

California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, January 21, 2021

10:30 a.m. – 12:00 p.m.

Zoom meeting link to be provided

10:30 am	Welcome and Introductions <i>Liz Oseguera, Chairperson</i>	
10:35 am	Approve October 2020 Draft Meeting Minutes <i>Liz Oseguera, Chairperson and All Members</i>	Tab 1
10:40 am	Review 2019 SMC Work Plan <i>Liz Oseguera, Chairperson and All Members</i>	Tab 2
10:45 am	Overview of SMC Feedback for 2021 Topics/Update Work Plan <i>Ashneek Nanua, Council Analyst</i> <i>Liz Oseguera, Chairperson and All Members</i>	Tab 3
11:05 am	Public Comment	
11:10 am	Break	
11:15 am	DHCS CalAIM Updates <i>Kelly Pfeifer, Deputy Director of Mental Health and Substance Use Disorder Services, CA Department of Health Care Services</i>	Tab 4
11:45 am	Public Comment	
11:50 am	Wrap Up/Next Steps <i>Liz Oseguera, Chairperson and All Members</i>	
12:00 pm	Adjourn	

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

Systems and Medicaid Committee Members

Liz Oseguera, Chairperson Karen Baylor, Chair-Elect

Veronica Kelley	Tony Vartan	Noel O'Neill	Joanna Rodriguez
Daphne Shaw	Celeste Hunter	Catherine Moore	Uma Zykofsky
Cheryl Treadwell	Walter Shwe	Kathi Mowers-Moore	
Susan Wilson	Deborah Pitts	Hector Ramirez	
Dale Mueller	Karen Hart	Marina Rangel	

Committee Staff:

Ashneek Nanua, Council Analyst; Jane Adcock, Executive Officer

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 10 working days prior to the meeting date.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 21, 2021**

Agenda Item: Approve October 2020 Draft Meeting Minutes

Enclosures: October 2020 Draft SMC Meeting Minutes

Background/Description:

Committee members will review the draft meeting minutes for the October 2020 Quarterly Meeting.

Motion: Accept and approve the October 2020 Systems and Medicaid Committee draft meeting minutes.

Members Present:

Liz Oseguera, Chairperson	Karen Baylor, Chair-elect	Karen Hart
Catherine Moore	Hector Ramirez	Cheryl Treadwell
Marina Rangel	Celeste Hunter	Dale Mueller
Noel O'Neill	Susan Wilson	Daphne Shaw
Veronica Kelley	Tony Vartan	Deborah Pitts
Joanna Rodriguez	Walter Shwe	Kathi Mowers-Moore

Staff Present:

Ashneek Nanua, Jane Adcock, and Jenny Bayardo

Public Attendees:

Theresa Comstock, Steve McNally, Amanda McAllister, Lauren Hyatt, Steve Leoni, Uma Zykofsky

Meeting Commenced at 10:30 a.m.

Item #1 Approve June 2020 Draft Meeting Minutes

The Systems and Medicaid Committee (SMC) approved the June 2020 Draft Meeting Minutes. Catherine Moore motioned approval. Celeste Hunter seconded the motion.

Action/Resolution

The June 2020 SMC Meeting Minutes are approved.

Responsible for Action-Due Date

N/A

Item #2 CBHPC Equity Statement Review

Liz Oseguera, Chairperson, initiated a review of the CBHPC Equity Statement. Jane Adcock, Executive Officer, stated that the Council’s Executive Committee passed the motion to adopt an Equity Statement. Noel O’Neill added that during the Executive Committee meeting, a member of the public requested that each CBHPC committee create an action item from the Equity Statement.

Karen Baylor, Chair-Elect, asked how the Equity Statement will be used. Jane Adcock stated that the Equity Statement is a public platform to state the Council’s support for eliminating social and racial inequities and disparities as it relates to California’s behavioral health system. The statement will serve as a guideline for the Council’s work and will be posted on the CBHPC website.

Veronica Kelley requested that the statement include individuals experiencing an addiction. Deborah Pitts requested that the language in the Equity Statement reflects the phrase “individuals with mental illness” rather than “mentally-ill.” No other edits were requested.

Action/Resolution

The Reducing Disparities Workgroup will review and make changes to the Equity Statement based on Council member feedback.

