



California Behavioral Health Planning Council

ADVOCACY • EVALUATION • INCLUSION

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MS 2706

August 31, 2023

Attn: Jacey Cooper and Tyler Sadwith
Department of Health Care Services
Director's Office
P.O. Box 997413, MS 0000
Sacramento, California 95899-7413

RE: BH-CONNECT Demonstration

Dear Ms. Cooper and Mr. Sadwith:

The California Behavioral Health Planning Council (CBHPC) thanks the Department of Health Care Services (DHCS) for the opportunity to comment on the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration, for which DHCS intends to submit a Medicaid Section 1115 Waiver Application to the Centers for Medicare and Medicaid Services (CMS). Pursuant to state law, the Council serves as an advisory body to DHCS, the Legislature, and the Administration on the policies and priorities that this state should be pursuing in developing its behavioral health system. Our membership includes persons with lived experience as consumers and family members, professionals, providers, and representatives from state departments whose populations touch the behavioral health system. Their perspectives, particularly those provided by individuals with lived experience as members of our committee, are essential to our view on the challenges and successes of behavioral health services and best practices in California.

The CBHPC appreciates the department's efforts in creating the BH-CONNECT Demonstration and stakeholder process as this proposal strives to expand access, capacity, equity, and build out the continuum of community-based behavioral health services in California. The Planning Council's Systems and Medicaid Committee (SMC) wrote a [letter of recommendations](#) in January 2023 in response to the concept paper for this proposal. The Council asks DHCS to review the letter prior to submitting the waiver application to CMS, as well as during the policy development and implementation stage of the programs outlined in the proposal. In addition to the recommendations provided in the January 2023 letter, the SMC provides comments and recommendations for the BH-CONNECT 1115 Demonstration Waiver Application in the categories below:



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Activity Stipends

The SMC appreciates the inclusion of activity stipends to provide children and youth in child welfare with extracurricular activities that support physical and mental health as well as promote healthy attachment and social connections. We ask that the eligibility criteria for these stipends be broadened to include siblings and family members of children involved in the child welfare system so that the kinship and family connectedness remains intact through experiences of trauma. Providing flexibility for these activity stipends may help in the reduction of disparities as normal development activities defined in the proposal vary between different cultural and ethnic groups. In regard to the scope of services for the activity stipends, the SMC requests the addition of “bi-cultural, cross-cultural celebrations and festivals” as an activity in order for children of a particular culture, race, or tribe to become educated and stay connected to their roots.

Statewide Incentive Program

Specific measurements stated in the scope of the Statewide Incentive Program include a follow-up after an emergency department (ED) visit for mental illness. The SMC recommends that a follow-up visit for a substance use disorder ED visit be added to the proposed measures for the Statewide Incentive Program.

Option to Cover Enhanced Community-Based Services

Addition of Community-Defined Evidence Practices (CDEPs)

The SMC appreciates efforts in the BH-CONNECT Demonstration to expand the continuum of community-based services and evidence-based practices (EBPs) available through the Medi-Cal program. In addition to the use of EBPs, the committee recommends that Community-Defined Evidence Practices (CDEPs) be added to this initiative. The use of CDEPs would help contribute to DHCS’ access and equity goals, as these interventions equitably address disparities and gaps in care. We encourage DHCS to refer to the California Reducing Disparities Project (CRDP) for examples of CDEPs.

Addition of EBPs Specific to Substance Use Disorder (SUD)

Page 13 of the BH-CONNECT 1115 Demonstration Application states that California’s goal for the demonstration is to strengthen the state’s continuum of community-based behavioral health services to better meet the needs of Medi-Cal members living with SMI/SED and/or an SUD. Therefore, the SMC recommends that an EBP specific to the SUD-only populations be included in the list of county opt-in community-based services. An example of an SUD-specific EBP may be the expansion and support of Medication-Assisted Treatment (MAT) including linkage to Centers of Excellence (COEs) that



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support SUD populations. Additionally, the inclusion of SUD-only interventions such as the one described may help support linkage to resources provided by the 988 Suicide Prevention and Crisis Hotline, as well as assist in the reduction of ED visits.

Regional Models

The SMC recommends that the state enable counties to use regional models to implement EBP services as many small, rural counties may not have the resources to implement the opt-in community-based services. Please refer to the SMC's January 2023 letter for more information on this topic.

Centers of Excellence (COEs)

The SMC recognizes that Centers of Excellence will provide technical assistance to counties implementing specific EBPs. The committee asks DHCS to clarify the process and requirements for organizations to be deemed as COEs as well as how the COEs will operate. We also ask that DHCS clarify whether the definition for COEs is based on a federal definition or state definition and whether there is a sustainability plan for the COEs to operate on a continuous basis. The SMC recommends that technical assistance be provided as a statewide effort for counties to implement the EBPs.

