

## SAC/BH-SAC JOINT MEETING SUMMARY

**Date:** 5/29/24

**Time:** 9:30 a.m. – 3 p.m.

**Type of Meeting:** Hybrid

**DHCS Staff Presenters:** Michelle Baass, Director; Linette Scott, MD, Deputy Director of Enterprise Data and Information Management and Chief Data Officer; Autumn Boylan, Deputy Director, Office of Strategic Partnerships; Pamela Riley, MD, Chief Health Equity Officer and Assistant Deputy Director for Quality and Population Health Management; Marlies Perez, Chief, Community Services; Tyler Sadwith, State Medicaid Director; Paula Wilhelm, Deputy Director, Behavioral Health

**External Presenters:** John Ohanian, Director for Data Insights and Innovation and Chief Data Officer, California Health & Human Services Agency

**SAC Members in Attendance:** Doreen Bradshaw, Michelle Cabrera, Le Ondra Clark Harvey, Eileen Cubanski, Amanda Flaum, Kristen Golden Testa, Carlos Lerner, Kim Lewis, Beth Malinowski, Linda Nguy, Jolie Onodero, Chris Perrone, Janice Rocco, Kiran Savage-Sangwan, Laura Sheckler, Al Senella, Katie Rodriguez, Anthony Wright, Ryan Witz, William Walker

**BH-SAC Membership in Attendance:** Barbara Aday-Garcia, Jei Africa, Ken Berrick, Michelle Cabrera, Le Ondra Clark Harvey, Eileen Cubanski, Vitka Eisen, Sara Gavin, Brenda Grealish, Samuel Jain, Veronica Kelley, Karen Larsen, Kim Lewis, Jolie Onodera, Deborah Pitts, Hector Ramirez, Jason Robison, Kiran Savage-Sangwan, Al Senella, Chris Stoner-Mertz, Catherine Teare, Gary Tsai, Angela Vazquez, Rosemary Veniegas, Jevon Wilkes, William Walker

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### Introduction & Summary of Content

- » The joint SAC/BH-SAC meeting addressed key topics related to Medi-Cal and California's behavioral health landscape. Panel members received a Director's Update on Governor Newsom's 2024-2025 May Revision Budget and Medi-Cal Redeterminations. The following topics were covered:
  - Data Sharing and the Data Exchange Framework

- Children and Youth Behavioral Health Initiative
  - Health Equity Roadmap Initiative
  - Update on Behavioral Health Transformation/ Proposition 1
  - Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT Update)
- » The meeting concluded with a public comment period, allowing attendees to offer feedback to DHCS and panel members.

## Topics Discussed

- » **Director's Update (Budget, Medi-Cal Redetermination) - Michelle Baass (DHCS Director):** The Director updated panel members on Governor Newsom's 2024-2025 budget (May Revision) and Medi-Cal redeterminations.

May Revision proposes a budget of about \$164 billion for the Department of Health Care Services (DHCS), with most funds going towards local assistance programs.

- » Proposes changes to the Managed Care Organizational (MCO) tax including but not limited to modifications that would account for Medicare revenue and maintaining rate increases for certain health care services.
- » Proposes funds to help implement Proposition 1, passed by the voters in March 2024. Proposition 1 includes up to \$4.4 billion in bonds to be distributed by DHCS that will support building new behavioral health housing and community-based treatment settings.
- » Proposes new children's hospital directed payments to support complex care, an intergovernmental transfer administration fee for public hospitals, and enhancements to existing programs.
- » Proposes funding for various behavioral health programs, including the Children and Youth Behavioral Health Initiative (CYBHI) and Equity and Practice Transformation Grants, have been reduced or delayed. Amidst State budget concerns, the budget for the CYBHI virtual services platforms contracts has been right-sized to better meet program needs without compromising effectiveness.

Finally, the end of May will mark the completion of redetermination and the Unwinding period. The progress of [redeterminations](#) for Medicaid eligibility was highlighted during the meeting, with a focus on the auto-renewal process and low disenrollment rates.

» **Discussion**

- » Members expressed concern about the budget and its impact on vulnerable Californians. They specifically mentioned the eligibility for home care for undocumented individuals in California and the potential impact of nursing home expenses.
- » Members voiced their concerns about the elimination of the navigator program stating that navigators are the best way to reach immigrant-rich communities. DHCS addressed the remaining funds for the navigator program and confirmed that navigators will receive a 30-day notice instructing them to wrap up all their remaining work. All communications with navigators will contain a clause of budget contingency.
- » DHCS is working with all counties to ensure renewals are completed during the unwinding period. Currently there is an 88% completion of renewals. The 12% of individuals who have not been processed remain active in the program but were unable to complete the process, most likely due to a systems issue. DHCS is currently monitoring that 12% closely.

