California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, April 18, 2019
Sheraton Fisherman's Wharf
2500 Mason Street San Francisco, CA 94133
Marina 2 Room
8:30 am to 12:00 pm

8:30 am	**Welcome and Introductions** *Veronica Kelley, Chairperson*	
8:40 am	**Approve January Meeting Minutes** *Liz Oseguera, Chair-Elect*	**Tab 1**
8:45 am	**Financial Integration for Physical and Mental Health Services** *Len Finocchio, DrPH* *Blue Sky Consulting Group*	**Tab 2**
9:45 am	**DHCS Stakeholder Advisory Committee Meeting Highlights** *Ashneek Nanua, SMC Staff*	**Tab 3**
10:00 am	**Break**	
10:15 am	**Upcoming Behavioral Health 2020 Presentation Discussion** *Veronica Kelley, Chairperson and All Members*	**Tab 4**
11:15 am	**Work Plan Updates** *Veronica Kelley, Chairperson and All Members*	**Tab 5**
11:25 am	**Public Comment**	
11:35 am	**Report Review: Behavioral Health Integration in Medi-Cal California Health Care Foundation** *Veronica Kelley, Chairperson*	**Tab 6**
11:50 am	**Wrap Up/Next Steps** *Veronica Kelley, Chairperson*	
12:00 pm	**Adjourn**	

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

If reasonable accommodations are required, please contact the Council at (916) 323-4501, <u>not less</u> than 5 working days prior to the meeting date.

California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

<u>Systems and Medicaid Committee Members</u>

Veronica Kelley, Chairperson		Liz Oseguera, Chair-Elect	
Deborah Pitts	Dale Mueller	Robert Blackford	Cheryl Treadwell
Marina Rangel	Catherine Moore	Karen Hart	Monica Nepomuceno
Noel O'Neill	Daphne Shaw	Celeste Hunter	Kathi Mowers-Moore
Susan Wilson	Walter Shwe		

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TAB 1

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2019

Agenda Item: Approve January Meeting Minutes

Enclosures: January 2019 Systems and Medicaid Committee Meeting Minutes
Common Medicaid-Related Acronym List

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

The minutes are a means to document and archive the activities and/or discussions of the Systems and Medicaid Committee in its efforts to move the Council's mission and vision forward.

Background/Description:

The Committee members will review and discuss the meeting draft minutes for January 2019.

Motion: Accept and approve the January 2019 Systems and Medicaid Committee Minutes.

Members Present:

Veronica Kelley, Chairperson	Catherine Moore	Celeste Hunter
Liz Oseguera, Chair-elect	Walter Shwe	Karen Hart
Kathi Mowers-Moore	Daphne Shaw	Deborah Pitts
Monica Nepomuceno	Noel O'Neill	Susan Wilson

Meeting Commenced at 8:30 a.m.

Item #1 Approve October 2018 Meeting Minutes

The Systems & Medicaid (SMC) Committee approved the October 2019 Meeting Minutes. Catherine Moore motioned approval. Noel O'Neill seconded approval.

Action/Resolution

CBHPC staff will post October 2018 SMC meeting minutes to CBHPC website.

Responsible for Action-Due Date

Ashneek Nanua – April 2019

Item #2 Behavioral Health 2020 Presentation

Chairperson Veronica Kelley reviewed previous meeting discussions on the 1115 and 1915(b) Waiver renewals, known as "Medi-Cal 2020." She indicated that the Systems & Medicaid Committee (SMC) recognizes the possibility of integrating Specialty Mental Health Services into the Medi-Cal Managed Care Delivery System by providing recommendations to the Department of Health Care Services (DHCS). Veronica Kelley reported that she invited Brenda Grealish, Acting Deputy Director for DHCS Mental Health & Substance Use Disorder Services, to present about the expiring waivers at the SMC meeting. Brenda indicated that the department has not started working on the waiver renewals and that she is not ready to present until Spring/Fall 2019.

Veronica Kelley introduced presenter John Freeman to the SMC. Mr. Freeman introduced himself, indicating that his background stems from working with Dale Jarvis, a consultant for DHCS on behavioral health integration.

John Freeman's consulting firm, Integrated Behavioral Health Partners (IBHP), helped start the work of the California Mental Health Services Authority (CalMHSA). CalMHSA uses their funds to integrate behavioral health services with primary care and community clinics while providing technical assistance and content development. IBHP assisted CalMHSA with determining how to spend prevention and early intervention dollars, oriented them on value-based purchasing, and explored funding models for the expiring Medi-Cal 2020 Waivers.

The purpose of the presentation was to look at integrated behavioral health models in other states and explore potential changes in delivering services under California's public behavioral health system. John Freeman reported that the framework of his presentation was based on how counties deliver behavioral health services. He indicated that California may be positioned to lead meaningful change due to the election of the new Governor and partnerships with coalitions to communicate with the Legislature.

John Freeman reviewed background factors that contribute to successful client outcomes and provider experiences. These factors include:

- Integrating behavioral health services.
- Focusing on quality improvement rather than quality management.
- Reforming payment methods to a value-based system.
- Building new models.

Mr. Freeman added that an Institution for Mental Disease (IMD) Exclusion Waiver may benefit state hospital patients who are better served in a community-based facility to allow successful community reintegration. An IMD Exclusion is included in the Drug Medi-Cal Waiver but not in the Medi-Cal 2020 Waivers.

SMC members discussed the need for California to shift from a cost-based system to a value-based purchasing system. John Freeman stated that MHSA dollars, Whole Person Care (WPC) pilots, and Full Service Partnerships (FSPs) are current value-based purchasing programs in California. Deborah Pitts reported that Los Angeles County paid providers a set rate for each enrolled patient, known as capitation. She indicated that success came from spending money on resources to maximize recovery. Deborah Pitts stated that this payment system improved employee morale because it reshaped the county's culture. However, Los Angeles County is no longer able to deliver services under capitation due to under documentation.

John Freeman reviewed the three types of Medicaid Managed Care Plans in California (physical health, mental health, and Drug Medi-Cal). He indicated that other states have integrated physical health and mental health funds while DHCS centralizes funds and fragments these funds into different systems. Mr. Freeman explained that fragmentation occurs when multiple payers serve the same individual from multiple infrastructures,

therefore, integration must occur at the payer level in order to integrate at the provider level.

John Freeman expressed that California can move towards integration by using designs from other states. The behavioral health designs for Arizona, Washington, and Oregon were discussed:

- Arizona
  - Redesign in 2014 consolidated seven Regional Behavioral Health Authorities (RBHAs) into three RBHAs to provide services to adults with serious mental illness (SMI) and children with serious emotional disturbances (SED).
  - Each RHBA was a joint venture with a Managed Care Organization (MCO) and the previously existing RBHA.
    - MCOs provided medical care for non SMI/SED populations while RHBAs provided behavioral health care for non SMI/SED clients.
  - Redesign in 2018 made RBHAs responsible for physical and behavioral health care for individuals with SMI and foster care youth.

Catherine Moore noted that provider rates may not be high enough to attract providers. John Freeman stated that different providers have varying levels of experience, community partnerships, and innovative capacities to ensure success.

