

California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, June 16, 2022

Mission Inn Riverside

3649 Mission Inn Avenue, Riverside, CA 92501

Mediterranean Terrace

8:30 a.m. – 12:00 p.m.

- | | | |
|-----------------|--|--------------|
| 8:30 am | Welcome and Introductions
<i>Karen Baylor, Chairperson and All Members</i> | |
| 8:40 am | Approve April 2022 Draft Meeting Minutes
<i>Karen Baylor, Chairperson and All Members</i> | Tab 1 |
| 8:45 am | Behavioral Health Updates
<i>Ashneek Nanua, SMC staff</i> | Tab 2 |
| 8:55 am | Public Comment | |
| 9:00 am | 988 Suicide and Prevention Hotline and Crisis Continuum Presentation
<i>Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association</i> | Tab 3 |
| 9:50 am | Public Comment | |
| 9:55 am | Break | |
| 10:10 am | Local Perspectives on Enhanced Care Management (ECM) And Community Supports Implementation
<i>Veronica Kelley, DSW, LCSW, Director, Orange County Department of Mental Health and Recovery Services</i>
<i>Marcus Cannon, LMFT, Deputy Director Forensics, Riverside University Health System – Behavioral Health</i>
<i>Rhyan Miller, LMFT, Deputy Director of Integrated Programs, Riverside University Health System – Behavioral Health</i>
<i>Theresa Frausto, MD, Loma Linda University</i>
<i>Michael Knight, MPA, Assistant Director, San Bernardino County DBH</i>
<i>Georgina Yoshioka, LCSW, Interim Director, San Bernardino County DBH</i> | Tab 4 |
| 11:10 am | Public Comment | |
| 11:15 am | Providing Access and Transforming Health (PATH) Supports Presentation
<i>Dana Durham, Chief of Managed Care Quality and Monitoring Division (MCQMD), Department of Health Care Services</i> | Tab 5 |

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

- 11:50 am** **Public Comment**
- 11:55 am** **Wrap Up/Next Steps**
Karen Baylor, Chairperson and All Members
- 12:00 pm** **Adjourn**

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

Systems and Medicaid Committee Members

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	
Veronica Kelley	Celeste Hunter	Deborah Pitts
Tony Vartan	Catherine Moore	Karen Hart
Noel O'Neill	Walter Shwe	Liz Oseguera
Dale Mueller	Marina Rangel	Steve Leoni
Daphne Shaw	Susan Wilson	Joanna Rodriguez
Vandana Pant	Jessica Grove	Sutep Laohavanich

Committee Staff: Ashneek Nanua, Council Analyst; Jane Adcock, Executive Officer

TAB 1

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 16, 2022**

Agenda Item: Approve April 2022 Draft Meeting Minutes

Enclosures: April 2022 Draft SMC Meeting Minutes

Background/Description:

Committee members will review the draft meeting minutes for the April 2022 Quarterly Meeting.

Motion: Accept and approve the April 2022 Systems and Medicaid Committee draft meeting minutes.

Systems and Medicaid Committee

Meeting Minutes (DRAFT)
Quarterly Meeting – April 21, 2022

Members Present:

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	Catherine Moore
Veronica Kelley	Walter Shwe	Marina Rangel
Noel O'Neill	Susan Wilson	Daphne Shaw
Jessica Grove	Sutep Laohavanich	Tony Vartan

Members Present (Virtual):

Karen Hart, Steve Leoni, Celeste Hunter

Staff Present:

Ashneek Nanua, Jane Adcock, Jenny Bayardo

Presenters:

Edwin Poon, Paula Wilhelm, Michelle Cabrera, Jennifer Hallman, Yvette Willock, Linnea Koopmans, Bambi Cisneros

Public Attendees:

Benny Benavitez, Theresa Comstock, Bill Stewart

Meeting Commenced at 8:30 a.m.

Item #1 **Approve January 2022 Draft Meeting Minutes**

The Systems and Medicaid Committee (SMC) reviewed the January 2022 draft meeting minutes. Steve Leoni had a correction to Page 9 of the minutes to state that the peer managers running the service cannot get outcomes data from Kaiser Permanente for the peer-run services because Kaiser Permanente considers this information proprietary.

With Steve Leoni's correction, Catherine Moore motioned approval of the SMC January 2022 meeting minutes. Susan Wilson seconded the motion. Tony Vartan abstained. The motion to approve the minutes passed.

Action/Resolution

The January 2022 SMC Meeting Minutes are approved with the correction on Page 9.

CBHPC Systems and Medicaid Committee – April 2022 Meeting Minutes [DRAFT]**Responsible for Action-Due Date**

Ashneek Nanua – June 2022

Item #2 Review and Finalize SMC 2022-2023 Work Plan

SMC Chairperson, Karen Baylor, stated that there have been changes made to the draft SMC 2022-2023 Work Plan. SMC staff reviewed changes made to the Work Plan. Steve Leoni stated that the timeline for Objective 2.2 starts in January 2023. He commented that he would like to know the mandates and processes in the counties as well as the oversight needed to apply for the Institutes for Mental Disease (IMD) Waiver.

Committee members voted to finalize the 2022-2023 SMC Work Plan with the amendment to the timeline for Objective 2.2. Tony Vartan motioned approval of the Work Plan. Susan Wilson seconded the motion. The Work Plan was approved by all committee members in attendance.

Action/Resolution

The SMC 2022-2023 Work Plan has been approved with the amendment to Objective 2.2. SMC staff will submit the final Work Plan to the CBHPC webpage.

Responsible for Action-Due Date

Ashneek Nanua – June 2022

Item #3 County Perspectives on CalAIM Implementation

Karen Baylor, Chairperson, introduced a panel of individuals representing various county behavioral health agencies throughout California to present on the implementation of the CalAIM Initiative thus far. The committee first heard from Michelle Cabrera, Executive Director of the County Behavioral Health Directors Association (CBHDA), and Paula Wilhelm, Director of Policy for CBHDA. Michelle reviewed CalAIM initiatives that cross across sectors, including Enhanced Care Management (ECM), Community Supports, Population Health Management, jail in-reach to provide Medi-Cal 90 days prior to release from incarceration, long-term plan for foster youth, and Full Integration Plans which would bring physical health, mental health, and substance use services starting in 2027.

Paula Wilhelm reviewed CalAIM county behavioral health transformation initiatives such as the Drug Medi-Cal Organized Delivery System (DMC-ODS) renewal, changes to the criteria to access Specialty Mental Health Services (SMHS), No Wrong Door Policy, documentation reform, Peer Support Services, payment reform, Institutes for Mental Disease (IMD) Waiver, and mental health and substance use disorder integration.