- » **Data Sharing and the Data Exchange Framework - *John Ohanian (Director for Data Insights and Innovation and Chief Data Officer at CalHHS) & Linette Scott (MD, Deputy Director of Enterprise Data and Information Management and Chief Data Officer at DHCS)***: The Data Exchange Framework (DxF) aims to create a statewide network for health information exchange. The meeting discussed the importance of data sharing in the health care system and the need for a consistent and statewide approach to ensure patient information is appropriately and responsibly shared. Traditionally, California health information exchanges have been done locally but this initiative hopes to close that gap between providers. California's first-ever statewide Data Sharing Agreement (DSA) requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and well-being. As of January 31, 2024, this agreement is published and signed by over 3,000 entities actively working on the exchange. Ultimately, the DxF will reinforce the work that is being done by bringing networks together.

» **Discussion**

- » A member inquired about DHCS's methods for safeguarding patient data in the age of AI. DHCS emphasized that data protection is a top priority and outlined several processes that are used. One key tool is the Data De-

Identification Guidelines. These guidelines help assess the risk involved when sharing data publicly. Whenever patient data needs to be used outside our federal and state regulatory environments, DHCS ensures it's de-identified to protect patient privacy and confidentiality. Currently, around 72% of Managed Care Plans (MCPs) are signed up for data sharing.

- » A member commended the state's effort in the data-sharing initiative, highlighting its potential to improve the client experience and streamline administrative tasks within the health care system. They shared their success in enrolling half of their members and expressed appreciation for including behavioral health clinics in this initiative.
- » A member inquired about data-sharing intermediaries. They expressed concern about these entities potentially having weaker privacy practices or even not having the same commitment as the state, being they are business entities. Additionally, they raised the issue of the potential rediscovery of data related to Substance Use Disorder (SUD) diagnosis and treatment. DHCS clarified that these data exchange intermediaries are known as Qualified Health Information Organizations (QHIOs). Their core function is secure data transfer between providers, hospitals, etc., prioritizing privacy and confidentiality. QHIOs adhere to strict protocols for data handling. The QHIOs have only been official for a few months but meet with the state weekly.
- » **Children and Youth Behavioral Health Initiative (CYBHI) Update – Autumn Boylan (Deputy Director, Office of Strategic Partnerships at DHCS):** CYBHI is a multi-billion dollar investment by the administration to address the youth mental health crisis and improve access to behavioral services for children and youth, ages 0-25. The initiative focuses on improving access in health care and educational settings, making investments in community settings, and leveraging digital solutions to provide support for young people. DHCS shared information about the two virtual behavioral health service platforms, BrightLife Kids and Soluna. BrightLife Kids provides live coaching support to children and families with kids ages 0-12. Soluna, on the other hand, is designed for teens and young adults ages 13-25, allowing users to access services confidentially. Both apps offer live professional mental health coaching, educational content, clinically-validated assessment tools, care navigation services, crisis and safety protocols, and monitored peer communities. Furthermore, the California Child and Adolescent Mental Health Access Portal (Cal-MAP) is a pediatric mental health care access program designed to provide consultative



services to outpatient physicians so they are well-equipped to treat common mental illnesses (e.g., ADHD, anxiety disorders) for youth in their care with the aim of increasing timely mental health care for children and youth throughout California.

» **Discussion**

- » A member emphasized the need for health plans to be involved when coordinating care through DHCS, particularly regarding referrals within the apps. DHCS explained how youths can request referrals with appropriate authorization. For referrals, there's a self-navigation tool and an option to get help from a care navigator in both apps.
- » DHCS confirmed that the app vendors for BrightLife Kids and Soluna prioritize user privacy and comply with all federal and state regulations. These apps do not independently share data with external providers.
- » In response to an inquiry about limits on the number of counseling sessions that a user can have, DHCS shared that while these apps focus on short-term counseling, there are no limitations on the number of visits a user can receive.

