## **California Mental Health Planning Council**

# **Health Care Integration Committee**

Thursday, June 15, 2016 8:30 a.m. to 12:00 p.m. Atrium Hotel 18700 MacArthur Boulevard, Irvine, CA 92612 Garden 5

Time	Topic	Presenter or Facilitator	Tab
8:30 a.m.	Planning Council Member Issue Requests		
8:35 a.m.	Welcome and Introductions	Robert Blackford, Chairperson	
8:40 a.m.	Review and Approve Meeting Highlights from April	Robert Blackford, Chairperson	А
8:55 a.m.	Review and Develop HCI Committee Charter	Robert Blackford, Chairperson and All	В
9:25 a.m.	Break		
9:40 a.m.	Review and Develop 2017 Work Plan	Robert Blackford, Chairperson and All	С
10:45 a.m.	Discussion of AB 1240, SB 562 and SR 26	Naomi Ramirez and All	D
11:15 a.m.	Public Comment	Robert Blackford, Chairperson	
11:20 a.m.	Wrap up: Report Out/Evaluate Meeting	Robert Blackford, Chairperson	
12:00 p.m.	Adjourn		

The scheduled times on the agenda are estimates and subject to change.

## **Committee Members:**

**Chair:**Robert Blackford

Chair-Elect:
Deborah Pitts

Members:

Patricia Bennett Dale Mueller Terry Lewis
Josephine Black Gail Nickerson Cheryl Treadwell
Vera Calloway Liz Oseguera Daphyne Watson
Catherine Moore Veronica Kelley Kathi Mowers-Moore

Kimberly Wimberly

If reasonable accommodations are required, please contact Chamenique Williams at (916) 323-4501 not less than 5 working days prior to the meeting date.

INFORMATION	TAB SECTION	Α
_X ACTION REQUIRED	DATE OF MEETING	06/15/17
MATERIAL PREPARED BY: Naomi Ramirez	DATE MATERIAL PREPARED	4/26/17

AGENDA ITEM:	Review and Approve April 2017 Meeting Highlights
ENCLOSURES:	HCl April Meeting Highlights
OTHER MATERIAL RELATED TO ITEM:	

# ISSUE:

Committee members will Review and Approve Meeting Highlights.

Members Present:			
Robert Blackford, Chairperson Deborah Pitts, Chair-Elect (via conference)			
Catherine Moore	Cheryl Treadwell		
Veronica Kelley Kimberly Wimberly			
Vera Calloway	Liz Oseguera		
Patricia Bennett	Gail Nickerson		
Kathi Mowers-Moore	Terry Lewis		
Daphyne Watson			

• Meeting Commenced at 8:30 a.m.

Item	Issue	Discussion	Action/Resolution	Ву	Ву
#				Whom?	When?
1.	Review and Approve Minutes	The committee reviewed the October 2016 and January 2017 minutes and approved them with a correction to the location of the October 2016 meeting minutes.	Motion made by Daphyne Watson and seconded by Gale Nickerson: October and January Minutes were approved with amended location. Abstentions made by Kathi Mowers-Moore, Catherine Moore and Veronica Kelley.		
2.	Discussion of Target Population of HCI Committee	Robert Blackford informed the committee members that the committee charter indicates that the Council's target population is adults and older adults with Serious Mental Illness (SMI) and children with Serious Emotional Disturbances (SED). Jane Adcock confirmed that Karen Baylor, Deputy Director, Mental Health and Substance Abuse Disorders, Department of Health Care Services is in agreement. Jane Adcock also	The committee will discuss and revise the 2017 work plan at the June 2017 meeting.	All	6/15/17

		confirmed that this mandate is outlined in federal law and state statute and there are other departments that have stakeholder and advisory committees that provide oversight for health plans.  Pat Bennett indicated that it is important to understand that the committee's focus can change and should be a product of what is going on in the current landscape. Members expressed their concern and indicated that the charter should be looked at to ensure it supports health care integration, looks at the connection of needs for mild to moderate to SMI/SED and substance use disorder treatment integration.  Robert and Jane reiterated that the SMI and SED population and public mental health system need to be the focus for future speakers, work plan and projects the committee takes on.			
3.	Review/Approve HCI Committee Year-End Summary re: Alternatives to Psychotropic Medication	Robert Blackford and Deborah Pitts provided an overview of the work that was done on the summary and acknowledged the staff that worked on it. Catherine Moore requested clarification on what the committee would be advocating for based on the information provided in the document. She also indicated alternatives to medication is not black and white and the committee should advocate for adequate staffing so medication is not overly relied on. Deborah indicated that more research would need to be done for there to be any recommendation added or for the committee to take a position. Jane Adcock clarified that this document is a year-end summary, not a report so a recommendation is not needed and any further	Motion made by Patricia Bennett and seconded by Catherine Moore to accept document as a summary and allow staff to remove "report" from the title. Abstentions made by Terri Lewis and Veronica Kelley. The summary will be edited as discussed and will be distributed as follows:  • to all council members, partners and key members at DHCS via email blast • posted to the Council's website	Jane/ Naomi	6/15/17

