Systems and Medicaid Committee Agenda

Thursday, January 22, 2026
8:30 a.m. to 12:00 p.m.

Bahia Hotel
998 West Mission Bay Drive
San Diego, California, 92109
Ventana Room

Zoom Meeting Link
Meeting ID: 836 6711 9380
Passcode: SMC2026

Join by phone: 1-669-900-6833
Passcode: *9177950#

Meeting Focus:	**Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Implementation**	
8:30 a.m.	**Welcome, Introductions, and Housekeeping** *Karen Baylor, Chairperson and All Members*	
8:35 a.m.	**Changing of Officers** *Karen Baylor, Chairperson*	
8:40 a.m.	**Review and Accept October 2025 Draft Meeting Minutes (Action)** *Ian Kemmer, Chair-Elect and All Members* • **Committee Discussion** • **Public Comment** • **Accept Minutes**	**Tab 1**
8:45 a.m.	**Update Systems and Medicaid Committee Work Plan for 2026-2028 (Action)** *Karen Baylor, Chairperson and All Members*	**Tab 2**
9:05 a.m.	**Public Comment**	
9:10 a.m.	**Overview and Updates for BH-CONNECT Implementation** *California Department of Health Care Services*	**Tab 3**
9:50 a.m.	**Public Comment**	

9:55 a.m.	**San Diego County Perspective for BH-CONNECT Implementation** *Nadia Privara-Brahms, Acting Behavioral Health Director, San Diego County Health and Human Services Agency* *Kimberly Pauly, Deputy Director of Behavioral Health Services, San Diego County Health and Human Services*	**Tab 4**
10:40 a.m.	**Public Comment**	
10:45 a.m.	**Break**	
11:00 a.m.	**Orange County Perspective for BH-CONNECT Implementation** *Ian Kemmer, Behavioral Health Director, Orange County Health Care Agency Behavioral Health Services Department*	**Tab 5**
11:45 a.m.	**Public Comment**	
11:50 a.m.	**Committee Updates, Wrap Up, and Next Steps** *Karen Baylor, Chairperson and All Members*	
12:00 p.m.	**Adjourn**	

The scheduled times on the agenda are estimates and subject to change.

Public Comment: Limited to a **2-minute maximum** to ensure all are heard.

Systems and Medicaid Committee Members

Karen Baylor, Chairperson
Ian Kemmer, Chair-Elect

Amanda Andrews	Dale Mueller	Karrie Sequeria
Jessica Grove	Noel O'Neill	Tony Vartan
Steve Leoni	Liz Oseguera	Susan Wilson
Catherine Moore	Deborah Pitts	Milan Zavala
Javier Moreno	Marina Rangel	Uma Zykfosky

Committee Staff: Ashneek Nanua, Health Program Specialist II

California Behavioral Health Planning Council
Systems and Medicaid Committee

Thursday, January 22, 2026

Agenda Item: Review and Accept October 2025 Draft Meeting Minutes (Action)

Enclosures: Systems and Medicaid Committee October 2025 Draft Meeting Minutes

Background/Description:

The Systems and Medicaid Committee will review the draft meeting minutes for the October 2025 Quarterly Meeting and have a chance to make corrections. The committee will then accept the meeting minutes.

Systems and Medicaid Committee (SMC)

Meeting Minutes - DRAFT
Quarterly Meeting – October 16, 2025

Members Present:

Uma Zykofksy, Chairperson	Karen Baylor, Chair-Elect	
Jessica Grove	Catherine Moore	Susan Wilson
Noel O'Neill	Dale Mueller	Ali Vangrow
Ian Kemmer	Noel O'Neill	Tony Vartan
Steve Leoni (on leave)	Elizabeth Oseguera	Milan Zavala
Lynne Martin Del Campo	Marina Rangel	

Staff Present: Ashneek Nanua

Presenters: Elissa Feld, Jodi Nerell, Hillary Kunins, Kelly Dearman

Meeting commenced at 8:30 a.m.

Quorum Established: 15 out of 19 members

Item #1 Review and Accept April 2025 Draft Meeting Minutes

The Systems and Medicaid Committee reviewed the June 2025 draft meeting minutes. No edits were requested. The committee accepted the meeting minutes as written.

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

Responsible for Action-Due Date
Ashneek Nanua – October 2025

Item #2 Overview of the Senate Bill 43

Elissa Feld, the Director of Policy for the County Behavioral Health Directors
The California Behavioral Health Directors Association (CBHDA) provided the committee with an overview of Senate Bill 43. First, Elissa reviewed the Lanterman-Petris-Short (LPS) Act, which authorizes law enforcement and counties to hold individuals who pose a threat to themselves or others or are gravely disabled for up to 72 hours. Counties can petition courts if they believe involuntary treatment is necessary for periods of up to fourteen days, thirty to sixty days, or one year. The law also authorizes counties to designate who can place a person on a hold and to decide which

facilities that meet state standards can become designated facilities for involuntary treatment. Additionally, the law requires counties to report data to the state on the number and types of involuntary holds.

Senate Bill 43 makes the following changes to the Lanterman-Petris-Short (LPS) Act:

- Expands the state's criteria for grave disability to include involuntary detention and conservatorship of individuals based solely on severe substance use disorder (SUD) or co-occurring mental health disorders with substance use disorders.
- Broadens the definition of grave disability to cover individuals unable to care for themselves or get necessary medical treatment.
- Defines necessary medical care as care that a licensed health care practitioner determines to be essential to prevent the deterioration of a medical condition that could likely lead to serious bodily injury if not treated.