- » **Health Equity Roadmap Initiative – Pamela Riley (Chief Health Equity Officer and Assistant Deputy Director for Quality and Population Health Management at DHCS):** The Health Equity Roadmap Initiative is a core part of DHCS' efforts to address disparities and advance equity in healthcare for underserved populations. The roadmap aims to elevate the voice of members, particularly BIPOC, and incorporate their input and feedback in policy and program development. Phase 1 of this project included a statewide listening tour which included member feedback sessions. Although this part of the project is complete, efforts to gather member feedback will continue. During Phase 2, DHCS staff will co-design a Health Equity Roadmap with a diverse group of experts, advocates, stakeholders, and Medi-Cal members to envision an equitable future for the Medi-Cal program. Phase 3 will include publishing a final Health Equity Report that recommends improvements to Medi-Cal services.

» **Discussion**

- » A member commended DHCS' program coordination but expressed concern about potential access disparities, particularly in rural and frontier communities. DHCS acknowledged this as a priority and recognizes that

there are specific challenges in those communities that they are going to need to address.

- » A member expressed enthusiasm for the health equity project and inquired about opportunities to leverage public health expertise and contribute to local knowledge. They also sought clarification on accountability measures. DHCS explained how they are planning on collaborating closely with local public health departments and stakeholders. Additionally, DHCS acknowledged the need to integrate clear accountability metrics into the project roadmap.
- » Members emphasized the importance of addressing language and stigma surrounding mental illness to prioritize equity for people with disabilities. Additionally, they expressed the need for ongoing engagement and commitment to addressing equity issues, urging against delaying action and worsening the situation through current decision-making processes.
- » **Update on Behavioral Health Transformation/ Proposition 1 – Marlies Perez (Chief, Community Services at DHCS):** In March 2024, California voters passed Proposition 1, a two-bill package to modernize the state's behavioral health care system including substantial investment in housing for people with behavioral health care needs. In addition to the new investments, Proposition 1 evolves the Mental Health Services Act (MHSA) into the Behavioral Health Services Act (BHSA). DHCS updated members on the Behavioral Health Continuum Infrastructure Program (BHCIP) and upcoming public listening sessions where stakeholders may provide feedback and input. This update included high-level timeframes for several milestones that will inform requirements and resources for this project. Information about priority populations for BHSA, further outlined eligible adults, older adults, children, and youth. Changes in funding and responsibilities regarding population-based prevention, oversight, administration, and workforce expansion were also outlined. Finally, DHCS asked members how stakeholders are educating constituents on Prop 1, ways DHCS can ensure feedback is incorporated, and the type of updates members would like to receive.
- » **Discussion**
  - » DHCS spoke about building facilities and stakeholder consultation when awarded grant funding. DHCS explained that the requirements to receive funding are like the Behavioral Health Continuum Infrastructure Program (BHCIP) process. Applicants are required to demonstrate how they provide

Medi-Cal services and a letter of support from their county behavioral health department.

- » County integrated plans do not go live until July 2026. However, the bond continues efforts around BHCIP that counties can use for funding project milestones for Behavioral Health Transformation. Updates can be tracked on the DHCS website under the BHT resources tab.
  
- » **Expanding the Behavioral Health Continuum of Care: BH-CONNECT Addendum – Tyler Sadwith (State Medicaid Director at DHCS) & Paula Wilhelm (Deputy Director, Behavioral Health at DHCS):** DHCS is proposing to submit a formal addendum to the pending section 1115 BH CONNECT demonstration. The proposed addendum aims to provide new opportunities for care, including community transition in-reach services and room and board in qualifying residential settings. This initiative was developed in collaboration with individuals with lived experience and is based on the principles of choice, self-determination, purpose, and belonging. The approach aspires to be inclusive and integrated, with services and settings that are voluntary, high quality, accessible, and equity-anchored. The two new options contribute to a continuum of sustained, person-centered support to help Medi-Cal members with significant behavioral health needs recover, build resiliency, and reside successfully in the community. The services focus on individuals with significant behavioral health conditions, including those experiencing homelessness or transitioning from institutions. As with other services established through BH-CONNECT, all counties may opt-in to participate in the opportunity. Lastly, California will launch a state public comment period for the amendment to the BH-CONNECT application from June 14 to July 14, 2024. The state will submit the amendment to CMS on August 1, 2024.
  
- » **Discussion**
  - » Members expressed support for getting individuals out of Institutions from Mental Diseases (IMDs) and emphasized the importance of supportive services for successful transitions.
  - » DHCS clarified that qualifying residential settings within the BH-CONNECT Amendment refer to residential settings that provide care rather than housing settings.
  - » There was a discussion about the inclusion of occupational therapists in care teams and the expansion of peer support services. Members hope that providers engage with these services and occupational therapists.