- Washington
  - Realignment in 2014 included Accountable Communities of Health (ACHs) that were responsible for directing funds to the health plans.
  - Redesign in 2016 included creation of behavioral health organizations (BHOs) comprised of the county department or an independent organization responsible for dispersing combined mental health and Substance Use Disorder (SUD) funds.
    - Existing regional support networks (RSNs) added capitated SUD treatment to mental health.
    - Medical care remained a separate capitated benefit.
    - Full integration occurred when all behavioral health funds went to the MCOs who contracted with providers to disperse the funds.

Deborah Pitts asked if Washington is a Certified Community Behavioral Health Center (CCBHC) state, which have similar mechanisms as Federally Qualified Health Centers. John Freeman stated that Washington is not a CCBHC state but Oregon is. He reported that California applied for CCBHC status but stepped down at the design phase.

- Oregon
  - In 2012, Governor John Kitzhaber implemented the Oregon Health Plan (OHP) to create an integrated system under Coordinated Care Organizations (CCOs).
    - CCOs were a hybrid between the health plans and Accountable Care Organizations (ACOs) that integrated the health plans.
    - Each region had the autonomy to decide how CCOs were designed.
    - 94% of providers were able to provide services to OHP members.

Deborah Pitts sought clarification that OHP users would have access to different services under the same plan. John Freeman confirmed and stated that the four goals that underpin the request for applications include improving the behavioral health system as a first priority, increasing value and pay-for-performance components of the contracts to incentivize outcomes, focusing on social determinants of health while addressing equity issues, and maintaining a sustainable cost growth of 2% per year.

John Freeman reported that California can view Oregon's behavioral health system as a model to guide system transformation in California. He stated that factors contributing to system transformation include:

- Involving consumers and providers in the planning process.
- Setting clear goals to implement a transformed system.
- Coordination across health services for individuals with co-occurring issues.

Veronica Kelley informed SMC members that the managed care team at DHCS were aware of Oregon's model and showed interest in its framework. She stated that the complexity of other funding sources such as the Mental Health Services Act (MHSA), block grants, and 1991 and 2011 Realignment may extend the process of integrating behavioral health services into the managed care system. John Freeman indicated that Oregon's CCO system allows health plans flexibility in their MHSA-type programs.

Noel O'Neill inquired about the integration process for long term care due to limited funding resources for rural counties. John Freeman suggested to identify the clinical design and seek an overarching infrastructure to support that design. Noel stated that a regional model that integrates physical and behavioral health care may be most effective for rural counties due to the shared financial risk.

John Freeman reported that potential challenges of integrating behavioral health services into managed care include:

- Changes in population focus and clinical design
- Reduced access and utilization from previous managed care strategies
- Financing and payment changes
- Misguided change efforts.

He introduced his report "Ensuring Access to Behavioral Healthcare through Integrated Managed Care: Options and Requirements" to address these implications.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 Full Council Training Discussion

The SMC decided to create a presentation to develop Council member knowledge of California's current public behavioral health system and how the Medi-Cal 2020 Waivers provide opportunities to address barriers within the system. Committee members discussed the content, method, and timeline for the presentation.

Veronica Kelley proposed inviting Brenda Grealish to present on the expiring waivers at the April 2019 SMC meeting. Veronica will also invite John Freeman to present to the full Planning Council about behavioral health integration at the October 2019 meeting.

Deborah Pitts suggested working in smaller groups in place of a presentation to elicit more conversations. She indicated that this would also allow participants a space to ask clarifying questions about the structure of California's public behavioral health system and the expiring waivers. Noel O'Neill expressed his concern with small groups, indicating that the Council does not have the expertise that John Freeman can offer. Noel proposed forming breakout groups after the presentation. Liz Oseguera added that the Planning Council can take a role in providing feedback to help determine the best behavioral health model.

The committee agreed to hold small breakout groups after the presentation in October. SMC members chose to divide themselves across groups to allow a more equitable distribution of Medicaid knowledge. The purpose of the small groups is to allow Council members and stakeholders to ask questions about the presentation and brainstorm strategies to transform California's behavioral health system through the Medi-Cal 2020 Waivers. Susan Wilson mentioned the need for a strong facilitator in small groups. Kathi Mowers-Moore expressed the importance of extending an invitation to the public and allowing sufficient time for public comment following the presentation.

SMC members decided not to form groups based by region or hold in between meetings at this time.

Action/Resolution

- Invite Brenda Grealish to present on the expiring waivers at the April 2019 SMC Committee meeting.
- SMC Committee will engage in the following tasks:
  - Determine number of small work groups following the presentation.
  - Create facilitation questions for these small work groups.
  - Assign group leaders with adequate Medicaid knowledge and/or facilitation skills.

Responsible for Action-Due Date

Ashneek Nanua, Naomi Ramirez, Veronica Kelley, & Liz Oseguera – April 2019

Item #4 Work Plan Review

The committee reviewed the edits made on the SMC Work Plan based upon discussion from the October 2018 Systems & Medicaid Committee meeting. Deborah Pitts requested edits to Goal 3 of the Work Plan to change the language of "training" to "knowledge development." No other edits were requested.

Action/Resolution

Ashneek Nanua will update the work plan and post to CBHPC website.

Responsible for Action-Due Date

Ashneek Nanua – April 2019

Item #5 Public Comment

Teresa Comstock from the California Association of Local Behavioral Health Boards & Commissions (CALBHBC) asked for clarification on the Institution for Mental Disease (IMD) Exclusion Waiver. John Freeman stated that the federal government is looking more into placing IMD Exclusions into a new waiver. Teresa Comstock stated that individuals with developmental disabilities should be considered in these conversations due to their need of costly psychiatric facilities.

Barbara Wilson from Los Angeles County spoke on regional approaches and stated that populations in Los Angeles, San Bernardino, and Kern counties with behavioral health needs are underserved and lack providers. John Freeman agreed that regional approaches should be discussed in the design process for system transformation.

Veronica Kelley stated that DHCS was highly interested in regional models due to the lack of providers.

Action/Resolution

N/A

Responsible for Action/Due Date

N/A

Item #6 Wrap Up/Next Steps

Veronica Kelley initiated the wrap-up for the meeting and summarized the next steps. She indicated that the Council can participate in the stakeholder process to move the waivers forward and the design of a new system. Liz Oseguera added that the Council can leverage itself as a leading stakeholder voice by forming these discussions with other organizations. Kathi Mowers-Moore expressed that there is power in informing the public that these discussions will occur at the SMC meetings.

The committee deliberated on ways to obtain more information regarding the 1915(b) and 1115 Waiver renewals. Available SMC members and staff will attend the DHCS Stakeholder Advisory Committee (SAC) meeting to obtain information regarding the Medi-Cal 2020 waivers.

Committee members chose to invite key stakeholders to the knowledge development presentation in October to educate the public and gain input on the Medi-Cal 2020 Waiver renewals. The committee requested a flyer to inform the full Planning Council and stakeholders of this activity. Karen Hart requested a follow-up discussion after the presentation to allow an opportunity for the Council and stakeholders to provide feedback on the information presented. Additionally, SMC members requested that presenters define acronyms in future presentations or refrain from using them.