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Michelle Cabrera stated the CalAIM goals for county behavioral health agencies:

- 1) Maximize the ability to draw down federal matching funds through Medi-Cal
 - Today, the largest source of funding for county behavioral health is federal financial participation (FFP) so it is important to utilize these federal dollars
 - Changes that allow to bill for services delivered prior to an assessment or in an absence of a diagnosis will open the ability for additional Medi-Cal reimbursement
- 2) Remove barriers so that more Medi-Cal beneficiaries can access mental health services and create automatic eligibility for foster youth, justice-involved, and homeless children and youth
 - No Wrong Door helps open access across SMHS and non-specialty mental health services
- 3) Improve patient and provider experience by simplifying and streamlining documentation to prioritize client care
 - Currently, providers focus on spending too much time on whether documentation will meet compliance standards versus clinical quality and monitoring for fraud, waste, and abuse
- 4) Improve communication and coordination across county behavioral health agencies and Med-Cal Managed Care Plans

Paula Wilhelm provided the timeline for the CalAIM Behavioral Health Initiatives provided by the Department of Health Care Services (DHCS). She spoke to what counties are experiencing now before implementing changes and what counties and providers need for successful implementation in order to realize the promise of CalAIM and actualize the important goals described above. Paula stated that CalAIM is an enormous culture change and there are benefits to be realized immediately such as the criteria to access SMHS and providers being paid for services prior to a diagnosis. She stated that documentation reform will be a longer process. There has been dialogue between counties and their staff to focus on quality outcomes and client-centered care and changing the culture around IT systems, paperwork, and work flows in order to move this change forward.

Edwin Poon, PhD, Deputy Director of Managed Care, Santa Clara County Behavioral Health Services presented on CalAIM efforts in Santa Clara County as well as the challenges and opportunities. Dr. Poon highlighted the following elements in his presentation:

- The county has a holistic, integrated approach to implement CalAIM. The core CalAIM Steering Committee includes the Behavioral Health Services Department (BHSD), Valley Health Plan, Valley Medical Center, Office of Supportive Housing, Office of System Integration and Transformation, Contracting and Finance, County Counsel, and County CEO Office.
- The BHSD implementation plan includes the following strategies:
 - 1) **Organizational improvement:** the county built a Managed Care component in the department including a quality management team in the

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Mental Health Plans and are leveraging teams to do integration of MH/SUD services to have a more consistent approach as a department

- 2) **External and internal partnerships:** collaboration with community-based organizations, behavioral health contracting association, and include criminal justice system, social services, and other systems to support transition between systems and populations
 - 3) **Communication plan:** evaluate how county and organizations will manage the changes i.e. documentation redesign impact on staff
The county is leveraging meetings, social media, etc. to communicate via multiple channels
 - 4) **Technical assistance:** leverage DHCS, CBHDA, and CalMHSA to support technical assistance in the county are critical for implementation
 - 5) **Consulting support**
- Challenges and opportunities include 1) cultural changes such as training staff and systems to change their approach to documentation shift to client-centered treatment 2) network development of a new Managed Care model that requires the network to be dynamic, flexible, and look at how to combine different service levels in order to meet the client's needs rather than fitting the client to one specific program and 3) data analytics and the opportunity to pull different data sources together to find the best service for the client at the micro level, and at incorporating data to evaluate utilization patterns in order to use resources most efficiently at the macro level.

Jennifer Hallman, Quality Assurance Manager, Los Angeles County Department of Mental Health, described CalAIM implementation in Los Angeles County. She started the conversation by stating that the county has been transparent about the changes brought on by CalAIM to providers and have been taking provider input on these changes. Jennifer expressed concerns about the actual implementation process and the county is embracing the potential outcomes from CalAIM. She stated that creating new policies does not necessarily translate to meeting goals which provider input will help with. The county is also trying to get information out to providers quickly and ensure that everyone has easy access to this information.

Los Angeles County has implemented the following to support the successful implementation of CalAIM:

- Monthly virtual provider meetings to share up-to-date information on CalAIM including draft documents from DHCS
- Bulletins similar to DHCS Behavioral Health Information Notices (BHINs) and what those policy changes mean to providers
- Recorded online training modules on the key changes of CalAIM i.e. changes to access for SMHS
- “QA on the Air” which is a quality assurance virtual webinar that anyone can join to provide informal information, answer provider questions, and receive feedback from the individuals putting CalAIM into practice

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- FAQs related to the CalAIM initiatives based on the questions that come up in webinars, meetings, and trainings
- Staff meetings with line staff to answer questions and ensure information is reaching all levels of staff

Jennifer Hallman emphasized two important elements to assist with the culture change brought by CalAIM:

- Communication plan of how to put out information in simple terms on how an individual's journey in behavioral health care in Los Angeles County and what it means to be a SMHS provider versus a Managed Care provider
- Pilot programs such as the child screening tool and how to ensure that access to care is seamless for the consumer

Q & A:

Karen Baylor asked the presenters to discuss the change management element of CalAIM that county staff must work on in addition to their regular workload. She asked how counties will prepare for all of the work associated with change management.

- Jennifer Hallman stated that her county has started to identify priorities and infusing elements of CalAIM into regular workload items such as county reviews and thinking about how the county may want to do reviews in the future with the transition to CalAIM. Los Angeles County also experienced a provider shortage and used the child screening tool beta-test to assist with some capacity issues to see where children may most be appropriately placed in the system.
- Michelle Cabrera stated that the cultural evolution of behavioral health and environmental stressors combined with less stigma with health-seeking behaviors being compounded with positive policy changes such as school-based services has put more stress on the public safety net system. She stated that county behavioral health resources do not grow to help adjust to meet the changes and a larger long-term balancing is needed to reflect that the entire way behavioral health is being looked at is changing.

Karen Baylor responded to Michelle Cabrera's comments and indicated that it appears that the ultimate goal in the years to come is full integration of SMHS and SUD in the Managed Care Plans. Karen asked CBHDA if full integration is being discussed.

Michelle Cabrera stated that RAND Corporation did a literature review on full integration that has been done in other places. RAND found that all carve-ins are different in how they are structured on whether they deal with specialty populations or not and whether they have a carve-out within the carve-in. For instance, Medi-Cal MCPs contract out the mental health benefit with different networks which is a carve-out within the carve-in of mental health services. RAND did not find evidence that carve-ins are beneficial and raise suggestions for policy-makers to consider. Michelle stated that carve-ins can be limited. New York has its own specialty plan for people with significant behavioral health conditions with physical health brought in.

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Steve Leoni asked what role consumers, family members, communities of colors, etc. have for input on the CalAIM changes in Los Angeles County. Jennifer Hallman stated that the county had several stakeholder workgroups with community members to get their input on what access should look like and getting their feedback. She added that the main goal is access to services and ensuring that the individuals who require services can get it.

Catherine Moore asked if the RAND study was mostly done for California or if it also included New York. Michelle Cabrera stated that RAND did a national literature review of any studies that CBHDA had questions about regarding carve-ins and found that there was very little information found. Michelle emphasized the question of whether bringing all services under one entity results in better access to care so these elements need to be considered for specialty populations that routinely get discriminated against. Access and cultural competence from a behavioral health standpoint is important as well as ensuring that individuals are appropriately served.

Catherine Moore stated that electronic health records (EHRs) are an area to integrate and communicate about clinical services. She asked about the struggles of getting EHRs integrated and being able to see the Medi-Cal service delivery for specialty services. Catherine also asked if additional monies provided by the state are usable yet and whether counties are able to hire new staff to help support the large CalAIM changes.

