CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

MEETING SUMMARY

DHCS STAKEHOLDER ADVISORY COMMITTEE (SAC)/BEHAVIORAL HEALTH-SAC (BH-SAC) JOINT MEETING SUMMARY

Date: Wednesday, February 19, 2025

Time: 9:30 a.m. – 3 p.m.

DHCS Staff Presenters: Michelle Baass, Director; Karen Mark, MD, PhD, Medical Director of Policy and Evaluation, Quality and Population Health Management; Sarah Lahidji-Sales, Division Chief, Quality and Health Equity; Paula Wilhelm, Deputy Director, Behavioral Health; Glenn Tsang, Policy Advisor, Homelessness & Housing; Susan Philip, MPP, Deputy Director, Health Care Delivery Systems; Jeff Norris, MD, Value-Based Care Payment, Branch Chief, Quality and Population Health Management; Anastasia Dodson, Deputy Director, Office of Medicare Innovation and Integration

SAC Members in Attendance: Al Senella, Anna Leach-Proffer, Beth Malinowski, Carlos Lerner, Chris Perrone, Christine Smith, Jolie Onodera, Kim Lewis, Kiran Savage-Sangwan, Laura Sheckler, Le Ondra Clark Harvey, Linda Nguy, Marina Owen, Michelle Cabrera, Michelle Gibbons, Ryan Witz, William Walker

BH-SAC Members in Attendance: Al Senella, Jolie Onodera, Kim Lewis, Kiran Savage-Sangwan, Le Ondra Clark Harvey, Michelle Cabrera, William Walker, Angela Vasquez, Babara Aday-Garcia, Catherine Teare, Chris Stoner-Mertz, Dannie Ceseña, Deborah Pitts, Hector Ramirez, Jei Africa, Jevon Wilkes, Karen Larsen, Kirsten Barlow, Linnea Koopmans, Robert Harris, Rose Veniegas, Sara Gavin, Veronica Kelley, Vitka Eisen

Additional Information: Here is the PowerPoint presentation used during the meeting. Please refer to it for additional context and details.

Introduction and Summary of Content

- The joint SAC/BH-SAC meeting addressed topics related to Medi-Cal and California's behavioral health landscape. Panel members received a Director's Update on the recent budget proposed by the Governor and its impact on DHCS. Director Baass provided an update on the Enhanced Care Management (ECM) and Community Supports Quarterly Implementation Report and the Bond Behavioral Health

Continuum Infrastructure Program (BHCIP) Round 1: Launch Ready awards. The following topics were covered:

- Birthing Care Pathway
- Medi-Cal Managed Care Plan (MCP) and County Behavioral Health Plan Quality Ratings for 2023
- Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Updates and Highlights
- Long-Term Services and Supports (LTSS) Dashboard

» The meeting concluded with a public comment period, allowing attendees to provide feedback to DHCS and panel members.

Topics Discussed

Director's Update – *Michelle Baass, Director:* DHCS Director Baass provided an update on the proposed Governor's budget for fiscal year 2025-26, highlighting the impact on DHCS staffing, major budget issues, and other proposals. She shared information about the goals of the latest ECM and Community Supports Quarterly Implementation Report released in December 2024. Director Baass also provided an update on the Bond BHCIP Round 1 awards totaling $3.3 billion for statewide behavioral health treatment facilities. Applications were due by December 13, 2024, with awards to be made in May 2025.

» **Discussion**

» A member highlighted that the federal Centers for Medicare & Medicaid Services (CMS) made flexibilities permanent for states to continue without needing federal approval. These flexibilities aim to protect against future improper disenrollments and ensure continuous coverage for those who qualify. They urged DHCS to maintain these flexibilities to prevent the termination of coverage for more than half a million people.

» A member asked about the implementation process of Proposition 35, specifically the policy proposals and timing after recent appointments to the Protect Access to Health Care Act Stakeholder Advisory Committee. They also inquired about the impact of federal immigration policy on enrollment, asking if DHCS is monitoring recent enrollment trends compared to January 2024. DHCS explained that the planning is still in the early stages, but noted an understanding of the urgency to release funds. Regarding enrollment patterns, DHCS highlighted that it regularly

monitors enrollment and will provide updated information, including caseload impacts, in the May Revision.