Elissa Feld listed the counties that implement Senate Bill 43. The counties formed a joint workgroup of SUD and LPS experts through the County Behavioral Health Directors Association (CBHDA) to promote better collaboration in preparation for statewide implementation by January 1, 2026. CBHDA and the Public Administrator, Public Guardians, and Public Conservator Association created and shared recommendations to guide implementation on the CBHDA website.

Senate Bill 43 includes the following successes:

- Outreach and education initiatives have enhanced cooperation with law enforcement agencies and first responders.
- Training enhanced a shared understanding of behavioral health standards and response strategies.
- Coordination occurred between Counties and system partners to align public messages on community impacts.
    - Implementation has revealed the stigma and misconceptions about substance use disorders, which presented opportunities to educate local communities.
- Decreases in the volume of involuntary holds have occurred.

Elissa reviewed Senate Bill 1238. The bill establishes standards to integrate substance use disorder services into LPS-designated mental health facilities, expands access to SUD treatment for individuals in psychiatric crisis or inpatient mental health settings, and seeks to create a more coordinated continuum of care between mental health and SUD services. The bill also authorizes psychiatric health facilities (PHFs) and mental health rehabilitation centers (MHRCs) to admit individuals diagnosed solely with an SUD who are involuntarily detained under the LPS Act. LPS-designated and other SUD facilities are required to provide Medication-Assisted Treatment (MAT) on-site or through referrals. The facilities are mandated to develop a MAT policy approved by the Department of Health Care Services (DHCS). DHCS will issue interim guidance on MAT requirements until formal regulations are adopted by December 31, 2027.

Senate Bill 1238 requires the Department of Health Care Services to:

- Establish baseline standards for the quality of substance use disorder programs.
- Expand access to Medication-Assisted Treatment (MAT) services or referrals.
- Strengthen data share and privacy for coordinated care.
- Establish oversight and accountability for ongoing compliance.

After the presentation concluded, the committee held a question-and-answer session with the presenter. Key discussion points included the following:

- A committee member noted that research shows forced substance use disorder treatment often results in worse outcomes for clients compared to voluntary treatment. The member then discussed the challenges faced by the medical community for the prescription of MAT medications like buprenorphine.
    - The presenter stated that the County Behavioral Health Directors Association collaborates closely with the California Bridge Program, which provides grants to emergency room doctors and has been helpful with the prescription of MAT medications. The Behavioral Health Services Oversight and Accountability Commission also awarded grant funds to counties to prescribe medications for SUD. Los Angeles County encourages providers to hire prescribers in-house and to ensure that billing is established correctly.
- A committee member stated that Mendocino County will open a Psychiatric Health Facility (PHF) in Fall 2025 and asked whether the regulations will address medical issues for facilities like PHFs that lack medical intervention capacity.
    - The presenter stated that people with medical concerns usually go to the Emergency Department (ED) for care, and this has remained the same for those who need detoxification. However, PHFs may be able to include withdrawal management, and discussions are ongoing to find ways to support individuals with both psychiatric and physical health needs.
- A committee member stated that the regulatory changes aim to expand capacity to treat substance use conditions. The member suggested that mental health facilities build capacity to provide substance use treatment and to change the treatment culture and programmatic supports within psychiatric facilities to develop SUD units and treat clients with SUD equally alongside other clients. Additional committee members remarked on the need for a cultural shift within the system and stressed the importance of staff training to support this change.

Action/Resolution
N/A

Responsible for Action-Due Date
N/A

Item #3 Public Comment

Lynn Rivas, Executive Director of the California Association of Mental Health Peer-Run Organizations (CAMHPRO), stated that earlier this year, a series of articles appeared in the San Francisco Chronicle regarding inpatient psychiatric facilities. The articles revealed a lack of care and described these facilities as dangerous. Lynn asked what changes would be made to protect vulnerable residents in involuntary institutions, as they often face poor treatment. Elissa Feld responded to Lynn and stated that Governor Newsom ordered the California Department of Public Health to create emergency regulations and establish safety and staffing standards for these facilities in response to the articles. She noted that several of the psychiatric facilities mentioned are private, for-profit companies. Elissa also mentioned that Senate Bill 1238 includes regulations intended to provide quality oversight, and it is important to determine which entities will be responsible oversight of these facilities.

Vanessa Ramos stated that some people have family members who need more comprehensive care, but there are no retreats from involuntary treatment. As someone in long-term recovery from substance use, Vanessa mentioned that when she hears about a lock-in drug rehab, the culture shifts dramatically. She explained that people recover from addiction through various methods such as peer support, 12-Step programs, and employment. Vanessa expressed hope that the mental health system will adopt practices from the substance use system. She added that providers in California are only paid based on the level of service they provide, and the funding does not follow the person, which causes a bottleneck that results in longer stays in locked facilities than necessary. Vanessa recommended more step-down programs because individuals often feel restrained and secluded in involuntary settings.

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

Item #4 Sutter Health Perspective on Senate Bill 43 Implementation

Jodi Nerell, the Director of Local Mental Health Engagement at Sutter Health, discussed the implementation of Senate Bill 43 from the hospital's perspective. She first reviewed background information about the services and programs Sutter Health offers in California. She then mentioned that three counties have implemented Senate Bill 43 through Sutter Health. Sutter hospitals work closely with local counties and hospital associations to address any challenges in implementation. Jodi noted that the impact of Senate Bill 43 has been minimal because a large segment of the population has co-

morbid conditions. The law affects Institutes for Mental Disease (IMDs) because many patients in IMD facilities also struggle with co-occurring disorders.