- » 99% of Medi-Cal recipients live in a county that opts into peer support services. Under the BH-CONNECT demonstration that was submitted last year, DHCS is requesting significant federal funding to expand the behavioral health workforce with an emphasis on peers.
  - » The current proposed amendment is focused on the adult population including emancipated youth. Beneficiaries can use these services for up to 6 months. However, DHCS is in conversations with CMS about the frequency of use.
  - » Members emphasized the importance of being mindful of delivery system gaps and the interplay with housing funds and initiatives.
  - » DHCS' partnership strategy encompasses both existing and prospective providers. The goal is to cultivate strategic relationships that align with the Key Principles highlighted. This could involve supporting a qualified provider or investing in a facility that is nearing completion.
- » **Public Comment:** During the public comment period attendees were allowed to voice their concerns and offer feedback to DHCS and panel members.
- » El Sol Neighborhood Educational Center emphasized the importance of strategically utilizing community health workers (CHWs) and promotoras within health care planning. Public comment pointed to the importance of being transparent about the requirements and processes used to develop partnerships for the virtual platforms with trusted in-network providers in each county.
  - » A concern was shared about the siloed nature of community advisory boards for county behavioral health plans and encouraged organizers to open integrated planning sessions to organizations without existing county contracts, particularly those focused on peer support, as mentioned in the Path TA Marketplace. Finally, they asked for information about why allocated funds go unspent.
  - » In reaction to the agenda item on Proposition 1 and the Behavioral Health Transformation, the Senior Manager of Behavioral Health Consortium shared a request to consider behavioral health programs that are potentially at risk due to recategorization under BHSA. They noted that integrated behavioral health programs have benefited from strong, long-term relationship with local county Behavioral Health Departments as well as from investment of MHSA dollars that have allowed culturally tailored prevention.

- » The CEO of RX Guardian discussed the development and commercialization of safe storage devices for medications and highlighted the importance of preventing misuse and abuse of medication originating from home medicine cabinets. They pointed to legislation in Ohio that allowed for Medicaid reimbursement of lockable containers to be dispensed with MAT medication.
- » Racial and Ethnic Mental Health Disparities Coalition (REMHDCO) and Community Partners in the California Reducing Disparities Project expressed disappointment in many of the proposals in the May Revise, particularly those that cut portions of the CYBHI. They expressed optimism regarding Proposition 1 but suggested that there is a major challenge for funding and developing community-defined evidence practices (CDEPs).
- » Cal Voices expressed concern related to SB 43 and SB 1238. They requested transparency about how facilities operate and what regulations they follow because different facilities have different approaches, and not all may be adequately equipped to handle specific populations. They also asked what kind of protections would be put in place around the decertification of county hospitals if they can't get state funding or bill Medi-Cal. They expressed interest in getting Medi-Cal peer support specialists in the CalAIM system but didn't appreciate being siloed into BHSA. Finally, they offered a word of caution about preventing the CYBHI apps from repeating what happened with Help at Hand.

### **Member Requests:**

- » A request to put forward a waiver to the federal government to approve multi-year continuous coverage.
- » A comment asking for additional outreach to communities regarding new federal waiver and unstable income as well as improving accessibility for seniors and people with disabilities by addressing outdated terminology and technical assistance.
- » A request for investments in community-based organizations to provide evidence-based practices for children and youth.
- » A desire by members to see the navigator program funded again in the future.
- » A request to follow up with the Department of Social Services to obtain numbers on the estimates for the number of individuals impacted by the elimination of home care eligibility, particularly for undocumented Californians.



- » A request for follow-up on the prior and remaining budget for the behavioral health platforms.
- » A request to continue outreach efforts and campaigns to raise awareness about procedural terminations and the necessary documentation for redetermination. Additionally, they would like to improve technical assistance and accessibility, particularly for seniors and people with disabilities, in navigating the system.
- » A request to provide guidance to care navigators on facilitating referrals to different resources to better assist families.
- » A request to address access disparities in rural and frontier communities, particularly for people of color and those living in desert areas.
- » A request to prioritize addressing the language stigma surrounding mental illness and disabilities to promote equity and prevent harm to communities of color.
- » A request to explore opportunities to include youth who have experienced homelessness and children, youth, and families in the Behavioral Health Continuum of Care.