**CMHPC** 

		work on this topic be discussed when revising the 2017 work plan. Liz Oseguera requested that the years for legislation be added into the document. Daphyne Watson stated that she does not want the discussion and work done on the summary to be overlooked and would like it to continue to be addressed when deciding on the new work plan.	included in legislative packets		
4.	Review and Approve Statement to CHCF's Policy Brief re: Mild to Moderate	Jane Adcock provided an overview of the policy brief and indicated that minor organizational and grammatical edits were made.	Motion made by Cheryl Treadwell and seconded by Terry Lewis to approve the policy brief and move forward with distribution.  Absentation made by Catherine Moore and Veronica Kelley.  This policy brief will be posted with a link to the Health Care Foundation's Policy Brief. There will also be a recommendation that EQRO reports include data on beneficiaries receiving outpatient mental health care through the health plan versus those receiving care through the mental health plan sent to Department of Health Care Services.	Jane/ Naomi	6/15/17
5.	Overview of Whole Person Care and Health Homes Project	Sara Eberhardt-Rios, MPA, Assistant Director San Bernardino County Department of Behavioral Health gave an overview of the history of managed care plans and the CA Mental Health carveout. She also discussed San Bernardino County's approach on whole person care and health homes.	Staff to send PowerPoint presentation out to all committee members.	Naomi	4/28/17

		Committee Members were pleased with the integration work that San Bernardino County Department of Behavioral Health is doing and would like to see more counties make similar progress. Sara pointed out the necessity of collaboration between CA Association of Health Plans and CBHDA, CAPH and DHCS, possibly through a leadership forum for progress to be made.			
6.	Review and Develop 2017 Work Plan	Robert facilitated a discussion on the goals currently outlined in the Work Plan. Highlights from the discussion are listed below:  Goal #1  Committee members felt the goal could be expanded on.  There are currently multiple levels of review for medications being prescribed and a shortage of child psychiatrists, so while it is very important to monitor it is also important to be aware that further federal monitoring could potentially have a negative impact.  Medication is often necessary, however it has been heavily relied on for behavioral changes and should be an option to work with other techniques so there is not a disconnect or abuse.  Jane Adcock informed the committee that she has Andi Murphy writing an issue brief chronicling the issue, legislation and some of the information provided by Dr. Vleugels. The ultimate goal is to bring all of the	The committee decided to revisit the goals, ensure they are within the committee's mission and frame them as issue questions at the June meeting. Once the goals are framed as questions staff can be directed to research and compile related data as needed.	All	

		<ul> <li>information into one place with a timeline of how it evolved and to shine light on the issue and to monitor it ongoing. A draft should be available at the June meeting.</li> <li>Committee is open to possibly watching and waiting until there is data available so a better decision can be made on how to move forward.</li> <li>Goal #2</li> <li>Robert indicated that the committee needs to look at the goal and ensure it is directed at SMI and SED populations.</li> </ul>			
7.	California Association of Health Plans	Jennifer Alley, Legislative Advocate, gave an overview of the Association's structure and the current legislation they are watching. The Association has 49 members, which include large commercial groups, Quality Health Plans (QHP) and Medi-Cal managed care plans. The Association is watching the following legislation: AB 340, SB 199, SB 223. Robert Blackford informed Jennifer that the committee will possibly be supporting SB 323 and Liz Oseguera provided a brief synopsis of the bill.  Jennifer stated that the Association is aware of the need to improve care coordination and they are committed to working on it. She will make a recommendation to have San Bernardino County Department of Behavioral Health provide a presentation at the Association's annual conference in October, in an effort to help other counties health plans improve their integration model for whole	A presentation by the San Bernardino County Department of Behavioral Health at the annual conference would be a good platform to deliver the Whole Person Care model to other counties.  Staff will provide information on the May 24th seminar to committee members.	Naomi	5/1/15