- Edwin Poon responded that 25% of services are provided by the internal county system in Santa Clara and 75% of services are delivered via contracted providers. He stated that the EHR system is only mandated in the internal county system but not contracted providers. Data analytics helps capture how people are accessing care in the county and the county is embarking on the journey to connect the provider EHR with the county EHR to be able to pull additional data. Edwin added that documentation redesign for payment reform will be a huge lift to the county but the transformation includes the coding transitions and data alignment that would allow the county to compare how mild-to-moderate and SMHS populations are utilizing services.
- Michelle Cabrera stated that there is a data exchange workgroup effort at CalHHS which is seeking to expand the rules of engagement across multiple delivery systems and looking to potential share data across physical health, behavioral health, and social services. Michelle noted that federal investments made to help providers move to EHRs and invest in data infrastructure excluded behavioral health providers so county behavioral health is starting to tap into federal investments and additional supports will be required for behavioral health agencies because EHR vendors for behavioral health at the national level do not overlap well with physical health EHR systems. Michelle stated there will need to be some efforts to bring health systems into the knowledge that the behavioral health system understands as well.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

**Item #4 Overview of Enhanced Care Management (ECM) and
Community Supports**

Bambi Cisneros, Assistant Deputy Director of Managed Care Health Care Delivery Systems at the Department of Health Care Services, delivered a presentation on the CalAIM Enhanced Care Management (ECM) and Community Supports benefits.

California first introduced community-based care management through the Whole Person Care (WPC) and Health Homes pilot programs. Through evaluation of these programs, CalAIM is scaling these pilots statewide via ECM and Community Supports. ECM is a patient-centered population health management strategy with a focus on preventative care, addressing social drivers of health, and providing care coordination to fit into a population health strategy. ECM will contract with providers to provide services to the high-cost, high-needs populations by meeting members where they are and build trust to facilitate the navigation that members with complex conditions have across delivery systems. ECM populations include individuals with serious mental illness (SMI) and substance use disorders (SUD) and children with serious emotional disturbances (SED) who experience homelessness, high utilizers of emergency room services, those at risk of institutionalization or are transitioning from institutionalization back into the home. ECM is not available to everyone but rather individuals who require complex case management and need more care coordination so individuals must meet specific eligibility criteria to participate. There will be one primary case manager coordinating care across systems.

Bambi shared the ECM implementation timeline which includes a phased approach to implementation. Counties that have existing WPC and Health Homes pilots are implementing ECM first in January 2022 for individuals and families experiencing homelessness, adult high utilizers, adults with SMI/SUD, and incarcerated and transitioning to the community. Counties that do not have existing WPC pilots or Health Homes programs will begin implementation for these populations in July 2022. For populations that were incarcerated and transitioning back to the community who were not a part of WPC, individuals at risk of Long Term Care, and Nursing Facility residents transitioning back to the community will begin receiving ECM supports in January 2023. The children and youth population of focus will receive ECM starting in July 2023.

Managed Care Plans are creating a model of care which explains how they intend to deliver the provision of these services. DHCS will review the model of care submissions in order to assist health plans with guidance that may need to be sent out and what technical assistance is needed.

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Community Supports are medically effective and cost-appropriate alternative services to state plan benefits to eliminate the need for higher level care or costly services in the future. These are 14 pre-approved wraparound services to ultimately reduce the member's cost of care. There is an ECM care manager that assesses the beneficiary's needs and connects them to the Community Supports services that they need. Community Supports is currently a pilot program and an optional benefit but DHCS is hopeful to demonstrate cost-savings and improved outcomes to the federal government to receive approvals for it to become a statewide Medi-Cal benefit.

Providers at the plan or network level will be required to document medical appropriateness of each Community Support for each enrollee including how the service would likely reduce or prevent the need for acute care. Reporting requirements including oversight and monitoring apply as well. Encounter data will be used to monitor ECM and Community Supports on who is utilizing services, requests for services and outreach, and provider capacity. MCPs are required to submit this information on a quarterly basis to DHCS beginning in May 2022.

Q & A:

Noel O'Neill asked if Community Supports are only encouraged to be offered by MCPs and what the incentive is for MCPs to offer these services. Bambi stated that the health plans are passionate about moving this benefit forward and ultimately helps with cost because offering these services help avert high-cost services.

Uma Zykofsky asked how DHCS is monitoring how Medi-Cal members are getting their needs met statewide if Community Supports is not a statewide benefit. Bambi stated that DHCS is looking at the monitoring reports that MCPs are submitting, encounter data, social determinants of health data, and reporting to CMS that will align with what the MCPs are working on. MCPs also have the discretion to run the Community Supports the way they would like but DHCS has various touch points with the MCPs to see how the services are going and MCPs have the optional to provide other supplementary services that are included in their health plan.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 Local Perspectives on ECM and Community Supports

A panel of county and Managed Care Plan representatives presented to the SMC on the implications of administering Enhanced Care Management and Community Supports via MCPs. Yvette Willock, Chief of Social Services and CalAIM lead for the Los Angeles County Department of Mental Health began the presentation by speaking

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about the successes, challenges, best practices, and future policy implications of implementing ECM and Community Supports thus far. Her presentation included the following key points:

- Key successes include the conversations that the county mental health department have had with five Medi-Cal MCPs to plan the implementation of ECM and Community Supports and reaching consensus among one approach on how to implement these services. There are some adjustments to work flows and processes the county will need to do for each MCP based on the needs of the organizations they contract with.
- A best practice includes acknowledgement of the correlation of complex clinical and non-clinical experiences that beneficiaries have with the high-cost of services. Los Angeles County was a WPC Pilot participant with populations that mirror the ECM target populations including high-utilizers, individuals with SMI/SUD, and individuals experiencing homelessness. The county had a multi-disciplinary approach to do multiple tasks and provide multiple services to avoid the beneficiary from going to multiple providers to meet their needs, and engaged care coordination for any physical health needs of the individual.
- Another best practice is building relationships and trust as a critical component to connect individuals to the services they need, i.e., connecting an individual to housing immediately rather than having them connect to multiple services such as shelters before they can get in touch with housing.
- A challenge is determining how to model Los Angeles County ECM benefit to include one ECM provider or care manager and one Community Supports provider because this is different than how the WPC pilots were structured in Los Angeles County where there was one lead care manager.
- Another challenge involves contracting with a variety of ECM providers such as counties, CBOs, and other entities that have different contractual and negotiation processes. For instance, the contracts given to counties by MCPs has language that the county cannot agree to such as confidentiality because the county has public records requirements so this required negotiations.

Linnea Koopmans, Chief Executive Officer of the Local Health Plans of California (LHPC), presented the Managed Care perspective of ECM and Community Supports. Linnea first provided an overview on the local health plans In California, LHPC represents 16 local health plans in 36 counties of which the majority were public plans created through county ordinance and their boards include safety net providers and county supervisors. The local plans will expand to serve 51 counties by 2024 and the plans currently cover over 70% of Medi-Cal Managed Care enrollees statewide. The local plans have a mission emphasis on the safety net and are non-profits that reinvest revenue back into the communities. There is much collaboration that occurs among the local plans since they are not competitors like commercial plans. The majority of the work of local plans is focused on low-income populations as well.

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In January 2022, most local plans began implementation of ECM and Community Supports as a part of CalAIM. Linnea shared considerations for the SMI/SUD population. She shared that much of the efforts were on transitioning WPC pilots and Health Homes Program to ECM/Community Supports. A best practice was that relationships were key including various meetings and planning to make a successful transition.