Sutter Health tracks the number of holds in each of their 21 Emergency Departments and the percentage of those patients transferred to higher levels of care or discharged safely. Counties provide education and training on Senate Bill 43 legislation, updated forms, continuum of care for substance use disorders, involuntary holds, and grave disability training for both clinical and non-clinical staff, along with conservatorship and case examples. The California Mental Health Services Authority (CalMHSA) has also updated their 5150 (involuntary hold) training platform to include the expanded grave disability criteria.

The successes of Senate Bill 43 implementation include the following:

- Foster cross-sector collaboration with first responders, counties, and community organizations to promote voluntary engagement in care.
- Mobile crisis response teams that triage crisis cases, and
- Sobering centers provide a voluntary option for diversion from emergency departments or a step-down in care.

The challenges for the implementation of Senate Bill 43 include network capacity, the ability to meet 5150 retraining requirements, and the navigation of different county regulations that Sutter Health must manage. To address an increase in involuntary holds, Jodi suggested potential solutions such as braided funding streams between Managed Care Plans (MCPs) and county behavioral health plans for immediate community-based options that can reduce decompensation and the use of involuntary holds. Another solution is to ensure individuals are placed in the appropriate levels of care. The Behavioral Health Continuum Infrastructure Program (BHCIP) is expected to address this issue in the future.

Sutter Health has undertaken the following initiatives to effectively implement Senate Bill 43.

- Hired Substance Use Navigators (Community Health Workers) in emergency departments and Addiction Medicine Providers.
- Expanded different levels of care in Intensive Outpatient Treatment, Partial Hospitalization programming, and Chemical Dependency Recovery Hospitals across the enterprise.
- Implemented a Care Act Pilot with one of Sutter’s Inpatient Psychiatric Units.
- Retrained staff authorized to initiate 5150 holds under the updated criteria and forms.
- Updated Memorandums of Understanding (MOUs) with county partners to clarify roles and fulfill data reporting requirements as outlined in Senate Bill 929.
- Utilized Behavioral Health Infrastructure funding to increase co-occurring bed capacity.
- Formalized additional community and county-based linkages, such as community clinics, street, and mobile medicine programs.

After the presentation, the committee held a question-and-answer session with the presenter. Main discussion points included the following:

- A committee member inquired about Sutter Health's success with Substance Use Navigators and the challenges they face with billing for this provider type. The presenter explained that the need to meet medical necessity is a challenge to billing because a licensed provider must review and approve it. Additionally, it is difficult to ensure that Managed Care Plans properly claim and bill for these services.
- A committee member observed a cultural shift over the past decade toward broader acceptance of behavioral health providers in hospital settings. The member inquired about current efforts to collaborate between Managed Care Plans and county Behavioral Health Plans. The presenter stated that legislation has been enacted requiring these entities to work together.
- A committee member inquired about where and how the data related to Senate Bill 43 will be collected and stored. Elissa Feld from the County Behavioral Health Directors Association (CBHDA) explained that Senate Bill 929 directs county behavioral health departments to gather data from hospitals, which is then sent to the Department of Health Care Services (DHCS). DHCS is required to compile an annual report based on this data.
- A committee member emphasized the importance of considering youth because their drug use often starts when they are young. The member mentioned that there are additional nuances related to foster care, which adds an extra layer of responsibility and support. The member also pointed out that quality assurance and consistent process implementation need improvement. Information that can be shared among social workers, school systems, and law enforcement can be helpful for coordinating care for youth.
    - Elissa Feld from CBHDA stated that Senate Bill 43 did not alter the policy for youth involuntary holds. She added that the Substance Use Block Grant from the Substance Abuse and Mental Health Services Administration (SAMHSA) funds prevention efforts that counties undertake. Counties emphasize prevention for youth and in schools. Additionally, the statewide fee schedule simplifies access to services for students, and schools can bill for these services. Managed Care Plans are also required to have a dedicated foster care liaison who helps coordinate care for the youth, and youth are eligible for Enhanced Care Management.
    - Jodi Nerell, the presenter, stated that Sutter Health invests in the fee schedule implemented under the Children and Youth Behavioral Health Initiative (CYBHI). Sutter has also worked on the placement of counselors in school settings. The fee schedule presents an opportunity for upstream work.

Action/Resolution
N/A

Responsible for Action-Due Date
N/A

Item #5 County Perspective for Local Implementation of Senate Bill 43

Hillary Kunins, the Director of the San Francisco County Department of Public Health, and Kelly Dearman, the Executive Director of the Department of Disability and Aging Services, shared the local perspective on the implementation of Senate Bill 43. San Francisco was among the first counties to adopt the expanded definition of grave disability. As an early adopter, the county had to develop new procedures and training for clinicians and first responders, create new case examples that met the amended criteria, and produce resources to support implementation, such as updated legal documents for conservatorship referrals. The county trained over 1,700 personnel from behavioral health, emergency services, and law enforcement on Senate Bill 43 and centralized workflows to identify and coordinate appropriate services. Interdepartmental efforts aimed to streamline and improve client transport to hospitals and emergency departments, enhance identification and referral of individuals, and determine placement needs and availability. The county also improved coordination with providers to support referrals and connect individuals to the appropriate level of care. Additionally, the county developed and reported on key metrics for Senate Bill 43 implementation.