The SMC requested a copy of John Freeman's *Carpe Diem* Report as well as the SAMHSA Interdepartmental Serious Mental Illness Coordinating Committee (ISMICC) Report.

Action/Resolution

- Council staff will complete the following tasks:
    - Provide DHCS Stakeholder Advisory Committee meeting details.
    - Create a list of key organizations to invite to the full council presentation.
    - Draft an invitation flyer for the full council presentation.
    - Compile an acronym list to clarify content for future presentations.

- Provide ISMICC Report and Carpe Diem Report to the SMC members.

Responsible for Action/Due Date

Ashneek Nanua & Naomi Ramirez – April 2019

Common Medicaid-Related Acronym List

ACO – Accountable Care Organization

In Oregon, ACOs are groups of doctors, hospitals, and other health care providers, who come together voluntarily to give coordinated high-quality care to their Medicare patients. When an ACO succeeds both in delivering high-quality care and spending health care dollars more wisely, the ACO will share in the savings it achieves for the Medicare program.

BH – Behavioral Health

The term “behavioral health” is used to emphasize the broad applicability of integrated health services in medical care. Behavioral health encompasses behavioral factors in chronic illness care, care of physical symptoms associated with stress rather than diseases, and health behaviors, as well as mental health and substance abuse conditions and diagnoses.

BHO – Behavioral Health Organization

Behavioral Health Organization is a single or multiple-county authority or other entity operating as a prepaid inpatient health plan through which the agency or the agency's designee contracts for the delivery of community outpatient and inpatient mental health and Substance Use Disorder services in a defined geographic area to Enrollees who meet Access to Care Standards.

CalMHSA – California Mental Health Services Authority

CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. CalMHSA administers programs funded by the Mental Health Services Act (Prop. 63) on a statewide, regional and local basis.

CCO – Coordinated Care Organization

In Oregon, CCOs are community-based organizations governed by a partnership among providers of care, community members, and those taking financial risk. CCOs are responsible for the integration and coordination of physical, mental, behavioral and dental health care for people eligible for Medicaid or dually eligible for both Medicaid and Medicare.

CCOs focus on prevention, chronic disease management and early intervention, while working to reduce waste and inefficiencies in the health care system. CCOs are required to meet quality standards that show how well they are improving in key areas such as access to care, prevention and health screening, mental health care, and many others.

CHCF – California Health Care Foundation

The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly unrepresented and low income individuals. CHCF works to ensure that people have access to the care they need, when they need it, at an affordable price.

CMS – Centers for Medicare and Medicaid Services

The federal agency that runs the Medicare program. In addition, CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care.

CPE – Certified Public Expenditure

A statutorily recognized Medicaid financing approach by which a governmental entity, including a governmental provider (e.g., county hospital, local education agency), incurs an expenditure eligible for FFP under the state's approved Medicaid state plan (§1903(w)(6) of the Social Security Act; 42 CFR 433.51). The governmental entity certifies that the funds expended are public funds used to support the full cost of providing the Medicaid-covered service or the Medicaid program administrative activity. Based on this certification, the state then claims federal financial participation (FFP).

CPE-based financing must recognize actual costs incurred. As a result, CMS requires cost reimbursement methodologies for providers using CPEs to document the actual cost of providing the services, typically determined through a statistically valid time study, periodic cost reporting, and reconciliation of any interim payments.CPEs are most commonly used by local education agencies (LEAs) for Medicaid school-based health care and related administrative services.

DHCS – Department of Health Care Services

The mission of the Department of Health Care Services is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. DHCS funds health care services for about 13.5 million Medi-Cal members. About one-third of Californians receive health care services financed or organized by DHCS, making the department the largest health care purchaser in California.

DBH – Director of Behavioral Health

Mental health program directors, also known as behavioral health program directors, are executives who administer and supervise public and private mental health agencies. They help to implement specific programs, such as substance abuse or youth and family programs.

DMC-ODS – Drug Medi-Cal Organized Delivery System

The Drug Medi-Cal Organized Delivery System (DMC-ODS) is the nation's first demonstration project under a Medicaid Section 1115 waiver from CMS. DMC-ODS provides a continuum of care modeled after the American Society of Addiction Medicine (ASAM) Criteria for substance use disorder treatment services, enables more local control and accountability, provides greater administrative oversight, creates utilization controls to improve care and efficient use of resources, implements evidenced based practices in substance abuse treatment, and coordinates with other systems of care.

ED – Emergency Department

A section of an institution (in a health care facility) that is staffed and equipped to provide rapid and varied emergency care, especially for those who are stricken with sudden and acute illness or who are the victims of severe trauma. The emergency department may use a triage system of screening and classifying clients to determine priority needs for the most efficient use of available personnel and equipment.

EHR – Electronic Health Record

An electronic version of a patient's medical history, that is maintained by the provider over time, and may include all of the key administrative clinical data relevant to that persons care under a particular provider, including demographics, progress notes, problems, medications, vital signs, past medical history, immunizations, laboratory data and radiology reports. The EHR automates access to information and has the potential to streamline the clinician's workflow. The EHR also has the ability to support other care-related activities directly or indirectly through various interfaces, including evidence-based decision support, quality management, and outcomes reporting.

EPSDT – Early and Periodic Screening, Diagnostic and Treatment Services

EPSDT is the Medicaid program's benefit for children and adolescents. EPSDT provides a comprehensive array of prevention, diagnostic, and treatment services for low-income infants, children and adolescents under age 21, as specified in Section 1905(r) of the Social Security Act (the Act). The EPSDT benefit is more robust than the Medicaid benefit for adults and is designed to assure that children receive early detection and care, so that health problems are averted or diagnosed and treated as early as possible. The goal of EPSDT is to assure that individual children get the health care they need when they need it – the right care to the right child at the right time in the right setting.

FFS – Fee-For-Service

Fee-for-service is a system of health insurance payment in which a doctor or other health care provider is paid a fee for each particular service rendered. The plan holder pays for a service, submits a claim to the insurance company, and, if the service is covered in the policy, receives reimbursement.

FFP – Federal Financial Participation

A percentage of state expenditures to be reimbursed by the federal government for the administrative and program costs of the Medicaid program. FFP is calculated as a percentage based on the per capita income of the state compared to the nation. The minimum level of participation is 50 percent.

IBHP – Integrated Behavioral Health Partners

Launched in 2006 with funding from The California Endowment, IBHP aims to accelerate the integration of behavioral health services within primary care and community clinics throughout California. Starting in 2011, with funding from the California Mental Health Services Authority Stigma and Discrimination Reduction Initiative, IBHP began targeting counties across California and promoting bi-directional integration, which includes providing primary care in behavioral health settings.

IMD exclusion – Institution of Mental Disease exclusion

An IMD exclusion waiver would allow the use of federal funds to use in psychiatric facilities of more than 16 beds. The IMD exclusion does not apply to children.

MCO – Managed Care Organization

Managed Care is a health care delivery system organized to manage cost, utilization, and quality. Medicaid managed care provides for the delivery of Medicaid health benefits and additional services through contracted arrangements between state Medicaid agencies and managed care organizations (MCOs) that accept a set per member per month (capitation) payment for these services.