8.	Discussion of Senate Bill 323	person care. She also informed the committee of a seminar on Improving Mental Health and Behavioral Health services the Association will be hosting May 24 in Burbank.  Liz Oseguera provided an overview of Senate Bill 323, highlighting that the bill would allow Federally Qualified Health Centers and Rural Health Clinics to contract outside of the PPS rate to provide Drug Medi-Cal and Specialty Mental Health services. She also noted that the bill was amended to include specialty mental health as part of the bill, rather than only including intent language.  Veronica Kelley stated that the County Behavioral Health Association is in support of the bill because it makes the process cleaner and avoids any "double dipping." They also recognize that this bill is essential for rural areas and larger cities that do	Motion made by Catherine Moore and seconded by Daphyne Watson to support Senate Bill 323 with a formal support letter. Abstentions made by Kimberly Wimberly, Cheryl Treadwell, Kathi Mowers-Moore and Liz Oseguera. Staff will draft a support letter.	Naomi	6/15/17
9.	Public Comment	not have providers.  Mae finds the work the committee is discussing interesting and was happy to attend the meeting.			
10.	Wrap Up: Report Out/Evaluate Meeting	Daphyne Watson stated that the probation department should work with the Council or possibly have a member on the Council to assist in the effort of whole person integration since many in our population have been part of the criminal justice system.  Jane recommended that the committee revisit the idea of being a Systems Integration Committee since there is so much interest in issues that involve child welfare system, criminal justice/juvenile justice and health care systems rather than limiting	The committee decided they do not want to have a presenter at the next meeting, instead they would like to have time to discuss the committee's focus and goals.		

	the committee's view to only health care integration.		
	Robert indicated that he believes there is an interest to be a Systems Integration Committee since Pat Bennett brought it up at the last meeting, however the committee hasn't had time to further discuss and vote.		

INFORMATION		TAB SECTION	В
X ACTION RE	QUIRED	DATE OF MEETING	06/15/17
MATERIAL PREPARED BY: Na	omi Ramirez	DATE MATERIAL PREPARED	05/15/17
AGENDA ITEM:	HCI Committee Charter		
ENCLOSURES:	HCI Committee Cha	arter	

# How this agenda item/presentation relates to the Council's mission.

The Charter details the Health Care Integration Committee's purpose, primary goals and objectives. The Charter aligns with the Council's mission and vision.

# **BACKGROUND/DESCRIPTION:**

The Committee members will review and discuss the Charter, then vote on any changes.

# HEALTH CARE INTEGRATION COMMITTEE CHARTER

ADOPTED 10/17/12

#### **OVERVIEW**

The California Mental Health Planning Council (CMHPC) is mandated by federal and state statute to advocate for children with serious emotional disturbances and adults and older adults with serious mental illness, to provide oversight and accountability for the public mental health system, and to advise the Governor and the Legislature on priority issues and participate in statewide planning.

#### **PURPOSE**

The purpose of the Health Care Integration Committee (HCI) is to track, address, and respond 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 mental health work:

- Promoting Consumer and Family oriented services at all Levels
- Ensuring Cultural Competence
- Increasing Community Collaboration
- Promoting Recovery/wellness/resilience orientation
- Providing Integrated service experiences for clients and families

### **MEMBERSHIP**

The Committee membership is listed below.

The Chairperson and Vice-Chair will be appointed by the CMHPC Leadership. In the Chairperson's absence the Vice Chair will serve as the Chairperson. Terms will begin with the first meeting of the calendar year, and end with the last meeting of the calendar year.

#### **MEETING TIMES**

The Committee meets four times a year, rotating locations in conjunction with the standing meeting times of the plenary and other committees. The Committee meets on Thursday from 8:30 AM to 12:00 PM.

Regular attendance of committee members is expected in order for the Committee to function effectively. If a committee has difficulty achieving a quorum due to the continued absence of a committee member, the committee chairperson will discuss with the member the reasons for his or her absence. If the problem persists, the committee chair can request that the Executive Committee remove the member from the committee.

The Chair and Vice Chair hold meetings as needed to plan for the full Committee meetings.