Local plans believe that county behavioral health agencies are the best ECM providers so there have been many efforts to contract with counties to provide this service and most plans have been successful in finalizing plans with counties. Some counties opted to not be ECM providers so MCPs have instead contracted with CBOs as ECM providers. The benefits of having counties or CBOs serve as ECM providers is that the county can integrate ECM with their regular behavioral health care operations because a direct contractual relationship is in place between the health plan and county. This helps with coordination of care, payment, and data sharing.

There is flexibility on who can serve on the care team. For instance, some counties are leveraging Peer Support Specialists to serve as a care team. FQHCs are also serving as an ECM provider for many populations of focus.

Linnea provided some considerations for how local plans made decisions on what to offer in Community Supports in 2022 versus 2023. The decisions were based on what the plans had to build on locally such as existing infrastructure that already existed prior to 2022 i.e., did they already provide medically-tailored meals prior to CalAIM?

Successes include relationship development and having contracts finalized or close to being final. The process to continue services for individuals receiving services under WPC and Health Homes and expanding these services to additional populations.

Challenges include data-sharing between health plans and counties. In order to identify members eligible for ECM, the plans must have that data but there is a lag of data that they receive from DHCS. Some counties and plans will share clinical information. The opportunity that CalAIM presents is to improve data-sharing locally and remove barriers that were historically in place. Capacity and workforce is another challenge as some counties were not able to become an ECM provider due to workforce challenges. Some counties have also expressed that payment rates were lower than what they feel was needed to provide ECM services in a meaningful way. LHPC strongly advocated to DHCS that the rates need to increase for these populations. The final rates that DHCS gave to plans ended up being 25% higher than the draft rate and LHPC is hopeful that the rates do not continue to act as a barrier to contracting with counties and other providers. Ensuring that there is no duplication of services is another challenge because there is no guidance on what documentation is needed to ensure that duplication is not occurring.

Michelle Cabrera, Executive Director of the County Behavioral Health Directors Association (CBHDA), and Paula Wilhelm, Director of Policy for CBHDA presented to the WEC. Michelle Cabrera acknowledged that we are still early in the implementation

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of ECM/Community Supports. CBHDA learned from county behavioral health plans that even with the 25% improvement in payment rates, the contract requirements did not match with reimbursement rates so counties had to grapple with how to make it work. Counties may have had to off-set and supplement the rates (net loss) in order to meet the contractual requirements which is problematic and needs to be understood long-term. This type of high-touch, in-person case management is new for MCPs. One of the opportunities between MCPs and county behavioral health is that counties may be able to get easier access to physical health services for their clients which can lead to better outcomes. The next wave of contracts between MCPs and county behavioral health agencies who were not part of WPC or Health Homes is a different set of challenges as more will be needed to support them from the early lessons that are being learned by counties who are implementing ECM/Community Supports currently.

Paula Wilhelm added that she appreciates that the SMC Work Plan states that the committee will look at the effects of CalAIM over time and whether clients are appropriately engaged in ECM. She laid out considerations such as what the best practices may be between MCPs and county behavioral health departments and how to share those best practices. There is a need to look at the rates and how to fully invest in these programs and whether there are better outcomes such as reduction in hospitalizations. Paula also raised the consideration of how the health of the clients we serve improve over time and how to measure those improvements in physical and behavioral health.

Q & A:

Steve Leoni asked if there is a crosswalk between Mental Health Services Act (MHSA)-funded services and ECM/Community Supports services, especially with the consideration that MHSA funds cannot be used if there is another funding source available. Michelle Cabrera stated that before the launch of CalAIM, CBHDA raised the question of what ECM is and the work that county behavioral health already does for clients to avoid duplication. There is no crosswalk on Full Service Partnerships (FSPs) or MHSA as a funding source specifically to ECM because counties have a variety of programs. The potential for ECM to free up resources to augment budgets to extend the use of existing funding sources is one thing that counties are interested in. However, if the rates are insufficient to support the core work of ECM, and serve individuals who were not previously served, it shifts the financial dynamic. Also, there is not robust data at the state level on non-Medi-Cal services and supports delivered by county behavioral health agencies. Linnea Koopmans added that it makes sense to evaluate what individuals are receiving via FSPs versus CalAIM and whether there are additional services they would be eligible for in ECM or FSPs. For instance, FSPs can provide rent and housing supports that ECM/Community Supports would not offer.

Catherine Moore asked if there is up-front funding to support the implementation of ECM/Community supports such as money to assist with IT, hiring, and data infrastructure. Linnea Koopmans stated that some Providing Access and Transforming Health (PATH) funding is earmarked for ECM and Community Supports directly to

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counties. There is also Managed Care incentives to provide ECM/Community Supports in the first few years to get providers on-boarded into a common data sharing platform and other needs. Michelle Cabrera added that several counties decided to put up MHSA funds as seed funding to help launch and support ECM and it is questionable on whether PATH funding will come through or if rates are sustainable to support the benefit long-term.

Noel O'Neill stated that small and rural counties with capacity issues will support non-profits to do the work of ECM/Community Supports but it is critical for the county behavioral health agencies to work with non-profits because they may be the only certified provider for SMHS and SUD services. This means that the county would be the only entity able to bill DHCS for services so coordination between the counties and non-profits is important.

Veronica Kelley stated that Orange County and other large counties are working with MCPs to negotiate a per-member-per-month rate to deliver ECM. Whether the county meets specific metrics or not, there is no additional workforce to hire. The concern is not knowing where the cost-savings are coming from because the state did not indicate what can be part of ECM specifically and what can be provided versus what is provided via MHSA.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Public Comment

Theresa Comstock from the California Association of Local Health Boards and Commissions (CalBHBC) stated that it appears that ECM/Community Supports are resources that may free up some MHSA funding so that providers could be paid more for services or that other core programs can use MHSA funding but is seeking clarity on this. Michelle Cabrera stated that if rates were sufficient and there was more clarity on what services are considered duplicative or not, then Theresa Comstock and Steve Leoni's comments would be possible.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 Planning of CalAIM Presentation for General Session

SMC Chairperson, Karen Baylor, initiated a conversation about how to make sure the entire Planning Council knows about the CalAIM efforts which involves a presentation during General Session, what it would look like, and what the focus should be.

Executive Officer, Jane Adcock, stated that the SMC would have an hour to present at General Session including time for Q & A and member discussion which would likely result in 35 minutes of presenting. Jane noted that even a three-hour lecture would not likely cover what the committee has learned about CalAIM over the last three years.

Uma Zykofsky suggested an approach to highlight the changes of CalAIM between January 2022 and June 2022. For instance, how did medical necessity change in January 2022 and how does it look in June 2022? Uma expressed the biggest conceptual change is that CalAIM is making Medi-Cal fit the service rather than making the service fit to the Medi-Cal payment. Uma stated that individuals and advocates must comprehend this in an easy-to-understandable way which involves expressing what happened before and what is happening now.