Responsible for Action-Due Date

Reducing Disparities Workgroup members - January 2021

Item #4 Review Talking Points Re: CalAIM Recommendation Letter

SMC staff, Ashneek Nanua, reviewed the updated talking points for the SMC’s CalAIM Recommendation Letter. Ms. Nanua added language to the talking points to strengthen the Council’s work around equity and indicated that the Department of Health Care Services (DHCS) expressed interest in gathering input for telehealth and telemedicine in order to continue these service modalities after the public health emergency. Therefore, SMC staff created specific recommendations for telehealth and telemedicine for committee review.

The SMC requested edits to the CalAIM talking points. Committee members requested that language around culture be consistent throughout the document and align with the language that CBHPC uses to describe cultural responsiveness. The committee discussed the talking point about expanding the definition of licensed mental health

professionals and agreed upon common language to convey this recommendation. Members requested SMC staff to review the DHCS Behavioral Health Information Notice (BHIN-024) to ensure that telehealth and telemedicine includes telephonic services. This distinction is critical because telephonic services were not reimbursable prior to the public health emergency and many beneficiaries do not have access to video technology for telehealth appointments. The SMC made additional content and language changes to finalize the CalAIM talking points document.

Hector Ramirez stated that he is a DHCS Behavioral Health Stakeholder Advisory Committee (BH-SAC) member and would like to propose that the state find a way to ensure that the SMC/CBHPC is able to contribute to the CalAIM proposal changes and peer certification. Hector invited the SMC to request that DHCS require CBHPC consultation because the breadth and depth of analysis from the committee is not utilized this way in other state-level groups. Jane Adcock, Executive Officer, stated that she has been advocating this point to DHCS because CBHPC has a statutory relationship. Hector Ramirez stated that he will make this statement at the next BH-SAC meeting as an independent individual.

Catherine Moore asked about the timeline for the renewal of the Medi-Cal waivers and when staff will present the CalAIM talking points. Karen Baylor reiterated that the purpose of the talking points are to guide staff to present the Council's perspective during CalAIM-specific meetings. Karen added that the document is meant to be high-level and indicated that there will be other opportunities to provide specific input. Jane Adcock, Executive Officer, indicated that the CalAIM Initiative will likely commence in early 2021. SMC members approved the CalAIM talking points with the modifications requested.

Action/Resolution

SMC staff will modify the CalAIM talking points based on SMC member feedback.

Responsible for Action-Due Date

Ashneek Nanua, Liz Oseguera, Karen Baylor, Jane Adcock – January 2021

Item #5 Public Comment

Uma Zykofsky, made the suggestion to include “addiction service providers” in the definition of licensed mental health professionals. She stated that there is an effort to expand the definition at the Local Public Health Authority (LPHA) level and peer level but there is not much attention on case managers and paraprofessional staff who are also needed on service teams.

Steve Leoni asked if he is able to add new content to the CalAIM talking points and when he would be able to do so. Liz Oseguera stated that Steve's recommendations for the talking points may be most appropriately captured during the "Next Steps" portion of the agenda. She added that the talking points are meant to act as a living document and will evolve as things progress and change.

Theresa Comstock, CalBHBC, stated that the renewing Medi-Cal waivers may be an avenue to increase funding for Board and Care facilities to bring them in alignment with what is happening with regional center clients.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 DHCS Behavioral Health Stakeholder Advisory Committee & CHHS Behavioral Health Taskforce Meeting Highlights

SMC staff reviewed written summaries of the Department of Health Care Services July 2020 Behavioral Health Stakeholder Advisory Committee (BH-SAC) meeting as well as the California Health and Human Services August 2020 Behavioral Health Taskforce meeting. Additionally, staff notified committee members that DHCS will receive approximately \$70 million to continue the CalHOPE program which will now include six free counseling sessions for qualifying individuals. DHCS will release a Request for Proposal (RFP) that allows community organizations apply for CalHOPE funding.

Action/Resolution

SMC staff will email the SMC to notify committee members when the next BH-SAC and Behavioral Health Taskforce meetings will occur. Staff will attend the meetings and report back any key information at the January 2021 Quarterly Meeting upon request.