#### ROLES AND RESPONSIBILITIES

Members are expected to serve as advocates for the Committee's charge, and as such, could include, but are not limited to:

- Attend meetings. Speaking on behalf as requested.
- Speak at relevant conferences and summits when requested by the Committee leadership
- Develop products such as white papers, opinion papers, and other documents
- Distribute the Committee's white papers and opinion papers to their represented communities and organizations
- Assist in identifying speakers for presentations

Materials will be distributed as far in advance as possible in order to allow time for review before the meetings. Members are expected to come prepared in order to ensure effective meeting outcomes.

#### GENERAL PRINCIPLES OF COLLABORATION

The following general operating principles are proposed to guide the Committee's deliberations:

- The Committee's mission will be best achieved by relationships among the members characterized by mutual trust, responsiveness, flexibility, and open communication.
- It is the responsibility of all members to work toward the Committee's common goals.
- To that end, members will:
  - O Commit to expending the time, energy and organizational resources necessary to carry out the Committee's mission
  - o Be prepared to listen intently to the concerns of others and identify the interests represented
  - Ask questions and seek clarification to ensure they fully understand other's interests, concerns and comments
  - o Regard disagreements as problems to be solved rather than battles to be won
  - o Be prepared to "think outside the box" and develop creative solutions to address the many interests that will be raised throughout the Committee's deliberations

#### MEETING PROTOCOLS

The Committee's decisions and activities will be captured in a highlights document, briefly summarizing the discussion and outlining key outcomes during the meeting. The meeting highlights will be distributed to the Committee within one month following the meeting. Members will review and approve the previous meeting's highlights via email.

#### **DECISION-MAKING**

Council and non-council members of the Committee will work to find common ground on issues and strive to seek consensus on all key issues. Every effort will be made to reach consensus, and opposing views will be explained. In situations where there are strongly divergent views, members may choose to present multiple recommendations on the same topic. If the Committee is unable to reach consensus on key issues, decisions will be made by majority vote using the gradients of agreement. Minority views will be included in the meeting highlights.

## MEDIA INQUIRIES

In the event the Committee is contacted by the press, the Chairperson will refer the request the CMHPC's Executive Officer.

#### **SUPPORT**

Naomi Gentile Ramirez, Associate Governmental Program Analyst, Naomi Ramirez@cmhpc.ca.gov

Health Care Integration Committee Membership

NAME
Robert Blackford, Chairperson
Deborah B. Pitts, Chair-Elect
Patricia Bennett
Josephine Black
Vera Calloway
Dale Mueller
Daphyne Watson
Gail Nickerson
Cheryl Treadwell
Liz Oseguera
Terry Lewis
Catherine Moore
Veronica Kelley
Kathi Mowers-Moore

Updated: 5/16/17

С	TAB	SECTIO	N

**DATE OF MEETING 06/15/2017** 

MATERIAL DATE MATERIAL

PREPARED BY: Naomi Ramirez PREPARED 05/15/2017

AGENDA ITEM:	Work Plan		
ENCLOSURES:	Work Plan		

## How this agenda item/presentation relates to the Council's mission.

The Work Plan details the specific task(s) of the Health Care Integration Committee's description of work, as related to *Goal Statements*. Each Goal Statement should have a correlation to the Council Mandate.

# **BACKGROUND/DESCRIPTION:**

The Committee members will review and discuss the Work Plan.

CMHPC
Health Care Integration Committee

Goal	Health Care Integration Con Objectives		Timeline	Person(s)
Godi	Objectives	Action Steps	Timeline	Responsible
Goal 1:	A. Develop committee's	Research approaches to mediating	Completed	Deborah
Reduce risks associated with psychotropic medication	knowledge and	risk of psychotropic medications,	'	Pitts
utilization for California's children and adolescents receiving	understanding of issues	including alternatives to medication		
psychotropic medications as part of their mental health	related to use of			
treatment.	psychotropic medication in	Review research findings, and identify	Partially	Committee,
Rationale:	treatment of children and	potential speakers for quarterly	completed,	CMHPC Staff
Results of investigation by the State of CA shows children	adolescents	meetings to increase committee	April 2017	
being given inappropriate amounts and types of		understanding of issue		
medications. Additionally, it is unclear how and what	B. Identify or develop			
alternatives are offered.	resource that	Identify possible resources that could	Partially	HCI
Measure of Success	communicates (a)	be made available to families and	completed,	Committee,
Resource will be identified and/or developed, be well-	alternatives to medications	advocates, evaluate quality of these	April 2017	CMHPC Staff
disseminated and utilized to educate key stakeholders.	and (b) best practices for	resources and if appropriate select		
Target Audience:	medication management	and disseminate through CMHPC		
Mental Health Plans		network		
CA Association of Health Plans				CMHPC Staff
CA Department of Healthcare		Track dissemination and use of	Ongoing	
Children and Adolescent Healthcare Advocacy Organizations		resource.		
Goal 2:				
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.				
Rationale:				
Measure of Success:				
Target Audience:				
ranger Addience.				