Susan Wilson made a suggestion to provide examples of CalAIM in practice. For instance, this would involve describing person A's needs, this is what would happen to person A before, and this is what will happen to person A now with CalAIM. This will personalize CalAIM to individuals and to pick the 3-5 key points that the SMC wants everyone to know. Susan also suggested adding an information graphic to visualize the changes of CalAIM.

Tony Vartan agreed with the notion to keep the presentation high-level and simple. He suggested looking at utilizing CBHDA's slides that highlights CalAIM and then have discussion of these topics approved through July 2022 as a starting point.

Noel O'Neill proposed that Veronica Kelley walk the Planning Council through the presentation slides from Michelle Cabrera if she is willing to do so. Noel O'Neill agreed with the notion to keep the presentation simple and easy to understand.

Action/Resolution

SMC Staff and committee Officers will work with Veronica Kelley to assemble a presentation on the CalAIM behavioral health proposals for the Planning Council's General Session meeting in June 2022.

Responsible for Action-Due Date

Ashneek Nanua, Karen Baylor, Uma Zykofsky, Veronica Kelley – June 2022

Item #8 Public Comment

Theresa Comstock, CalBHBC, asked for the SMC to highlight the changes for education on CalAIM to the local boards and commissions.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #9 Behavioral Health Updates

SMC staff provided updates from recent behavioral health policy meetings held by the state. Staff highlighted the following key updates:

- Seven counties have been approved for the Contingency Management Pilot program launching in July 2022.
- The Children and Youth Behavioral Health Initiative (CYBHI) is in Phase 1 which is setting goals, setting up the project infrastructure, and gathering input from stakeholders. There are different state agencies implementing the CYBHI.
- The Telehealth Advisory Committee has reviewed the Telehealth Policy that will make permanent some of the flexibilities provided during the COVID-19 public health emergency.
- The Behavioral Health Continuum Infrastructure Program (BHCIP) is currently in the fourth round of funding which is for children and youth. DHCS will provide \$480.5 billion for children and youth infrastructure projects to address significant gaps for facilities for children and youth as well as post-partum women and children.
- The CalAIM Justice-Involved Workgroup reviewed the proposal for PATH funding for justice-involved behavioral health populations to support the CalAIM proposal to provide Medi-Cal services 90 days prior to release from incarceration. On April 15, 2022, DHCS released a draft guidance memo for the PATH Justice-Involved Capacity Program which provides information about the eligibility requirements and application process.
- Medi-Cal Older Adult Expansion is effective May 1, 2022 which will provide full-scope Medi-Cal services to individuals ages 50 and older regardless of immigration status.
- DHCS has released a final CalAIM data sharing authorization guidance which clarifies requirements to share data between CalAIM entities.

CBHPC Systems and Medicaid Committee – April 2022 Meeting Minutes [DRAFT]

SMC staff offered to send additional information to SMC members upon request and notified the committee that staff will provide important behavioral health updates on a continuous basis.

Action/Resolution

Staff will continue to provide updates the SMC as needed.

Responsible for Action-Due Date

Ashneek Nanua – ongoing

Item #10 Wrap Up/Next Steps

The committee discussed the following next steps:

- Uma Zykofsky stated that it would help to have a clinician or individual doing on-the-ground ECM work provide their perspective.
 - Veronica Kelley stated that she would reach out to her contacts at Riverside County and San Bernardino County to present.
- Steve Leoni expressed that he would like to understand the requirements needed for BHCIP and how far along the process is as well as the structure given to counties to build out the infrastructure. He stated that the state is pursuing a waiver for the Institutes for Mental Disease (IMD) Exclusion and pursuant to that, the infrastructure must be built out based on the requirements from the federal government and he would like to know the content of the state's instructions and what kind of services that are being built out.
- Noel O'Neill is interested to have a DHCS representative to provide an update on the plans of reimbursement for the Peer Support Specialist Certification Program.

Action/Resolution

SMC staff and committee Officers will meet to plan the agenda topics for the June 2022 Quarterly Meeting based on the 2022-2023 Work Plan and committee feedback. SMC staff will work with Veronica Kelley to coordinate a presentation of CalAIM to all Council members during General Session of the June 2022 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Karen Baylor, Uma Zykofsky, Veronica Kelley – June 2022

Meeting Adjourned at 12:00 p.m.

TAB 2

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 16, 2022**

Agenda Item: Behavioral Health Updates

Enclosures: [DHCS News Release 22-04](#)

[Children and Youth Behavioral Health Initiative Stakeholder Update](#)

Children and Youth Behavioral Health Initiative PowerPoint (May 2022)

How This Agenda Item Relates to Council Mission

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

This agenda item provides committee members with information about the activities of advocates and stakeholders involved in developing behavioral health policies for California's most vulnerable populations. The SMC will use this information to stay up-to-date with current initiatives and plan future activities to advocate for policies that improve access to high-quality health care in California's public behavioral health system (PBHS).

Background/Description:

Systems and Medicaid Committee staff will provide a high-level update on current activities, initiatives, and efforts towards transforming the PBHS in California to better serve individuals with behavioral health conditions. Committee members will use this information for the ongoing effort to track various behavioral health policy meetings, engage in advocacy and make recommendations to the state for Medi-Cal beneficiaries with serious mental illness and substance use disorders.

Updates for various stakeholder meetings are provided below. *Please note that this list is not inclusive of all behavioral health policy meetings.*

Behavioral Health Stakeholder Advisory Committee (BH-SAC)

The Behavioral Health Stakeholder Advisory Committee (BH-SAC) was created as part of the ongoing DHCS effort to integrate behavioral health with the rest of the health care system, and incorporates existing groups that have advised DHCS on behavioral health topics. Following the model of the Stakeholder Advisory Committee, the BH-SAC advises the DHCS Director on the behavioral health components of the Medi-Cal program as well as behavioral health policy.

Updates: The meeting included a presentation on [Medi-Cal's Strategy to Support Health and Opportunity for Children and Families](#). The strategy includes the Children and Youth Behavioral Health Initiative, Managed Care Plan partnerships with Local Education Agencies for school-based behavioral health services, dyadic services, zero

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the CYBHI PowerPoint (May 2022)

premiums and presumptive eligibility, value-based payments for MCPs based on quality and equity metrics, the designation of a children's health champion at DHCS, and more.

DHCS also shared an update on the **CalAIM Initiative**. The update included the CalAIM behavioral health timelines as well as the following topics:

- Governor's Master Plan for Aging (MPA) mapped to CalAIM (Goals by 2030)
- Integrated Care for Dual Eligible Populations (January 2023)
- Enhanced Care Management (ECM) and Community Supports Implementation
- Providing Access and Transforming Health (PATH) Supports (May-Dec 2022)
- Justice Package including PATH Supports (2022) and Medi-Cal Pre-Release Application (July 2023)
- Request for Traditional Healers and Natural Helpers (pending CMS approval)
- No Wrong Door Policy (July 2022)
- Peer Support Services and Certification (July 2022)
- Payment Reform (July 2023)
- Standardized Screening and Transition Tools for Adults and Youth (Jan 2023)
 - *Adult tools were beta tested in fall 2021 and are currently undergoing pilot testing and will be released for stakeholder comment following pilot testing.*
 - *Youth tools were beta tested in March 2022 and are currently out for stakeholder comment. Youth tools will be pilot tested in summer 2022.*
- 1115 Behavioral Health Community-Based Continuum Demonstration
 - *DHCS plans to release a concept paper to solicit stakeholder feedback on the proposed demonstration approach.*

The BH-SAC meeting included an update on **mobile crisis response**. The Crisis Care Mobile Units (CCMU) Project will have grants to fund infrastructure and some direct services to create or enhance mobile behavioral health crisis services with a priority to individuals 25 years of age or younger. This project is funded by the Behavioral Health Continuum Infrastructure Project (BHCIP) and Behavioral Health Response and Rescue Project (BHRRP). \$160 million has been awarded in the first two rounds.