Workforce Initiative

The SMC commends the department for requesting expenditure authority to support and expand the behavioral health workforce, as a diverse and culturally-responsive workforce is needed to ensure the successful implementation of the services and programs in the BH-CONNECT Demonstration. The choice of EBPs utilized for counties opting into the enhanced community-based services in the demonstration and the fidelity of these EBPs are also tied to issues around the workforce shortage, as an adequate supply of providers and staff are needed to implement these services. In regard to workforce, the committee recommends that workforce funding be available to all individuals who need it. This includes individuals outside of the provider classification such as Executive Directors and administrative staff, as workforce shortages and needs exist beyond the provider level. The SMC also asks that the state include the concept of recovery in behavioral health workforce training programs similar to the provision of recovery as defined in the Mental Health Services Act (MHSA).



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Additionally, the committee recommends that DHCS set aside funding to invest in and build out the workforce for historically marginalized populations, such as Black, Indigenous, and People of Color (BIPOC), to allow the opportunity for them to start programs in their communities as these individuals best understand and respond to their community's needs. This set-aside funding would be helpful as compared to the current funding sources which are difficult for the average person to navigate and utilize. Please refer to the SMC's January 2023 letter for additional comments regarding the workforce initiative as it pertains to questions around how counties that opt into supported employment may conduct long-term services after job placement.

Transitional Rent Services

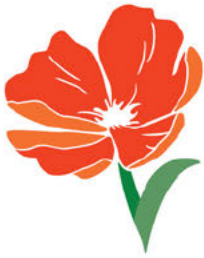
The committee appreciates that individuals living with behavioral health conditions who have housing needs may be granted up to six months of rental assistance. If the Department of Housing and Urban Development (HUD) definition of homelessness is the federal definition, the SMC recommends that there be a state definition for more flexibility as the federal definition may exclude a large group of people from eligibility. We ask DHCS to review additional considerations regarding transitional rent services in the committee's January 2023 letter.

Federal Financial Participation (FFP) for Short-Term Stays in Institutes for Mental Disease (IMD)

The SMC appreciates DHCS' intention to build out a full continuum of community-based behavioral health care in California. We support this notion as community-based services reduce the need for institutionalization and utilization of IMDs. The committee is seeking clarification on what will occur if an individual resides in an IMD past the 60-day FFP reimbursement period. We also ask the state to distinguish between residential treatment and inpatient treatment in subsequent guidance.

Expansion of Cross-System Approach to Adult and Older Adult Populations

The committee commends DHCS for the inclusion of a Foster Care Liaison within Managed Care Plans (MCPs) to enable effective oversight and delivery of Enhanced Care Management (ECM), attend Child and Family Team meetings, ensure the coordination of Managed Care services with other services, and serve as a point of escalation for care manager in the face of



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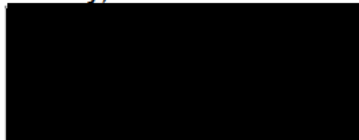
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operational obstacles. We believe this is an excellent cross-system approach that is valuable to navigate challenges that beneficiaries face when navigating care between MCPs and county Mental Health Plans (MHPs). The SMC would like to see this concept expanded to the adult and older adult population to better serve all populations in need. Additionally, we ask DHCS to refer to the SMC's January 2023 letter for additional considerations for the expansion of services to the older adult population, such as the establishment of initial behavioral health assessments at the point of entry.

In addition to the recommendations above, the committee requests that the state engage in meaningful stakeholder processes throughout the design and implementation of the BH-CONNECT Demonstration. It is highly encouraged that the state involves consumers and family members in the development of policies related to this waiver. We hope that the recommendations put forth in this letter are taken into consideration as the Department of Health Care Services finalizes the BH-CONNECT 1115 Demonstration Waiver Application to the Centers for Medicare and Medicaid Services.

The Planning Council appreciates the opportunity to submit comments and asks to be included in future conversations hosted on this topic. For questions, please contact CBHPC's Executive Officer, Jenny Bayardo, via email at Jenny.Bayardo@cbhpc.dhcs.ca.gov or by phone at (916) 750-4606.

Sincerely,



Deborah Starkey
Chairperson

cc: Paula Wilhelm, Assistant Deputy Director of Behavioral Health
California Department of Health Care Services

Erika Cristo, Assistant Deputy Director of Behavioral Health
California Department of Health Care Services

Ivan Bhardwaj, Acting Chief, Medi-Cal Behavioral Health Division
California Department of Health Care Services