Responsible for Action-Due Date

Ashneek Nanua – January 2021

Item #7 Nominate SMC Chair-Elect for 2021

SMC staff notified committee members that they have the option to keep the same Chairperson and Chair-Elect for two consecutive years. Committee members opted to

maintain the current SMC Officers for the 2021 calendar year. The committee Chairperson and Chair-Elect both agreed to this request. Noel O'Neill motioned approval. Catherine Moore seconded the motion. Motion passed.

Action/Resolution

Liz Oseguera will continue as the SMC Chairperson for 2021. Karen Baylor will continue as the SMC Chair-Elect for 2021.

Responsible for Action-Due Date

N/A

Item #8 Next Steps for 2021

Veronica Kelley and Tony Vartan provided an update on lessons learned and innovative practices taken in their counties to mitigate the impact of COVID-19. Liz Oseguera, Chairperson stated that the purpose of these presentations will help committee members understand the impact of COVID-19 on county behavioral health programs and how counties are addressing it. She stated that this information can be used to help plan the activities for the 2021 SMC Work Plan.

Ms. Kelley provided her update for San Bernardino County. She stated that all county behavioral health offices are open. She expressed challenges such as the the lack of personal protective equipment (PPE) to support providers delivering services in-person as well as the limited cell towers and satellite coverage that poses challenge to telehealth service delivery. Despite these barriers, county behavioral health providers are delivering telephonic and texting services and there is a 16% increase of billable services for children and youth due to increased ability for families to be involved in telehealth appointments.

Ms. Kelley reminded committee members that the behavioral health system is anticipating a statewide \$1 billion deficit so counties are attempting to engage in as many billable services as possible while telehealth is reimbursable at same rate as face-to-face visits. San Bernardino County is also providing non-billable services such as assistance with COVID-19 specific crisis calls and directing county staff to COVID-19 testing sites due to the nervousness and anxiety that individuals experience with testing. The county is supporting Skilled Nursing Facilities which involves county-wide cold calls to offer PPE, assistance with testing, and counseling to retain staff. Ms. Kelley emphasized that individuals who have tested positive for COVID-19 and also have a mental illness or addiction have experienced an immense amount of discrimination which has been a barrier to inpatient care. San Bernardino County also has utilized trailers provided by Governor Newsom to assist with housing individuals.

Tony Vartan provided an update for San Joaquin County. He stated that behavioral health sites and clinics have increased their services and community outreach. To ensure staff safety, the county created procedures and switched to a hybrid service delivery model where 40% of staff telework two days per week and deliver services in-office three days per week. Additionally, there is a designated crisis hotline with texting capabilities to serve youth. San Joaquin County is seeing positive outcomes due to telehealth and telephonic services. Mr. Vartan described a new three-level system for staff follow-up care which modifies the number of staff contacts with clients. This process has mitigated crises related to COVID-19 as evidenced by a reduced number of crisis contacts.

San Joaquin County has maintained their homeless outreach process by having staff provide education and resources on how to stay safe during the pandemic. Outreach staff are equipped with laptops to immediately connect individuals in the community with a psychiatrist to conduct assessments and initiate care when needed. The new 51/50 remote processes have expedited assessments which help individuals access treatment more quickly. Full Service Partnerships have helped removed individuals from emergency rooms rapidly as well.

San Joaquin County continues to work with public health and other agencies to communicate that services are open and notify individuals on how to access them. There have been several weekly collaborative meetings between Public Health, Emergency Services, and other entities to ensure that they are present to help the community through the pandemic.

Mr. Vartan stated that San Joaquin County recently established full time jail-based psychiatry coverage. He emphasized that the county has directed hospitals to ask law enforcement to refrain from taking 51/50 cases to emergency rooms because ERs were putting law enforcement officers in a place to make determinations on psychiatric and medical conditions.

Upon conclusion of these presentations, Liz Oseguera requested that committee members take a vote on how to plan the next steps for 2021. The options were to 1) hold an in-between meeting in November 2020 or 2) submit ideas for 2021 topics to SMC staff via email. Committee members chose to submit their ideas for 2021 to staff via email.

Liz Oseguera indicated that the SMC will review the Work Plan at the January 2021 meeting to make updates and changes as necessary. She stated that there will likely be a need to update the Work Plan due to the impact of the COVID-19 pandemic.

