February 2018

Tool Kit for the Hospital Council Behavioral Health Task Force Report, February 2018, for Hospital Leaders to Use with Their Communities
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Introduction—Why Behavioral Health Care Services Are Critical

Throughout California and the nation, the number of people living with mental illness continues to increase, and this will require hospitals, communities, and other stakeholders to create innovative solutions to assist these individuals. The challenge that exists is not only the volume of individuals in need, but the complexity of these patients, within a health care system that has limited resources and capacity. Finding sufficient space, funding and specialty-trained providers to effectively deal with presenting issues poses challenges to effective and efficient care. In addition, varied local and federal laws and regulations that govern treatment and coverage of these conditions often may impede timely and appropriate interventions. In response to these challenges, the Hospital Council undertook its Behavioral Health Initiative.

Access to care, coordination of care and community resources, revenue and funding factors are universal issues in all health care systems. How these issues play out is unique to each county and each service delivery system that interacts within any given jurisdiction. Therefore, no one set of solutions or interventions will apply to the idiosyncrasies of our partner counties and hospitals. To address the unique needs and issues in varied regions and political environments, a menu of potential options has been created that local groups can review, choosing those that fit their individual circumstances.

This Tool Kit for the Hospital Council Behavioral Health Task Force Report (Companion Report) is intended to support conversations among interested stakeholders to identify existing resources and how those resources can be used most effectively to provide the right care at the right place at the right time with the right provider. The Companion Report is focused on local and regional advocacy opportunities. While we acknowledge the constraints of state and federal laws and regulations, we believe that much can and must be done within the existing constraints to advance behavioral health care for all residents.
Maslow’s Hierarchy – Behavioral Health

**Funding**

- Issue: Varied benefits, reimbursement, and programs determined by payer source. Funding, or lack of, is the root cause associated with all identified issues.
  - Streamline funding and reimbursement mechanisms across all payer groups
  - Establish/standardize medical necessity criteria
  - Develop an enforcement strategy

**Services**

- Issue: Serious gaps in services, collaboration, and communication
  - Assess needs for all payer groups
  - Collaborate and coordinate funding and services (private and public services)

**Legislation**

- Issue: Outdated legislation at state and federal level
  - Reform 5150/LPS
  - Create comprehensive, effective pieces of law

**Education & Prevention**

- Issue: Not enough general knowledge; stigma maintains evident
  - Mental Health Education
  - Stigma Reduction Strategies
  - Resource Education

**Maintain Improvement**

- Issue: Need outcome data
  - Monitor Outcomes
  - Modify and Improve
Assumptions

The Companion Report and Tool Kit are based on assumptions about both the environment in which we all work and the ingredients for successful, patient-focused collaboration.

Assumptions include:

a. Resources are insufficient throughout the entire behavioral health delivery system. The only way to improve patient outcomes is to work collaboratively toward a common purpose of improved patient care.
b. All stakeholders are needed if the patient is to be well served.
c. All stakeholders can contribute; all can benefit in some way.
d. Contributions are not just financial. Contributions can include policy changes, practice/procedural changes, data sharing, evaluation participation, planning/financial/legal expertise, influence and support for implementation of changes that improve patient care and outcomes.
e. Collaborative solutions should be optimally feasible and financially sustainable.
f. Better understanding of stakeholder pain points will lead to more creative collaborative solutions.
g. Increased clarity of roles will enhance effectiveness of all stakeholders.
h. Patient care should not be diminished because of system complexities; our objective is “no wrong door” policies and practices.

These assumptions also serve as principles for collaboration and are intended to keep the focus on our common goal of quality care for our mutual patients.

Companion Report Highlights

The overarching Companion Report recommendations include:

- Adopt an Acute Ambulatory Model approach by identifying alternative levels of care and integrated programs within and across counties.
- Standardize behavioral health personnel training for 5150 holds within and across counties to remove barriers to timely and appropriate access to care.
- Identify opportunities to share medical records within regions to allow for longitudinal case management for individuals requiring behavioral health services.
- Convene or support community collaboratives (counties, cities, agencies, elected roles, police, fire, EMS, physicians, hospitals, housing advocates and more) to identify solutions to access, care coordination and funding barriers to integrated care; secure resources; and execute implementation plans for those solutions.
- Integrate behavioral and medical health services at care delivery sites where appropriate and feasible.
- Leverage existing resources to expand and further integrate community resources with hospital-based programs.
- Reform reimbursement systems to allow for innovations and alternative care models such as telehealth modalities, emergent psychiatric services, and partial hospitalization programs to more efficiently and effectively treat the behavioral health population.

