

DEPARTMENT OF HEALTH CARE SERVICES
Behavioral Health Stakeholder Advisory Committee (BH-SAC)

October 20, 2022

9:30 a.m. – 12:30 p.m.

Hybrid In-person and Virtual Attendance Meeting

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Members Attending:

Barbara Aday-Garcia, California Association of DUI Treatment Programs; Jei Africa, Marin County Health Services Agency; Ken Berrick, Seneca Family of Agencies; Michelle Doty Cabrera, County Behavioral Health Directors Association of California; LeOndra Clark Harvey, California Council of Community Behavioral Health Agencies; Jessica Cruz, NAMI; Steve Fields, Progress Foundation; Brenda Grealish, California Department of Corrections and Rehabilitation; Andy Imparato, Disability Rights California; Veronica Kelley, San Bernardino County; Karen Larsen, Steinberg Institute; Kim Lewis, National Health Law Program; Linnea Koopmans, Local Health Plans of California; Jolie Onodera, California State Association of Counties; Al Senella, California Association of Alcohol and Drug Program Executives/Tarzana Treatment Centers; Chris Stoner-Mertz, California Alliance of Child and Family Services; Mandy Taylor, California LGBTQ Health and Human Services Network, a Health Access Foundation program; Catherine Teare, California Health Care Foundation; Gary Tsai, MD, Los Angeles County; Rosemary Veniegas, California Community Foundation; Bill Walker, MD, Contra Costa Health Services.

BH-SAC Members Not Attending: Carmela Coyle, California Hospital Association; Alex Dodd, Aegis Treatment Centers; Vitka Eisen, HealthRIGHT 360; Sarah-Michael Gaston, Youth Forward; Sara Gavin, CommuniCare Health Centers; Laura Grossman, Beacon Health Solutions; Robert McCarron, California Psychiatric Association; Aimee Moulin, UC Davis/Co-Director, California Bridge Program; Deborah Pitts, University of Southern California Chan Division of Occupational Science and Occupational Therapy; Jonathan Porteus, WellSpace Health; Hector Ramirez, Consumer Los Angeles County; Kiran Savage-Sangwan, California Pan-Ethnic Health Network; Cathy Senderling, County Welfare Directors Association of California; An-Chi Tsou, SEIU; Jevon Wilkes, California Coalition for Youth.

DHCS Staff Attending: Michelle Baass, Jacey Cooper, Tyler Sadwith, Janelle Ito-Orille, Denise Galvez, Erika Cristo, Palav Babaria, Jeffrey Callison, Morgan Clair, and Clarissa Sampaga.

Public Attending: There were 3 members of the public attending in-person and 192 by phone.

Welcome, Director's Opening Comments, Introduction of New Member, Roll Call, and Today's Agenda

Michelle Baass, DHCS Director

Baass welcomed members to the October hybrid meeting of BH-SAC. The purpose of this meeting is to conduct the annual open forum on behavioral health issues and identify issues for discussion in the coming year.

Annual Behavioral Health Open Forum *Tyler Sadwith, Janelle Ito-Orille, Denise Galvez, Erika Cristo, and Palav Babaria, MD, DHCS*

Sadwith noted that the purpose of the meeting is for BH-SAC members to offer input on high-priority items that were not covered during 2022 and, in particular, to offer input on any topics that were previously under the purview of the former advisory groups, but were consolidated to form the BH-SAC. The question for members is:

Given the committees that were combined into BH-SAC, are there specific issues that BH-SAC has not addressed related to those committees that should be addressed in the coming year?

Sadwith reviewed the former stakeholder workgroups that were combined into BH-SAC, including Driving Under the Influence (DUI) Advisory Group, Narcotic Treatment Program (NTP) Advisory Group, Performance Outcomes System (POS) Stakeholder Advisory Committee, Interagency Prevention Advisory Council (IPAC), and Youth Advisory Group (YAG).

Ito-Orille reported that DHCS continues to meet regularly with the California Association of DUI Treatment Programs (CADTP) to receive input on DUI issues and also meets with the California Organization of Methadone Providers (COMP) on issues related to NTP. Cristo reported that the POS Stakeholder Advisory Committee was incorporated into BH-SAC and the POS Expert Task Force (ETF) continues to meet quarterly. Recently, the ETF reviewed the DHCS Behavioral Health Dashboard platform, and discussed data and quality for population health management. Galvez shared information about the history and purpose of the former YAG and IPAC.

Questions and Comments

Kelley: I appreciate this opportunity. In the face of so many priorities for BH-SAC, substance use disorders (SUD) has not been a focus. It is especially important to discuss SUD given the challenges of both funding and workforce. Participating on the DUI Advisory Group was a way I could speak on behalf of the County Behavioral Health Directors on Title IX issues, increasing prescription drug use, and people driving under the influence. We don't have a place to have discussions that involve DHCS on these topics. Similarly with NTP, although DHCS is meeting with COMP, it is imperative to have county participation as well. We need a forum to talk about youth that includes

broad representation from DHCS. Youth are dying in record numbers because of fentanyl overdoses, and if we had a group that was active on that, we could develop an immediate statewide response. As one of the co-chairs for the County Behavioral Health Directors Association of California staff team group, I am inviting DHCS to have a larger presence there for ongoing dialogue. It is a well-attended subcommittee that also includes providers.