Action/Resolution

SMC members will submit their suggestions for committee topics and activities for 2021 via email to SMC staff. Committee staff will gather the comments to discuss during the January 2021 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Liz Oseguera, Karen Baylor – January 2021

Meeting Adjourned at 12:15 p.m.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 21, 2021**

Agenda Item: Review 2019 SMC Work Plan

Enclosures: Systems and Medicaid Committee 2019 Work Plan

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The Work Plan is an instrument to guide and monitor System and Medicaid Committee activities in its efforts to uphold its duties within the framework of the Planning Council.

Background/Description:

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

SMC members will review and discuss any upcoming activities necessary to achieve the goals of the 2019 Work Plan.

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

Goal #1

Objective

Understand other entities positions 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.

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

- 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 position.

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.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 21, 2021**

Agenda Item: Overview of SMC Feedback for 2021/Update Work Plan

Enclosures: SMC Member Feedback for 2021 Topics
Additional Systems Transformation Efforts from Partner Agencies
[CCJBH Diversion/Reentry Workgroup: Potential Projects for 2021](#)
[CBHDA and CWDA – Joint Behavioral Health Vision for Child Welfare](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The Work Plan is an instrument to guide and monitor System and Medicaid Committee 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, as well as to map out the necessary tasks to accomplish those goals.

SMC staff will review committee member recommendations for the 2021 SMC Work Plan and inform committee members about the work of other CBHPC committees and partner agencies that may be of potential interest for upcoming SMC activities. The Systems and Medicaid Committee will use this information to update the Work Plan and prioritize committee activities for 2021.

SMC Member Feedback for 2021 Work Plan

Systems and Medicaid Committee members submitted their recommendations for the 2021 SMC Work Plan. Member feedback regarding potential topics and activities include the following:

CalAIM:

- Offer SMC feedback during the CalAIM process.
- Determine how outcomes will be measured in CalAIM and provide guidance to DHCS on this topic. This includes identifying data points that all counties will collect using measurement tools that are compatible to each other in order to conduct an analysis that determines whether services rendered under the CalAIM proposals are effective.
- Participate in SB 803 implementation efforts for peer specialist certification. This includes determining how SB 803 fits into the CalAIM Initiative and providing input on the Medicaid regulations for drawing down funds for peer specialist certification beyond case management services.
 - The Workforce and Employment Committee (WEC) will engage in SB 803 implementation efforts in 2021. The SMC may address the Medicaid regulations and financing side of peer certification while WEC addresses program and policy efforts. Both committees shall submit one product to DHCS to ensure consistent messaging from the Council.

Expansion of Telehealth and Telemedicine (including telephonic services):

- Establish Council recommendations to institute telehealth practices.
 - The Performance Outcomes Committee (POC) will take the lead on formulating telehealth and telemedicine recommendations through the 2020 Data Notebook. SMC members who are interested in this topic will have the opportunity to participate in this discussion and provide input through the POC meetings.
- Address the digital divide that contributes to disparities in accessing services.
 - This topic will help incorporate equity into SMC activities.

Criminal Justice and Behavioral Health:

- Address the gaps in continuity of care for individuals leaving prisons by activating Medi-Cal and SSI benefits as well as identifying a provider by the time of release. This will support a much smoother transition for individuals with SMI returning to their communities after incarceration.
- To support a whole person care approach upon release from incarceration, counties should consider having services co-located. For example, this may include transporting an individual from prison to a single location in the county where they are assessed by a clinician, probation office, and nurse with temporary housing onsite. At this location, once their needs are assessed, they would then be transitioned to the next appropriate step/service. This model is ideal for all counties and should be highly encouraged and considered, especially for individuals with behavioral health conditions.

SMC Member Feedback for 2021 Work Plan

- Santa Clara County saved approximately \$75 million by letting people out of jails in response to COVID-19. At a recent CCJBH meeting, Judge Manley made a comment that county funds should not go to jails but instead be invested into the community to stabilize individuals and prevent them from entering the jail system. Can this issue be addressed through Medicaid? Can we send materials and/or recommendations to county mental health boards on this issue?

