Systems and Medicaid Committee

Meeting Minutes Quarterly Meeting – April 18, 2024

Members Present:

Uma Zykofsky, Chairperson Walter Shwe Dale Mueller Elizabeth Oseguera Karen Baylor

Jessica Grove Noel O'Neill Javier Moreno Deborah Pitts lan Kemmer (stand-in for Veronica Kelley)

Catherine Moore Steve Leoni Tony Vartan Marina Rangel

Staff Present: Ashneek Nanua

Presenters: Stephanie Blake, Ryan Quist, Genelle Cazares, Karen Abrina

Meeting Commenced at 8:30 a.m.

Item #1 **Approve January Draft Meeting Minutes**

The Systems and Medicaid Committee (SMC) reviewed the SMC January 2024 draft meeting minutes. Steve Leoni requested that language regarding the reflections of the No Wrong Door Policy discussion be clear to distinguish whether the reflections came from committee members or presenters. The SMC approved the meeting minutes with the change requested.

Action/Resolution

Staff will edit the January 2024 SMC Meeting Minutes based on the change requested. The approved minutes will be posted to the CBHPC webpage.

Responsible for Action-Due Date

Ashneek Nanua – April 2024

Item #2 Review and Approve SMC 2024-2025 Work Plan (Action)

The SMC reviewed the revised SMC Work Plan for 2024-2025 based on committee feedback during the January 2024 Quarterly Meeting. Committee members expressed the importance of tracking data on the conservatorship system which will be done by inviting speakers from different counties at future committee meetings. Steve Leoni requested that an activity be added to Objective 1.3 to monitor the gains and losses of programs for the Behavioral Health Services Act implementation.

Tony Vartan motioned to approve the SMC 2024-2025 Work Plan with the addition of the proposed activity for Objective 1.3. Noel O'Neill seconded the motion. SMC staff took a roll call vote. The motion passed.

CBHPC Systems and Medicaid Committee – April 2024 Meeting Minutes

Action/Resolution

Staff will make edits to the SMC 2024-2025 Work Plan. The updated Work Plan will be posted to the CBHPC Website.

Responsible for Action-Due Date

Ashneek Nanua – April 2024

Item #3 Older Adult System of Care Overview

Stephanie Blake, Behavioral Health Specialist for the California Department of Aging (CDA), presented to the SMC on the Master Plan for Aging (MPA) and CDA's behavioral health initiatives and programs for older adults. Stephanie reviewed the five goals for the MPA in detail, which include: housing for all ages and stages, health reimagined (Program to Encourage Active Rewarding Lives and AgeWise Program), inclusion and equity (includes \$50 million General Fund for Friendship Line, Ethnic Media Campaign, and Community Capacity Building Grants), and caregiving that works and affordable aging. CDA's programs and services for older adult behavioral health include 33 regional Area Agencies on Aging (health/wellness and caregiver supports), Caregiver Resource Centers (short-term counseling and support groups), Aging and Disability Resource Centers (counseling to identify goals and needs for long-term services and supports), Multipurpose Senior Services Program (counseling and therapeutic services), and Community-Based Adult Services (mental health services, therapeutic activities, and social services). Stephanie shared that there will be an event, *MPA Day of Action*, on October 8, 2024 at the Sacramento Convention Center.

Committee members engaged in a question-and-answer session upon conclusion of the presentation. Main points discussed between the SMC and presenter include the following:

- Older adults have high rates of suicide and the CDA is part of the 988 Suicide and Crisis Lifeline Workgroup.
- CDA is working on notifying the public about their services through avenues such as the Aging and Disability Resource Centers and Ethnic Media Campaign.
- It would be helpful to have connections with professional education programs to expand awareness of CDA programs to students and trainees in health professions that interface with the older adult population.
- It is important to consider informing Friendship Line workers about stigma for older adults who have behavioral health conditions.
- Seniors face risk with scam phone calls and emails. CDA has an elder justice specialist and Coordinating Council that handle scams for older adults.
- CDA's monitoring process for Community-Based Adult Services and Multipurpose Senior Services Program are done in-house while the other programs are done externally with CDA oversight on those programs.
- Seniors may express grievances through Ombudsman or directly to CDA.