- A member voiced concerns about federal immigration policy and emphasized the need for continued enrollment flexibilities. Additionally, they inquired about data on members regaining coverage after being disenrolled. DHCS acknowledged the need for continued flexibilities, despite uncertainty at the federal level. They clarified there is no data showing which individuals might regain their coverage after disenrollment, nor is there the ability to determine if they are eligible to re-enroll once disenrolled.
- A member asked about the impact of proposed cuts to Behavioral Health Bridge Housing (BHBH) when Transitional Rent goes live, seeking confirmation that no funding was proposed for SB 525 implementation. They pointed to a potential gap in the housing subsidy that may need to be addressed in the budget proposal. DHCS noted that the administration is still reviewing other investments in behavioral health and residential facilities as part of Proposition 1, leading to a reduction in BHBH funding. Regarding SB 525, they acknowledged that the budget did not include any costs for behavioral health or county-funded providers, like past proposals.
- A member highlighted complexities related to child welfare and concerns about updating the ECM for foster youth benefit. They suggested that DHCS further consider its strategy to address this issue. DHCS suggested potentially examining successful MCP strategies and directly engaging with MCP CEOs on ECM for foster youth, noting that enrollment in the benefit is being closely monitored.
- A member expressed interest in data on the frequency of services received by ECM members. DHCS noted it is working on a deeper monitoring framework to track these elements, including service frequency, intent, and care model fidelity. The data are not yet available, but are part of the next generation of monitoring efforts.

Birthing Care Pathway – *Karen Mark, MD, PhD, Medical Director of Policy and Evaluation, Quality and Population Health Management:* DHCS is aiming to provide comprehensive maternity care for Medi-Cal members, ensuring access to a variety of providers and services, risk-appropriate care, and empowerment for members to choose providers and birthing locations. The Birthing Care Pathway is a roadmap that covers all

pregnant and postpartum Medi-Cal members from conception to 12 months postpartum. It aims to reduce maternal morbidity and mortality, address racial and ethnic disparities, and improve care for physical, behavioral, and social needs. The Birthing Care Pathway report, published in February 2025, summarizes findings and progress in implementing the initiative and identifies strategic opportunities. DHCS conducted a landscape assessment, engaged Medi-Cal members and state leaders, and launched workgroups to inform the Birthing Care Pathway's development. The Birthing Care Pathway was shaped by the experiences of diverse Medi-Cal members, including members facing health disparities. DHCS plans to continue engaging diverse partners in the ongoing development of the Birthing Care Pathway. In 2025, DHCS will also implement the TMaH (Transforming Maternal Health) Model, a 10-year initiative aimed at improving maternal outcomes and reducing Medi-Cal expenditures in five Central Valley counties (Fresno, Kern, Kings, Madera, and Tulare) with $17 million in federal funding.

- **Discussion**
  - A member asked about the relationship between the Birthing Care Pathway and BrightLife Kids. In January 2024, DHCS launched the BrightLife Kids app by Brightline. This app provides free coaching services for parents and caregivers of children ages 0–12, offering support in English, Spanish, and other Medi-Cal threshold languages. It includes age-tailored educational content, online tools, assessments, care navigation, peer communities, and crisis resources for people in mental health crises. The Birthing Care Pathway report highlights DHCS' commitment to initiatives like BrightLife Kids, supporting the Children and Youth Behavioral Health Initiative (CYBHI).
  - A member inquired about the demographics of participants in the Birthing Care Pathway evaluation. DHCS noted that it intentionally selected a diverse group of 30 members for engagement activities, ensuring representation across race/ethnicity, gender identity, sexual orientation, geography, recent perinatal experience, social drivers of health, behavioral health, justice involvement, and immigration status. The group included Black, American Indian/Alaska Native, and Pacific Islander members, who face the highest maternal health disparities. Participants, ages 18 to 45, were either currently pregnant or up to 24 months postpartum.
  - A member expressed excitement about the progress of the Birthing Care Pathway and asked how DHCS is tracking, monitoring, or addressing

potential inequities related to discrimination, delayed care, or denied care for pregnant and parenting individuals. DHCS explained how it tracks grievances submitted by MCPs, categorizing them by issues, such as specific benefits or access to care. DHCS analyzes these grievances and follows up with MCPs if trends or outliers are identified. DHCS noted this is an area of key focus that will continue to be monitored closely.

