

California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, January 17, 2019
Holiday Inn San Diego Bayside
4875 N Harbor Blvd San Diego, CA 92106
Point Loma Room
8:30 am to 12:00 pm

8:30 am	Welcome and Introductions <i>Veronica Kelley, Chairperson</i>	
8:40 am	Approve October Meeting Minutes <i>Liz Oseguera, Chair-Elect</i>	Tab 1
8:45 am	Behavioral Health 2020 Presentation <i>John Freeman & Jennifer Brya, Consultants</i>	Tab 2
9:45 am	Break	
10:00 am	Full Council Training Discussion <i>Veronica Kelley, Chairperson and All Members</i>	Tab 3
10:50 am	Work Plan Review <i>Veronica Kelley, Chairperson and All Members</i>	Tab 4
11:30 am	Public Comment	
11:45 am	Wrap Up/Next Steps <i>Veronica Kelley, Chairperson</i>	
12:00 pm	Adjourn	

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

Systems and Medicaid Committee Members

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

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

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 17, 2019**

Agenda Item: Approve October Meeting Minutes

Enclosures: October 2018 Systems and Medicaid Committee Meeting Minutes

How This Agenda Item Relates to Council Mission

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

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

Background/Description:

The Committee members are to discuss any necessary edits and vote on the acceptance of the draft minutes presented for the October 2018 meeting.

Motion: Accept and approve the October 2018 Systems and Medicaid Committee Minutes.

Members Present:

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

Meeting Commenced at 8:30 a.m.

Item #1 **Approve June Meeting Minutes**

The June 2018 Systems & Medicaid Committee (SMC) meeting minutes were approved. Noel O'Neill motioned approval. Catherine Moore seconded approval.

Action/Resolution

CBHPC staff will post June SMC meeting minutes to CBHPC website.

Responsible for Action-Due Date

Naomi Ramirez & Ashneek Nanua – January 2019

Item #2 **Announcement of Committee Chair Elect**

Veronica Kelley announced that Liz Oseguera will be the chair-elect for the committee from October 2018 – January 2020.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 **Care Coordination Advisory Committee Presentation**

Chairperson Veronica Kelley presented CBHDA's *BH2020* PowerPoint to expand on the committee's knowledge of the expiring 1915(b) and 1115 waivers, and to present information regarding the goals of DHCS for care coordination. Veronica compiled the presented information from DHCS and the Care Coordination Advisory Committee with assistance from consultant Dale Jarvis, who was unable to attend the meeting.

The presentation highlights include the following:

- Overview of the 1915(b) and 1115 waivers
 - DHCS will not have an update on the development of the new waivers to present until Spring 2019
- Differences between managed care plans and mental health plans (MHPs)
 - Managed care plans treat mild to moderate cases while MHPs serve severe cases
 - MHPs are required to serve any individual in need of services
 - MHPs have more stringent charting requirements than physical health care system
- Need for payment reform
 - Current issues:
 - Delay in payment to providers
 - Fee-for-service system is flawed
 - Less time spent on interventions with clients
 - Charting requirements must be specific to obtain funding
 - Lack of effective billing software to obtain compensation for services
 - 2011 Realignment transferred California State funding, risk, and responsibility to the counties for providing mental health services to Medi-Cal beneficiaries
 - Counties must abide by same requirements to provide services despite minimal funding

Potential solutions:

- Move from a fee-for-service system to a value based system to increase financial efficiency and effectiveness
 - Proposed payment based on risk and outcomes
- Use a single payer model i.e. Oregon's current system
- Improve care coordination
 - Current system is siloed
 - Need releases of information (ROIs) to coordinate patient care
 - Separate electronic systems pose challenges to access client information across systems
 - Challenges in reducing variation among counties due to different size and budget of county as well as individualized client needs
 - Address carve outs

- DHCS present focus is on dental and long term care
- Different rules and reporting requirements from each carve out poses challenges in sharing information across systems for clients with co-occurring conditions
- Regional planning to expand Medi-Cal services
 - Beneficiaries would receive services from neighboring counties
 - Noel O’Neill is currently working to submit a plan to DHCS to use a regional model for seven small counties
 - Includes Organized Delivery System (ODS) for Drug & Alcohol Services
- Future considerations
 - Determining new governor’s platform for mental health
 - Elevate the behavioral health director position at DHCS
 - Explore other options for the behavioral health system
 - Single payer model i.e. Oregon’s current system
 - Value-based payment system
 - Improving care coordination by integrating software
 - Invite DHCS to provide an update on development of new waivers in Spring 2019

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 **Committee Charter**

Naomi Ramirez facilitated the conversation to review the edits made on the “Overview and Purpose” section of the Committee Charter based upon discussion from the June 2018 committee meeting. Council members reviewed the Committee Charter. No further edits were requested by council members. A motion for approval was proposed by Daphne Shaw and seconded by Kathi Mowers-Moore.

Naomi Ramirez explained the purpose and process of creating in-between meetings and requested confirmation of whether or not the committee would like to have in-between meetings. Committee members decided not to conduct in-between meetings at this time due to a lack of consistent work flow. Council members were willing to revisit the idea of in-between meetings at a later time based on need.

Action/Resolution

Naomi Ramirez will finalize the charter and post charter to CBHPC website.

