# Systems and Medicaid Committee (SMC)

Meeting Minutes
Quarterly Meeting – October 17, 2024

**Members Present:**

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| Uma Zykofsky, Chairperson | Karen Baylor, Chair-Elect | Jessica Grove |
| Catherine Moore | Walter Shwe | Noel O'Neill |
| Steve Leoni | Marina Rangel | Javier Moreno |
| Tony Vartan | Elizabeth Oseguera | Lanita Mims-Beal |

Ian Kemmer (stand-in for Veronica Kelley)

**Staff Present:** Ashneek Nanua

**Presenters:** Waheeda Sabah, Dr. Nitumigaabow Champagne, Kelsey Stuhr, Soo Jung, Sandra Hernandez

**Meeting Commenced at 8:30 a.m.**

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## Item #1 Review and Accept June 2024 Draft Meeting Minutes

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The Systems and Medicaid Committee reviewed the June 2024 draft meeting minutes. The committee accepted the meeting minutes with requested edits requested.

**Action/Resolution**
The approved minutes will be posted to the Council's Website.

**Responsible for Action-Due Date**
Ashneek Nanua – October 2024

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## Item #2 Overview of Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 Crisis Care Mobile Unit (CCMI) Grant

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Waheeda Sabah from the California Department of Health Care Services (DHCS) provided an overview of the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 Crisis Care Mobile Unit (CCMU) Grant. The presentation included information about eligibility requirements, program scope, number of counties and tribal entities awarded, and amounts awarded by county and program. Waheeda then described how the state monitors the program and shared implementation findings. Key findings include the need for mobile crisis services, outreach, and flexibility on how funding is utilized.

Successes for the program include increased coordination with law enforcement, better collaboration with schools, and improved understanding of behavioral health issues. Challenges and potential delays include workforce hiring and retention, inadequate or non-existing electronic health records (EHR) or dispatch systems, long contracting processes for additional rounds of funding, and supply chain issues with vehicle purchasing. Waheeda then demonstrated how to utilize the Criss Care Mobile Unit Data Dashboard. The question-and-answer session included a comment about the crisis mobile vans not appearing to be crisis-friendly for the consumer.

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

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## Item #3 Public Comment

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Lynn Rivas, Executive Director for the California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated that her organization would like to see a requirement that peers be included in every response team for future funding rounds. She added that most peer crisis response teams do not include a police officer on the national level. This is because police officers have a terrible reputation of how they treat people with a mental health crisis. Therefore, Lynn recommended that law enforcement be excluded from the mobile crisis teams. Lynn also encouraged funding for peer respite centers.

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

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## Item #4 Dry Creek Rancheria Band of Pomo Indians Presentation on Behavioral Health Continuum Infrastructure Program Round 1 Crisis Care Mobile Unit Grant Implementation

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Dr. Nitumigaabow Champagne, Executive Director of the Dry Creek Rancheria Band of Pomo Indians and the Program Director for Tribal Wraparound Services, Kelsey Stuhr, presented to the committee on their organization and implementation of the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 Crisis Care Mobile Unit (CCMU) Grant. The presentation included information about the components and approach of the organization's wraparound services. Dry Creek Rancheria offers the following wraparound Services as it pertains to housing:

- **Bringing Families Home (BFH):** Reduces the number of families in the child welfare system experiencing or at risk of experiencing homelessness, increase family reunification, and prevent foster care placement.
    - Offers financial assistance and housing-related wraparound services.
- **Home Safe:** Offers strategies to address and prevent homelessness and support ongoing housing stability for Adult Protective Services.
- **Housing and Disability Advocacy Program (HDAP):** Includes core requirements such as outreach and case management, disability benefits advocacy, and housing assistance.
- **Homeless Housing, Assistance and Prevention (HHAP):** Offers rapid rehousing, street outreach, service coordination, systems support, operating subsidies, prevention and shelter diversion, and the delivery of permanent housing and innovative housing solutions.
- **Behavioral Health Bridge Housing (BHBH):** Addresses the immediate housing needs of individuals experiencing homelessness with serious behavioral health conditions.
    - Includes intensive case management, direct services, rapid rehousing, short-term, mid, and long-term housing, and emergency services via crisis response.
- **Crisis Care Mobile Unit (CCMU) Program:** Provides vehicles, maintenance, and fuel for use in behavioral health services including crisis response.
    - Includes 2 electric high-end sedans and 1 hybrid high-end 12-15 passenger van.
    - All vans must be used to connect individuals with behavioral health services.

The presenters then described the model the organization uses for tribal wraparound services. The model includes weekly face-to-face intensive case management and crisis care planning and response. Services are culturally appropriate and built on strengths-discovery, meeting the needs of the client, and utilizing natural and informal community resources and supports. The presenters then walked through the steps for developing effective individualized crisis plans. Dr. Nitumigaabow Champagne stated that the organization should have quality data on outcomes to support the effectiveness of the program in about two years. Committee members invited the presenters to provide a follow-up once the data is available.

