



Behavioral Health Workgroup

5.4.22 Meeting Summary

The Department of Health Care Services (DHCS) hosted the CalAIM Behavioral Health Workgroup on May 4, 2022.

The meeting was attended by DHCS staff, [workgroup members](#), and members of the public. Devin McBrayer from Aurrera Health Group helped facilitate the meeting and Tyler Sadwith, Shaina Zurlin, and Palav Barbaria were the DHCS lead presenters. Amie Miller from CalMHSA also presented.

This meeting focused on the following topics. A full agenda can be found at the [CalAIM Behavioral Health Workgroup](#) agenda page.

- Status updates on Behavioral Health quality;
- An overview of the CalAIM Behavioral Health initiatives going live July 2022;
- An overview of CalAIM training provided by CalMHSA;
- An overview of CalAIM Behavioral Health initiatives going live January 2023 and beyond;
- A discussion about implementation and operational considerations related to the CalAIM Behavioral Health initiatives;
- A workgroup discussion; and
- Public comment on the above topics.

Discussion Summary

- The meeting began with a presentation from DHCS providing an overview of the meeting objectives and a summary of the [Comprehensive Quality Strategy](#) and Behavioral Health Dashboard, the [Documentation Redesign policy](#), the [No Wrong Door policy](#), [Peers](#), and technical assistance activities led by CalMHSA. Below is a summary of the comments from the workgroup discussion:
 - Recommendation for a small workgroup of MHP and MCP representatives to discuss No Wrong Door implementation.
 - Request for further clarity on specific diagnoses in the No Wrong Door policy.
 - Requests on how the Behavioral Health Dashboard would align with EQROs and triennial reviews.
 - Recommendation for an increase in user friendly data and stronger data sharing opportunities between MHPs and MCPs.

- Next, DHCS presented an overview of the Mobile Crisis Service Benefit, the Standard Screening & Transition Tools for Adults and Youth, Payment Reform, Administrative Integration, and the 1115 Behavioral Health Community-Based Continuum Demonstration. Below is a summary of the comments from the workgroup discussion:
 - Requests for stakeholder engagement opportunities to participate in how the Department is aligning the Mobile Crisis program to CMS standards.
 - Recommendations for further consideration of the complexity of Medi-Cal being the lone payer in the Mobile Crisis program.
 - A strong emphasis on the workforce crisis and calls for action to solve attracting and retaining a new workforce.
 - Need for further consideration of the complexity of supporting people without housing in California renewing their Medi-Cal eligibility.
- Finally, members of the public were invited to comment. Below is a summary:
 - An emphasis on the importance of having a behavioral health clinician as a primary provider.
 - Request for clarity on which services will not be transferring from HCPCS to CPT under Payment Reform.
 - Call for further consideration on how to offset the costs for inpatient beds.

Next Steps for DHCS:

- Information about upcoming webinars and other items related to the CalAIM BH initiatives can be found on the [Behavioral Health CalAIM Webpage](#).
- Stakeholders may submit written comments related to the implementation of CalAIM behavioral health initiatives to: BHCalAIM@dhcs.ca.gov with the subject line “CalAIM BH Workgroup”.