The successes of implementation included the following:

- Launched on January 1, 2024, through a coordinated interagency effort that used existing infrastructure to facilitate the new process.
    - The coordinated efforts resulted in more referrals in the first half of 2024.
- Met monthly to review data, troubleshoot, and adjust workflows as needed.
- Built departmental leadership support to effectively communicate the policy changes to their staff and programs.
- Led transportation workgroups to resolve challenges to transport individuals on involuntary holds, which led to policy updates for emergency services and police departments.

The challenges of implementation included the following:

- Increased demand for locked subacute placements strained capacity.
- Insufficient placement options for clients with complex care needs.
- The increase in outpatient referrals faced barriers to placement for community conservatorships.
- Locked subacute placements traditionally only accept referrals from inpatient facilities, which are less accessible for community conservatorships.
- The state law and regulatory framework do not require facilities to accept individuals solely with a substance use disorder, and only psychiatrists or psychologists are authorized to make conservatorship referrals.
- The courts' approval of conservatorship, treatment settings, and hospital inpatient capacity limits created barriers to placing individuals in appropriate treatment environments.

- Connection to ongoing care and placement for people who are not eligible for involuntary holds include difficulties to locate individuals in the community and can also involve complex needs and patient circumstances.
- Coordination among hospitals to handle assessment, management, tracking, and follow-up of involuntary holds has also been a challenge.

There are two primary referral pathways for conservatorship: inpatient referrals, for individuals in designated facilities or hospitals, and outpatient referrals, for individuals in the community. The process to submit an outpatient referral has been adapted to address recent challenges. The San Francisco Department of Public Health and the Department of Disability and Aging Services continue to work together to resolve these issues and expand placement options for community conservatorships. For example, these agencies conducted a joint pilot program to provide shelter and support through short-term wraparound services, which helped outpatient community conservatorships move forward while the care team searched for longer-term placements. There is also an internal review to simplify outpatient referrals for locked subacute providers.

The San Francisco Department of Public Health (SFDPH) is actively working to identify advocacy opportunities for state legislation, improve connections to ongoing care and placements for individuals on involuntary holds who do not meet the criteria for grave disability, and strengthen partnerships between departments and hospitals in the care of gravely disabled individuals on involuntary holds. SFDPH also continues to increase treatment capacity through the city's Breaking the Cycle approach, which includes the expansion of psychiatric emergency services, more locked subacute mental health beds, and new beds for substance use disorder and dual diagnosis treatment beds, enhanced shelter and respite beds, and expanded recovery-oriented programs, transitional housing, and residential care facilities.

The presenter outlined SFDPH's goals to address the city's homelessness crisis through behavioral health supports. The county increased the number of non-congregate respite beds, recovery housing beds, and emergency stabilization beds. They also shared the aim to reduce overdose deaths through the adoption of national innovations to boost the uptake and retention of Medication-Assisted Treatment, implement targeted overdose prevention efforts in permanent supportive housing sites and high-risk communities, and swift implementation of the Breaking the Cycle initiatives. SFDPH has significantly increased the number of people on buprenorphine, likely due to innovative efforts both on the streets and within jail health services. The presenters also noted that more individuals have started methadone treatment and remain on it.

After the presentation concluded, the committee held a question-and-answer session with the presenter. Key discussion points included the following:

- A committee member asked the presenters about what the implementation of Senate Bill 43 will look like over the next three to six months. The committee

member also asked the presenters to discuss the resources available to support their implementation efforts.
    - Kelly Dearman stated that resources are limited. The Department of Disability and Aging Services manages approximately 700 conservatorship cases, with the goal to secure more placement slots for individuals who are currently not being served. The county also needs to coordinate with courts, city attorneys, and the public defender's office. Over the next three to six months, Kelly mentioned that her office will continue to find more placements, educate people about what conservatorship is and isn't, and explore voluntary options.
- A committee member asked if Peer Support Specialists are involved in these spaces. The member also mentioned that the federal government recommends more institutionalization for mentally ill homeless people, but there are no beds available, and it is very costly. The member inquired whether shelters with wraparound services could serve as an alternative for clients who might benefit from this approach compared to a locked setting.
    - Hillary Kunins stated that peer support is essential for individuals to stay in care, which leads to efforts to include people with lived experience and peer workers. The county also bills for peer specialists and peer-delivered services. For shelter work, the county looks for opportunities to bill Medi-Cal and provide services in the least restrictive setting. The county explores innovative ways to help people access care that improves their well-being. Another opportunity to pay for locked levels of care under the California Behavioral Health Community-Based Organized Networks of Efficacious Care and Treatment (BH-CONNECT) Initiative.
- A committee member asked the presenters to discuss how the forensic population fits into the programs and whether there are specific targeted interventions for prison settings. The presenters noted that many of the people under care have forensic involvement. Some programs, such as intensive case management teams, are designed for individuals with forensic backgrounds. There are challenges with placements for people with certain forensic histories, as some community placements may not be available or open to accept this client group. The county is aware of these issues.
- A committee member asked what percentage of individuals who receive Medication Assisted Treatment (MAT) on the street progress to long-term engagement in substance use disorder treatment. The member also inquired about the number of people referred to grave disability for temporary conservatorship who then convert to a full conservatorship, and how Care Courts are involved.
    - Hillary Kunins stated that the national literature on MAT indicates that the first six months of care are critical and predictive of long-term recovery and engagement, so the county focuses on interventions that engage individuals for this period. She said new methadone patients have a retention rate of 25 percent at six months, and individuals who make it to that point have an 80 percent retention rate. The buprenorphine retention rates have decreased, potentially due to populations being ambivalent

