Connection Coalition Retreat

November 21, 2019 | 12:00 p.m. - 4:00 p.m.
Sierra Health Foundation

Minutes

Participants:

Theresa Comstock, Jennifer Cunningham, Rebecca Gonzales, Randall Hagar, Sheree Lowe, Justin May, Helyne Meshar, Danny Offer, Trish McDaid-O'Neill, Liz Oseguera, Curtis Paullins, Tom Renfree, Kelli Strother, Heidi Strunk, Caren Sykes, Paige Talley, Kit Wall

Welcome and Introductions/Networking Lunch

Dr. Kelly Pfeifer, M.D., Deputy Director for Behavioral Health, California Department of Health Care Services

Dr. Pfeifer discussed using prop 56 money, how to incentivize vaccines, depression screening. Integrated health care plan is designed to be local. Substance Use Navigators (SUNs)

Randall Hagar noted that Psychiatrists are interested in medical necessity criteria as are other providers.

Sheree Lowe brought up combining Medical/Social models (MSM). Thomas Renfree wondered why is it either or for MSM? There was a question regarding the requirement for primary care physicians to do alcohol screening through Medi-Cal. Dr. Pfeifer felt the extra money doesn't really help or incentivize PCs to do the screen and noted the need to 'remove the judgement'. Helyne Meshar noted that government restrictions to various therapies shouldn't be a barrier to receive services.

Theresa Comstock noted that county Office(s) of Education have responsibility for mental health of students Dr. Pfeifer felt that the best part of MHSA is local control.

Randall brought up workforce needs and expansion of public psychiatry, using general funds to provide loan repayments, and also scholarships which can train primary care physicians and nurse practitioners (NPs) in psychiatry. What about adding psychiatric NPs?

The Proposition 56 workforce model should be used for the entire spectrum of mental health workforce needs: it provides that virtually all costs for education and training can be "wiped out" by increased loan repayment amounts in return for longer commitments to work in the public sector. As well, it provides money to establish new training programs. Something to look at is the need to make broad system and culture changes in how these costs are underwritten.

Dr. Pfeifer concluded her remarks and Randall noted that the group definitely needs to stay in touch with her.

Legislative Update and Planning for 2020

Randall Hagar noted that many bills failed this year. For example SUD treatment (Portantino)

The group discussed the strategy of working up the cost associated with new legislation and working to insert that into a budget proposal accompanied by a legislative ask i.e. make sure the funding is proposed via the budget first. Caren Sykes felt guidance on this was needed.
The group noted there is a projected budget surplus of $7 billion.

Senator Beall will be back with a parity bill as he would like to go out with a win on parity. Among the issues being contemplated for inclusion are the removal of prior authorization constraints on Medication Assisted Treatment. Also, tightening up medical necessity definitions in order to prevent health plans from gaming the parity laws and to the same purpose requiring standards like the American Society on Addiction Medicine – which provides comprehensive criteria for determining the appropriate level of care.

It was noted that SB 66 (Atkinson) Same Day Payments will be coming back.

Kit Wall asked what it is happening with Peer Certification efforts. Related is the issue of growth in the In-Home Supportive Services (IHSS) program which was never anticipated, leaving no growth money for county MH programs.

Theresa Comstock recalled hearing a DHCS person talking about no real success with peers. The group disagreed, feeling Peers were crucial to treatment services and very successful. The problem is that they are not able to be billed directly through Medi-Cal. Thomas Renfree wondered about a new legislative approach of going through the Department of Public Health vs DHCS? The group felt that was a good idea.

Theresa shared a DHCS org chart. The group felt with so many new people it was a good opportunity to discuss the Peer issue.

Caren Sykes noted there will be a 'Step Therapy' bill in 2020, i.e. a patient doesn't need to fail on a therapy before accessing a different therapy. Kelli Strother noted the model needs to be evidence based not cost based.

Theresa brought up SB 539 (Caballero) MHSA workforce education and training funds, noting mixed signals coming from the planning council who is a sponsor – regardless the group should consider supporting.

Kelli Strother informed the group that the California Access Coalition is introducing legislation around protections for anti-psychotics noting delays in the Treatment Authorization Request process creates missed opportunities to administer medications.

Review Progress on 2019 Priorities

See Attachment

Establish 2020 Priorities

See Attachment

Department of Health Care Services (DHCS)

Waivers: The group noted there are several workgroups on CalAIM. It was noted that Sheree Lowe and some folks from County Behavioral Health Directors Association of California as well as NAMI California are participants. A guide was released on CHF Medical Waivers and Amendments.

CalAim Advancing and Improving Medi-Cal: Information on all public meetings can be found on the DHCS website (www.dhcs.ca.gov/CalAIM). They are accepting public comment until December 16.

Prescription Drug Single-Purchaser System Update: Magellan was awarded but then it was rescinded.