Responsible for Action-Due Date

Naomi Ramirez & Ashneek Nanua – January 2019

Item #5 **Work Plan Development**

The goals, objectives, and activities from the work plan were reviewed by staff and committee members. The following edits were requested:

- Change the term “Medi-Cal 2020 Cliff” in goals to be more inclusive
- Addition of language in Goal 2 to include the following:
 - Advocacy for leadership in behavioral health care at DHCS level or through establishment of a new behavioral health department
 - Need for payment reform

Action/Resolution

Catherine Moore motioned approval for edits. Robert Blackford seconded the motion. Naomi Ramirez and Ashneek Nanua will make the edits requested. Kathi Mowers-Moore will provide CBHPC staff with inclusive language for Goal 2.

Responsible for Action/Due Date

Naomi Ramirez and Ashneek Nanua – January 2019

Item #6 **Public Comment**

Theresa Comstock, President of the California Association of Local Behavioral Health Boards and Commissions, reiterated DHCS’ focus on dental and long term care carve outs and stated the need for Board & Care facilities for the mentally ill due to a lack of funding for this population. She also commented on the addition of employment and vocational rehabilitation to the Committee Charter and stated that there is a need for more training and a larger workforce.

Action/Resolution

N/A

Responsible for Action/Due Date

N/A

Item #7 **Wrap Up: Report Out/Evaluate**

Veronica Kelley initiated the wrap-up for the meeting and summarized action steps discussed throughout the meeting.

Council members discussed the next steps needed to be taken including a transition plan for the new administration. The transition plan includes the following recommendations:

- Need for elevated behavioral health leadership at DHCS from an individual with subject-matter expertise and knowledge on current behavioral health system
- Educate and inform the current DHCS director on behavioral health
- Payment reform move from a fee for service system to a value based system

The committee agreed on proceeding with additional steps to be taken for the January 2019 quarterly meeting including the following:

- Veronica will invite Dale Jarvis to the January 2019 SMC meeting
- Discuss training outlined in Goal 3 at next meeting
 - Identify what to teach the full council

Naomi facilitated discussion regarding a timeline and method for behavioral health systems training to council members as indicated on goal 3 from the work plan. The committee decided to facilitate this educational training topic at the June 2019 quarterly meeting.

Action/Resolution

1. Input for the transition plan will be provided to Jane prior to the next Executive Committee meeting.
2. Members of SMC who are also part of the Executive Committee will also provide input regarding the transition plan at the Executive Committee meeting.
3. Staff will update the work plan and work with Veronica and Liz to prepare for the next SMC meeting.

Responsible for Action/Due Date

Ashneek, Naomi, Veronica, and Liz – December 2018

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 17, 2019**

Agenda Item: Behavioral Health 2020

Enclosures: TBD

How This Agenda Item Relates to Council Mission

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The presentation is intended to provide committee members with information to assist them in formulating their recommendations for policy changes to improve the behavioral health system.

Background/Description:

Consultants, John Freeman and Jennifer Brya, will educate the SMC members on the topic “Behavioral Health 2020” through a PowerPoint presentation. Copies of the presentation and handouts will be provided at the meeting.

John Freeman has 14 years of experience working with health and human services consultants, non-profits, and professional service firms. His background includes providing research, analysis, and management for a range of interdisciplinary projects including behavioral health. John is currently working with Dale Jarvis from Department of Health Care Services on several projects including a toolkit for financing integrated care in California.

Jennifer Brya, MA, MPP, is a clinician who has worked in direct services and specializes in program evaluation, organizational assessments, and policy analysis to improve conditions of at-risk populations. Her areas of expertise includes mental health and substance use policy and interventions, integrated behavioral health care, disability and employment policy, juvenile justice, and qualitative and quantitative data collection and analysis.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 17, 2019**

Agenda Item: Full Council Training Discussion

Enclosures: None

How This Agenda Item Relates to Council Mission

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The discussion is intended to assist committee members in creating a training to educate the full council on the behavioral health system in California. The education will provide background needed to identify gaps in the present system and allow council members to educate the public and make appropriate policy recommendations to legislators.

Background/Description:

At the October 2018 meeting, the SMC identified the need for behavioral health systems education to the full council through a training presentation. The purpose of the training is to educate the full Planning Council on the background and current challenges in behavioral health to efficiently and effectively carry out the objectives and duties of the Planning Council.

This agenda item will provide SMC members time to discuss the following:

- Timeline of completing and presenting the training to the full Planning Council.
- Content of training
- Method of training

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, January 17, 2019**

Agenda Item: Work Plan Review

Enclosures: Systems and Medicaid Committee Work Plan

How This Agenda Item Relates to Council Mission

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

The Work Plan is an instrument to guide and monitor the System and Medicaid Committee's activities in its efforts to further the mission 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.

The updated work plan for 2018-2019 is presented for SMC member discussion and identification of any additional tasks and activities necessary to achieve the goals of the Work Plan.

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

Goal #1

Objective

Understand other entities' 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 stakeholders to address the questions developed by the committee and provide insight on the needs of the future behavioral health system based on their organization's perspective. These stakeholders include:
 - Department of Health Care Services
 - MHSUDS Division
 - Stakeholder Advisory Committee
 - Managed Care Plan 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 Association

Goal #2

Objective

Leverage the Council's role in the state to influence 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 organizations' initiatives, when 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 training 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.
- 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.