- A member voiced appreciation for the progress DHCS has made and had some concerns. The first concern was about the Comprehensive Perinatal Services Program (CPSP). They noted that providers are still seeking guidance and training from local health departments after the recent shift from the California Department of Public Health (CDPH) to DHCS. They flagged the challenges with doula reimbursements, highlighting that many doulas are struggling financially due to delayed payments, which is impacting their willingness to continue participating in the program. The speaker suggested enhancing home visitation programs, which have proven effective in supporting pregnant and postpartum women. They shared personal stories from home visits to highlight the real-life challenges these women face and emphasized the importance of ensuring local health departments are involved in improving health outcomes for women and children.
- A member mentioned an upcoming listening session with doulas in the Central Valley and offered to share some of the feedback with DHCS on the issues they are facing. The speaker also highlighted recent legislation aimed at addressing racial discrimination in hospitals, particularly in birthing and maternal care. They encouraged DHCS to utilize this work, which requires hospitals to report racial disparities and update their patient safety plans. The speaker also inquired about the next steps in updating lactation support policies and expanding provider types, as mentioned in the report. DHCS acknowledged the comments and discussed the opportunity to expand lactation provider types in Medi-Cal. DHCS recognizes that some women may need extra support beyond what is currently available.
- A member expressed appreciation for the work behind this initiative and echoed concerns about doula reimbursements. They noted excitement about performance improvements aimed at addressing health disparities and inquired about whether federal approval is required for specific

performance improvements, specifically related to DEI (Diversity, Equity, and Inclusion). DHCS emphasized that California remains deeply committed to addressing health disparities, regardless of what is happening at the federal level.

- A member inquired about the involvement of individuals with disabilities in the outreach and development of strategies, highlighting that many pregnant individuals are unaware that pregnancy is considered a temporary disabling condition, which can impact their access to care. They suggested that, in addition to education efforts, there should be a focus on informing individuals about the use of disability services. The speaker recommended providing realistic strategies to improve care, including offering providers technical assistance on disability culture, accommodations, and reimbursement processes. DHCS agreed with the importance of meeting all members' needs, providing further education, and promoting services. No participants in the member engagement workgroup self-identified as having a disability, and they recognized there is work to be done in this area.
- A member asked for additional details on how DHCS plans to track efforts related to improving implementation and expanding access to doulas, midwives, and behavioral health services, and whether specific achievements in these areas will be shared. DHCS noted that the Birthing Care Pathway report includes a detailed list of the current status of implementation, specifying what has already been implemented and what is in progress. DHCS remains committed to keeping the group updated and is open to providing future updates as progress continues.
- A member asked about the intersection of child welfare, pregnant and parenting teens, and whether this population was considered in the interview process and development of the report. DHCS confirmed it collaborated with state partners to address the needs of this high-risk population and noted there is a significant opportunity for intervention.

Medi-Cal MCP and County Behavioral Health Plan Quality Ratings for 2023 – *Sarah Lahidji-Sales, Division Chief, Quality and Health Equity:* DHCS aims to improve Medi-Cal care quality and health equity through a structured policy lifecycle. Key priorities include addressing quality and equity gaps in clinical areas identified through data analysis. DHCS' approach to accountability may include compliance audits, corrective action plans, liquidated damages, and sanctions for non-compliant plans.