MCP – Managed Care Plan

Effective January 1, 2014, eligible Medi-Cal beneficiaries may receive mental health benefits through Medi-Cal Managed Care Plans. These services are also offered as a fee-for-service benefits for eligible beneficiaries that are not enrolled in an MCP. Individuals with mild to moderate mental health conditions are served under managed care plans. Services include: individual and group mental health evaluation and treatment (psychotherapy), psychological testing when clinically indicated to evaluate a mental health condition, outpatient services for the purposes of monitoring medication treatment, outpatient laboratory, medications, supplies, and supplements, and psychiatric consultation.

MH – Mental Health

The condition of being sound mentally and emotionally that is characterized by the absence of mental illness and by adequate adjustment especially as reflected in feeling comfortable about oneself, positive feelings about others, and the ability to meet the demands of daily life.

MHP – Mental Health Plan

A contract between the Department Health Care Services and counties required pursuant to state and federal law. Mental health plans conform with federal requirements for Prepaid Inpatient Health Plans (PIHPs). MHPs are considered PIHPs and must comply with federal managed care requirements. Individuals with serious mental illness are served under mental health plans.

MHSA –Mental Health Services Act

Also known as Prop 63, the Mental Health Services Act imposes a 1% income tax on personal income in excess of $1 million. MHSA passed in November 2004, allowing opportunity for the Department of Health Care Services to provide increased funding, personnel and other resources to support county mental health programs and monitor progress toward statewide goals for children, transition age youth, adults, older adults and families. The Act addresses a broad continuum of prevention, early intervention and service needs and the necessary infrastructure, technology and training elements that will effectively support this system.

MMCP – Medicaid Managed Care Plan

Medicaid managed care plans provide the benefit of Medicaid coverage with the management of a local provider. The state-specific program was enacted to address issues pertaining to the quality of care provided by participating organizations by way of partnering with private health insurance companies. As such, Medicaid managed care providers came to include health insurance organizations previously limited to servicing only the privately insured.

OHP – Oregon Health Plan

The Oregon Health Plan (OHP) is Oregon's state Medicaid program. It provides health care coverage for low-income individuals from all walks of life. This includes working families, children, pregnant women, single adults, seniors and more. Most people who receive care under the Oregon Health Plan are enrolled in a CCO.

PIHP – Prepaid Inpatient Health Plan

Prepaid Inpatient Health Plans provide services to enrollees under contract with the state, and on the basis of capitation payments, or other payment arrangements that do not use State Plan payment rates. PIHPs provide, arrange for, or otherwise have responsibility for the provision of any inpatient hospital or institutional services for its enrollees. Counties provide Specialty Mental Health Services under PIHPs.

PH – Physical Health

Physical health is essential to the complete health of an individual; this includes everything from overall well-being to physical fitness. It can also be defined as a state of

physical well-being in which the individual is able to perform daily activities without problems.

PMPM – Per Member Per Month

Referring to the dollar amount paid to a provider (hospital or healthcare worker) each month for each person for whom the provider is responsible for providing services. Per member per month forms the basis upon which managed care organizations pay providers under capitation revenue stream or cost for each enrolled member each month.

RFA – Request for application

A request issued by the division administrator to county offices for proposals to implement a pilot project under this division. The request shall provide background information about the purpose, authorization and funding for the pilot diversion program, as well as general parameters, specific criteria and time frames for submitting a proposal.

RHBA – Regional Behavioral Health Authorities

In Arizona, behavioral health has historically been a carved out benefit which has been separately managed by Regional Behavioral Health Authorities (RBHAs). RBHAs manage the delivery of physical health services, in addition to behavioral health services, to increase member engagement in obtaining medically necessary physical health services.

RNS – Regional Support Network

In Washington, Regional support network (RSN) means a county authority or a group of county authorities recognized and certified by the department, that contracts with the department to manage the provision of mental health services to medical assistance clients. Any agency involved with mental health services has likely engaged a Regional Support Network (RSN) to access state and Medicaid funds.

ROI – Release of Information

The Health Insurance Portability and Accountability Act, also known as HIPAA, was created in 1996 by the US Congress to protect the privacy of your health information. The act prohibits your health care providers from releasing your health care information unless you have provided your health care provider with a HIPAA release form. The HIPAA release form is the Release of Information.

SED – Serious Emotional Disturbance

A diagnosable mental, behavioral, or emotional disorder in the past year for people under the age of 18, which resulted in functional impairment that substantially interferes with or limits the child's role or functioning in family, school, or community activities.

SMI – Serious Mental Illness

Serious mental illness is defined by someone over 18 having (within the past year) a diagnosable mental, behavior, or emotional disorder that causes serious functional impairment that substantially interferes with or limits one or more major life activities.

SUD – Substance Use Disorder

Substance use disorders occur when the recurrent use of alcohol and/or drugs causes clinically significant impairment, including health problems, disability, and failure to meet major responsibilities at work, school, or home.

Value-based purchasing

Linking provider payments to improved performance by health care providers. This form of payment holds health care providers accountable for both the cost and quality of care they provide. It attempts to reduce inappropriate care and to identify and reward the best-performing providers.

TAB 2

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2019

Agenda Item: Financial Integration for Physical and Mental Health Services

Enclosures: "Financial Integration for Physical and Mental Health Services" PowerPoint Presentation

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

The presentation provides committee members with information to assist them in formulating their recommendations for policy changes to improve California's public behavioral health system.

Background/Description:

Prior to his work at Blue Sky Consulting Group, Len Finocchio was a Senior Program Officer for the California Health Care Foundation Health Reform and Public Programs Initiative. Finocchio worked as a Health Policy and Research Consultant specializing in health services program design and development, particularly for uninsured children. He has worked as Associate Director at the Institute for Health Policy Solutions in San Mateo, California; as a Principal Policy Associate at Children Now in Oakland, California; and as Associate Director for State Programs at the University of California, San Francisco's Center for the Health Professions.

Finocchio received a Doctorate of Public Health, with a concentration in Health Policy, from the University of Michigan, Ann Arbor, and a Master's degree in Public Health from the University of California, Los Angeles. He received a Bachelor's in Psychology from the University of California, Davis.

The purpose of the presentation is to build the knowledge of committee members about behavioral health integration by educating them on integrated behavioral health systems in other states.

Please contact Ashneek Nanua at Ashneek.nanua@cbhpc.dhcs.ca.gov for electronic copies of the materials.

TAB 3

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2019

Agenda Item: DHCS Stakeholder Advisory Committee Meeting Highlights

Enclosures: February 2019 Stakeholder Advisory Committee Highlights
February 2019 Stakeholder Advisory Committee Meeting Minutes

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

This agenda item provides SMC members with information about the activities of other advocates and stakeholders involved in development of the Medi-Cal Waiver renewals. Committee members will use this knowledge to advocate for an improved public behavioral health system by offering recommendations for the Medi-Cal 2020 Waiver renewals.

Background/Description:

The purpose of the SAC is to provide DHCS with valuable input on ongoing implementation efforts for the current 1115 and 1915(b) Waivers, known as "Medi-Cal 2020,"as well as help DHCS further its efforts to provide high-quality, appropriate care in keeping with the goals of national health care reform. SAC members are recognized stakeholders and experts in their fields including beneficiary advocacy organizations and representatives of various Medi-Cal provider groups.

