OVERSIGHT & MONITORING AND EARLY INTERVENTION EVIDENCE-BASED PRACTICES
PUBLIC LISTENING SESSION THEMES REPORT

July 31, 2025, 12 to 1 p.m. Pacific Daylight Time (PDT)
Total Registrants: 472, Unique Viewers: 276

Question 1

Are there other sources, databases, or clearinghouses that DHCS should reference when updating the early intervention EBP/CDEP biennial list?

Participant Responses

Common Themes

- **Implementation Challenges for EBPs:** Consider the impact of resource allocation when implementing evidence-based practices (EBP), as their proprietary nature and need for manual training can divert resources from direct program activities. Explore strategies to balance EBP implementation with maintaining adequate support for core program functions. Develop and implement ongoing training and support systems to address high staff turnover within community-based organizations.
- **Inclusivity and Collaboration:** Ensure that the updated list of EBPs and community-defined evidence practices (CDEP) comprehensively address the needs of all age groups. Collaborate with academic institutions, such as the Los Angeles County Department of Mental Health, UCLA or UCSD, to leverage local expertise and ongoing research. Publish the list of stakeholders participating in the development and approval process for the new EBP/CDEP. Explain whether a committee will be created to select approved EBPs and CDEPs, and how the Department plans to decide which EBPs and CDEPs will be adopted.
- **Oversight and Standards:** Clarify whether counties will be required to oversee CDEPs to the same standards as clinical programs. Consider the potential administrative burden and the need for consistent quality assurance across different types of interventions when establishing oversight requirements.

Question 2

What feedback do you have on Integrated Plan content, submissions, and required revisions?

Participant Responses

Common Themes

- **Stakeholder Engagement and Community Involvement:** Provide clear guidelines for how stakeholder engagement will be monitored and assessed throughout the Integrated Plan process. Establish a requirement for additional community engagement when significant revisions to the Integrated Plan are made. Allow counties to offer their draft plan for public comment concurrently with the Chief Administrative Officer review period, even if the draft has not yet been reviewed by DHCS, although it would be the one offered for public comment.
- **Criteria for Submission and Review Process:** Establish clear timelines and communication protocols for the DHCS review process to minimize delays so counties can meet with the Board of Supervisors prior to the June 30 final submission deadline. Provide clear criteria and measurable benchmarks that DHCS will use to assess whether an Integrated Plan "adequately addresses local needs," as referenced in DHCS materials.
- **Requirement Alignment to Avoid Reporting Duplication:** Align monitoring and reporting requirements for the Integrated Plan with existing reports, such as Network Adequacy, to minimize duplication and reduce administrative burden for counties.
- **Collaboration with Local Health Jurisdictions (LHJ):** Develop and disseminate detailed guidance on collaboration requirements with LHJs and outline how DHCS will orchestrate effective collaboration. Address specific strategies for including LHJs and related organizations, such as homeless services Continuums of Care, particularly in larger counties where these organizations may be separate from county mental health departments.

Question 3

Are there other aspects of aligning county behavioral health compliance reviews that DHCS should consider?

Participant Responses

Common Themes

- **Review Timing and Coordination:** Coordinate compliance reviews with other required assessments, such as Community Health Assessments (CHA) and Community Health Needs Assessments (CHNA). Concerns were raised that due to the iterative three-year cycle, Behavioral Health Services Act (BHSA) reviews could lead to more frequent audits than expected. Clarify how these types of reviews fit into the overall compliance review process. Clarify whether DHCS' compliance review teams include individuals with lived experience of mental health and substance use disorders. If the compliance review teams do not include individuals with lived experience, include the voices of these individuals in the compliance reviews via focus groups or other methods, in addition to any reviews based on data, reports, and policies and procedures.
- **Review Workforce Impact:** Consider how these requirements may impact workforce retention, so that compliance processes do not inadvertently contribute to provider fatigue or turnover.

Question 4

Are there other areas within BHSA that DHCS should consider identifying specific sanctions?

Participant Responses

Common Themes

- **Longer Response Time:** Revise the current two-day period for counties to request or arrange meetings with DHCS regarding sanctions. Provide a longer, more reasonable window for counties to have sufficient time to receive notifications and coordinate internally.
- **Financial Impact:** Consult with counties on potential financial impacts on services and service expansions before imposing sanctions.

Question 5

Are there additional standards for county monitoring of BHSA providers that DHCS should consider including in the proposed policy?

Participant Responses

Common Themes

- **Provider Availability, Guidance, and Equity:** Implement targeted strategies to increase provider availability in rural areas to provide equitable access to services

Disclaimer: Feedback does not reflect DHCS' views but is the opinions of listening session participants.

across all regions. Issue clear, detailed guidance to assist providers in serving clients who transition in and out of Medi-Cal eligibility. Additionally, offer enhanced support and resources to providers throughout the certification process to ensure continuity of care and reduce administrative challenges.

Policy Clarity and Standardization: State all timing requirements related to compliance and program activities for counties and providers. To address concerns about the administrative burden and discourage counties from investing in CDEP programs with non-Medi-Cal providers, DHCS should develop and implement a standardized monitoring process for non-Medi-Cal BHSA providers.