about care. In response, the county has used peer workers and navigators to help increase retention rates.
    - The county has fewer Care Court cases than others because its eligibility criteria are narrower than those in San Francisco. The goal is to help people improve their health and thrive within the community.
    - Kelly Dearman said it is hard to track people, but about 50 percent of those on temporary conservatorships eventually move into full conservatorships.
- A committee member asked whether the county has explored ways to smoothly integrate youth into the county's behavioral health system. The presenters stated that the county offers many programs for homeless youth, and the Health and Human Services Agency works closely with this population to prevent negative outcomes in children. The county's public health department has a care system for transitional-age youth designed to keep youth in care and meet their needs until they transition to adult programs.
- A committee member mentioned that foster care terminology includes guardianship and adoption. They stated that children who enter foster care often experience multiple placements before adulthood. The member added that once children leave the system of care, they typically do not want to attend therapy or stay involved with the system. As a result, many youth end up homeless. The member expressed appreciation for the presenters' solution of a one-stop shop for adults and suggested that the same approach be used for youth.

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

Item #6 Public Comment

Lynn Rivas, the Executive Director of the California Association of Mental Health Peer-Run Organizations (CAMHPRO), expressed an obligation to track outcomes. She inquired how San Francisco County plans to measure the number of people in conservatorships who successfully reintegrate into their communities. Kelly Dearman responded and noted that a decrease in conservatorships is a key indicator of whether people thrive in the community. The Public Conservator's Office is responsible for tracking the number of individuals served, their locations, and report on their status to the court.

Steve Leoni highlighted that every meeting should feature presentations to hear from clients and family members. He pointed out that if we fail to listen to these groups and make decisions without their input, we risk the loss of an important voice. Steve asked the committee to improve in this area moving forward.

Vanessa Ramos urged the San Francisco County Department of Public Health to adopt an evidence-based approach like the one used in Los Angeles County. That approach expanded non-restrictive substance use disorder treatment and helped close the crisis response training gap. Vanessa explained that between June 2024 and June 2025, Los Angeles County saw a 22 percent decrease in overall overdose deaths and a 37 percent decrease in fentanyl-related fatalities after the expansion of access through the 95 percent initiative. These improvements resulted from the expansion of voluntary, community-based substance use treatment and recovery support services. Vanessa added that recent data shows a significant lack of substance use disorder-specific crisis training compared to mental health training, especially in the Bay Area, where only 164 staff are trained to respond to substance use emergencies compared to 438 trained for mental health crises. As San Francisco faces record overdose deaths, Vanessa emphasized that workforce gaps and outdated models cannot be allowed to continue. She demonstrated that recovery outcomes improve and overdose deaths decline when cities invest in non-restrictive care and properly train crisis responders for substance use emergencies. Vanessa urged the presenters to invest in the 95 percent initiative and offered to connect San Francisco County with the creators of this successful approach in Los Angeles County.

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

Item #7 Election of 2026 Committee Chair-Elect (Action)

The committee Chairperson, Uma Zykofsky, reviewed the responsibilities and role of the Chair-Elect in preparation for the committee to select a new Chair-Elect for 2026. Karen Baylor nominated Ian Kemmer as the Systems and Medicaid Committee Chair-Elect. Susan Wilson motioned to approve Ian Kemmer as the committee's Chair-Elect in 2026. Uma Zykofsky seconded the motion. Committee staff conducted a roll-call vote. The motion was passed with a quorum.

Action/Resolution
The Council's Officer team will evaluate the nomination of Ian Kemmer for committee Chair-Elect.

Responsible for Action-Due Date
Council's Officer team and Executive Officer – January 2026

Item #8 Discussion of the 2025 Systems and Medicaid Committee Activities for the Council's Year-End Report (Action)

Committee staff shared the document in the committee packets that summarizes the accomplishments of the Systems and Medicaid Committee in 2025, which will inform the Council's year-end report. Staff requested that committee members review the document and provide additional suggestions if they would like to highlight any specific accomplishments not mentioned.

Action/Resolution
The committee staff and officers will work together to identify the key action items the committee accomplished in 2025 to include in the Council's 2025 Year-End Report.

Responsible for Action-Due Date
Ashneek Nanua, Uma Zykofsky, Karen Baylor – December 2026

Item #9 Overview of CalAIM Concept Paper and 1915(b) and 1115 Demonstration Waiver Renewals

Action/Resolution
This item has been postponed to a later date.

Responsible for Action-Due Date
N/A

Item #10 Wrap Up/Next Steps

Action/Resolution
The committee staff and officers will plan the agenda for the January 2026 quarterly meeting.

Responsible for Action-Due Date
Ashneek Nanua, Uma Zykofsky, Karen Baylor – January 2026

TAB 2

California Behavioral Health Planning Council
Systems and Medicaid Committee

Thursday, January 22, 2026

Agenda Item: Update Systems and Medicaid Committee Work for 2026-2028 (Action)

Enclosures: Systems and Medicaid Committee Work Plan 2024-25
Systems and Medicaid Draft Work Plan 2026-2028

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The Work Plan guides and monitors the Systems and Medicaid Committee's activities as it works to fulfill its responsibilities within the Council's framework.

Background/Description:

The purpose of the Work Plan is to define the objectives and goals of the Systems and Medicaid Committee, as well as to outline the necessary tasks to achieve those goals. The committee Officers have proposed changes to the SMC Work Plan. Committee members will review and discuss the proposed changes and update the Work Plan to prioritize activities for 2026-2028.

Language that is added to the draft Work Plan document is indicated in underline font, and items removed are ~~crossed-out~~.