DHCS will submit a SPA that establishes a new Medi-Cal mobile crisis services benefit and anticipates the mobile crisis services benefit will be effective as soon as January 2023. DHCS will work with stakeholders to design the mobile crisis services benefit beginning in Spring 2022.

[BH-SAC May 2022 Presentation Slides](#)

Next meeting date: July 21, 2022 at 9:30 a.m. - 1:30 p.m.

CalAIM Behavioral Health Workgroup

Updates: The May 2022 CalAIM Behavioral Health Workgroup included a presentation of DHCS' Comprehensive Quality Strategy with specific measures to reach broad state-level goals by 2025. DHCS shared CMS reporting requirements for counties to report on which will be included in a Behavioral Health Dashboard for rich and easy-to-use data visualizations. The Dashboard will include EQRO data as well. DHCS then shared the CalAIM Behavioral Health Timelines and reviewed policies being implemented in July 2022 such as the No Wrong Door policy, documentation redesign for SMHS and SUD services, and co-occurring treatment. There was also review of upcoming proposals being implemented at a later date such as the standardized screening and transition tools for adults and youth, payment reform, mobile crisis services, and administrative integration of mental health and SUD services. DHCS indicated that they intend to apply for the Institutes for Mental Disease (IMD) Waiver under the 1115 Demonstration Waiver, with a solicitation for stakeholder input to come.

For more information, please visit the [CalAIM Behavioral Health Workgroup Webpage](#).

Next meeting date: TBD

California Health and Human Services Agency (CalHHS) Behavioral Health Taskforce

The California Health and Human Services (HHS) Agency announced Governor Newsom's Behavioral Health Taskforce to address urgent mental health and substance use disorder needs across California. The Taskforce consists of stakeholders including individuals with lived experience, family members, advocates, providers, health plans, counties, and state agency leaders. The mission of the task force is to develop recommendations for the Governor about how California can provide timely access to high-quality behavioral health care for all.

Updates: The BH Taskforce held "Lunch and Learn" webinar sessions for the 988 Suicide Prevention Hotline and Crisis Continuum as well as the workforce components of the Children and Youth Behavioral Health Initiative (CYBHI). The June 2022 BH Taskforce meeting will include a brief update on the CYBHI and in-depth discussions on the 988 Suicide Prevention and Crisis Hotline and Crisis Care Continuum.

[Crisis Care Continuum and 988 Presentation](#) and [Video Recording](#)

CYBHI Presentation will be posted on the [Behavioral Health Taskforce Webpage](#).

Next meeting date: Tuesday, June 14, 2022

Children and Youth Behavioral Health Initiative (CYBHI)

The Children and Youth Behavioral Health Initiative was announced in July 2021 with a \$4.4B investment to enhance, expand and redesign the systems that support behavioral health for children and youth. The goal of the Children and Youth Behavioral Health Initiative is to reimagine mental health and emotional well-being for ALL children, youth, and families in California by delivering equitable, appropriate, timely and accessible behavioral health services and supports. The CYBHI comprises multiple workstreams led by five departments and offices of CalHHS – Department of Health Care Services, Department of Health Care Access and Information, Department of Managed Health Care, California Department of Public Health, and Office of the Surgeon General.

Updates: The Department of Health Care Services held a webinar in May 2022 to update stakeholders on the CYBHI. Please see the attached PowerPoint slides for the May 2022 webinar as well as the Stakeholder Engagement Update in Tab 5 to view full details of the CYBHI update.

Behavioral Health Continuum Infrastructure Program (BHCIP)

The Behavioral Health Continuum Infrastructure Program (BHCIP) provides the Department of Health Care Services (DHCS) funding to award competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. A portion of the funding is available for increased infrastructure targeted to children and youth 25 years of age and younger.

Updates: DHCS is in the planning process of Round 4 of the BHCIP grants. Through this fourth round of competitive grants, DHCS will award \$480.5 million for children and youth-focused behavioral health infrastructure projects. DHCS held a listening session in March 2022 to gather information from stakeholders on BHCIP Round 4.

Additionally, DHCS and Advocates for Human Potential, Inc. (AHP), the third-party administrative entity, are in the process of reviewing BHCIP Round 3: Launch Ready applications. DHCS received a total of 148 applications for funding before the Part 1 deadline and will share award announcements in June 2022. DHCS has closed the application portal for Round 3 due to the response received in Part 1. There will not be a BHCIP Round 3: Launch Ready Part 2 application process.

Please visit the [BHCIP Webpage](#) for additional information and updates.

California Advancing and Innovating Medi-Cal (CalAIM) Data Sharing Authorization Guidance

DHCS recently released final [CalAIM Data Sharing Authorization Guidance](#). This document provides guidance that supports data sharing between CalAIM participants. The guidance clarifies requirements and allowances in the Budget Trailer Bill, Welfare and Institutions Code, and Penal Code. It also provides data sharing use cases to assist stakeholders in understanding circumstances in which personal information may be disclosed under CalAIM.

Council on Criminal Justice and Behavioral Health (CCJBH)

CCJBH is a 12-member council chaired by the secretary of CDCR and comprised of representatives from the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and appointed experts from criminal justice and behavioral health fields. The council is tasked with several statutory goals including: investigating, identifying, and promoting cost-effective strategies that prevent adults and juveniles with behavioral health needs from becoming incarcerated; identifying incentives for state and local justice and health programs to adopt such approaches; reporting activities to the legislature; and providing recommendations for improving the cost-effectiveness of existing behavioral health and criminal justice programs.

Updates: The April 2022 CCJBH meeting included a presentation from WellSpace Health on The Crisis Receiving for Behavioral Health (CRBH) Program. Committee members also received updates for the CCJBH workgroups pertaining to juvenile justice, diversion, and reentry as well as their Lived Experience Projects and Medi-Cal Utilization Project.

Please visit the [CCJBH webpage](#) for more information.

[CCJBH April 2022 Full Council Meeting Presentation Slides](#)

Next meeting date: Friday, July 29, 2022 at 2:00-4:30 p.m.

CCJBH Diversion and Reentry Workgroup

The Diversion and Reentry Workgroup is a subset of the Council on Criminal Justice and Behavioral Health. This workgroup is specifically tasked with strategizing ways to reduce recidivism and improve the transition for individuals with behavioral health conditions leaving jails and prisons into the community.

Updates: The May 2020 Diversion and Reentry Workgroup Meeting included an update on the Diversion Technical Assistance Contract which was awarded to the Council of State Governments (CSG) Justice Center and includes subject matter expert specialty consultation and technical assistance to enhance, sustain and/or expand local capacity

to successfully implement mental health diversion, Learning Communities, Listening Sessions, and a final report that includes recommendations to expand mental health diversion in California, anticipated December 2022.