The question-and-answer session included the following topics:

- Acknowledgement for the great reputation of the Pomo Tribe for taking care of their members.
- Appreciation of how the Crisis Care Mobile Unit Grant is being integrated into the program's other initiatives for a whole-care systems approach.
- Appreciation that the program resembles the original intent of the Mental Health Services Act (MHSA) Full-Service Partnerships (FSPs).
- Question about how the program addresses individuals who are not from federally recognized tribes and if that creates barriers to service.

- The presenters stated that the organization is contracted by the state to provide services in Sonoma, Mendocino, and Lake counties which encompasses 33,000 American Indians.
- The program does resource referral and follow-up whether the individual is native or non-native and does cross-coordination if services are outside the organization's service area. The organization will help the entire family regardless of whether there are members in the family who are not labeled as Native Americans.

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

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## Item #5 Santa Clara County Presentation on Behavioral Health Continuum Infrastructure Program Round 1 Crisis Care Mobile Unit Grant Implementation

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Soo Jung, Director of Adult and Older Adult Cross Systems Initiatives and Crisis Services at Santa Clara County Behavioral Health Services, and county staff, Sandra Hernandez, presented on the county's implementation of mobile crisis services and the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 Crisis Care Mobile Unit (CCMU) Grant. The presentation began with information about the county's 988 in-person and phone response options. Mobile programs include Psychiatric Emergency Response Teams (PERT) which is activated via 911 calls. Mobile Crisis Response Teams (MCRT) are another component that are activated through county behavioral health services call centers or the 988 hotline. Mobile Response Stabilization Services (MRSS) for youth are a mobile program activated through Pacific Clinics phone line or the 988 hotline. The Trusted Response Urgent Support Teams (TRUST) is a program activated through county behavioral health services call center or 988 hotline.

The presenters then provided an overview of *Salesforce*, which provides a comprehensive solution for 988 crisis centers and behavioral health care coordination. It includes crisis center response, coordinated care support, integrated services delivery, crisis trend tracking and reporting, and community engagement. The program uses a scheduling and dispatching system to ensure the right case worker addresses the individual in crisis. The scheduling system allows real-time visibility of schedules and upcoming appointments, improves scheduling efficiency and flexibility, automates scheduling and optimization to maximize productivity, and ensures proper coverage.

The *Salesforce* Program has a mobile application that allows employers and contractors to operate more effectively in the field. Individuals in crisis may use the mobile application which includes wait time for a crisis responder and automatically syncs offline data including service appointment and account details to maintain efficiency

when cell phone signal is not available. The presenters shared the average field response times for each of the mobile crisis programs as well as the age range of clients, peak response times and days, and total number of calls and field visits.

The Santa Clara County representatives shared that coordinated care after crisis includes housing and navigation services. Many individuals served are unsheltered so emergency shelters as well as temporary and permanent housing are resources. Navigation services connect individuals to intensive outpatient programs and expand outreach and engagement services.
The question-and-answer session included the following topics:

- Question about how the county addresses assessments because it is common for providers to conduct assessment at every step of crisis contact.
    - Presenters stated that the mobile crisis team does assessments for individuals if they have the potential to be placed on a 51/50 involuntary hold, but it is not a traditional assessment that an outpatient provider would do. The county's Electronic Health Record (EHR) helps different providers read notes to reduce the number of times assessments are done. The teams look at psychiatric hospitalizations and medications in the chart so that the first responders and providers have the information available to them in real-time.
- Question about how to inform Managed Care Plans (MCPs) in the area that this program exists to mitigate emergency rooms as a first step to care.
    - Presenters stated that the county responds to all individuals regardless of insurance status with information about resources on the county's website and connects clients to local agencies. The presenters added that the program is very well-known throughout the community.
- The Salesforce system is a contracted service, not a county program. There was a question on how the county interfaces with *Salesforce*.
    - The presenters stated that 988 triage team at the county has access to the Electronic Health Record system and can see the access points. There is no interface of Electronic Health Records with *Salesforce* but the county meets with *Salesforce* regularly. Mobile Crisis Response Teams can see all the records. It is less about the interface and more about assessing the situation, responding to the crisis, and connecting them to the appropriate resource.
- Question about the strategy of deciding which mobile team is deployed to respond to the crisis and how level of care is determined.
    - Presenters stated that the 988 system is the triage system with trained staff and volunteers who are familiar with all levels of care. These individuals direct the person in crisis to the appropriate resource. The staff at the crisis scene also helps determine the level of care needed for the individual with warm hand-offs.
- Question about the composition of the teams and how the Peer Support Specialists and peer voice is integrated into the mobile crisis teams.
    - The Trusted Response Urgent Support Teams team and Mobile Response Stabilization Services team incorporates peers in their