Action/Resolution N/A Responsible for Action-Due Date N/A

Item #4 Sacramento County Older Adult System of Care Presentation

Dr. Ryan Quist, Behavioral Health Director for Sacramento County, presented to the SMC on behavioral health services and programs for older adults in Sacramento County. Programs covered in the presentation included the Mental Health Urgent Care Clinic (MHUCC), Community Support Team (CST), SeniorLink, Supporting Community Connections (SCC), Older Adult SCC, Sacramento County Time-Limited Community Driven Prevention and Early Intervention (PEI) Grant Program Round II, Community Outreach Recovery Empowerment (CORE), Full Service Partnerships (FSP), and Substance use and Prevention Treatment (SUPT). Dr. Quist then provided statistics of the number of older adults served by FSPs and Wellness centers categorized by geography. Upon conclusion of the presentation, Dr. Quist provided the SMC with a resource list of local, state, and national services available to older adults and caregivers living in Sacramento County. The SMC engaged in a question-and-answer session upon after the presentation. Main points discussed between the SMC and presenter include the following:

- The SMC asked about retirement planning for older adults. Sacramento County does not have retirement planning but does have financial planning support.
- Committee members discussed how Assertive Community Treatment (ACT) is different than historic and existing FSPs. Dr. Quist stated that he would like to see ACT as a subset to FSPs for individuals that need that specific service delivery framework but worries that it can exclude people that are currently served in the FSP program. ACT is more restricted around the severity of a diagnosis. Tony Vartan added that Stanislaus County currently has an ACT model that is a subset of FSPs.
- Committee members inquired about Managed Care responsibilities for providing transportation to appointments. Dr. Quist expressed a need to focus on the MCPs in Sacramento County that provide transportation and to be thoughtful on how to use billable staff time under payment reform.
- Sacramento County's CARE Court will begin December 2024 and much of the homeless population in the county are aging. Dr. Quist has heard one of the biggest benefits of CARE Court is helping the county's Mental Health Plan become aware of individuals in the community who need services and building relationships with unserved and underserved communities identified under CARE Court.
- Orange County's coordination with Managed Care Plans mostly involves referring MCPs to manage the medical issues. Sacramento County is working on

centralizing a hub for the Enhanced Care Management benefit to improve coordination of care which has had some positive impact.

 There is more work that needs to be done for Substance Use Disorder services. One of the biggest challenges in Sacramento County is having enough providers to deliver services. Peer Support Specialists have been added to the system and there are options under BH-CONNECT such as rental assistance and Community Health Workers (CHWs) to provide outreach.

Action/Resolution N/A Responsible for Action-Due Date N/A

Item #5 El Hogar Older Adult Services Presentation

Genelle Cazares, Executive Director of El Hogar, presented to the SMC on El Hogar's services and programs for older adults with behavioral health needs. Uma Zykofsky, SMC Chairperson, stated that El Hogar is the first and only FSP for older adults in Sacramento County. Genelle shared information about El Hogar's various older adult programs including Sierra Elder Wellness Program (SEWP), Program to Encourage Active Rewarding Lives Program to Encourage Active Rewarding Lives (PEARLS), and SeniorLink. The SeniorLink Program is the first prevention and early intervention (PEI) program for older adults in Sacramento County. The program provides resources and services to older adults to improve their health and wellness by developing a support system, socialization, and increase in activities. Karen Abrina, a program graduate from SeniorLink, shared her experiences with the program.

PEARLS is an evidence-based depression intervention program designed to reduce the symptoms of depression and improve the quality of life for older adults. It involves a coach or case manager teaching participants valuable skills to help manage feelings of loneliness, frustration, and anxiousness. Participants receive 6-8 sessions over 4-5 months in their home or agreed upon community location.

SEWP is a Full Service Partnership (FSP) created to address the need for specialized outpatient mental health services for adults 55 and up. It fills a critical need for seniors with serious mental illness by providing, referring, and/or advocating for a full range of mental health services. The program connects participants to psychiatric, medical, dental, and community appointments. Transportation is provided to groups and other social activities. Staff help with rehabilitation including grocery shopping, going to the bank, pharmacy, etc. SEWP is funded by the Sacramento County Department of Behavioral Health.

