral Health Integration (BHI) Advisory Hub, leaders from the Divisions of Mental Health and Addiction Services (DMHAS) and Medical Assistance and Health Services (DMAHS) shared key information for the upcoming transition to behavioral health integration and invited stakeholders to share feedback and insights about key topics. Assistant Commissioners Valerie Mielke and Jennifer Langer Jacobs welcomed participants and thanked them for contributing to the BHI Advisory Hub, which is a multi-year workgroup during planning and implementation of all phases of the integration of behavioral health services into managed care.

Facilitators described the goal for behavioral health integration to improve access to services with a focus on client-centered care, and advance whole person care that integrates physical and behavioral health. This transition to integration will take place over multiple years in a phased, incremental process with extensive stakeholder engagement. The BHI Advisory Hub will play a key role by supporting the design of better policies and processes through stakeholder engagement and fostering collaboration among participants and deeper understanding of the experiences of different stakeholder groups.

Meeting facilitators invited participants to review a list of identified stakeholder priorities and offer additional suggestions. Those included:

- Ensuring that people with BH conditions can access care from trusted providers, such as through consistent authorization processes and addressing workforce challenges;
- Addressing provider administrative challenges and streamlining requirements, such as credentialing and authorization processes;
- Supporting continuity of care for people with behavioral health conditions;
- Ensuring timely, accurate provider payments across all MCOs; and
- Addressing rates for behavioral health services.

Participants shared insights on opportunities to advance more integrated care, including for those with mild-to-moderate behavioral health needs as well as those with serious behavioral health needs.

Selected comments included:

- Addressing housing needs for those with serious behavioral health conditions;
- Supporting no wrong door for behavioral health treatment as well as timely access to care through walk-in or next-day appointments;
- Promoting integrated delivery of physical and behavioral health, such as by embedding primary care in behavioral health settings, addressing licensure barriers to integrated care, and promoting better communication between physical and behavioral health providers; and
- Ensuring coverage for the breadth of services needed for individuals with behavioral health needs, including care management and peer supports.

Facilitators invited participants to identify what should be measured to assess the impact of the transition to behavioral health integration on improving members' lives. Participants provided extensive feedback, including measures that relate to access to care and prior authorization, health and social outcomes, patient experience and engagement, and administrative burden for providers. These ideas will inform the systems that the state creates to establish requirements for behavioral health integration and assess the success of this transition. Many stakeholders sought to learn more about the prior transition to integration for MLTSS, DDD, and FIDE-SNP members. This topic will be discussed in more depth in a future meeting to share lessons learned.

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Finally, participants discussed member and provider outreach strategies. Stakeholders suggested prioritizing specific groups for outreach and communications about behavioral health integration, including people with behavioral health needs, health and social service providers that serve people with behavioral health needs, organizations and systems that work with justice-involved populations, and specific communities in New Jersey that struggle with access to care. Stakeholders suggested engaging key messengers to reach many of these communities, such as peer providers.

The next meeting of the BHI Advisory Hub will take place in December 2023, at a time to be determined. The slides from this meeting are made available to all invited participants of the BHI Advisory Hub, and include more detail on this initiative. If stakeholders have any questions, including questions about joining any other subgroups, please contact the DMAHS Behavioral Health Unit at [dmahs.behavioralhealth@dhs.nj.gov](mailto:dmahs.behavioralhealth@dhs.nj.gov).