Specific opportunities are grouped in three categories: Access to Services, Care Coordination and Key Funding Streams. These suggestions are meant to support local creative thinking to identify what will work in the specific community to best serve its residents.
How to Use the Tool Kit with the Companion Report

Successful collaborative convenings are built on understanding each stakeholder’s “pain points” and exploring actions that address the pain points of as many stakeholders as possible. A list of steps and draft agendas for the first three meetings are attached for reference and to build a process that will be effective in your community.

Suggested Process Steps:
1. Determine likely scope or area of interest to key stakeholders.
2. Identify stakeholders with whom to build relationships and extend an invitation to convene. Start with the county behavioral health director to determine his/her thoughts on both potential collaborative actions and key stakeholders to convene.
3. Convene stakeholders
   a. Develop group principles, e.g. all contribute, financially sustainable actions. See draft list to begin your conversations.
   b. Understand stakeholder “pain points.”
   c. Develop criteria for selecting potential collaborative actions, e.g. magnitude of impact on patients, ease of implementation, collective cost of implementation, degree of mutual positive impact. See draft list to begin your conversations.
   d. Brainstorm potential collaborative actions.
   e. Identify needed contributions of each stakeholder group for the success of the potential collaborative actions.
   f. Research with colleagues and peers to refine description of potential collaborative actions.
   g. Prioritize and select collaborative action to implement.
   h. Develop implementation and evaluation plans.
   i. Develop budget and multi-year funding plans for sustainability.

A fundamental assumption in the Companion Report and this Tool Kit is that care coordination and patient outcomes will only be improved with the support and contributions of all key stakeholders in the community caring for behavioral health patients. We believe it is important to think broadly when identifying stakeholders to convene to identify delivery system enhancements. It is important to build relationships with stakeholders to determine their interests, pain points, and ability to participate before the first convening. A core group of stakeholders might want to begin to identify potential areas of interest and then expand to logical stakeholders with interest in or impacted by the issue and potential solutions.

As you consider potential stakeholders that fit for your community, consider:
   a. County behavioral health departments, mental health plans
   b. Public health departments
   c. Medi-Cal managed care plans
   d. Hospitals
   e. Medical societies
   f. Emergency physician groups
   g. First responders and ambulance providers
   h. Law enforcement, e.g. police, sheriff
   i. Probation departments
   j. EMS Agencies
   k. Community-based organizations serving behavioral health patients/clients, including direct care, supportive services and advocacy support
   l. Affordable/low income housing liaisons
   m. Inter-faith groups
   n. Other providers and insurers of behavioral health services
0. Others leaders, influencers and decision makers whose support will advance the collaborative actions

**Resources**

- Hospital Council contacts
- Draft principles
- Draft criteria
- Draft agendas
- Hospital Council map

**Hospital Council Contacts**

Hospital Council regional vice presidents are assigned to support members and their partners in each of the 50 counties in the Hospital Council’s service area. The attached map indicates the appropriate contact person for your county.

**Principles for Identifying and Selecting Potential Collaborative Actions**

1. Resources are insufficient throughout the entire behavioral health delivery system. The only way to improve patient outcomes is to work collaboratively toward a common purpose of improved patient care.
2. All stakeholders are needed if the patient is to be well served.
3. All stakeholders can contribute and all can benefit in some way.
4. Contributions are not just financial. Contributions can include policy changes, practice/procedural changes, data sharing, evaluation participation, planning/financial/legal expertise, influence and support for implementation of changes that improve patient care and outcomes.
5. Collaborative solutions should be optimally feasible and financially sustainable.
6. Better understanding of stakeholder pain points will lead to more creative collaborative solutions.
7. Increased clarity of roles will enhance effectiveness of all stakeholders.
8. Patient care should not be diminished because of system complexities; objective is “no wrong door” policies and practices.

**Criteria for Prioritizing and Selecting Collaborative Actions for Further Refinement**

1. Improves patient care coordination
2. Improves patient outcomes
3. Decreases patient wait time for care
4. Increases opportunity for patient to receive treatment at the right care level at the right time with the right type of provider
5. Decreases overhead or duplication of efforts for multiple stakeholders
6. Clarifies stakeholder responsibilities
7. Financially sustainable for the long term.
8. Actionable within a reasonable amount of time.
9. Practically and politically feasible
10. Supported by stakeholders needed for successful implementation.
11. Degree to which there is mutual positive stakeholder impact.
Draft Agendas for Initial Meetings

Meeting #1 Pre-work

- Review the Hospital Council Behavioral Health Task Force Report to identify areas of interest to hospitals.
- Identify most critical stakeholders/partners and explore their perspective and interests.
- Develop a general scope for exploration.
- Determine what other stakeholders should be part of the conversation; based on the scope this may be one or two others or a larger group.
- Meet with additional stakeholders to explore their willingness to participate, their concerns and ideas.
- Review the anticipated process and scope with the additional stakeholders to prepare them for the convening and tailor the agenda as needed.

