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*Providing Leadership in
Health Policy and Advocacy*

July 19, 2019

Jennifer Kent
Director
California Department of Health Care Services
1501 Capitol Avenue
Sacramento, CA 95814

SUBJECT: Draft Value Based Payments for Behavioral Health Integration Proposal

Via e-mail: Jennifer.Kent@dhcs.ca.gov

Dear Director Kent:

California's behavioral health crisis has pushed our health care system to the breaking point. An estimated 10 million people in California — one in four adults — experience a mental health disorder in any given year. Despite this, only one-third of adults who experience mental illness are getting treatment. Medi-Cal enrollees with complex behavioral and physical health needs often fail to receive needed care that must be coordinated across multiple and disparate service delivery systems — coordination that is lacking in our current delivery system. By integrating primary and behavioral health services, the state can build an effective model to improve the health and wellness of those living with behavioral health disorders, and the California Hospital Association (CHA) applauds the California Department of Health Care Services (DHCS) for taking steps to address this compounding issue through its draft Value Based Payments for Behavioral Health Integration proposal.

CHA appreciates the opportunity to provide comments on the proposal as we — and our more than 400 member hospitals and health systems — share in the goal of improving not only physical and behavioral health outcomes, but also care delivery efficiency and the patient experience by fully integrating care using culturally and linguistically appropriate teams with expertise in primary care, substance use disorder conditions, and mental health conditions, delivering coordinated comprehensive care for the whole patient.

CHA is pleased that DHCS' proposal includes an opportunity for hospital-based providers who provide services to Medi-Cal members to submit Behavioral Health Integration Project Plan applications to DHCS for consideration, provided certain criteria are met. Hospitals embrace the significant role we play in helping to address this crisis. Our nurses, therapists, social workers, and other care professionals know firsthand the challenges people with behavioral health conditions face in getting the treatment they need and deserve. Many hospitals employ advanced screening techniques, partner with community-based service providers, and have invested in specialized staff to help treat patients with behavioral health conditions. Day in and day out, hospitals provide emergency care to thousands of people with behavioral health conditions.

499 So. Capitol Street SW, Suite 410, Washington, DC 20003 • Telephone: 202.488.3740 • Facsimile: 202.488.4418
1215 K Street, Suite 800, Sacramento, CA 95814 • Telephone: 916.443.7401 • Facsimile: 916.552.7596 • www.calhospital.org

Corporate Members: Hospital Council of Northern and Central California, Hospital Association of Southern California, and Hospital Association of San Diego and Imperial Counties

CHA appreciates the inclusion of screening measures in various proposals, as the implementation of regular, validated screening tools — along with brief intervention techniques — facilitates early detection of serious mental illness, mental health disorders, and substance use disorders. Early detection, in turn, results in earlier intervention and treatment opportunities, as well as decreased use of alcohol and other drugs. In addition, we appreciate the inclusion of measures related to follow-up after hospitalization for mental illness, and follow-up after emergency department visits for alcohol and other drug abuse or dependence. Patients hospitalized for mental health issues are vulnerable after their discharge. Follow-up care by trained mental health clinicians is critical for their health and well-being. Individuals receiving substance use disorder care in the emergency department are especially vulnerable to losing contact with the health care system after discharge. Lack of timely follow-up can result in negative outcomes, such as continued substance use, relapse, high utilization of intensive care services, or mortality.

Lastly, CHA appreciates that two of the six proposed projects are explicitly designed to improve 1) timely follow-up after hospitalization for mental illness, and 2) timely follow-up after emergency department visit for mental illness and substance use disorder. Follow-up care after an acute event, such as hospitalization, reduces the risk of negative outcomes (e.g., readmission and emergency department use). This time period may be an important opportunity for providers to implement strategies aimed at establishing strong relationships between patients and mental health providers and facilitate long-term engagement in treatment.

CHA appreciates DHCS' leadership in developing this proposal and providing stakeholders with an opportunity to provide input. We welcome the opportunity to partner on provider education related to implementation. If you have any questions, please contact me at (916) 552-7543 or akemp@calhospital.org, or my colleague, Sheree Lowe, at (916) 552-7553 or slowe@calhospital.org.

Sincerely,



Amber Kemp
Vice President, Health Care Coverage



Sheree Lowe
Vice President, Behavioral Health

cc: Mari Cantwell, Chief Deputy Director, Health Care Programs
Jacey Cooper, Senior Advisor, Health Care Programs
Sarah Brooks, Deputy Director, Health Care Delivery Systems
Brenda Grealish, Acting Deputy Director, Behavioral Health