Bold goals include reducing racial/ethnic disparities in well-child visits and immunizations, closing maternity care disparities for Black and Native American populations, and improving mental health and substance use disorder follow-ups. Key quality domains show improvements in children's health, reproductive health, chronic disease management, and behavioral health, though there are still opportunities for improvement in coordinating and addressing disparities. Moving forward, DHCS plans to continue focus on children's preventive care, behavioral health integration, birthing outcomes, and birth equity, while promoting value-based payment strategies and ensuring consistency across physical and behavioral health delivery systems.

- **Discussion**
  - A member expressed excitement about DHCS' growing focus on equity within Medi-Cal and a commitment to health equity. They noted appreciation for the efforts to align different MCPs and were interested in how the state compares the quality of commercial plans to Medi-Cal, especially regarding behavioral health care. They also inquired if the quality measures for behavioral health had been validated. DHCS appreciated the acknowledgement of the health equity commitment and clarified that the measure rates presented had not yet been fully validated. DHCS noted that the quality review process is new for county behavioral health plans, though it has already been implemented in MCPs. DHCS hopes to help everyone adapt to this new approach to quality. DHCS emphasized its intent to create parity and connection between the quality and health equity work of both physical health and behavioral health.
  - A member addressed the issue of persistent low-performing commercial health plans despite increased sanctions. They also asked for clarification on the status of sanctions for MCPs related to disparities. DHCS mentioned exploring liquidated damages as a new avenue for accountability in MCP contracts. DHCS is developing policy and vetting processes for this approach. DHCS elaborated on the enforcement escalation pathway, which starts with technical assistance, followed by corrective action plans, and then sanctions, if necessary. DHCS' focus is on creating incentives, such as providing additional funding for plans working on health equity and refining its policy design to incorporate a health equity lens.
  - A member inquired about the allocation of sanction funds and whether there is any information on how organizations have used the incentives they received. DHCS noted that there is information available online regarding incentive dollars and the programs involved, and that incentive funds are focused on supporting quality and health equity programs.

- A member asked about the focus on combining various data points to assess access to services more comprehensively, including individual measures, utilization rates, timely access standards, and complaints and grievances related to access. A second question emphasized the need for more focus on behavioral health integration, particularly at the administrative and service delivery levels, to help achieve better integration and improved outcomes. DHCS noted it is focused not only on quality and health equity measures, but also the member experience. This involves understanding how members feel invited into care and the quality of that experience. DHCS will work closely through enforcement committees to analyze performance data across plans, including quality, experience, access, and grievances, to identify trends and areas for improvement. DHCS informed the member that it is taking a coordinated approach to data collection and policy enforcement, and that behavioral health integration is a goal in DHCS' Comprehensive Quality Strategy. This strategy focuses on improving coordination across delivery systems by partnering with county behavioral health, MCPs, hospitals, and providers. The overall approach aims to improve integration within managed care and with other health care delivery systems.
- A member who recently transitioned from Medi-Cal to private Kaiser coverage shared a comparison of their personal experience between the two systems. They noted that while medical services through Kaiser have been excellent, the mental health services have been disappointing. They experienced significant delays in accessing mental health care, including having to travel 60 miles for a psychiatrist appointment and being unable to see a therapist due to a lack of disability accommodations. The speaker highlighted how individuals, particularly people with psychiatric and substance use disabilities, struggle to access care, and expressed concern about others in Los Angeles, especially people displaced by the recent wildfires, facing similar challenges with Kaiser coverage. DHCS emphasized there is value in hearing these personal anecdotes. Comparing the systems and member experiences helps DHCS understand the strengths and weaknesses of commercial plans and Medi-Cal.
- A member suggested holding a dedicated SAC meeting to discuss the revamp of the Comprehensive Quality Strategy, suggesting it would be beneficial to invite partners, such as plans, counties, and providers, to share local efforts. They highlighted the complexity of improving quality scores, noting the need for collaboration between many partners at the local level. They also raised concerns about potential impacts of federal

immigration policies on access to care and quality scores. DHCS emphasized the importance of focusing on immigration health, calling it a key topic for quality discussions. They stressed the importance of not just improving numbers, but addressing disparities through targeted outreach. DHCS reaffirmed its goal of using various levers, both at the state and plan levels, to advance quality and health equity for members.