The Council on Criminal Justice and Behavioral Health (CCJBH) Reentry and Reintegration Workgroup will engage in discussions in 2021 to identify an effective and efficient transition process for individuals leaving prisons and returning to their communities. See [CCJBH Diversion/Reentry Workgroup: Potential Projects For Calendar Year 2021](#) for more information.

Other Topics:

- Be intentional about adding an equity lens to all the work that the SMC engages in.
 - May want to add this item to the SMC charter
- A consumer/stakeholder convening or survey to gather input on health equity issues.
 - The Reducing Disparities Workgroup will take the lead on a health equity forum
- Supporting integration efforts that move California to a value-based system catering to patient needs.
- The separation of services between mild-to-moderate and severe mental health conditions is challenging as individuals transition between systems of care. This separation exists for mental health services but not substance use disorder services which are provided by the county. Therefore, individuals with co-occurring mental health and substance use disorders may receive care from different systems. There is also a concern that clients may be moved to a lower level of care before they are ready. Are people being transitioned to the mild-to-moderate system based on the right criteria? Can we make it so everyone is contracted with the same people so clients do not lose their provider or care as they transition between systems? How can we hold Managed Care Plans on the mild-to-moderate side accountable for good quality? Who can we talk to in order to have good communication from the MCPs?

Additional Systems Transformation Efforts from Partner Agencies

Current Efforts Underway for Justice-Involved Behavioral Health Populations

Council on Criminal Justice and Behavioral Health (CCJBH):

Integrated Services for Mentally Ill Parolees (ISMIP) Program

The Integrated Services for Mentally Ill Parolees (ISMIP) Program, operated under the California Department of Corrections and Rehabilitation (CDCR), provides individuals on parole (parolees) with mental health and housing services as they transition back into society. In August 2020, the California State Auditor released a [report](#) detailing the audit results for the ISMIP program. The audit found that CDCR's oversight of the program was inadequate and lacked comprehensive, consistent data on program participation and therefore could not show whether the program met the Legislature's goals. As a result, the California state budget cut the funding provided to the ISMIP program and CDCR was instructed to phase out the program in December 2020.

Beginning in 2021, counties will become the entity responsible for providing services to parolees with mental illness. This transition places a greater strain on counties to meet the needs of justice-involved behavioral health populations. Additional funding is needed to support integrated services for this population.

Additionally, county behavioral health departments currently have various screening tools that determine medical necessity for enrollment into the ISMIP Program. The Associate Director from the Division of Adult Parolee Operations, Robert Storm, expressed that it would be helpful to create a standardized screening tool to determine the best level of care for parolees with behavioral health conditions. Mr. Storm stated that he is hoping to work with the County Behavioral Health Directors Association (CBHDA) to initiate the development of this tool.

Diversion: Building Treatment Capacity

Many individuals with serious mental illness (SMI) or substance use disorders (SUD) who do not belong in jails are arrested and taken to jail due to a lack of resources in the community such as residential treatment facilities. These individuals often stay longer in jails because their behavioral health conditions make it challenging to follow the rules and earn early release. However, most of the time, these individuals reside in jails for long periods of time because there is simply no place for them to go. This is a capacity issue. CCJBH members expressed the need to build capacity for residential treatment facilities as a diversion strategy. This would require an analysis of where county funding is allocated and advocating for these dollars to be invested in building infrastructure for behavioral health populations.

Current CCJBH efforts to address this issue includes a two-year contract with the Council of State Governments (CSG) Justice Center to gather available data sources and establish metrics for four goals: 1) prevalence of individuals with SMI in jails compared to the general population 2) capacity-building 3) workforce needs 4) data.

Additional Systems Transformation Efforts from Partner Agencies

CCJBH will look at these metrics and track them over time to make recommendations based on trends in the data.

Reentry: Collaborative Case Management, Discharge Planning, and Transitions

On the reentry side, Retired Chief Probation Officer, Mack Jenkins, stated that CCJBH needs to identify stakeholders to build collaborative case management teams and a meaningful discharge process as key components for diversion and reentry efforts. CCJBH members also recommended that behavioral health professionals be involved at the point of arrest in addition to the point of reentry.

The main focus for the CCJBH Diversion and Reentry Workgroup in 2021 is to collaboratively develop a transition process for reentry. The workgroup will engage in discussions to identify the barriers to reentry and inform the development of an effective and efficient transition process from prisons, as well as court diversion, to communities. This involves convening stakeholders, reviewing and providing feedback to define an efficient and effective transitions process.