Motion: Adopt the Systems and Medicaid Committee Work Plan 2026-2028.

Goal #1: Leverage the Council's role in the State of California to influence policy and practice changes that are part of the Behavioral Health Transformation ~~the committee identifies as necessary~~ to improve the state's behavioral health system with particular focus on the integration of mental health and substance use disorders systems of care across the life span.

Objective 1.1: Monitor implementation of the California Advancing and Innovating Medi-Cal (CalAIM) Initiative to assess successes and challenges of the Initiative and provide policy recommendations to the Department of Health Care Services (DHCS).

Item 1: Track implementation of the CalAIM behavioral health proposals at a systems level and provide policy recommendations to the Department of Health Care Services throughout the CalAIM implementation period, particularly to measure and track ~~for measuring and tracking~~ outcomes.

Activities may include but are not limited to the following list:

- ~~Identify~~ Invite local and state presenters to report the status of the payment reform impact to counties and providers. ~~how the state will measure and track behavioral health outcomes from implementation of the Initiative.~~
- Invite state and local-level presenters to provide updates on successes, challenges, and best practices of CalAIM implementation to determine the impact on beneficiaries with a focus on the Justice Involved Population.
- Provide recommendations to the Department of Health Care Services to address challenges to access and quality of care for individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD).
- Attend the Department of Health Care Services' CalAIM Behavioral Health Workgroup meetings and participate in stakeholder engagement sessions ~~relating to~~ on the CalAIM behavioral health proposals.
- Track the growth and access of ~~the coordination and implementation of~~ Enhanced Care Management (ECM) and Community Supports administered by Managed Care Plans to Behavioral Health Plan (BHP) beneficiaries.
- Track the implementation and ~~billing, reimbursement, and~~ the impact of Peer Support Specialists as a ~~new~~ Medi-Cal Benefit ~~and make recommendations to improve implementation.~~
    - Activities may include collaboration and information~~-sharing~~ exchange with the Council's Workforce and Employment Committee.
    - ~~Monitor services that are delivered in a recovery-oriented way via county data information and presentations.~~
- ~~CalAIM Behavioral health and impact throughout the Cal~~

Timeline: January ~~2024~~2026 – Ongoing

~~Item 2: Track implementation of the CalAIM behavioral health proposals and impact of the Initiative at the service level throughout the CalAIM implementation period, including the provider perspective of implementation.~~

- ~~Invite local-level presenters such as county behavioral health and Managed Care Plan representatives, service providers, and consumers to provide updates on successes and challenges of CalAIM implementation to determine the impact on beneficiaries.~~
- ~~Identify the challenges, successes, and best practices of county partners working with Managed Care Plans to implement ECM and Community Supports.~~
- ~~Provide policy recommendations to DHCS to address challenges regarding access and quality of care for individuals with SMI and SUD identified by local entities, providers, and consumers.~~

Objective 1.2: Monitor and provide feedback to the Department of Health Care Services ~~regarding~~ on the different components of the implementation of the California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Demonstration Waiver.

Activities may include but are not limited to the following list:

- Track BH-CONNECT on the changes to the Full-Service Partnership (FSP) model to monitor the impact of required Evidence-Based Practices on the numbers of individuals served and quality of services.
- Invite County and provider representatives to present successes and challenges of the inclusion of substance use disorder services within FSP service design.
- Invite County and child/youth providers to present progress on BH-CONNECT initiatives focused directly on improvements to children's services with a focus on collaboration with child welfare agencies.
- Track the status of implementation and lessons learned from all partners in Counties that opt into the Institute for Mental Disease (IMD) component of BH-CONNECT.
- Identify how the state will measure and track behavioral health outcomes from implementation of the Initiative.
- ~~Attend and participate in stakeholder sessions relating to policies and programs developed under the BH-CONNECT Demonstration.~~
- ~~Invite state and local level representatives to present on the challenges, successes, and best practices of implementation.~~

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Timeline: January ~~2024~~2026 – Ongoing

Objective 1.3: Monitor and support efforts to improve access and quality of behavioral health care under the Behavioral Health Services Act (MHSA) with focus on the expansion and development of the effective integration of substance use disorder services as part of the robust continuum of care for individuals with mental health and substance use service needs across the life span.

Activities may include but are not limited to the following list:

- Invite key stakeholders to highlight best practices ~~initiate discussions on potential impacts and strategies~~ to address barriers to access and quality of care for individuals with Serious Mental Illness (SMI) and substance use disorders (SUD)

under the Behavioral Health Services Act (BHSA).

- Focus presentations to highlight the impacts on different age populations (children/youth, adults, and older adults) to identify different needs and programs that address behavioral health gaps as the behavioral health landscape changes. ~~Track data systems and programs that build out the full continuum of care such as Full Service Partnerships and other BHSA Programs.~~
- Provide policy recommendations to the Department of Health Care Services (DHCS), California Health and Human Services Agency (CalHHS), and the Legislature, as appropriate.
- ~~Monitor the gains and losses resulting from the current Behavioral Health Services Act transformation.~~

Timeline: January ~~2024~~2026 – Ongoing

Goal #2: Collaborate with other entities on behavioral health system reform to address current system issues and provide recommendations for policy change.
Objective 2.1: Collaborate with state, county, and health plan partners to participate in priority initiatives that help increase and improve ~~work towards increasing and improving~~ behavioral health and student mental health services for children and youth.