Meeting #1 Draft Agenda

1. Welcome
2. Meeting Objective: Identify collaborative actions that can be taken by stakeholders to enhance behavioral health care patients’ care coordination, outcomes and delivery system effectiveness.
3. Background on Hospital Council Behavioral Health Task Force Report
4. Describe, Discuss and Confirm Process
   a. Confirm principles for identifying and selecting potential collaborative actions
   b. Identify stakeholder pain points
   c. Discuss overlap of pain points
   d. Brainstorm potential actions
   e. Cluster similar or related potential actions
   f. Confirm criteria for prioritizing and selecting collaborative actions for further refinement
   g. Identify actions for further development and discussion at subsequent meeting
   h. Identify workgroup for each action
      i. Designate lead to set up meeting and report out at next meeting
   ii. Homework for workgroups:
      1. Describe potential collaborative action in more detail
      2. What would stakeholder groups need to contribute for success?
      3. Potential benefits for patient, stakeholder groups and delivery system
5. Confirm principles for moving forward
6. Draft criteria for project selection
7. Confirm next meeting date
Meeting #2 Pre-work

- Identify stakeholder who can share their “pain points” and request their participation to do so.
- From the conversations about sharing pain points, begin to anticipate potential collaborative actions so you have something to suggest if needed in the full group meeting.
- Arrange for flip charts for the brainstorming activity. You may want to break into groups for the brainstorming process with a report out from each group.
- Arrange to produce a summary of the brainstorm list of potential actions, criteria, principles, and workgroup assignments. Distribute this document as soon after the meeting as possible.

Meeting #2 Draft Agenda

1. Welcome
2. Review of first meeting highlights:
   a. Meeting Objective
   b. Principles for identifying and selecting potential collaborative actions
3. Ask each participant to identify something that is working well and that should be maintained.
4. Share stakeholder pain points: one speaker from each stakeholder group starts the conversation with others from the stakeholder group adding anything they felt was missing in the initial presentation. Move to the next stakeholder group. Don’t start with the hospital pain points.
5. Identify overlap of pain points
6. Brainstorm potential collaborative actions
7. Cluster similar or related collaborative actions
8. Confirm criteria for prioritizing and selecting collaborative
9. Identify collaborative actions for further exploration, e.g. first cut priorities using agreed-upon criteria
10. Identify workgroup for each action
    a. Designate lead to set up meeting and report out at next meeting
    b. Homework for workgroups:
       i. Describe potential collaborative action in more detail
       ii. What would stakeholder groups need to contribute for success?
       iii. Potential benefits for patient, stakeholder groups and delivery system
       iv. What other stakeholders would be critical to the success of the collaborative action?
11. Confirm next meeting date

Meeting #3 Pre-work

- Confer with workgroup leads to be sure they convene their group and are prepared to present the workgroup description of the action, benefits, contributions needed and additional stakeholder support desired.
- Distributing the workgroup summaries along with the criteria for selecting a collaborative action with the meeting agenda will expedite the discussion

Meeting #3 Draft Agenda

1. Welcome
2. Review of second meeting highlights:
   a. Meeting Objective
   b. Principles for identifying and selecting potential collaborative actions
3. Review potential collaborative actions selected for further development identified at prior meeting
   a. Discuss each action in more detail after workgroup presentations of action, needed contributions and benefits
4. Prioritize options based on agreed-upon criteria (Don’t take on more than can be reasonably accomplished as first action)
5. Identify information needed for decision making
6. Determine if any other stakeholders or representatives need to be at the table to develop implementation plan and budget
7. Determine workgroup assignments to keep the discussion going toward action and confirm lead for workgroup who will also report out at the next meeting
8. Confirm next meeting date

About Us

The Hospital Council of Northern and Central California is a nonprofit hospital and health system trade association established in 1961, representing 185 hospitals and health systems in 50 of California’s 58 counties—from Kern County to the Oregon border. The Hospital Council’s membership includes hospitals and health systems ranging from small rural hospitals to large urban medical centers, representing more than 37,000 licensed beds.

The Hospital Council works in partnership with the California Hospital Association (CHA) to influence state and federal legislation and regulatory issues. At the local level, the Hospital Council monitors County Boards of Supervisors, health departments and other agencies, and supports member involvement in local decision-making on such critical issues as health care workforce, the safety net, access to care, emergency medical services, reimbursement, patient safety, community benefits and more.

The Hospital Council delivers services geographically through sections, each with specially designated staff. The structure provides members with opportunities to pursue common goals and efforts that may be county-specific and/or regional in nature. Section meetings occur routinely to address local issues on a timely basis. See attached map for contact information.