Systems and Medicaid Committee

Meeting Minutes
Quarterly Meeting – October 19, 2023

Members Present:

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	Catherine Moore
Walter Shwe	Noel O'Neill	Steve Leoni
Dale Mueller	Javier Moreno	Vandana Pant

Alfonso Jimenez (stand-in for Jessica Grove)

Staff Present: Ashneek Nanua

Presenters: Alexandria Simpson, Steven Adelsheim, Jill Huckels, Karan Malhotra

Meeting Commenced at 8:30 a.m.

Item #1   Approve June 2023 and August 2023 Draft Meeting Minutes

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The Systems and Medicaid Committee (SMC) reviewed the June 2023 and August 2023 draft meeting minutes. The minutes were approved by the SMC.

Action/Resolution
The June 2023 and August 2023 SMC Meeting Minutes will be posted to the CBHPC Webpage.

Responsible for Action-Due Date
Ashneek Nanua – October 2023

Item #2   Review and Update SMC Work Plan & Discuss Year-End Report

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The SMC reviewed each section of the 2022-2023 Work Plan to determine which items may be eliminated, added, or modified for the 2024 Work Plan. Key action items include the following:

- Eliminate Objective 1.1 and incorporate efforts to monitor Medi-Cal Peer Support Specialist Certification as part of the CalAIM Initiative in Objective 1.2.
    - Potential future activities include inviting a Workforce and Employment Committee member to update the SMC on peer certification.
- Modify Objective 1.2 to track the implementation of CalAIM in the following categories: 1) impact at the system level and 2) impact at the service level including the provider perspective of implementation.
- Add an objective in Goal 1 to track and comment on efforts related to the Behavioral Health Services Act (BHSA).

- Eliminate Objective 1.3 on accessing Medi-Cal services via telehealth modalities.
- Create a goal to evaluate various systems of care that intersect with the Medi-Cal Behavioral Health System, such as Child Welfare, Criminal Justice, Aging, and Substance Use Disorders.
  - Align the work of the Children and Youth Workgroup with the work of the SMC around three key system issues identified by youth: access to care, peer support, and stigma.
  - Compare and contrast system capacity and network adequacy for the Childrens System of Care versus Adult System of Care.
- Modify Objective 2.2 to focus on monitoring and examining the BH-CONNECT 1115 Demonstration Waiver which includes the Institutes for Mental Disease (IMD) Exclusion. This objective may include efforts to track and support efforts to improve the conservatorship system.

Chairperson Karen Baylor then initiated discussion for committee members to highlight items they would like included in the SMC section of CBHPC's Year-End Report. Uma Zykofsky recommended that the SMC highlight that the committee has been rapidly responsive in providing recommendations for DHCS' Behavioral Health Information Notices. Committee members designated staff to highlight their key accomplishments for 2023.

Action/Resolution

SMC staff will make changes to the Work Plan for committee approval at the following quarterly meeting.

Responsible for Action-Due Date

Ashneek Nanua, Karen Baylor, Uma Zykofsky – January 2024

Item #3   CBHPC Workgroups Update

Vandana Pant provided an update on the Children and Youth Workgroup. The workgroup is focused on ensuring that youth drive the work of the group. The workgroup invited youth from various advocacy groups to the October 2023 meeting to inform them about the CBHPC and ask about their perspectives on the issues they see. The issues highlighted by the youth include access, peer support, stigma, and fear of punishment which prevents them from speaking up about substance use. The workgroup's next steps are to educate the youth representatives on current behavioral health policies and initiatives for youth.

On behalf of the Substance Use Disorder (SUD) Workgroup, Javier Moreno stated that Council members who attended the Integrated SUD Conference discussed top issues for the SUD system including payment reform, documentation redesign, harm reduction, barriers accessing care, and the unification of Electronic Health Records in 28 counties.

Uma Zykofsky provided an update on the Reducing Disparities Workgroup (RDW). The workgroup screened the *Color of Care* film for Council members and the public. The

RDW is also finalizing equity-related questions to incorporate into presentations from CBHPC's invited guests which will be submitted to CBHPC's Executive team for approval.

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 #4   Overview of CalAIM Documentation Design Initiative

Alexandria Simpson from the Medi-Cal Behavioral Health Division at the California Department of Health Care Services (DHCS), provided an overview of CalAIM Documentation Redesign Initiative. DHCS is finalizing a Behavioral Health Information Notice (BHIN) that updates and supersedes prior guidance (BHIN 22-019). The new guidance updates requirements for standardized assessments, Specialty Mental Health Services (SMHS) domains, SMHS, Drug Medi-Cal (DMC), and Drug Medi-Cal Organized Delivery System (DMC-ODS) problem lists, progress notes, and treatment and care planning requirements. The new documentation requirements include dynamic problem lists, domain-driven assessments, lean and functional notes, and disallowances for fraud, waste, and abuse. Alexandria clarified that the requirements do not apply to inpatient settings or Narcotic Treatment Programs. She reviewed two overarching policy goals:

1) Remove standalone treatment planning requirements to streamline and simplify provider documentation.
   o The intended outcome for this goal is to document treatment plan requirements in the clinical record in a flexible manner with the ability to share the documentation as needed.
2) Align DMC and DMC-ODS assessment timelines with SMHS.
   • The intended outcome for this goal is to ensure beneficiaries receive the right service at the right time and place. Providers will use clinical expertise to complete initial assessments as expeditiously as possible and in accordance with generally accepted standards of practice.

DHCS plans to hold a series of webinars to assist with implementation of the new policy guidance. Topics will include assessments, auditing, crisis residential treatment facilities, problem lists, progress notes, treatment planning, and Z codes.