Activities may include but are not limited to the following list:

- Monitor the rollout and implementation of Behavioral Health infrastructure initiatives across all ages ~~Participate~~ in stakeholder sessions and provide policy recommendations to the Department of Health Care Services (DHCS) and California Health and Human Services Agency (CalHHS) as necessary on the following ~~relating to~~:
    - Children and Youth Behavioral Health Initiative, ~~including but not limited to~~ such as coordination with key entities to provide guidance to Managed Care Plans who will be responsible ~~for overseeing~~ to oversee capacity and infrastructure development for student mental health services.
    - Behavioral Health Continuum Infrastructure Program (BHCIP) to assess how the construction, acquisition, and rehabilitation of real estate assets will improve access and outcomes via mobile crisis care and expand the community continuum of behavioral health treatment resources.
    - ~~Medi-Cal Dyadic Services, an integrated model of physical and behavioral health screening and services for the whole family, to assess how this Benefit will improve outcomes for children, youth, and families.~~
- ~~Participate in efforts to implement Assembly Bill 2083 (2018): Children and Youth System of Care, which requires each county to develop and implement a Memorandum of Understanding (MOU) outlining the roles and responsibilities of the various local entities that serve children and youth in foster care who have experienced severe trauma.~~
- ~~Take action items on key issues identified by the Children and Youth Workgroup including but not limited to: access to care, peer support, and stigma.~~
- ~~Compare and contrast system capacity and network adequacy for the Children's System of Care versus Adult System of Care.~~

Objective 2.2: Collaborate with state, county, and health plan partners, to participate in priority initiatives that work towards ~~ensuring~~ continuity of high-quality behavioral health care for individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD) who intersect with the criminal and juvenile justice systems.

Activities may include but are not limited to this list:

- Monitor and participate in stakeholder events within ~~Collaborate with~~ the CalAIM and BH-CONNECT initiatives to address priorities to improve services to the justice-involved population. ~~California Department of Corrections and Rehabilitation (CDCR) and the Council of Criminal Justice and Behavioral Health (CCJBH) to identify priorities and address key issues for the justice-involved behavioral health population.~~
- ~~Track CalAIM stakeholder sessions regarding the proposals to initiate a Medi-Cal pre-release application and services for individuals 30 days prior to release from incarceration.~~

Timeline: January ~~2024~~2026 – Ongoing

Objective 2.3: Collaborate with state, county, and health plan partners to participate in priority initiatives that help increase and improve ~~work towards increasing and improving~~ Substance Use Disorder (SUD) services in the public behavioral health system.

Activities may include but are not limited to the following:

- Monitor integration of substance use disorder services within different components of the Behavioral Health Services Act.
- ~~Identify key issues prioritized by CBHPC's SUD Workgroup and take action on the items.~~
- ~~Track parity efforts for mental health and substance use disorder services in the Specialty Mental Health System (SMHS), Drug Medi-Cal, and Drug Medi-Cal Organized Delivery System (DMC-ODS).~~
- ~~Support coordination of care efforts for individuals with co-occurring mental health and substance use disorders who access multiple systems of care.~~

Timeline: January ~~2024~~2026 – Ongoing

Objective 2.4: Collaborate with state, county, and health plan partners, to participate in priority initiatives that work towards ~~ensuring~~ access and quality of behavioral health care for older adults with behavioral health needs. ~~And individuals on a Lanterman-Petris-Short Act (LPS) conservatorship with SMI and SUD populations.~~

Activities may include but are not limited to the following list:

- Collaborate with entities at the California Department of Aging (CDA) and the related entities to identify priorities and address key issues for older adults with serious mental illness and substance use disorders.
- Track the Master Plan for Aging and identify opportunities to provide stakeholder

input to improve the system of behavioral health care for older adults ~~aging individuals~~.

- Monitor data and program initiatives that increase or decrease use of Lanterman-Petris-Short (LPS) conservatorships or Institutes of Mental Disease (IMDs) or provide alternative community-based services for older adults.
- ~~Examine programs and efforts to reduce the need for LPS conservatorship and Institutes for Mental Disease (IMD).~~

Timeline: January ~~2024~~2026 - Ongoing

California Behavioral Health Planning Council
Systems and Medicaid Committee

Thursday, January 22, 2026

Agenda Item: Overview and Updates for BH-CONNECT Implementation

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to inform the committee about the implementation of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative from a statewide perspective. The committee will use this information to guide policy recommendations related to the implementation of the initiative, especially for individuals living with mental health and substance use disorders.

Background/Description:

The BH-CONNECT Initiative is a five-year Medicaid Section 1115 Demonstration Waiver designed to transform California's behavioral health system through the expansion of access to effective community-based services. The Initiative also aims to strengthen the behavioral health workforce and ensure Medi-Cal members receive high-quality care. The Department of Health Care Services will provide a brief overview of the BH-CONNECT Initiative followed by updates on the Initiative's implementation. Committee members will have the chance to ask questions throughout the presentation.

California Behavioral Health Planning Council
Systems and Medicaid Committee

Thursday, January 22, 2026

Agenda Item: San Diego County Perspective for BH-CONNECT Implementation

Enclosure: BH-CONNECT in San Diego County Presentation

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the committee with information about the implementation of Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative from the local county perspective. The committee will use this information to help guide policy recommendations related to the implementation of the initiative, specifically for individuals living with mental health and substance use disorders.