Medi-Cal Pharmacy Reimbursement Update: Randall informed the group there was nothing to report at this time, no news nor court opinion. He said it was quite likely the judge will rule with the state against pharmacists and reimbursement rates will likely not change.

Justin May noted that a recent Medi-Cal notice indicated that pharmacies needed to submit an alternative payment plan by last week (November 14, 2019).

The group noted that Genoa Pharmacies will be entering the California market. They are the 5th largest drug chain in America. Usually co-located in community MH centers and in drug treatment program provider facilities.

Capitol Day Planning:

The group discussed co-sponsoring an event on February 5th with Words to Deeds which Randall has been working on with several other members of the coalition.

It was noted the Access Coalition event is scheduled on February 9th

The group felt that a late March or early April date would be best for the Connection Coalition Capitol Day. It was suggested that we reserve one of the Capitol hearing rooms again.

There is a need to address agendas for the Capitol Day at the January meeting.

2020 Connection Coalition Membership Meeting Dates

The group agreed to keep the same meeting date format of 2nd Monday each month from noon – 1:00pm.

John M. Connolly, Ph.D., M.S.Ed., Deputy Secretary for Behavioral Health, California Health and Human Services Agency (CHHSA)

Former Director of Substance Use in Los Angeles County, helped launch SUD Managed Care under CalAIM in July of 2017 with great growth to date. He discussed student Well Being Centers within high schools. Not really clinics, but an educational workaround for substance use.

Dr. Connolly also served as Deputy Director of Insure the Uninsured project. Worked with Kaiser Family Foundation.

He noted the CHHSA is focused on 3 broad matters:

1. CalAIM is a big deal for behavioral health. Looking to see adoption by a majority of counties. The DHCS Health Homes Program serves eligible Medi-Cal beneficiaries with complex medical needs and chronic conditions who may benefit from enhanced care management and coordination.
2. They are proactively reaching out to the private sector, health plans, pharma, and employers.
3. Workforce and Telehealth – there is a dramatic need due to homelessness. Will need collaboration with educational institutions. He asked the group what areas are still needy in terms of workforce?

Randall noted Governor Brown had appropriated for psychiatrist training $50m and wondered about reinstating a program like that. He also noted the idea of training up Primary Care Physicians in psychiatry. Finally he brought up loan repayment and finding seed money from the State to provide incentives to setup local residency programs.

Theresa felt the creation of Dr. Connolly's position was exciting news, given the inherent difficulty in integrating various reforms and issues that center on various departments within the agency. She also noted:

- Department of Rehab program funding is very complicated.
- Since 2011, student's mental health services needed to be provided through the county Department of Education.
- Department of Social Services board and cares are closing.
- There are issues with the developmental disability model
- Lots of agencies and no integration. Need to model effective programs.

Dr. Connolly asked 'what's' your charge'? The group felt that basically what Theresa just described. And that there needs to be a more rational cohesive theme throughout the jurisdiction of the agency to serve people in a human centered rational way.

Justin May asked about goals related to payments.

Dr. Connolly replied, alignment of purchasing strategies. Steer delivery systems towards better outcomes. Need a broad approach for different payers. Create payment models that scale and

provide good outcomes. Access is important… workforce development, etc. Share knowledge and replicate good strategies.

Thomas Renfree asked about the Behavioral Health workforce and the difficulty of engaging OSHPED on SUD. There is money that's not tied to WET that could be used.

Dr. Connolly said he was open to that conversation, agreeing the shortages and need on SUD side is acute. There is a real gap that deserves investment. He wondered, how does it fit, in the broader budget and noted the Secretary is aware. Thomas asked whether OSHPED is in Dr. Connolly's purview? Dr. Connolly replied yes, but trying to get up to speed.

Trish McDaid-O'Neill asked if Telehealth is a big lift to advance.

Dr. Connolly answered, for larger entities it's not a big issue, for others it may be more difficult. But that's where the need lives.

Liz Oseguera noted, looking at telehealth and technology, but funding is always an issue.

Randall noted that technology is an interesting subject to psychiatrists and wondered if there were any surveys in that area for a needs assessment.

Dr. Connolly, the Department is looking at how to create more unified networks, especially for youth. Need to link the demand to the supply especially in remote areas.

Randall noted that UCSD provides a lot of services to Riverside County.

Dr. Connolly, Open Door in Eureka is an amazing provider of BH services. That's the kind of work they are hoping to emulate.

Liz Oseguera asked how to remove barriers to billable providers. What improvements are needed to move all health centers to whole health care including BH.

Caren Sykes wondered about Value Based Care (VBC), i.e., what are the metrics used to evaluate VBC around MH care?

Dr. Connolly, metrics are there, but it's different from taking a blood pressure reading for example. There are ways to do that kind of work and link that to outcomes. Caren noted it pertains to Medicare more than Medi-Cal. Dr. Connolly noted that we don't want to incentivize something that doesn't work. Thomas added the need to development strong outcome measures around MH/BH.

Adjourn to Reception