- A member asked for clarification on how payment reform implementation may be contributing to lower performance in follow-up care after emergency department visits. They asked for more details on whose responsibility it is to ensure follow-up care in these situations. DHCS explained that payment reform has affected year-over-year performance, particularly causing a significant drop in some measures. The exact reasons for these drops are still unclear, and it is uncertain how much of it is due to payment reform versus other factors. DHCS plans to analyze trends over time and expects to have clearer data by summer 2025 that will help provide a better explanation. Regarding follow-up care, DHCS expressed that its goal is to improve care coordination by clarifying roles and responsibilities within the care process. This is vital because unclear responsibilities can lead to gaps in care. This strategy involves creating spaces for discussions to define these roles, ensuring that after emergency department visits, individuals can continue on a proper care path.
- A member inquired about DHCS' bold goals for 2025 and if that information is being tracked. DHCS informed attendees that bold goals data are available on the public dashboard. DHCS internally looks at the data consistently to understand areas of opportunity to help guide conversations. These are bold goals by 2025, but that is measurement year 2025, meaning final data on the measurements will not be available until January 2027.

BH-CONNECT Updates and Highlights – *Paula Wilhelm, Deputy Director, Behavioral Health; Glenn Tsang, Policy Advisor, Homelessness & Housing; Susan Philip, MPP, Deputy Director, Health Care Delivery Systems; Jeff Norris, MD, Value-Based Care Payment, Branch Chief, Quality and Population Health Management:* BH-CONNECT is a transformative initiative designed to improve and expand behavioral health services for Medi-Cal members. The initiative aims to address significant behavioral health needs by offering a combination of services, incentives, and funding to enhance the behavioral health care system, improve access, and strengthen outcomes for children, youth, and adults with mental health and substance use disorders (SUD). DHCS highlighted the key goals of BH-CONNECT and focused on areas to improve access, enhance outcomes, and promote system reforms. DHCS highlighted

the BH-CONNECT Workforce Initiative, which is addressing the shortage of qualified behavioral health professionals and ensuring there is a strong, sustainable workforce to meet the needs of California's behavioral health system. The initiative's comprehensive approach is designed to both address immediate needs and create long-term sustainability in the behavioral health workforce while simultaneously expanding and improving services for individuals in need. DHCS provided an update on Transitional Rent. Transitional Rent is the newest Community Support under Medi-Cal Managed Care Plans that covers up to six month of rental assistance for permanent or temporary housing to Medi-Cal Members who are experiencing or at risk of homelessness and meet eligibility criteria. DHCS also provided updates on the Community Supports with Room and Board Components. DHCS provided background information on Flexible Housing Subsidy Pools, which aim to streamline rental subsidies, improve outcomes, and offer a seamless experience for landlords, participants, and support service providers. This system is designed to improve housing stability for individuals with significant behavioral health needs, with a strong emphasis on coordination, collaboration, and person-centered care.

- **Discussion**
  - A member expressed gratitude for the comprehensive overview of BH-CONNECT and its recent approval, but voiced some concerns about a potential gap between the end of BHBH funding in fiscal year 2025-26 and the start of new Transitional Rent benefits in July 2026. They noted that BHBH has been a valuable resource for supporting housing, but they fear that the gap may leave a void in funding, particularly for populations with disabilities needing ongoing housing subsidies. The speaker requested clarification from DHCS on how this gap will be addressed. DHCS clarified that BHBH funding extends until June 30, 2027. Regarding the timelines for the new initiatives, DHCS explained that the Transitional Rent benefit for the behavioral health population will begin on January 1, 2026, and counties will implement BHSA housing interventions starting July 1, 2026. However, individuals eligible for transitional rent can start receiving the rental subsidy as early as July 1, 2025, if their MCP opts in to offer early coverage.
  - A member expressed excitement about the successful launch of BH-CONNECT, emphasizing its importance in tying together various initiatives. They also voiced appreciation for the initiative's focus on evidence-based practices, outcomes, and accountability. The member raised concerns about the current lack of quality data to assess the program's effectiveness. They wondered how the state plans to overcome challenges related to data quality to effectively measure outcomes and apply quality