Council staff will review discussions from the SAC meeting held on February 13, 2019 regarding the Medi-Cal 2020 waivers. Council members will use this information to move forward in their efforts to make recommendations to DHCS on the new waivers.

Details for the next SAC Meeting are as follows:

Location:	**Date:**
The California Endowment 1414 K St, Sacramento, CA First Floor Conference Room	Thursday, May 23, 2019 10:00 a.m. – 3:00 p.m.

DHCS Stakeholder Advisory Committee:

February 2019 Meeting Highlights

The purpose of the Stakeholder Advisory Committee (SAC) is to provide the Department of Health Care Services (DHCS) with valuable input on ongoing implementation efforts for the current 1115 and 1915(b) Waivers, known as "Medi-Cal 2020," as well as help DHCS further its efforts to provide high-quality, appropriate care in keeping with the goals of national health care reform.

The information below provides a high-level summary of the February 2019 SAC Meeting.

<u>Department Update on Medi-Cal 2020 Waivers:</u>

- DHCS is in the development and planning process of the waiver renewals.
- Jacey Cooper, Senior Advisor of Health Care Programs at DHCS, will lead the waiver renewal process moving forward.
- DHCS will initiate a public stakeholder process in Fall 2019.
- The Care Coordination Workgroup has offered early input to DHCS.
- There is discussion for the development of a smaller waiver, related to initiatives without budget-neutrality challenges e.g. Global Payment Program (GPP) for public hospitals, Institution for Mental Disease (IMD), and Substance Use Disorder Services (SUDS).
- The department goal for 2021 is to achieve standardization across the state and incorporate current programs into core Medi-Cal.

<u>1115 Waiver Options:</u>

DHCS does not see a way forward to propose another large 1115 Waiver due to budget neutrality issues. The department discussed the following options for the current 1115 Waiver:

- Explore Institutions for Mental Disease (IMDs).
- Look into GPPs in other states.
- Build and expand the Whole Person Care (WPC) pilot models.
    - Receive feedback from counties engaged in the pilot programs.
    - Integrate pilot models.

<u>1915(b) Waiver Options:</u>

DHCS will work with health plans and mental health partners to think in new ways and deliver a full scope of services in counties.

<u>Governor's Budget:</u>

- Coverage to undocumented adults up to age 26.
- $100 million augmentation to support WPC local housing.

    - Not matched or a part of the current waiver
    - Complementary funding to pay for what Medicaid cannot cover.
- $25 million augmentation for early psychosis through a competitive application process.
    - Open to counties, behavioral health providers, non-profit organizations, educational institutions, etc.
- Pharmacy Executive Order
    - Department of General Services (DGS) and DHCS will develop and provide policies on public and private purchasers to improve purchasing power and lower the cost of prescription drugs.
    - DHCS will potentially remove pharmacy from Managed Care to a Fee-For-Service System via proposal to the Senate Budget Committee.

<u>Prop 56:</u>

- Enhanced payment may attract providers that do not normally serve Medi-Cal populations.

TAB 4

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2019

Agenda Item: Upcoming Behavioral Health 2020 Presentation Discussion

Enclosures: List of Relevant Stakeholders
Los Angeles County IMD Exclusion Request Article
CMS Guidance on Work Requirement Waivers Article

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

This agenda item provides opportunity to plan an upcoming educational event for Council members and stakeholders. The October Behavioral Health 2020 Presentation is intended to build Council member and stakeholder knowledge on the expiring Medi-Cal 2020 Waivers, identify gaps in California's public behavioral health system, and assist the Council and stakeholders in making appropriate policy recommendations to the Department of Health Care Services (DHCS) on the new waivers.

Background/Description:

The Systems & Medicaid Committee (SMC) identified the need to build Council member knowledge on the expiring 1915(b) and 1115 Medi-Cal Waivers. The committee will present at the October 2019 General Session with the goal of building knowledge and gathering stakeholder input to provide recommendations to DHCS on the waiver renewals.

Additionally, the committee seeks to invite key stakeholders to participate in small group discussions following the presentation. SMC members will determine:

- Facilitation questions for small work groups.
- Facilitators for each work group.
- Number of groups.

Committee members will review the list of stakeholders to decide which entities to formally invite to the presentation. SMC members will discuss how to build collaborative relationships with key stakeholders to continue gathering input at future committee meetings. The committee will also review a draft flyer for the presentation. The SMC will also discuss the inclusion of members from the following collaborators: schools, law enforcement, first responders, community members, faith-based communities, and advocacy groups.

Collateral Partners

Level 1: Government Entities with Direct Ties to Funding and Structure of CBHPC (Statutory Requirement)

Organization	Description	Contact
Centers of Medicaid and Medicare Services (CMS)	The federal agency that runs the Medicare program. CMS works with the States to run the Medicaid program. CMS works to make sure that the beneficiaries in these programs are able to get high quality health care.	TBD
Department of Health Care Services (DHCS)	The mission of DHCS is to provide Californians with access to affordable, integrated, high-quality health care, including medical, dental, mental health, substance use treatment services and long-term care. DHCS funds health care services for about 13.5 million Medi-Cal members. About one-third of Californians receive health care services financed or organized by DHCS, making the department the largest health care purchaser in California.	Brenda Grealish, Mental Health and Substance Use Disorder Services
California Behavioral Health Directors Association (CBHDA)	The County Behavioral Health Directors Association of California (CBHDA) is a nonprofit advocacy association representing the behavioral health directors from each of California's 58 counties, as well as two cities (Berkeley and Tri-City).	Tom Renfree, Interim Executive Director

Collateral Partners

Level 1: Government Entities with Direct Ties to Funding and Structure of CBHPC (Statutory Requirement)

Organization	Description	Contact
Office of Statewide Health Planning and Development (OSHPD)	OSHPD improves access to quality healthcare for Californians by ensuring hospital buildings are safe, offering financial assistance to individuals and healthcare institutions, and collecting and publishiing healthcare data. OSHPD is also responsible for creating and implementing the Workforce Education Training (WET) plan with approval from CBHPC.	Caryn Rizell and Anne Powell, Healthcare Workforce Development Division
Substance Abuse and Mental Health Services Administration (SAMHSA)	Congress established SAMHSA in 1992 to make substance use and mental disorder information, services, and research more accessible. SAMHSA is a public agency within the U.S. Department of Health and Human Services (HHS). SAMHSA's mission is to reduce the impact of substance abuse and mental illness on America's communities.	John Perez, Regional Administrator
Senate Health Committee	Primary jurisdictions are bills relating to public health, alcohol and drug abuse, mental health, health insurance and managed care, and related institutions.	Melanie Moreno, Staff Director
Assembly Health Committee	Primary jurisdictions are health care, health insurance, Medi-Cal and other public health care programs, mental health licensing of health and health-related professionals, and long-term health care facilities.	Scott Bain, Principal Consultant scott.bain@asm.ca.gov

