California Mental Health Planning Council
Health Care Integration Committee Meeting

Friday, March 10, 2017
3:30 pm to 4:30 pm

Conference call-in Number – 1-877-951-3290   Participant Code – 8936702

1000 G Street, 4th Floor
Suite 450
Sacramento, CA 95814

<table>
<thead>
<tr>
<th>Item #</th>
<th>Time</th>
<th>Topic</th>
<th>Presenter or Facilitator</th>
<th>Tab</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>3:30 pm</td>
<td>Welcome and Introductions</td>
<td>Robert Blackford, Chairperson</td>
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<td>2.</td>
<td>3:35 pm</td>
<td>Review Revised Work Plan</td>
<td>Robert and All</td>
<td>1</td>
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<td>3.</td>
<td>3:45 pm</td>
<td>Review HCI Committee 2016 Report re: Mild to Moderate</td>
<td>Jane Adcock</td>
<td>2</td>
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<tr>
<td>4.</td>
<td>3:55 pm</td>
<td>Review Draft Report: Alternatives to Psychotropic Medication</td>
<td>Deborah Pitts</td>
<td>3</td>
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<tr>
<td>5.</td>
<td>4:05 pm</td>
<td>Review Proposed Agenda for April 2017</td>
<td>Robert</td>
<td>4</td>
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<tr>
<td>6.</td>
<td>4:20 pm</td>
<td>Public Comment</td>
<td>Robert</td>
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<td>7.</td>
<td>4:25 pm</td>
<td>New Business</td>
<td>All</td>
<td></td>
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<tr>
<td>8.</td>
<td>4:30 pm</td>
<td>Adjourn</td>
<td>Robert</td>
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The scheduled times on the agenda are estimates and subject to change. If you are unable to attend in person, call in capability is available by dialing numbers listed above.

Members: Robert Blackford Chairperson
         Deborah Pitts Chair Elect
         Terry Lewis
         Patricia Bennett
         Josephine Black
         Vera Calloway
         Dale Mueller
         Gail Nickerson
         Cheryl Treadwell
         Daphyne Watson
         Veronica Kelley
         Melen Vue
         Catherine Moore
AGENDA ITEM: Review Revised Work Plan

ENCLOSURES:
- Draft 2017 Work Plan

OTHER MATERIAL RELATED TO ITEM:

ISSUE:
Discuss and comment on proposed work plan items for 2017.
<table>
<thead>
<tr>
<th>Goal 1</th>
<th>Objectives</th>
<th>Action Steps</th>
<th>Timeline</th>
<th>Person(s) Responsible</th>
</tr>
</thead>
<tbody>
<tr>
<td>Reduce risks associated with psychotropic medication utilization for California's children and adolescents receiving psychotropic medications as part of their mental health treatment.</td>
<td>A. Develop committees knowledge and understanding of issues related to use of psychotropic medication in treatment of children and adolescents</td>
<td>Research approaches to mediating risk of psychotropic medications, including alternatives to medication</td>
<td>Completed</td>
<td>Deborah Pitts</td>
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<td></td>
<td>B. Identify or develop resource that communicates (a) alternatives to medications and (b) best practices for medication management</td>
<td>Review research findings, and identify potential speakers for quarterly meetings to increase committee understanding of issue</td>
<td>Partially completed, April 2017</td>
<td>Committee, CMHPC Staff</td>
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<td></td>
<td>Identify possible resources that could be made available to families and advocates, evaluate quality of these resources and if appropriate select and disseminate through CMHPC network</td>
<td>Partially completed, April 2017</td>
<td>HCI, Committee, CMHPC Staff</td>
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<td></td>
<td></td>
<td>Track dissemination and use of resource</td>
<td>Ongoing</td>
<td>CMHPC Staff</td>
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<td><strong>Goal 2:</strong></td>
<td>Older Adults will receive a screening for Behavioral Health Conditions when they see their Primary Care Physician. For those persons that screen positive they will be referred to a Behavioral Health Treatment Provider and/or be treated by their Primary Care Physician whichever is appropriate.</td>
<td><strong>Rationale:</strong></td>
<td></td>
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<td><strong>Measure of Success:</strong></td>
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<td></td>
<td><strong>Target Audience:</strong></td>
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### Goal 3:
Monitor any modification in Federal Funding amount and or structure that would have a negative impact on Behavioral Health consumers and/or communities and create a workplan in connection with other committees to mitigate damages.