The meeting also included a presentation and discussion on Senate Bill 317, which eliminated commitments for incompetent individuals charged with misdemeanors, requiring diversion, conservatorship, assisted outpatient treatment (AOT), or dismissal. Committee members received a county perspective from Los Angeles County.

[May 2022 Diversion and Reentry Workgroup PowerPoint Slides](#)

Please visit the [Diversion and Reentry Workgroup March 2022 Meeting webpage](#) for additional information.

Next meeting date: Friday, July 15, 2022 at 3:00-5:00 p.m.

CCJBH Juvenile Justice Workgroup

Updates: The May 2020 Juvenile Justice Workgroup meeting featured presentations from three county programs on the collaboration between probation and behavioral health to provide convenient behavioral health services to justice-involved youth to optimize successful outcomes.

[May 2022 Juvenile Justice Workgroup PowerPoint Slides](#)

Next meeting date: Friday, July 15, 2022 at 12:45-2:25 p.m.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 16, 2022**

Agenda Item: 988 Suicide and Prevention Hotline and Crisis Continuum Presentation

Enclosures: *Presentation materials will be provided closer to the meeting date.*

[DHCS News Release: California Dedicates \\$20 million to Support New Mental Health “988” Crisis Hotline](#)
[Assembly Bill 988 Bill Text](#)

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 provide the SMC with an overview of the 988 Suicide Prevention and Crisis Hotline as well as the local impact of implementing this hotline at the county level in California. Committee members will utilize this information to advocate best practices for successful timely access and coordination of care for individuals in crisis who utilize the hotline and are connected to the public behavioral health system.

Background/Description:

The Department of Health Care Services (DHCS) is investing \$20 million in California’s network of emergency call centers to support the launch of a new 988 Suicide Prevention and Crisis Hotline, which is an alternative to 911 for people seeking help during a mental health crisis. Assembly Bill 988 would require 988 centers, as defined, to provide a person experiencing a behavioral health crisis access to a trained counselor by call, by July 16, 2022, and provide access to a trained counselor by call, text, and chat by January 1, 2027.

Michelle Cabrera, Executive Director of the County Behavioral Health Directors Association, will provide an overview of the 988 Suicide Prevention and Crisis Hotline as well as the implications from a capacity, financing, and implementation perspective.

Committee members will utilize this information to stay informed about current efforts to serve populations with SMI/SED and substance use disorders and advocate needs and best practices to the California Health and Human Services Agency to improve the continuum of care for individuals served by the public behavioral health system.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Presenter Biography

Michelle Doty Cabrera, Executive Director, County Behavioral Health Directors Association:

Michelle Doty Cabrera joined CBHDA as Executive Director in May 2019. Prior to joining CBHDA she served as the Healthcare Director for the California State Council of the Services Employees International Union (SEIU California), where she advocated on behalf of healthcare workers and consumers, including SEIU California's county behavioral health workforce, on issues related to the implementation of the Affordable Care Act, Health Equity, Health4All, and cost containment, among others. She served as a Senior Consultant for the Assembly Human Services Committee, where she specialized in child welfare issues and staffed legislation which extended foster care in California to age 21. Ms. Cabrera also served as a Program Officer for the California Healthcare Foundation, working as a liaison on state health policy in Sacramento.

Ms. Cabrera served as a member of Governor Newsom's Council of Regional Homeless Advisors and was recently appointed to the California Disability and Aging Community Living Advisory Committee, representing the needs of individuals with behavioral health conditions. Ms. Cabrera has been an inaugural member of the National Quality Forum's Standing Committee on Disparities and has served on the California Pan-Ethnic Health Network (CPEHN) Board of Directors since 2015.

TAB 4

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 16, 2022**

Agenda Item: Local Perspectives on Enhanced Care Management (ECM) and Community Supports Implementation

Enclosures: *Presentation materials will be provided closer to the meeting date.*

[California Health Care Foundation Issue Brief – Launching CalAIM: 10 Observations About Enhanced Care Management and Community Supports So Far](#)

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 provide the SMC with the perspective of local partners responsible for implementing the Enhanced Care Management (ECM) Benefits and Community Supports. Committee members will utilize this information to determine the impact at the local level in order to make sound recommendations to DHCS and educate Council members and community partners about the changes occurring through the CalAIM Initiative.

Background/Description:

The California Advancing and Innovating Medi-Cal (CalAIM) Initiative includes behavioral health proposals that aim to expand access and improve quality of care for individuals receiving services in California’s public behavioral health system. Enhanced Care Management (ECM) is a proposal that builds off of Whole Person Care Pilots to serve individuals with complex physical, behavioral, and social needs through Managed Care Plans (MCPs) who typically serve the mild-to-moderate mental health population in California. ECM will address clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services. Community Supports are a set of 14 optional services provided by Medi-Cal MCPs as cost-effective alternatives to traditional medical services or settings. Community Supports are designed to address social drivers of health.

Committee members will have an opportunity to hear local perspectives for the implementation of the CalAIM Initiative’s Enhanced Care Management and Community Supports Benefits. Committee members will have the opportunity to engage in conversation and ask questions to be further informed about the implementation of these proposals for the SMI/SUD population in California on the ground level, as well as consider best practices to better serve this population.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Presenter Biographies

Rhyan Miller, LMFT, Deputy Director of Integrated Programs, Riverside University Health System – Behavioral Health

Rhyan Miller, Deputy Director for RUHS Behavioral Health (BH) oversees all Substance Abuse Prevention and Treatment Programs (SAPT); Cal Works BH DPSS imbedded teams, New Life BH Clinics and Day Reporting Centers, and Crisis System of Care (CSOC) in Riverside County. CSOC programs are BH Mobile Crisis Teams, Law Enforcement ride-along teams, and Mental Health Crisis contractors. The SAPT program consists of 69 Substance Use Disorder (SUD) treatment sites including nine County Outpatient Clinic and over 100 Friday Night Live Chapters. RUHS BH adopted the DMC ODS 1115 Waiver early and rolled out all system services and levels of care on February 1st 2017. Cal Works BH and SUD services are offered for the mild to moderate consumers in imbedded DPSS sites to provide easy access and intensive case management services as needed. New Life clinics are focused on AB109 Probationer in both FFSP and Outpatient levels of the Serious Mental Illness (SMI) and co-occurring populations. Mr. Miller's background in Behavioral Health and Substance Use Disorder services spans 19 years in various capacities of supervision and direct counseling and therapy.

Marcus Cannon, LMFT, Deputy Director Forensics, Riverside University Health System – Behavioral Health

Marcus Cannon is Deputy Director of Forensics for Riverside University Health System – Behavioral Health. His responsibilities include the Adult Detention and Juvenile Justice programs, the Office of the Public Guardian, Long-Term Care program, Transportation program, Mental Health Court program, and the Homeless Housing Opportunities, Partnership & Education (HHOPE) program. He is a licensed marriage and family therapist and has worked in Riverside, San Bernardino, and Seattle in both children's and adult behavioral health programs. He earned his bachelor's degree from the University of Southern California and a master's degree from the Seattle School of Theology and Psychology. He is committed to innovation in public service.