improvement strategies for better results over time. DHCS highlighted that the BH-CONNECT ties together various initiatives incentive program includes incentives for improving data reporting and analytical capacity at the county level. The goal is to build capacity for better data collection and outcomes monitoring, especially as Behavioral Health Transformation progresses. DHCS noted this effort is in its early stages, but there is optimism for future progress.

- A member expressed appreciation for the phased approach to the transitional rent program. They noted that the January 2026 launch date feels too soon given the complexity of the service and the many details that still need to be worked out to make it operational. The speaker emphasized the importance of collaboration with local partners and appreciates the effort to establish an academy to support local learning but highlights that blending funding will complicate the process.
- A member expressed both excitement and concern about the initiative, especially considering the current federal climate and changes to Medicaid. They were hopeful about the implementation of these efforts, particularly around health-related social needs, but emphasized the importance of timely data to assess how new services are performing. They stressed that understanding whether services are being accessed is just as important as analyzing their outcomes. They also expressed frustrations about the delays in obtaining data, which often takes two to three years, making it difficult to gauge the effectiveness of changes in real-time. Regarding the workforce, the speaker highlighted the importance of non-licensed staff, like community health workers and peer support specialists, in improving outcomes. They raised the need for sustainable jobs and investment in these critical roles. For Transitional Rent, they sought clarification on how the authorization and referral process will be streamlined and if there will be collaboration between mental health plans, Drug Medi-Cal plans, and MCPs to quickly implement Transitional Rent for members in different systems. They also highlighted the need to ensure that foster youth and transitioning youth are specifically identified and supported by the program, expressing concern that these populations may not fully benefit from managed care. If not addressed, the Transitional Rent benefit could be underutilized by these vulnerable groups. DHCS acknowledged that there is typically a data lag due to the year-long period for BH plans to submit claims, which delays reliable data analysis for specialty behavioral health services. However, the BH-CONNECT incentive programs aim to address this by encouraging plans to prioritize timely

claiming to ensure data are available for analysis. Regarding the workforce initiative, non-licensed staff are included as eligible for training awards. The CalAIM Behavioral Health Payment Reform model provides flexible funding at the county behavioral health plan level, allowing behavioral health plans and contracted providers to determine compensation for paraprofessionals, like peer workers and community health workers. DHCS is pleased to partner with HCAI to analyze workforce supply and demand, assess where workforce gaps are being filled, and evaluate the initiative's success as part of the BH-CONNECT formal evaluation. DHCS agreed with the comments about the need to ensure foster youth and transitioning youth are supported by this program.

- A member questioned the inclusion of adherence to antipsychotic medication for individuals with schizophrenia in the approved measure set, stating that adherence is not a health outcome. They acknowledged that medications are just one strategy in mental health recovery and can be problematic, suggesting that adherence alone may not be an adequate measure of recovery or well-being. DHCS explained that the BH-CONNECT incentive plan measures include a mix of utilization, process, and outcome measures. They acknowledged that medication adherence is more of a process measure and reflects whether individuals are receiving treatment. They emphasized that the program is not focused on any single measure. The goal is to incentivize improvements across various aspects of access and outcomes in behavioral health. While medications are important for some, they are just one part of the broader effort. The program aims to assess improvement holistically, considering both process and outcome measures to improve overall behavioral health.
- A member asked for clarification on the Transitional Rent service, specifically regarding its implementation in 2026. They wanted to understand if there will be network adequacy requirements for MCPs. Reflecting from a district hospital perspective, they highlighted challenges in rural communities, where housing availability is already a struggle for staff. They sought more information on how the service will work, particularly if there is insufficient housing. They inquired whether there might be situations in which relocation to other parts of the state could be necessary to access available housing. DHCS explained that the phased implementation approach for Transitional Rent allows MCPs to build out their networks and focus on behavioral health with more time between rollouts, which is detailed in the MCP Model of Care submissions. As part of the BH-CONNECT waiver approval, permanent and interim housing

settings may be utilized for Transitional Rent. The initiative will explore the best models for successful outcomes, keeping in mind that Transitional Rent is a time-limited benefit (up to six months). Regarding the possibility of members being housed out of county, DHCS stated it could not provide a definitive answer at this time.