**Rationale:**
The present Federal Government has indicated that they want to repeal and replace the ACA. This could result in loss of coverage for millions of Californians.

**Measure of Success:**
- Target Audience:

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<th>Goal 5:</th>
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<tbody>
<tr>
<td><strong>Rationale:</strong></td>
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<td><strong>Measure of Success:</strong></td>
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<td><strong>Target Audience:</strong></td>
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<table>
<thead>
<tr>
<th>Action Steps</th>
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<tbody>
<tr>
<td>A. Develop committee’s knowledge and understanding of Depart of Health Care Services Whole Person Care Model</td>
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<tr>
<td>B. Develop Committee’s knowledge and understanding of California’s Drug Medi-Cal Organized Delivery System</td>
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<td>AGENDA ITEM:</td>
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<tr>
<td>ENCLOSURES:</td>
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<tr>
<td>OTHER MATERIAL RELATED TO ITEM:</td>
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The California Mental Health Planning Council (CMHPC) is mandated by federal law (Public Law 106-310) and state statute (Welfare and Institutions Code (WIC) 5772) to advocate for children with serious emotional disturbances and adults and older adults with serious mental illness; to review and report on the public mental health system; and to advise the Administration and the Legislature on priority issues and participate in statewide planning. The CMHPC has four committees: Healthcare Integration Committee, Advocacy Committee, Continuous System Improvement Committee, and Patients’ Rights Committee.

The Healthcare Integration Committee (HCI) is responsible for tracking, addressing, and responding to the multiple issues, including at the systems level, related to the integration of behavioral health and physical health care for persons with behavioral health needs.

The HCI promotes the inclusion of five core elements from the Mental Health Services Act to guide all its work:

- Promoting consumer and family oriented services at all levels
- Ensuring cultural competence
- Increasing community collaboration
- Promoting recovery/wellness/resiliency
- Providing integrated service experiences for clients and families

**Purpose**

The purpose of this HCI Committee paper is to provide background on the recent mild to moderate integrated benefit in California and to outline the committee’s role in the important issue brief recently released by the California Health Care Foundation (CHCF). The HCI Committee collaborated with Catherine Teare, Associate Director, CHCF, on issues related to the implementation of expanded outpatient mental health benefits to treat mild to moderate mental health conditions, to research available data, and to map out the current landscape of coordination between the health plans and the mental health plans. With the HCI Committee’s input and support, the CHCF drafted the attached issue brief entitled *The Circle Expands: Understanding Medi-Cal Coverage of Mild to Moderate Mental Health Conditions*. The issue brief provides an overview of California’s public mental health system with particular focus on the implementation of expanded Medi-Cal outpatient mental health benefits to treat mild to
moderate mental health conditions. The brief also provides an outline of the managed care plans' new responsibilities, and includes a list of all Medi-Cal managed care plans and the corresponding managed behavioral health care organizations with whom they work.

**Background**

Prior to 2014, most Medi-Cal funded mental health services were provided through the county mental health plans and were available to those with serious mental illness. Individuals who did not meet the criteria for a serious mental illness received services from their primary care providers. In 2014, the state began a newly integrated benefit for those with mild to moderate mental health care, to be covered by the Medi-Cal managed care plans (MHSUDS Information Notice No.: 14-020). Existing Title 9, California Code of Regulations (CCR), Chapter 11 regulations, and the Department of Health Care Services/Mental Health Plan contract, require mental health plans to enter into a Memorandum of Understanding (MOU) with any managed care plan that enrolls beneficiaries covered by that mental health plan. The 2014 reforms amended MOU requirements between managed care plans and county mental health plans to assist in coordinating mild to moderate services as well as specialty mental health services. (APL 13-018 “Memorandum of Understanding Requirements for Medi-Cal Managed Care Plans”)

In 2015, the HCI Committee looked into the delivery of certain mental health services to Medi-Cal beneficiaries with mild to moderate impairment of mental, emotional, or behavioral functioning through the managed care plan provider network. Specifically, the committee sought data on the psychiatric hospitalization rates for Medi-Cal beneficiaries whose care is being managed by the health plans. The Committee sent letters to the County Behavioral Health Director’s Association, the Department of Managed Health Care, and the Department of Health Care Services to inquire whether the specialty mental health plans have access to this data and if so, were they able provide this data to the Planning Council. What we found is that this data is currently not available. Thus, the committee strongly advocates for the collection of this type of data. Access to data on the psychiatric hospitalization rates for Medi-Cal beneficiaries whose care is managed by the health plans, can be helpful in identifying the success of health plans in supporting the behavioral health needs of those plan members.
Committee Actions

As the CMHPC met around the state in 2015, the HCI Committee invited a number of managed health care plans to present, some of which are highlighted below.

