State of the State
Making Connections Matter

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VP Behavioral Health

Polling Question

Go to www.menti.com and use the code 631673

How would you rate your hospital’s relationship with first responders?

0 Good 0 Working on it 0 non-existent
Polling Questions

Go to www.menti.com and use the code 87 06 97

How would you rate our current county-based Medi-Cal behavioral health delivery system?

Great  |  Ok  |  Poor
---     |---   |---
0       |0     |0

Polling Questions

Go to www.menti.com and use the code 50 57 03

How would you rate our current commercial managed care behavioral health delivery system?

Great  |  OK  |  Poor
---     |---   |---
0       |0     |0

Slide is not active. Activates.
Symposium Themes

- 2013 – The Future is Now – Are We Ready?
- 2014 – Be the Catalyst
- 2015 – Creating Our Future Together
- 2016 – Building Tomorrow Together
- 2017 – Agents of Change
- 2018 – Making Connections Matter

Definition of Connection

Noun: con· nec·tion |ˈkän-ˌnek-shən |
1: the act of connecting: the state of being connected: such as
   a: causal or logical relation or sequence the connection between two ideas
   b(1): contextual relation or association
     (2): relationship in fact
   c: a relation of personal intimacy (as of family ties)
   d: coherence, continuity
2a: something that connects
   b: a means of communication or transport
3: a person connected with another especially by marriage, kinship, or common interest
   has powerful connections
Great Change is Coming

- Connections/Relationships and – above all – TRUST will matter
- Focus on what unites us, not what divides us
- Doing the right thing for the consumer is OUR responsibility
- Right care – right place – right time – right treatment provider… regardless of where you are in the state
- There is NO wrong door
- Treat the WHOLE person
- Easy to say, but hard to do, without TRUST
Successful Connections

- Behavioral Health Action (BHA) coalition
- Confronting stigma and discrimination
- A hospital rising from the ashes of a firestorm
- Confronting homelessness
- Pay for Success (PFS)
- The art of person-centered care
- Community collaborations
- Opioid use
- Behavioral health treatment in EDs
- Healing centers

Changes in Last 5 Years

- LPS 5150 involuntary care reform discussion (2012-2014)
- LPS modernization legislation introduced – AB 1300 (2014-2016) – failed passage but raised awareness
- Leading the Way coalition (2017) – NAMI/CHA co-founders
- Behavioral Health Action coalition (2018) – NAMI/CHA co-founders
- For first time, governor willing to share personal experience and make behavioral health top priority
Changes in Last 5 Years

• Everyone talking about behavioral health – businesses, hospitals, schools, faith-based organizations, criminal justice, elected officials (federal, state, and local)
• General acknowledgment that status quo must end
• Others beyond CHA are questioning the efficacy of the carve-out model – recent panel at HASD&IC annual meeting: Arizona, New York & Tennessee – three different carve-in models
• CSAC – Healthcare committee carve-out discussion – division among the counties

Polling Questions

Go to www.menti.com and use the code 63 30 42

How would you rate your hospital’s relationship with County Behavioral Health Department?

[0] Good  [0] Working on it  [0] Non-existent
Polling Questions

Go to www.menti.com and use the code 63 16 73
How would you rate your hospital’s relationship with first responders?

Books Worth Reading

- The Diagnosis and Management of Agitation, edited by Scott Zeller, Kimberly D. Nordstrom, and Michael P. Wilson
- Behavioral Emergencies for the Emergency Physician, edited by Leslie S. Zun
- Big Book of Emergency Department Psychiatry, by Yener Balan and Karren Murrell, MDs, and Christopher Lentz, MS, MFT
The Next 5 Years

- Lots of change: delivery system, funding, performance expectations, accountability/transparency, flexibility
- “Disruptive innovation”
- More collaboration across all payers & providers
- Improved research – evidence-based practices
- Lots of challenges – Lots of opportunities
- Continued attention on: opioid crisis, gun violence, mass disasters, prison/jail reform

Federal Managed Care Rule

- County Mental Health Plans (MHPs) held to commercial managed care standards
  - Parity – concurrent review
  - Network Adequacy
  - Timely Access
Medicaid Parity Rule

Background and Purpose
• Parity Rule was issued on March 20, 2016
• Applies certain requirements of the Mental Health Parity and Addiction Equity Act of 2008 to the Medicaid Program

Scope of Application
• All individuals enrolled in a Medi-Cal managed care plan
• Once the beneficiary is enrolled in an MCP, his/her entire benefit package is subject to parity, including MH, SUD and/or FFS

Compliance Date
• October 2, 2017

References

Compliance Summary
• www.dhcs.ca.gov/formsandpubs/Documents/ParityComplianceSummary_clean_revised_2017.pdf

Compliance Plan

Final Rule Webpage
• www.dhcs.ca.gov/formsandpubs/Pages/FinalRule.aspx
Other Federal Initiatives

- IMD Exclusion Payment Relief
- Opioid Funding – Grants to States

Failed CA Legislation/Props

- Grave Disability Definition Expansion – will be back
- Same Day Clinic Visit (physical and behavioral health) – will be back
- Peer Support Certification – will be back
- Psych hospital bed registry – will be back
- Crisis stabilization units operating over 24 hours
- EMS Alternate Destination for BH Consumers – elevated the issue and need for change
Passed CA Legislation/Props

- DHCS to apply for federal funding – crisis services inventory
- Housing Propositions 1 & 2 – veterans/Mental Health Services Act
- Homeless Discharge mandates on hospitals
- LPS 5150 form, copy = original
- Managed care plans investigated for provider payment complaints
- Establishment of statewide strategic focus on MHSOAC PEI in early stages
- MHSOAC develop voluntary standards for work place MH
- NAMI voluntary tax contribution fund
- Attorney General Opinion – When does the LPS 5150 involuntary clock start?