Challenges for the older adult population include transportation, affordable housing, income, physical and mental health, language, limited service time, using technology, and affordable and accessible technology. Successes from El Hogar's programs include

50% of participants feeling an increase in belonging to their community, life satisfaction, and friendships. Best practices include staff providing direct support to help participants achieve their goals, working with culturally diverse community partners to connect clients and participants to resources such as housing, primary care, and socialization opportunities, and building off of participant strengths and teaching them to advocate for themselves. El Hogar also works closely with health care systems such as hospitals, primary care physicians, Sutter SeniorCare PACE, and Federally Qualified Health Centers (FQHCs) to connect participants to resources. El Hogar also partners with various housing resources such as assisted living facilities, board and care facilities, senior apartment complexes, hotels for temporary housing, Sacramento Housing and Redevelopment Agency, and Resources for Independent Living.

Action/Resolution N/A Responsible for Action-Due Date N/A

Item #6 Public Comment

Kirsten Barlow, Vice President of Policy at the California Hospital Association, asked if SMC thinks that the services offered to seniors at El Hogar are considered primary care or mental health services. She also asked whether the issue of the cost of transportation may be explored by the county Mental Health Plan (MHP) or behavioral health department with their local Medicare Managed Care Plans (MCPs). The MCP has substantial obligations to pay for and arrange transportation for individuals with Medi-Cal insurance. This applies to mental health visits if the program is a FSP or the service provided is considered a covered service covered under Medi-Cal.

Action/Resolution N/A Responsible for Action-Due Date N/A

Item #7 CBHPC Workgroups Update

The SMC received updates on CBHPC's Workgroups. Javier Moreno stated that the Substance Use Disorder Workgroup occurs after the SMC meeting and does not have an update to share at this time. Uma Zykofsky stated that the Reducing Disparities Workgroup (RDW)will hear a presentation from the CA Department of Public Health on what work the state is doing for equity. Noel O'Neill shared that the Children and Youth Workgroup screened 30 minutes of the film, *Hiding in Plain Sight*, by Ken Burns. He stated that the workgroup may present the film to the public in a forum. Noel also

shared that a representative from the CA Department of Education was present and had comments that the film was extremely powerful and had concerns about showing the film to youth without appropriate resources available. Therefore, more discussion is needed before coming to any conclusions on how to move forward. There will likely be adults present with youth if the Planning Council does screen the film to provide any immediate supports that might be needed. SMC Staff, Ashneek Nanua, stated that one of the youth members of the workgroup expressed that the film may be more appropriate for adults. She also highlighted the need for a specific purpose, call to action, and structure if the workgroup moves forward with screening the film.

Action/Resolution

The workgroup representatives will report the activities of the CBHPC workgroups at subsequent SMC meetings.

Responsible for Action-Due Date

Uma Zykofsky, Javier Moreno, Vandana Pant – Ongoing

Item #8 Behavioral Health Policy Updates

Ashneek Nanua, SMC staff, provided policy updates from various meetings held since January 2024. The meetings summarized in the presentation included the Behavioral Health Stakeholder Advisory Committee (BH-SAC) February 2024 Workgroup Meeting, Council on Criminal Justice and Behavioral Health (CCJBH) Diversion and Reentry Workgroup Meeting (February 2024), CalAIM Behavioral Health Workgroup Meeting (March 2024), Children and Youth Behavioral Health Initiative Monthly Public Webinar (March 2024), and the Behavioral Health Taskforce April 2024 Meeting.

Action/Resolution

Staff will continue tracking behavioral health initiatives and policies to update the SMC.

Responsible for Action-Due Date

Ashneek Nanua – June 2024

Item #9 Wrap Up/Next Steps

Action/Resolution

The SMC Officers and staff will plan the April 2024 Quarterly Meeting agenda.

Responsible for Action-Due Date

Ashneek Nanua, Uma Zykofsky, Karen Baylor – June 2024

Meeting Adjourned at 12:00 p.m.