programs. Trusted Response Urgent Support Teams has a first responder, emergency medical technician (EMT), Peer Support Specialist, and Crisis Intervention Specialist.
    - The Mobile Response Stabilization Services includes a clinician and a youth specialist (over 18 years old).
    - Peers are incorporated as a follow-up in the Mobile Crisis Response Teams and Psychiatric Emergency Response Teams to link them to appropriate resources which includes peer services.
- Question on how 911 triages individuals to the 988 system.
    - Presenters stated that the county created an information sheet on directing individuals to the appropriate resource. 911 teams will route individuals to 988 if 988 is the more appropriate resource.
- Question on whether the centralized dispatch center is the 988 center and how the county overcame staffing challenges to have teams available 24/7.
    - Presenters stated that 988 determines dispatch and routes a caller to the Trusted Response Urgent Support Teams call center. Staff determines who responds to crisis based on the *Salesforce* system. The 988 will direct a call to the mobile crisis response manager who determines who will respond.
    - Staffing has been a challenge for county programs and contractors. For the county team, staff are working specific hours. It is challenging to find individuals to work non-traditional work hours but the county offers a signing bonus as an incentive and focuses on recruitment efforts in existing 24/7 locations such as jails. There is a lot of de-escalation training provided to staff and law enforcement in Crisis Intervention Training (CIT).

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

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**Item #6 Member Discussion of Behavioral Health Transformation Initiatives Behavioral Health Services Act, California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment Demonstration (BH-CONNECT), and California Advancing and Innovating Medi-Cal (CalAIM) Initiative**

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Systems and Medicaid Committee staff announced that the California Health and Human Services Agency (CalHHS) will release a draft report on the 988 Five-Year Implementation Plan. Committee members will have the opportunity to review the plan and provide recommendations on the draft plan in the coming weeks.

Committee members then held a discussion regarding areas of focus for various behavioral health transformation initiatives, specifically pertaining to the Behavioral

Health Services Act (BHSA) for the committee to advocate on issues related to the accessibility and effectiveness of behavioral health services. The committee reviewed sections of the Behavioral Health Services Act that the Council identified as priority areas to address. Committee members identified the following areas of focus for the Systems and Medicaid Committee:

- Definition of who can be served under the Behavioral Health Services Act (in collaboration with Legislation Committee and Housing and Homelessness Committee)
- Full-Service Partnerships (FSP) and the restrictive nature of who is eligible, including time limitations (In collaboration with the Legislation and Public Policy Committee)
- Integrated Plan (3-year County Plans)
- Housing Continuum (Housing and Homelessness Committee as the lead)
- Implementation of Substance Use Disorder (SUD) services in all parts of the mental health service system (in collaboration with Legislation and Public Policy Committee)
- Effective collaboration with partners in the behavioral health transformation for a statewide plan that serves all Californians (all Council committees)
- Voluntary and Involuntary Services (Patients' Rights Committee as the lead)
- Crisis Continuum
- Statewide Prevention (Non- Full-Service Partnership)
- Fiscal Implications/Sustainability (Executive Committee and Legislation and Public Policy Committee as the lead)
- Evidence-Based Practices and Community-Defined Evidence Practices (in collaboration with the Performance Outcomes Committee)
- Diversity, Equity, and Inclusion – How the Behavioral Health Services Act changes impact communities of color (in collaboration with the Reducing Disparities Workgroup)

**Action/Resolution**
Committee staff will update the Behavioral Health Services Act prioritization document to include welfare and institution codes relevant to the Systems and Medicaid Committee.

**Responsible for Action-Due Date**
Ashneek Nanua – November 2024

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## Item #7 Public Comment

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Lynn Rivas, Executive Director for the California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated that it is imperative that services are not restricted only to people who have a diagnosis as mental illness is highly stigmatized in marginalized communities. She added that Full-Service Partnerships should include

peer services as they were historically included but are seen as included now. Lynn also stated that Medi-Cal billing is not being made available to peer-run organizations in most counties which is a problem and would like that to be addressed. Lynn concluded her public comment by stating that evidence-based practices are critical and outcomes need to be tracked.

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

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## Item #8 California Behavioral Health Planning Council (CBHPC) Workgroup Updates

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The Committee received updates on California Behavioral Health Planning Council's Workgroups. Uma Zykofsky and Javier Moreno shared that the Reducing Disparities Workgroup and Substance Use Disorder Workgroup will meet after the SMC meeting. Ashneek Nanua shared that the Children and Youth Workgroup is planning a youth event and panel.

**Action/Resolution**
Representatives will share activities of California Behavioral Health Planning Council's workgroups at future committee meetings.

**Responsible for Action-Due Date**
Uma Zykofsky, Javier Moreno, Noel O'Neill – Ongoing