Collateral Partners

Level 2: Government/Sister Agencies

Organization	Description	Contact
Department of Rehabilitation (DOR)	Works in partnership with consumers and other stakeholders to provide services and advocacy resulting in employment, independent living, and equality for individuals with disabilities. DOR administers the largest vocational rehabilitation and independent living programs in the country. Vocational rehabilitation services are designed to help job seekers with disabilities obtain competitive employment in integrated work settings. Independent living services may include peer support, skill development, systems advocacy, referrals, assistive technology services, transition services, housing assistance, and personal assistance services.	Kathi-Mowers Moore (916) 558-5421 moore@dor.ca.gov
Department of Aging (CDA)	The California Department of Aging (CDA) administers programs that serve older adults, adults with disabilities, family caregivers, and residents in long-term care facilities throughout the State. The Department administers funds allocated under the federal Older Americans Act, the Older Californians Act, and through the Medi-Cal program.	Fran Mueller, Acting Director fran.mueller@aging.ca.gov Mark Beckley, Acting Chief Deputy Director mark.beckley@aging.ca.gov (916) 419-7500 (voicemail)
Department of Education (CDE)	The Department of Education serves California by innovating and collaborating with educators, schools, parents, and community partners. CDE prepares students to live, work, and thrive in a multicultural, multilingual, and highly connected world.	Monica Nepomuceno (916) 323-2212 mnepomuceno@cde.ca.gov

Collateral Partners

Level 2: Government/Sister Agencies

Organization	Description	Contact
Department of Corrections and Rehabilitation (CDCR)	CDCR enhances public safety through safe and secure incarceration of offenders, effective parole supervision, and rehabilitative strategies to successfully reintegrate offenders into our communities. The Council of Criminal Justice and Behavioral Health (CCJBH) is housed under CDCR.	Marina Rangel (916) 619-0225 marina.rangel@cdcr.ca.gov
Department of Social Services (DSS)	The California Department of Social Services has several programs to help individuals and families who are homeless or at risk of homelessness.	Cheryl Treadwell (916) 651-6020 cheryl.treadwell@dss.ca.gov
Department of Housing and Community Development (HCD)	Promote safe, affordable homes and strong vibrant communities throughout California. HCD is responsible for grants and funding, mobilehome registration, building standards, planning and community development, and policy & research.	Ben Metcalf, Director ben.metcalf@hcd.ca.gov
Mental Health Services Oversight and Accountability Commission (MHSOAC)	The role of the MHSOAC is to oversee the implementation of the MHSA. The MHSOAC is also responsible for developing strategies to overcome stigma. At any time, the MHSOAC may advise the Governor or the Legislature on mental health policy. The MHSOAC oversees the Adults and Older Adults Systems of Care Act; Human Resources; Innovative Programs; Prevention & Early Intervention Programs; and the Children's Mental Health Services Act.	Toby Ewing, Executive Director Toby.Ewing@mhsoac.ca.gov

Collateral Partners

Level 2: Government/Sister Agencies

Organization	Description	Contact
Council on Criminal Justice and Behavioral Health (CCJBH)	The leaders in criminal justice and mental health participating in this effort strive to end the criminalization of individuals with mental illness by supporting proven strategies that promote early intervention, access to effective treatments, a planned re-entry and the preservation of public safety. CCJBH is housed under the Department of Corrections and Rehabilitation (CDCR).	Stephanie Welch, Executive Director (916) 324-7021 Stephanie.welch@cdcr.ca.gov
Department of Managed Care (DMHC)	The California Department of Managed Health Care protects consumers' health care rights and ensures a stable health care delivery system.	Mary Watanabe, Deputy Director for Health Policy and Stakeholder Relations (916) 324-2560 mary.watanabe@dmhc.ca.gov
Department of Public Health (DPH)	The California Department of Public Health (CDPH) works to protect the public's health in the Golden State and helps shape positive health outcomes for individuals, families and communities. The Department's programs and services, implemented in collaboration with local health departments and state, federal and private partners, touch the lives of every Californian and visitor to the state.	Karen Smith, Director and State Public Health Officer karen.smith@cdph.ca.gov

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
National Alliance on Mental Illness (NAMI)	NAMI, the National Alliance on Mental Illness, is the nation's largest grassroots mental health organization dedicated to building better lives for the millions of Americans affected by mental illness. Offered in thousands of communities across the United States through NAMI State Organizations and Affiliates, NAMI's education programs ensure hundreds of thousands of families, individuals and educators get the support and information they need. NAMI shapes national public policy for people with mental illness and their families and provides volunteer leaders with the tools, resources and skills necessary to save mental health in all states.	Jessica Cruz, Chief Executive Officer jessica@namica.org
California Pan Ethnic Health Network (CPEHN)	Promote health equity by advocating for public policies and sufficient resources to address the health needs of communities of color. Ethnic health leaders from the Asian & Pacific Islander American Health Forum, California Black Health Network, California Rural Indian Health Board, and the Latino Coalition for a Healthy California came together to create a forum to advocate for a common health policy agenda for communities of color: the California Pan-Ethnic Health Network.	Keerti Kanchinadam, Policy and Outreach Manager kkanchinadam@cpehn.org

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
United Advocates for Children and Families (UACF)	UACF is a non profit organization with a mission to improve the quality of life for all children and youth with mental, emotional, and behavioral challenges and to eliminate institutional discrimination and social stigma. UACF is dedicated to empowering parents, caregivers, children, and youth through education, training, and technical assistance programs and services to ensure families are present at every level of decision making. UACF works to keep families informed on important news and events by providing monthly opportunities for networking and collaboration and extensive communications and outreach efforts . UACF also operates a direct services program for and by families in various counties of the state.	Stanley Whigham, Chief Executive Officer and Chief Operations Officer swhigham@uacf4hope.org
Each Mind Matters (EMM)	Each Mind Matters is California's Mental Health Movement. EMM is composed of millions of individuals and thousands of organizations working to advance mental health. Each Mind Matters was created to unite all who share a vision of improved mental health and equality.	Joseph Robinson joseph.robinson@eachmindmatters.org Gerald White (916) 389-2625 gerald.white@calmhsa.org

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
Connection Coalition	The Connection Coalition is part of the Mental Health of America California organization. The mission of the Connection Coalition is to reach and engage behavioral health community stakeholders in issues related to access to behavioral health services and supports.	Zima Creason, President and CEO (916) 557-1167 zcreason@mhac.org
Mental Health America - CA (MHAC)	The mission of MHA California is to ensure that people of all ages, sexual orientation, gender, ethnicity, etc. who require mental health services and supports are able to live full and productive lives, receive the mental health services and other services that they need, and are not denied any other benefits, services, rights, or opportunities based on their need for mental health services. MHA strives to achieve these goals through education and advocacy. MHA organization provide a conduit through which statewide coalitions on mental health are maintained and work together to promote these values.	Zima Creason, President & CEO (916) 557-1167 zcreason@mhac.org
Disability Rights CA	DRC is a nonprofit agency that is the largest disability rights group in the nation. Federal law established DRC to protect and advocate for the rights of people with disabilities. Hundreds of thousands of people were helped because of litigation, policy work, trainings and publications. DRC are the protection and advocacy agency for California.	Curtis Child curtis.child@disabilityrightsca.org