Dr. Peter Currie, Clinical Director of Behavioral Health Inland Empire Health Plan spoke at one of the meetings. Behavioral Health Inland Empire Health Plan is a fully integrated behavioral health program that has streamlined the coordination of physical and mental health benefits. Dr. Currie provided important insights into some of the lessons learned during the integration process:

- Health Plans need to develop direct relationships with behavioral health providers in private practice, county behavioral health programs as well as community based organizations.
- Direct relationships are best: it is best to minimize the use of sub-capitated middleman with separate 1-800 phone numbers that carve out behavioral health care which can limit access.
- Health Plans must bring behavioral health expertise “In House” to ensure quality behavioral health care.
- Providers should contract directly with health plans when possible.

Abbie Totten, Director of State Programs, California Association of Health Plans, spoke with the committee regarding the importance of collaboration so that the health plans can continue to learn the mental health landscape. Building relationships and creating dialogue is key.

Dr. Clayton Chau, MD., PhD., Medical Director Care Management, Behavioral Health and Provider Continuing Education L.A. Care Health Plan also spoke at an HCI committee meeting. Dr. Chau advised that there is a critical need to build statewide partnerships in the collection of data. The local mental health commissions and boards, who are mandated by state law to “review and evaluate the community’s mental health needs, services, facilities, and special programs,” can be instrumental in creating these partnerships. Data exchange is imperative. Currently, only public health plans are required to post board meetings and hold them publicly. Private health plans do not have this requirement and therefore it is difficult to find meeting times for these plans. As stated, each county has their own mental health board and it is important to ask the
mental health board to invite the health plan to their meetings for open dialogue and partnership building to meet the needs of plan members and facilitate easy access to services.

**Conclusion and Recommendation**

The newly integrated benefit for those with mild to moderate mental health care needs is a big step towards coordinating physical and mental health care. Ongoing active collaboration and partnership is crucial for successful integration across systems. Health plans and mental health plans must continue to work together to provide access to services and to ensure a smooth transition across systems for those with mental health needs.

The HCI Committee recommends that the External Quality Review Organization (EQRO) reports include data on those beneficiaries receiving outpatient mental health care through the health plan versus those receiving care through the mental health plan.
References

http://www.chcf.org/~/media/MEDIA%20LIBRARY%20Files/PDF/PDF%20C/PDF%20CircleMediCalMentalHealth.pdf


Center for Health Care Strategies, Inc. (CHCS) Promising Practices to Integrate Physical and Mental Health Care for Medi-Cal Members Issue Brief (2016)
http://www.chcs.org/media/BSCF-Brief_060716.pdf

Medi-Cal Managed Care Performance Dashboard, DHCS, June 2016,
AGENDA ITEM: Review Draft Report: Alternatives to Psychotropic Medication

ENCLOSURES: • Draft Report

OTHER MATERIAL RELATED TO ITEM:

ISSUE:
Discuss and comment on draft report, Alternatives to Psychotropic Medication
AGENDA ITEM:
Review agenda for April meeting

ENCLOSURES:

OTHER MATERIAL RELATED TO ITEM:

ISSUE:
Discuss proposed agenda for April meeting.

1. Agenda for April Quarterly Meeting in San Jose
   a. Presentations
      i. CA Association of Health Plans
      ii. Whole Person Care
      iii. Health Homes
   b. Discuss possible support of SB 323 (re: Same Day Billing) sponsored by Health Plus Advocates
   c. Review and Approve Revised Work Plan
   d. Review and Approve Report on Alternatives to Psychotropic Medications for Children and Adolescents
   e. Discuss revisions to HCI Committee Charter
   f. Date/time for in-between committee meetings