Additional Presenters:

Veronica Kelley, DSW, LCSW, Director, Orange County Department of Mental Health and Recovery Services

Michael Knight, MPA, Assistant Director, San Bernardino County DBH

Georgina Yoshioka, LCSW, Interim Director, San Bernardino County DBH

Theresa Frausto, MD, Loma Linda University

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 16, 2022**

Agenda Item: Providing Access and Transforming Health (PATH) Supports Presentation

Enclosures: *Presentation materials will be provided closer to the meeting date.*

DHCS Article - CalAIM Corner: A PATH to Reform

[CalAIM FAQ: Providing Access and Transforming Health \(PATH\) Supports PATH Initiative 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 provide the SMC with an overview of Providing Access and Transforming Health (PATH) funding aimed to support the CalAIM Initiative under the Department of Health Care Services (DHCS). Committee members will utilize this information to provide recommendations on how to improve coordination, access, and quality of care of these services to individuals with serious mental illness (SMI) and substance use disorders (SUD).

Background/Description:

The California Advancing and Innovating Medi-Cal (CalAIM) Initiative aims to expand access and improve quality of care for individuals receiving services in California's public behavioral health system. There is funding needed to support the capacity building, infrastructure development, interventions, and services to complement and ensure access to the array of services and benefits that are part of the CalAIM Initiative. PATH is a five-year, \$1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes, and others, to successfully participate in the Medi-Cal delivery system as California widely implements the following proposals:

- Enhanced Care Management and Community Supports
- Justice-Involved Behavioral Health Population

The Department of Health Care Services will present an overview of PATH Supports to the SMC as it pertains to the CalAIM Enhanced Care Management and Community Supports Benefits as well as services for justice-involved, behavioral health populations who are re-entering into the community after incarceration. Committee members will have the opportunity to ask questions in order to have an understanding of this funding source and will engage DHCS with recommendations as appropriate.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Presenter Biography

Dana Durham, Chief, Managed Care Quality and Monitoring Division (MCQMD), CA Department of Health Care Services:

Ms. Durham has over 12 years of State of California experience. Ms. Durham was previously the chief of the Quality and Medical Policy Branch, MCQMD. In this role, Ms. Durham had operational oversight of planning, organizing, and establishing medical standards and program policies, regulations, and procedures relating to Managed Care Plans (MCP). Ms. Durham has also been involved in the work of numerous programs, such as, Health Homes Program, Whole Person Care program, Cal MediConnect, and California Advancing and Innovating Medi-Cal (CalAIM). Ms. Durham earned a Bachelor's Degree in Sociology from Baylor University in Texas, and a Master's Degree in Religion from Yale University.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

CalAIM Corner: A PATH to Reform

Callison, Jeffrey@DHCS

Assistant Deputy Director, Office of Communications

DHCS' historic transformation of Medi-Cal is underway. Managed care plans, providers, counties, and others are already implementing the early phases of California Advancing and Innovating Medi-Cal ([CalAIM](#)). However, this vital work requires many resources, and a key part of CalAIM called Providing Access and Transforming Health ([PATH](#)) will help.

PATH supports California's efforts to build, maintain, and scale the capacity necessary to implement CalAIM. It is a five-year, \$1.85 billion initiative to help fund community-based organizations (CBOs), public hospitals, county agencies, Medi-Cal Tribal and Designees of Indian Health Programs, and others to successfully participate in Medi-Cal and serve members. There is a particular focus on historically under-resourced organizations, which helps advance health equity and address social drivers of health. PATH consists of two aligned programs: 1) Support for [Enhanced Care Management and Community Supports](#), and 2) [Justice-Involved](#) Planning and Implementation.

To learn more about PATH, we spoke with Susan Philip, Deputy Director of DHCS' Health Care Delivery Systems.

How does PATH help to implement CalAIM?

PATH provides critical funding to community-based providers to enable them to participate in Medi-Cal—often for the first time. It can serve as a bridge between Medi-Cal managed care plans on one hand and CBOs, county agencies, public hospitals, tribes, and other community providers on the other. PATH will help them work collaboratively to expand access to care statewide in a more sustainable way that ensures the delivery of services and benefits at the community level.

How will PATH support CalAIM's vision for health equity?

PATH is designed to address health equity and social drivers of health. It provides funds for CBOs, county agencies, public hospitals, Tribes, and other community providers to deliver support services within their own geographic areas. PATH will help them provide Enhanced Care Management and Community Supports by supporting collaborative planning and expanding their capacity and culturally competent expertise to serve their community most effectively. PATH's justice-involved component also promotes health equity since incarcerated people are historically underserved.

A key initiative of PATH is funding for programs to support justice-involved adults and youth. How does PATH help that critical work?

Starting in 2023, PATH funding will support correctional agencies, county social services and behavioral health departments, managed care plans, and others as they identify and enroll adults and youth who are eligible for Medi-Cal before their release from incarceration. The goal is to help them maintain access to needed health services as they re-enter their community.

Who is eligible to apply for PATH funds? Who is ineligible?

PATH will fund CBOs, county agencies, public hospitals, tribes, and other community providers that provide Enhanced Care Management and Community Supports. PATH will also fund correctional agencies, county social services departments, county behavioral health agencies, and other to help with Medi-Cal enrollment for justice-involved adults and youth.

Medi-Cal managed care plans are not eligible for PATH funds, but have access to other funding sources to support their implementation of CalAIM, such as through the [Incentive Payment Program](#).

How does PATH support CalAIM's Enhanced Care Management and Community Supports initiatives?

PATH helps providers build the capacity and infrastructure necessary to partner with managed care plans and serve people with complex health and social needs using the Enhanced Care Management and Community Supports' whole-person, community-based approach. PATH does this through four integrated initiatives: 1) supporting the smooth transition of member services from Whole Person Care pilots into managed care coverage; 2) providing technical assistance to local providers; 3) supporting local collaborative planning and implementation in communities implementing CalAIM initiatives; and 4) broadening capacity of providers who offer Enhanced Care Management and Community Support services.

How will PATH funds support community providers who participate in CalAIM?

Community providers that have not previously worked with a Medi-Cal managed care plan will have access to an online technical assistance marketplace that provides training resources, tools, and customized support services. In addition, the Collaborative Planning and Implementation initiative will bring various partners to the table and facilitate the development of a plan to address common goals.

Community providers can apply for funding to support various activities, including hiring of staff needed to provide Enhanced Care Management or Community Supports; purchasing a billing system; developing analytic capabilities; and participating in data exchanges so they can partner with plans to ensure care is accessible and coordinated for members. Providers will also be eligible for funding to support the delivery of Enhanced Care Management and Community Supports, such as by purchasing a new refrigerator to store medically tailored meals.

What is the best way to stay up to date on PATH?

The CalAIM website has many tools and resources, including links to [Enhanced Care Management](#), [Community Supports](#), and [PATH](#) funding resources.

Information about upcoming webinar registration is available, as well as links to presentation slides from previous webinars. Later this year, DHCS will launch a new website for the marketplace that organizations will be able to utilize and access tools and resources related to the PATH initiative. You can also follow CalAIM on [Twitter](#) and [Facebook](#).