Integrated Substance Use Disorder Treatment (ISUDT) Program

Managed under the Division of Rehabilitative Programs at the California Department of Corrections and Rehabilitation (CDCR), the ISUDT program utilizes cognitive behavioral interventions on inmates to identify and change destructive or disturbing thought patterns that have a negative influence on behavior.

The ISUDT team presented an update on their program at the December 2020 CCJBH Quarterly Meeting. They indicated that the pre-release planning teams are now working closely together to determine needs of justice-involved behavioral health populations and establish transition plans for the releasing population. While transition plans are being put together with good intentions, there are additional opportunities to leverage and integration with evolving, innovative county services.

The ISUDT Transitions Workgroup will work on this task in 2021. This will include a high-level Summit to engage key stakeholders, some of which have been identified as probation, behavioral health groups such as CBHDA, and health agencies such as DHCS. Then, the Transitions team will conduct a county-by-county assessment of organizational structure and services, redefine transition protocols and procedures for data-sharing, and minimize pathways for individuals to receive county services.

You may visit the [CCJBH webpage](#) for more information regarding current projects and efforts to improve outcomes for individuals with behavioral health conditions who intersect with the criminal justice system.

Additional Systems Transformation Efforts from Partner Agencies

Mental Health Services Oversight and Accountability Commission (MHSOAC)

Data-Driven Recovery Project

The Data-Driven Recovery Project (DDRP) is an Innovation Incubator Project under the MHSOAC that intends to improve outcomes for justice-involved behavioral health clients. Ten counties have opted into DDRP to look at system-level opportunities to collaborate and share the impacts of using integrated data across multiple agencies. By improving data use and sharing regarding the behavioral health needs of individuals in contact or at-risk of having contact with the criminal justice system, counties can respond more appropriately to the needs of this population.

The support offered to these counties focuses on developing localized plans and priorities, integrating data for analysis, and developing research-informed program analysis across a range of justice processes and behavioral health interventions. The DDRP focuses on building technical infrastructure and capacity through the integration of administrative data as well as the ongoing use of analysis and data-informed practices. Counties are currently in the implementation process of DDRP.

Current Efforts Underway for the Child Welfare and Foster Care Systems:

CalAIM Foster Care Model of Care Workgroup: The [CalAIM Foster Care Model of Care Workgroup](#) is engaging in discussions to implement a new and/or make improvements to the existing model of care for children and youth in the foster care system. This includes the creation of a long-term plan for how foster youth receive health care services (physical health, mental health, substance use disorder treatment, social services, and oral health).

Throughout 2020, workgroup members had the opportunity to learn about models of foster care in other states including Washington, Arizona, and New Jersey. Members held discussions and made recommendations on how to approach data outcomes and portability, the integration and coordination of health and social services, and the suite of core behavioral health services for foster youth.

During the December 2020 meeting, the workgroup received a presentation summarizing the perspectives of youth who were interviewed via listening sessions on the following topics: access and quality of care, continuity of care, care coordination, trauma-informed care, transitions out of the foster care system, and culturally-inclusive and responsive care. The workgroup also had the opportunity to assess potential managed care models and review concept papers that contained recommendations on how improve the system of care for children and youth in foster care. Workgroup members provided input on the potential models and components to include in the design of a new and improved system of care for foster youth.

Additional Systems Transformation Efforts from Partner Agencies

County Behavioral Health Directors Association (CBHDA)/County Welfare Directors Association (CWDA): CBHDA and CWDA are seeking to build out a proposal which can be put forward as part of the CalAIM process to establish automatic eligibility for children in child welfare and their families to a minimum, mandatory set of behavioral health services. CBHDA and CWDA created a [document](#) that details what these minimum, mandatory scope of services for foster youth might look like. Most of the services include existing Medi-Cal billable services refined to better serve child welfare system-involved populations.