CMHPC
Health Care Integration Committee

Goal		Objectives	Action Steps	Timeline	Person(s)
					Responsible
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:					
Goal 5:	A.	Develop committee's			
Rationale:		knowledge and			
Measure of Success:		understanding of			
Target Audience:		Department of Health			
		Care Services Whole			
		Person Care Model			
	B.	Develop Committee's			
		knowledge and			
		understanding of			
		California's Drug			
		Medi-Cal Organized			
		Delivery System			

X INFORMATION	TAB SECTION	D
ACTION REQUIRED	DATE OF MEETING	06/15/17
MATERIAL  PREPARED BY: Naomi Ramirez	DATE MATERIAL	05/10/17

AGENDA ITEM:	Discussion of AB1240, SB 562, SR 26, AB 1300 and AB 1340
ENCLOSURES:	HCl Legislation Chart

# How this agenda item/presentation relates to the Council's mission.

The HCI Legislation Chart provides the Committee with the opportunity to discuss current legislation related to health care integration and coordinate with the Advocacy Committee to advocate for the people of California impacted by mental illness. Further, through the legislative process, the Council also provides education to the Governor, Legislature and the Department on the issues faced by the people of California within the public mental health system.

## **BACKGROUND/DESCRIPTION:**

The Committee members will review and discuss legislative items that have an impact on health care integration. Any interest to support or watch specific bills, will be discussed and coordinated with the Advocacy Committee.

# Health Care Integration Committee Legislation Chart

Title	Author	Overview
Assembly Bill 1240 (AB 1240)	Fong	Health Care Coverage: Essential Health Benefits Assembly Bill 1240 proposes to make current federal essential health benefits state law to protect Californians if the federal law changes in the future. Under current federal law, the federal Patient Protection and Affordable Care Act (PPACA) requires health plan issuers to ensure that the coverage includes the essential health benefits package. The essential health benefits include basic health care services, mental health and substance use disorder services, including behavioral health treatment, prescription drugs, rehabilitative and habilitative services and devices, preventative and wellness services and chronic disease management. Coverage of the mental health and substance use disorder services must be in compliance with the Paul Wellstone and Pete Domenici Mental Health Parity and Addiction Equity Act of 2008.  https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180AB1240
Senate Bill 562 (SB 562)	Lara/Atkins	The Healthy California Act Senate Bill 562 proposes a single statewide insurance plan for every Californian, including undocumented residents, seniors on Medicare and people who now get their health coverage through work. Residents would be required to participate in the public program and would pay higher taxes instead of buying health insurance and paying for premiums. The state would negotiate prices for services and prescriptions with providers, pharmaceutical companies and others, while insurance companies would not be allowed to offer coverage for services already included in the plan. The plan would cover all medical care, including inpatient, outpatient, emergency care, dental, vision, mental health and nursing home care. Californians would choose their doctor without requiring referrals and co-pays and insurance deductibles would be eliminated. A nine-member unpaid board appointed by the governor and Legislature to provide oversite of the health system and an advisory committee, consisting of doctors, nurses, consumers and other health care providers would guide public policy.  https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=201720180SB562

# Health Care Integration Committee Legislation Chart

Senate Resolution 26 (SR 26)	Hernandez/ DeLeon	Patient Protection and Affordable Care Act Senate Resolution 26 provides affirmation that the Senate of State of California is in strong support of the Affordable Care Act (ACA). The resolution requests that the US Congress reject any effort to repeal the ACA, another program that ensures that not
		one American loses health care coverage and coverage is provided more affordable and of higher quality for all Americans. The Senate also urges Congress not to jeopardize the health of millions of Americans by pushing through policy without allowing comprehensive review, which allows Americans the opportunity to offer input and have their concerns heard. Lastly, the Senate requests that copies of this resolution be distributed to the President and Vice President of the United States, the Speaker of the House of Representatives, the Majority Leader of the Senate, and each Senator and Representative from California in the Congress.  https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=201720180SR26