- A member highlighted that network adequacy for Transitional Rent differs from traditional managed care as it involves contracts with counties and housing authorities, but does not necessarily reflect housing availability or placement capacity. They emphasized the need to reconsider what readiness means in terms of housing availability and placement settings. Ultimately, they acknowledged the housing crisis as a significant challenge that will impact the implementation of Transitional Rent given the current constraints on housing availability.

Long-Term Services and Supports (LTSS) Dashboard – *Anastasia Dodson, Deputy Director, Office of Medicare Innovation and Integration:* DHCS developed the LTSS Dashboard as part of the Home and Community-Based Services (HCBS) Spending Plan's data transparency initiative. The dashboard tracks critical Medi-Cal LTSS services that support older adults and people with disabilities. These LTSS services include institutional care (e.g., skilled nursing facilities) and HCBS programs, such as In-Home Supportive Services (IHSS) and various waiver programs. The LTSS Dashboard aims to improve access to timely, accurate data and enhance transparency in Medi-Cal LTSS utilization and health equity. It informs stakeholders, partners, and the public about efforts to expand and improve LTSS across different settings. Developed with input from state partners (e.g., California Department of Aging) and stakeholders (e.g., Justice in Aging, The SCAN Foundation), the dashboard uses data from various sources, including Medi-Cal claims, enrollment data, and other state systems. Information regarding the three dashboard releases was provided, and attendees joined a live demonstration of the LTSS Dashboard.

- **Discussion**
  - A member emphasized the importance of data being shared via the LTSS Dashboard. They noted that the last data refresh did not include data from 2023. They acknowledged that this information is coming with the next refresh, but inquired if DHCS could give a sense of when that data could be expected. DHCS noted it hopes to have the data published by summer 2025.
  - A member was curious about how DHCS and its partners are addressing capacity building for the aging population. Additionally, they suggested

that a future discussion on Dual Eligible Special Needs Plans (D-SNPs) could be a valuable topic to explore, especially to share best practices across the state. DHCS noted that it has been working on identifying best practices and learning opportunities for long-term care and skilled nursing facility services, with progress made through 2023. The data dashboard also allows users to analyze health plans and quality measures by county, with more improvements planned. Regarding capacity, discussions with the California Department of Public Health revealed excess capacity in long-term care facilities, but the real challenge lies in the workforce shortage.

- **Public Comment:** During the public comment period, attendees voiced their concerns and offer feedback to DHCS and panel members.
  - A member of the public emphasized the importance of assisting individuals released from county jails who often have significant needs, particularly in treating traumatic brain injuries. They noted that California is catching up in addressing this issue and highlighted new research they hope can be applied locally. Additionally, the speaker praised the successful rollout of behavioral health services, expressing appreciation for their accessibility and positive impact on communities.
  - A member of the public expressed concern about billing challenges for peer support specialists seeking to start their own businesses. They said there is a statewide need for peer support specialists to be able to operate independently and highlighted AB 96, which would aim to address this issue by allowing peer support specialists and community health workers to be recognized equally in providing services. They emphasized that this would greatly benefit individuals with comorbidities and their support for the development of this type of workforce.
  - A member highlighted ongoing issues with MCP provider directories, noting that many are inaccurate, making it difficult for members to find appropriate care, especially behavioral health care. Problems include incomplete or outdated provider lists, incorrect contact information, and listings of retired providers. They flagged that some plans are also failing to meet requirements for online searchable directories or do not list all providers for specific services. They emphasized the need for continued work to improve the accuracy and accessibility of these directories.