Committee members engaged in a question-and-answer session with DHCS upon conclusion of the presentation on the following topics:

• Which entities are responsible and standard practices for auditing (DHCS Medi-Cal Behavioral Health Policy Division and Audits and Investigations Division).

- If there are sample templates on the required elements of documentation design.
  - DHCS is not providing templates but are providing flexibilities for the local level to incorporate requirements in a way that works for their Electronic Health Record.
- How to integrate and share electronic charts between the Specialty Mental Health Services (SMHS) and Drug Medi-Cal (DMC) systems.
  - DHCS is working on this issue as 42 CFR requirements are still in effect.
- How to ensure that the consumer will drive their goals in treatment in the new mechanism to document problem lists in lieu of formal treatment plans.
  - The progress note will have an option to update at each medical visit.
  - Problem lists should be used in conjunction with other documentation that systems may have to tell the whole story of the services being provided.
- Language changes to the updated BHIN on documentation requirements included removal of streamlining and reforming documentation, removal of language around recovery and resilience, as well as changes to language on fraud, waste, and abuse.

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

Item #5   Overview of Physical and Digital Behavioral Health Platforms For Children and Youth

Vandana Pant stated that the Children and Youth Workgroup would like to inform CBHPC committees about resources available for youth and services that are available in the community. She introduced Steven Adelsheim from Stanford University's Allcove Program as well as Jill Huckels and Karan Malhotra from Sutter Health's Scout Program to discuss physical and digital platforms for youth mental health.

Steven Adelsheim first presented on Allcove Centers, an integrated youth mental health program that supports youth across California through a media mental health initiative, suicide prevention, youth-led anti-stigma and awareness through social media, an early psychosis program, and school/community partnerships and events. The Allcove model provides integrated care through prevention and early intervention with easy and affordable care in a physical space. Allcove acts as a continuum between school mental health programs and linkages to early psychosis programs. He highlighted barriers to children and youth accessing care and provided an overview of the Allcove program's core services, model components, Youth Advisory Group, and funding sources.

Jill Huckels and Karan Malhotra from the Sutter Health Design and Innovation team presented on a digital platform for youth mental health called Scout. Scout is an application that provides an evidence-based toolkit for youth ages 13-22 to build resilience and better manage everyday mental health. Jill reviewed the content modules

which include foundations of everyday mental health, evidence-based education, tools, and activities to build the fundamentals of resilience, and special content focused on substance use with upcoming special content focused on LGBTQ, Black, Indigenous, and People of Color (BIPOC), and foster and incarcerated youth communities. Key features of the program include resiliency tools, feelings tracker and trends to identify patterns of feelings, reminders and rewards, and support resources. Jill then reviewed pilot results from the program and concluded the presentation.

The SMC engaged the presenters in a question-and-answer session on the following topics:

- Outreach and development efforts to form Allcove's Youth Advisory Groups
- Ability for users of the Scout program to share content with each other.
- Structure of the public-private partnerships and provider contracts
- Sustainability and accessibility of Scout in order to offer the program at no-cost for Sutter Health patients as well as through non-profits and schools/universities.
- Allcove's navigation of attitudes towards involuntary suicide risk considering the common fear from youth of being placed in involuntary treatment.
- Considerations on how to utilize the Allcove model in small and rural counties.

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

Item #6   Public Comment

Steve McNally stated that the Allcove program is expensive, and the funding mechanisms are very complicated. Santa Ana School District has a Suicide Prevention Plan with wellness centers in every school including a family liaison member ensuring that children are not stuck in a situation where they must interpret for adults. Steve stated that One Mind under the University of Irvine is an application system, and the Jewish Free Brothers in Los Angeles also created a teen application. Steve noted that it would be good for the various applications to come together to become interconnected.

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

Item #7   Nominate 2024 SMC Chair-Elect

The current SMC Chair-Elect, Uma Zykofsky, nominated Karen Baylor, the current Chairperson of the SMC, to be the Chair-Elect for 2024 due to the many changes occurring in behavioral health policy at this time. Karen Baylor accepted the nomination. The SMC agreed to the nomination decision.

Action/Resolution
The 2024 SMC Chair-Elect nominee will be submitted to the Officer team for approval.

Responsible for Action-Due Date
CBHPC Officer team – January 2024

Item #8   Behavioral Health Policy Updates

Ashneek Nanua, SMC Health Program Specialist II, provided policy updates discussed during the CalAIM Behavioral Health Workgroup, Behavioral Health Stakeholder Advisory Committee (BH-SAC), CalHHS Behavioral Health Taskforce, Children and Youth Behavioral Health Initiative (CYBHI) meetings held since June 2023, as well as an update on the Enhanced Care Management and Community Supports Implementation Report for 2022. Ashneek also referenced the BH-CONNECT recommendation letter that the SMC submitted to DHCS in August 2023 as well as the committee's comments for various Behavioral Health Information Notices (BHINs) submitted to DHCS since the June 2023 Quarterly Meeting.

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

Responsible for Action-Due Date
Ashneek Nanua – January 2024

Item #9   Wrap Up/Next Steps

The committee will review edits to the SMC Work Plan and monitor ongoing behavioral health activities. The SMC Officer team and staff will plan the agenda for the January 2024 Quarterly Meeting.

Action/Resolution
The SMC Officers and staff will plan the January 2024 Quarterly Meeting agenda.

Responsible for Action-Due Date
Ashneek Nanua, Karen Baylor, Uma Zykofsky – January 2024

Meeting Adjourned at 12:00 p.m.