CHA and Regional Association Opportunities

- CHA, HASC, HASD&IC, Hospital Council members – hospital leadership have all identified behavioral health as top priority
- Build on existing momentum
CHA and Regional Association Opportunities

**Hospital Association of Southern California**

- Orange County
  - expanded authority to LCSWs & other non-physicians to write/release 5150 holds
  - “Be Well” coalition
  - Added 18 children’s beds
  - new 12-bed CSU w/peer mentors & navigators
  - successful detox billing

- Los Angeles County
  - ED staff in 12 hospitals write/release authority for 5150s
  - Pilot to permanent
  - 5150 boarding time down by 9 hours per patient
CHA and Regional Association Opportunities

Hospital Association of Southern California
- San Bernardino County
  - 5150 training
  - looking to expand child/adolescent services
- Riverside County
  - County hospitals & law enforcement discussing 5150 process and using CSUs for voluntary patients

CHA and Regional Association Opportunities

Hospital Association of Southern California
- Ventura County
  - Pilot program: hospital-based crisis response teams to:
    - Assess patients
    - Write/release 5150 holds
    - Assist with inpatient bed location
CHA and Regional Association Opportunities

**Hospital Association of Southern California**
- Santa Barbara County
  - Partnering to open CSUs
  - Increased psych inpatient beds
  - Expanding 5150 write/release authority to hospital psychiatrists

**Hospital Council of Northern & Central California**
- San Luis Obispo
  - Employees from Dept. of Behavioral Health into Eds
  - Restructuring of Medical Screening tool
  - Updated 5150 protocol line by line
CHA and Regional Association Opportunities

Hospital Council of Northern & Central California
- Kern
  - County/Hospitals/Sheriff met for first time in over a decade
  - Collecting data to change 5150 protocol
  - Developing resources to work with homeless patient discharge requirements

CHA and Regional Association Opportunities

Hospital Council of Northern & Central California
- Santa Clara
  - County & hospitals working on developing APH for youth
- San Joaquin/Stanislaus
  - Considering center for youth
  - Jail diversion
  - Psych ED
  - Operational reforms
CHA and Regional Association Opportunities

Hospital Council of Northern & Central California
• Alameda
  • $9M grant for Community Assessment & Transport Team
• Fresno/Madera/Tulare/Kings
  • 5150 workgroup
  • Suicide prevention project
  • Early intervention in schools project
  • Expanding CSUs
  • Opening CRT

CHA and Regional Association Opportunities

Hospital Council of Northern & Central California
• Sacramento
  • Expanding crisis residential beds from 12 to 60
  • Opening mental health urgent care
  • New 16-bed PHF
  • County CSU at a private hospital
CHA and Regional Association Opportunities

Hospital Association of San Diego & Imperial Counties
• Imperial
  • RFP for 5150 management
• San Diego
  • 30 new gero-psych beds

STATEWIDE
• Since 2016, member hospitals reported opening (or plans to open) more than 820 new beds

CHA Center for Behavioral Health (CBH) Focus for 2019

Make Connections
• CBHDA
• Public Officials
• Education
• Waiver renewals
CHA Center for Behavioral Health (CBH) Focus for 2019

Make Connections
• Parity compliance
• Reimbursement reform
• County funding transparency
• County performance transparency
• MHP/MCP care coordination

CHA Center for Behavioral Health (CBH) Focus for 2019

Make Connections
• Discharge challenges
• “Medicalizing” the “recovery” model
• Budget opportunities
Tools & Recommended Reading

CHA ED Toolkit
www.calhospital.org/emergency-department-toolkit
CHA Discharge Planning for Homeless Patients
www.calhospital.org/discharge-planning-manual
CA Psychiatric Bed Annual Report www.calhospital.org/PsychBedData
Payment for Medi-Cal Emergency and Post-Stabilization Mental Health Services
www.calhospital.org/education-event/payment-medi-cal-emergency-and-post-stabilization-mental-health-services

DHCS County Performance Dashboards
www.dhcs.ca.gov/services/MH/Pages/SMHS_Performance_Dashboard.aspx
MHSOAC Fiscal Reporting Tool
http://mhssoac.ca.gov/fiscal-reporting
CalMHSA Statewide Prevention & Early Intervention Programs & Innovations
https://calmhsa.org/programs/pei/
CA Center for Excellence for Behavioral Health
http://hss.semel.ucla.edu/ccc/
https://behavioralhealth.ucdavis.edu/
DHCS Drug Medi-Cal Organized Delivery System
www.dhcs.ca.gov/provgovpart/Pages/Drug-Medi-Cal-Organized-Delivery-System.aspx

Includes links to:

- For Too Many, Care Not There
- Quick Reference Guide
- Charts
- Infographic
- Mental Health Care in California: Painting a Picture
- CHCF Blog – Many Californians Have Coverage, but Not Care, for Mental Health Conditions

### Questions

**Show of Hands**

Does your hospital engage in the following for individuals with behavioral health challenges?

- Peer mentors/navigators
- Embedded County behavioral health staff in ED or hospital psych inpatient

Would your hospital consider any of these?
Questions

Go to www.menti.com and use the code 28 26 94

Questions?

Waiting for questions

Once questions are accepted by the moderator, they will show up here so that you can answer them one by one.

Thank You

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