Tsai: I think there is a way to both integrate behavioral health and ensure a focus on targeted topics that require attention. My suggestion is that we focus on a substance use advisory group that is inclusive of all substance use levels of care and that we have a Medication-Assisted Treatment (MAT) Advisory Group that considers issues in other settings than specialty SUD. I agree with others that a dedicated focus on youth is important given the fentanyl outbreak and that prevention is often left behind without a targeted focus. DHCS is meeting with the California Association of Alcohol and Drug Program Executives, and there is also a benefit to including the county and provider voices. An advisory group around Proposition 64 to consider how it is implemented would also be helpful. In summary, consolidated meetings run the risk of not focusing on targeted topics the way we need to, particularly for systems like SUD that were historically overlooked.

Teare: I agree with the previous comments about the need for a targeted and holistic focus on SUD services. I think the POS Advisory Committee is one that also should be elevated to the BH-SAC in a broader way, not just looking at the Early and Periodic Screening, Diagnostic, and Treatment POS and dashboard, but reporting and data on behavioral health across systems. I would recommend a broad and holistic perspective that includes data from managed care plans, specialty mental health, and the Drug Medi-Cal Organized Delivery System to see where we are with the goals of CalAIM, DHCS equity initiatives, quality strategy, and other priorities.

Senella: I would echo the comments already made and remind us about the Director's Advisory Council that existed when there was a separate department for SUD. All of the elements highlighted in this discussion were brought together under that council for in-depth discussion. I would also like to see a specific focus, as part of future payment reform, on performance outcomes related to the SUD field.

Lewis: The POS Stakeholder Committee is critical. We should focus not just on children and adults in managed care systems, but across the continuum of SUD services, specialty mental health, and non-specialty mental health. There is isolation of the various delivery systems, and we do not review data from across all systems in order to understand the full scope of services received. We hear from people who need substance use services or are getting mental health services, but we also hear that youth are unable to get both at the same time. Yes, it is difficult to see the system as a whole and assess quality and outcomes, rather than utilization or claims data. The focus needs to be broader to understand how the data informs the outcomes we want to

achieve. It should be both a policy and data dialogue.

Veniegas: The advisory committees in the past were responsive to public comments and community inclusion of individuals with varied perspectives and lived experience. Given the priorities of CalAIM and the need for behavioral health supports for people who are unhoused or experiencing homelessness, as well as the potential initiatives to support justice-involved individuals, the inclusion of individuals with lived experience in these areas might be an additional depth for consideration on the composition of the BH-SAC.

Stoner-Mertz: I want to underscore the comments made previously that it is important to attend to the substance use continuum of care that often does not receive the same level of focus as mental health. In particular highlighting the youth substance use crisis we are facing is important. Is information for the former advisory groups still available publicly?

Aday-Garcia: I appreciate and understand the need to combine the former advisory groups into the BH-SAC. Although the BH-SAC is a very beneficial venue, it is global and does not allow for in-depth review and discussion. While going backwards to the old system is not my preference, the subgroups do need more attention to thrive and meet the specific needs identified. I think it's worth revisiting and rethinking how to make the meetings with individual subgroups very targeted so that it doesn't take so much effort from DHCS. I appreciate the BH-SAC and the reasons behind it. It has been very successful and opens doors for collaboration.

Grealish: I think the BH-SAC could be a place where we find the balance between broad overview and deep dive into the nitty gritty. For 2023 planning, I suggest bringing to BH-SAC an outcomes discussion with stratification of special populations. I would prioritize justice, but broader than justice-involved. The goal is to keep people out of the justice system, so we need to look upstream and think through how to connect to population health management services. Also, in the justice-involved field, co-occurring treatment is a huge issue and getting access to that treatment is not easy. With behavioral health integration on the horizon, bringing forward discussions on co-occurring treatment will help DHCS move forward with integration. I completely agree with the DHCS focus on access and quality. Navigation and access are critical for the justice-involved population and for individuals with behavioral health needs at risk of becoming justice-involved. Monitoring the new services and benefits like Enhanced Care Management will be useful. Interagency collaboration is a key piece of CalAIM, and we need conversations in BH-SAC about housing, behavioral health, and transitional and permanent supportive housing. My final priority relates to the ongoing focus to bring community-based providers into mainstream systems like Medi-Cal. It will take time and BH-SAC can identify strategies to successfully bring them into the larger systems to address equity gaps.

Wunsch: This is exactly what we needed to hear today. I suggest we ask the DHCS teams to spend the next few weeks thinking about how to incorporate all of the feedback. We can bring this back to the BH-SAC in February for further discussion. It has been good to hear your perspectives and identify how to refine topics for specific programs.

Public Comment

There were no public comments.

Plans for 2023 Meetings, Next Steps, and Adjourn

Michelle Baass, DHCS

Please hold the calendar dates listed below for 2023. We will continue to hold hybrid meetings.

- February 16, 2023 – 9:30 a.m. – 1:30 p.m.
- May 24, 2023 – 9:30 a.m. – 1:30 p.m.
- July 20, 2023 – 9:30 a.m. – 1:30 p.m.
- October 19, 2023 – 9:30 a.m. – 1:30 p.m.