Behavioral Health Stakeholder Advisory Committee (BH-SAC): BH-SAC members have held discussions and listening sessions on how to improve the children and youth systems of care throughout 2020. During the July 2020 meeting, Deputy Director for Mental Health and Substance Use Disorder Programs, Dr. Kelly Pfeifer, presented DHCS' goals for improving access to behavioral health services for children and youth. The goals included providing timely access and ensuring coordinated, cross-system, and trauma-informed care for children in the child welfare and foster care systems.

CalAIM will aim towards improving quality and access for children through value-based payments, integration for children with co-occurring disorders, and modifying the way medical necessity is determined. Dr. Pfeiffer indicated that DHCS will aim to build a robust set of metrics to hold counties and Managed Care Plans (MCPs) accountable to access and quality standards. DHCS is currently working on developing a public mental health and SUD dashboard to share data. BH-SAC members discussed and provided recommendations for ways in which DHCS can work towards improving quality and access for children and youth following Dr. Pfeifer's update. BH-SAC members will continue discussions with DHCS to work towards improving the child welfare system.

During the October 2020 meeting, BH-SAC members received a presentation that highlighted the [Child Welfare Council Behavioral Health Committee Policy Recommendations](#) centered on four themes: 1) improving access to services 2) setting standards for the comprehensive array of services available for youth and their families 3) developing strategies to support effective implementation and 4) implementing outcomes-based accountability and performance improvement measures. BH-SAC members provided feedback for the draft recommendations and held a discussion on how to improve services for children and youth. The Child Welfare Council will begin operationalizing the policy recommendations in January 2021.

Behavioral Health Taskforce: Children and youth are one of three focus populations for the Taskforce. The workgroup focused on children and youth will develop and bring forth draft recommendations to the Taskforce in early 2021.

Office of Surgeon General/Department of Health Care Services: The Office of the California Surgeon General released the [Roadmap for Resilience: The California Surgeon General's Report on Adverse Childhood Experiences, Toxic Stress, and Health](#) to serve as blueprint for how communities, states, and nations can recognize and

Additional Systems Transformation Efforts from Partner Agencies

effectively address Adverse Childhood Experiences (ACEs) and toxic stress as a root to some of the most harmful, persistent, and expensive societal and health challenges facing our world today. The report provides clear and equitable response solutions, models, and best practices to be replicated or tailored to serve community needs.

The ACEs Aware Initiative has recently released the [*Trauma-Informed Network of Care Roadmap*](#) for public comment. The roadmap aims to provide practical steps that health care providers and health and human services organizations can take within their own communities to grow cross-sector networks of care that support children, adults, and families in effectively mitigating the impact of ACEs and toxic stress on health. Additionally, providers who complete the ACEs Aware training are eligible to claim Medi-Cal reimbursement for conducting ACEs screenings.

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 21, 2021

Agenda Item: DHCS CalAIM Updates

Enclosures: [CalAIM Webpage](#)

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to inform the SMC about revisions made to the California Advancing and Innovating Medi-Cal (CalAIM) Initiative. This information will provide committee members with the opportunity to provide input to improve the Medi-Cal program through the upcoming renewal of the 1915(b) and 1115 waivers.

Background/Description:

The Department of Health Care Services (DHCS) released an initial draft of the CalAIM Initiative in October 2019 as a framework to improve access and quality of care through broad delivery system, program, and payment reform across the Medi-Cal program. The Systems and Medicaid Committee collaborated with behavioral health administrators, consultants, sister-agencies, advocates, individuals with lived experience, and other entities to submit a letter of recommendations in response to the proposed CalAIM Initiative in March 2020.

Due to the public health emergency and \$54.3 billion state budget deficit resulting from the COVID-19 pandemic, the process to move CalAIM forward was postponed for one year. DHCS will submit the revised CalAIM proposals to the Centers for Medicare and Medicaid Services (CMS) in early 2021. It is imperative that Council members are informed about the proposed system changes within CalAIM as this Initiative impacts how services will be delivered and paid for in California's public behavioral health system.

Dr. Kelly Pfeifer, Deputy Director of Mental Health and Substance Use Disorder Services at the Department of Health Care Services, will provide an update on the policy and program changes that DHCS has made to CalAIM since the stakeholder process that occurred Fall 2019 through Winter 2020. Committee members will use this information to provide recommendations for CalAIM and determine the next steps to move forward system changes that result in improved access and quality of care for Californians with serious mental illness and substance use disorders.