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
California Coalition of Addiction Programs and Professionals (CCAPP)	CCAPP provides a forum and a unifying voice for practitioners and programs. As the state's largest AOD advocate for programs, CCAPP serves as the vital link between government, consumers, program owners, and directors.	Sherry Daley, Senior Governmental Affairs and Corporate Communications Director (209) 200-0757 sherry.ccapp@gmail.com
California Association of Alcohol and Drug Program Executives, Inc. (CAADPE)	CAADPE is a statewide membership association of community-based agencies that advocate for accessible and 300 quality substance use disorder services for our communities. A volunteer board of directors elected by the members guides the association and its policies on issues vital to its members. CAADPE sponsors professional education and training programs and conducts public education about the need for quality alcohol and other substance use disorder services to meet the needs of the community.	Jennifer Yancey (916) 329-7409 jennifer@caadpe.com
California Mental Health Services Authority (CalMHSA)	CalMHSA is an organization of county governments working to improve mental health outcomes for individuals, families and communities. CalMHSA administers programs funded by the Mental Health Services Act (Prop. 63) on a statewide, regional and local basis.	Dawan Utecht, President (559) 600-6899

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
California Association of Social Rehabilitation Agencies (CASRA)	CASRA is a statewide organization of private, not-for-profit, public benefit corporations that service clients of the California public mental health system. Member agencies provide a variety of services that serve to enhance the quality of life and community participation of youth, adults and older adults living with challenging mental health issues.	Heidi Strunk, Public Policy Coordinator (925) 229-2300 (main) (916) 212-3685 (cell) heidi@casra.org
California Council of Community Behavioral Health Agencies	The California Council of Community Behavioral Health Agencies (CBHA) is a statewide association of non-profit agencies dedicated to providing mental health and substance use disorder programs and services to those in need across our state.	Paul Curtis, Executive Director pcurtis.cccbha.org
California Association of Local Behavioral Health Boards & Commissions (CalBHBC)	CALBHBC supports the work of California's 59 local mental/ behavioral health boards and commissions by providing resources, training, and opportunities for communication and statewide advocacy.Local boards are responsible for reviewing community mental health needs, services, facilities and special problems, and serve in an advisory capacity to local governing bodies and local mental/behavioral health directors per CA Welfare and Institutions Code 5604.2.	Theresa Comstock, President (916) 917-54444 theresa.comstock@calbhbc.com

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
Student Mental Health Policy Workgroup	The Student Mental Health Policy Workgroup, under the CA Department of Education, assesses the current mental health needs of California students and gathers evidence to support its policy recommendations to the State Superintendent of Public Instruction and the California Legislature. Mental Health Services Act (Proposition 63) California Mental Health Services Authority.	Monica Nepomuceno (916) 323-2212 mnepomuceno@cde.ca.gov
Stepping Up Initiative	Stepping Up: A National Initiative to Reduce the Number of People with Mental Illnesses in Jails. Stepping up provides counties with a toolkit to assist counties and provide resources to implement a systems-level, data-driven plan that can lead to measurable reductions in the number of people with mental illness in local jails.	General Contact info@steppingup.org
California Association of Mental Health Patient Rights Advocates (CAMHPRA)	The California Association of Mental Health Patients' Rights Advocates (CAMHPRA) is a statewide organization composed of county patients' rights advocates mandated by state law, private and public interest attorneys, consumers of mental health services, and representatives from other advocacy organizations. CAMHPRA is dedicated to protecting and advancing the legal rights and treatment interests of individuals with mental health disabilities.	Richard Krzyzanowski (949) 922-4843 rickycoatl@yahoo.com

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
California Institute for Behavioral Health Solutions (CIBHS)	CIBHS is a non-profit agency that helps health professionals, agencies and funders improve the lives of people with mental health and substance use challenges through policy, training, evaluation, technical assistance, and research.	Percy Howard, Chief Executive Officer phoward@cibhs.org
California Coalition for Mental Health (CCMH)	CCMH does not duplicate the work of individual organizations, but represents the positions and goals commonly held by our members. With three central committees that meet monthly, CCMH stays current and actively involved in monitoring and fostering mental health policies. General meetings for members are held quarterly in sync with the state's legislative calendar. CCJBH Workgroup meetings fall under the CCMH.	Heidi Strunk, President (925) 229-2300 (main) (916) 212-3685 (cell) heidi@casra.org
Racial & Ethnic Mental Health Disparities Coalition (REMHDCO)	Statewide coalition whose mission is to work to reduce mental health disparities through advocacy for racial and ethnic communities.REMHDCO advocates for culturally competent services, outreach to underserved/unserved/inappropriately served communities, and reducing mental health disparities for racial and ethnic communities.	Stacie Hiramoto, Director shiramoto@remhdco.org

Collateral Partners

Level 3: Statewide Agencies and Community Partners

Organization	Description	Contact
Mental Health America of Northern California (Norcal MHA)	For nearly 70 years, NorCal MHA has provided mental health consumers with culturally-affirming peer support services, assistance in navigating various human service agencies, and advocacy for consumer-oriented public mental health policies. Currently, NorCal MHA provides these services in Amador, Calaveras, Placer, and Sacramento counties in California, and offers technical assistance to other mental health agencies statewide.	Andrea Crook, Program Manager/Advocacy Director acrook@norcalmha.org Poshi Walker, LGBTQ Programs pwalker@norcalmha.org
Steinberg Instititute	The Steinberg Institute is committed to bringing together leaders in government, medicine, research, business and technology to advance the diagnosis and treatment of brain illness, and to usher in a system of care in which brain health is treated with the same sweep and urgency as physical health.	Adrienne Shilton, Government Affairs Director adrienne@steinberginstitute.org
California Association of Marriage and Family Therapists (CAMFT)	CAMFT is an independent professional organization of approximately 32,000 members representing the interests of licensed marriage and family therapists. It is dedicated to advancing the profession as an art and a science, to maintaining high standards of professional ethics, to upholding the qualifications for the profession and to expanding the recognition and awareness of the profession.	Andrea Redd, Legal and Government Affairs Executive Assistant aredd@camft.org
California Mental Health Advocates for Children and Youth (CMHACY)	CMHACY's mission is to empower and expand the coalition of individuals in California who work to uplift and enhance the lives of all children, youth and families.	Marty Giffin, Executive Director martydgiff1@gmail.com

Collateral Partners

Level 4: Connection to CBHPC through the Population Served

Organization	Description	Contact
California Hospital Association (CHA)	CHA is the statewide leader representing the interests of California's hospitals and health systems with the Legislature, administration and regulatory agencies established as a not-for-profit corporation. CHA is one of the largest hospital trade associations in the nation, serving more than 400 hospitals and health systems and 97 percent of the patient beds in California. CHA's vision is an "optimally healthy society." CHA's goal is for every Californian to have equitable access to affordable, safe, high-quality, medically necessary health care.	Sheree Lowe, Vice President (916) 552-7576 slowe@calhospital.org
California Primary Care Association (CPCA)	(CPCA) was formed and has become the statewide leader and recognized voice representing the interests of California community health centers and their patients. CPCA represents more than 1,300 not-for-profit community health centers (CHCs) and Regional Clinic Associations who provide comprehensive, quality health care services, particularly for low-income, uninsured and underserved Californians, who might otherwise not have access to health care. The mission of CPCA is to lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.	Carmela Castellano-Garcia, President and Chief Executive Officer ccastellano@cpca.org

Collateral Partners

Level 4: Connection to CBHPC through the Population Served

Organization	Description	Contact
Public Policy Institute of California (PPIC)	PPIC has helped California's leaders to better understand policy issues by providing them with objective, evidence-based research. PPIC houses three policy centers that address topics of major importance to California. The PPIC Higher Education Center advances practical solutions that enhance educational opportunities for all of California's students—improving lives and expanding economic growth across the state. The PPIC Statewide Survey provides a voice for the public and likely voters on key policy issues facing the state. The PPIC Water Policy Center spurs innovative water management solutions that support a healthy economy, environment, and society.	Deborah Gonzalez, Director of Government Affairs (916) 440-1130 gonzalez@ppic.org
California Health Care Foundation (CHCF)	The California Health Care Foundation is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly those with low incomes and those whose needs are not well served by the status quo. CHCF works to ensure that people have access to the care they need, when they need it, at a price they can afford. CHCF goals include improving access to coverage and care, promoting high value care, and laying the foundation to make meaningful change possible in California's health care system.	Catherine Teare, Associate Director (510) 587-3162 cteare@chcf.org

Collateral Partners

Level 4: Connection to CBHPC through the Population Served

Organization	Description	Contact
CBHDA Children's System of Care Committee	The Children's System of Care Committee (CSOC) works with CBHDA's Governing Board, regional committees, and other standing committees to identify and develop CMHDA's positions on federal, state, and local statutory and regulatory developments that directly or indirectly impact upon Children's System of Care policy development.	Heather Anders (916) 556-3477 (ext. 1119) handers@cbhda.org
California Department of Social Services (CDSS) Tribal Advisory Committee	The committee is established to improve the government-to-government relationships and communication between Tribes and the CDSS. The committee provides advice to the Director of CDSS (Director) about matters of interest or concern to the Tribes and their constituents. The committee has the power to recommend policies or procedures for CDSS.	Heather Hostler, Director (916) 657-3539 tribalaffairs@dss.ca.gov
Norcal Services for Deaf & Hard of Hearing	A non-profit community-based organization serving Deaf & Hard of Hearing individuals in 24 northeastern counties of California. It is the mission at NorCal to support and promote equal access and opportunities to education, employment and public services by individuals who are deaf or hard of hearing.	Sheri A. Farinha, Chief Executive Officer (916) 349-7500 (voice) (916) 626-4928 (VP) sfarinha@norcalcenter.org
Deaf Counseling, Advocacy and Referral Agency (DCARA)	Working with other members of the California Association of the Deaf, local churches, and the deaf community, this dedicated group created an agency that would provide interpreting referrals, children's reading assistance, foster parent programs and social activities for deaf seniors.	Debby Buchan, Program Developer (510) 343-9451 (Direct VP) (707) 888-4398 (V)

TAB 5

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2019

Agenda Item: Work Plan Updates

Enclosures: Systems and Medicaid Committee Work Plan

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

This agenda item provides time for committee members to renew and update the Work Plan for 2019. The Work Plan is an instrument to guide and monitor the System and Medicaid Committee's (SMC) activities in its efforts to uphold its duties within the framework of the Planning Council.

Background/Description:

The purpose of the committee Work Plan is to establish the objectives and goals of the SMC Committee, as well as to map out the necessary tasks to accomplish those goals.

The 2018-2019 Work Plan was updated based on edits requested at the January 2019 meeting. SMC members will discuss any additional tasks and activities necessary to achieve the goals of the Work Plan.

California Behavioral Health Planning Council
Systems and Medicaid Committee (SMC)
Work Plan 2018-2019

Goal #1

Objective

Understand other entities positons related to the Behavioral Health System reform, including issues with the current system, their recommendations for policy change and their current efforts to influence the change.

Activities

- Develop a set of questions the committee would like addressed in presentations.
- Invite key stakeholder to address the questions developed by the committee and provide their insight on the needs of the future behavioral health system based on their organizations prospective. These stakeholders include:
  - Department of Health Care Services
    - MHSUDS Division
    - Stakeholder Advisory Committee
  - Managed Care Plans Association
  - Leads of State Systems
    - Council on Criminal Justice and Behavioral Health
    - Department of Social Services
    - Department of Education
    - Department of Rehabilitation
  - County Behavioral Health Directors

Goal #2

Objective

Leverage the Council's role in the state to influence the policy changes the committee identifies as being necessary to improve the state's behavioral health system.

Activities

- Engage in dialog with organizations presenting at the Systems and Medicaid Committee meetings to provide the Committee's input and potentially influence their perspective.
- All committee members will stay aware of opportunities to influence policy recommendations.
- Formally support other organization's initiatives if they align with the Council's position.

- Advocate for state level behavioral health leadership.

Goal #3

Objective

Educate the entire Council on the Behavioral Health System reform. The knowledge development will include but is not limited to:

- California's Behavioral Health System, including strengths and areas of improvement needed.
- Potential approaches identified by other entities to improve the behavioral health system.
- The committee's views on proposed policy changes and recommendation for the Council's positon.

Activities

- Compile information to include in the training as the SMC is educated and on the Behavioral Health System reform.
- Utilize the information gathered to develop an interactive method of training to educate the entire Council.
- Coordinate with the Executive Committee to secure time at a Quarterly Meeting and deliver the training to the entire Council.

TAB 6

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2019

Agenda Item: Report Review: Behavioral Health Integration in Medi-Cal

Enclosures: California Health Care Foundation: Behavioral Health Integration in Med-Cal Report

How This Agenda Item Relates to Council Mission

The CBHPC evaluates the behavioral health system for accessible and effective care. It advocates for an accountable system of responsive services that are strength-based, recovery-oriented, culturally and linguistically responsive, and cost-effective. To achieve these ends, the Council educates the general public, the behavioral health constituency, and legislators.

This agenda item provides SMC members the opportunity to review and discuss the findings of the report to assist them in their recommendations for the Medi-Cal waiver renewals and to advocate for an accessible, effective system of care. The goal of the report is to integrate mental health, physical health, and substance use needs for Medi-Cal enrollees managed by a single entity.

Background/Description:

The California Health Care Foundation (CHCF) is dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California, particularly unrepresented and low income individuals. CHCF works to ensure that people have access to the care they need, when they need it, at an affordable price.

This report puts forth a framework to transform a fragmented system in California to better serve Medi-Cal enrollees with complex behavioral and physical health needs that require coordination across multiple service delivery systems. This framework builds on areas of strength within the current structures while addressing the systemic barriers to improving care in Medi-Cal. The report includes recommendations aimed to ensure that Medi-Cal enrollees and families receive the prevention, treatment, and recovery services needed to achieve their health and quality-of-life goals.

Committee members will review and discuss the findings in this report to educate themselves in order to provide advocacy and recommendations for an integrated behavioral health system.