Background/Description:

The Systems and Medicaid Committee continues to monitor the progress of the BH-CONNNECT Initiative, as outlined in its Work Plan. To assist with these efforts, Nadia Privara-Brahms, the Acting Behavioral Health Director for the San Diego County Health and Human Services Agency, and Kimberly Pauly, the Deputy Director for Behavioral Health, will present on the County's implementation of the initiative. The presentation will cover challenges, best practices, and future opportunities for implementation. Additionally, the presenters will discuss which programs they choose to participate in, the evidence-based practices implemented, fidelity requirements, staff challenges, and fiscal sustainability. Committee members will have the chance to ask questions throughout the presentation.

Presenter Biographies:

Nadia Privara-Brahms, MPA, is the Acting Director of Behavioral Health Services (BHS) for the County of San Diego, Health and Human Services Agency. Prior to this position, Nadia served as the Assistant Director and Chief Strategy and Finance Officer for BHS were she led major initiatives, including departmental reorganization and change management, development of the Mental Health and Substance Use Optimal Care Pathways models, implementation of Behavioral Health Payment Reform, development of innovative provider partnerships, and the implementation of the new ELEVATE Behavioral Health Workforce Fund to recruit and retain members of the local specialty care system. Nadia has also successfully pursued over $170 million in new grant funding to support expansion of local services and infrastructure. She has also spearheaded efforts to seek almost $100 million of Proposition 1 Bond Infrastructure grant funding to develop a Behavioral Health Wellness Campus in the Midway District within the City of San Diego. Nadia holds a master's degree in public administration from San Diego State University.

Kim Pauly is a Deputy Director for Behavioral Health Services (BHS) for the County of San Diego, Health and Human Services Agency. In this role, she oversees the Office of Programs and Services, providing leadership across clinical and network design, program operations, contract administration, and service line oversight. During her tenure with BHS, Kim has played a central role in the strategic planning, design, and advancement of major initiatives, including Drug Medi-Cal Organized Delivery System (DMC-ODS), the CARE Act, and the Optimal Care Pathways models, and currently has a lead role in the design and implementation of the Behavioral Health Services Act (BHSA) and BH-CONNECT, including the expansion of new evidence-based practices.

Kim brings extensive clinical and administrative leadership experience across the behavioral health continuum, including work on high-fidelity Assertive Community Treatment and Wraparound teams and quality improvement efforts within a local health plan. She holds a master's degree from Medaille College and is a licensed clinician in both New York and California.

BH-CONNECT in San Diego County

California Behavioral Health Planning Council

Nadia Privara, MPA, Acting Director, Behavioral Health Services
Kimberly Pauly, LPCC, Deputy Director, Behavioral Health Services

County of San Diego

January 22, 2026

BH-CONNECT: Opportunities, Challenges, and Best Practices

Opportunities

- Expansion of Medi-Cal benefits
- Addition of new Evidence Based Practices
- Additional opportunities for counties to enhance services and receive reimbursement
- Increased reimbursement rates to align with cost of care

Challenges

- Expedited timelines
- BHSA & Payment Reform (CalAIM) integration

Best Practices

- Anchors decisions to our role as a specialty care health plan

BH-CONNECT: Implementation Timeline

2023

- November 2023 - Began planning for BH-CONNECT

2024

- Early 2024 - Began holding internal BHS BH-CONNECT workgroups

2025

- March 2025 - Board of Supervisors authorized BHS to opt in to BH-CONNECT
- March 2025 - Opted into Access, Reform, and Outcomes Incentive program
- June 2025 - Began billing for Enhanced Community Health Care Workers (E-CHW)
- June 2025 - Submitted Access, Reform, and Outcomes Incentive Program: Submission 1
- July 2025 - Submitted IMD Implementation Plan
- August 2025 - Submitted Engagement Initiation Forms to engage with Centers of Excellence
- October 2025 - Received IMD Implementation Plan approval

BH-CONNECT: New Service Opportunities

IMD Waiver

- Compels us to opt into Evidence-Based Practices (EBPs):
  - Assertive Community Treatment (ACT)
  - Forensic ACT
  - Individual Placement and Support (IPS) Supported Employment
  - High-Fidelity Wraparound
- Allows for billing in IMD excluded hospitals

Oasis Clubhouse in San Diego, California

Optional Benefits

- Clubhouses – We will opt in
- Community Transition In-Reach Services – We will not opt in at this time

High-Fidelity Evidence Based Practices

Evidence Based Practices (EBPs)

- Long history of locally-funded EBPs in San Diego County
- Strong clinical foundation
- Existing partnership with network of specialty-care providers

Shift to High-Fidelity

- Move from local “EBP-informed” to statewide, standardized high-fidelity
- Adherence to fidelity scales and models for certification
- Clear staffing patterns, caseload expectations, service intensity standards
- Formal statewide expectations for quality, accountability and outcomes

Ongoing Challenges

Community-Based Organizations (CBOs)

- Shift to bundled rates
- Shift in operations and staffing sustainability
- Requirements for staff training in evidence-based practices

18,500
more BH workers needed in San Diego

Workforce Challenges

- 2022 Behavioral Health Workforce Report
- Need 18,500 new behavioral health workers
- **ELEVATE** Behavioral Health Workforce Fund
- Exploring options to sustain long-term workforce growth

ELEVATE Workforce Fund press conference

BH-CONNECT: Financial Opportunities

- BH-CONNECT will impact each County differently, for San Diego it is a significant benefit
- New Medi-Cal reimbursement opportunities
- Redesign and implement EBPs to improve care
- IMD Waiver
  - Three large IMDs, acute inpatient care
  - Shift from County funded to Medi-Cal reimbursable, resulting in savings
- Savings reinvested to expand/enhance other critical services

San Diego County Psychiatric Hospital

Thank You

Nadia Privara, MPA

Acting Director
Behavioral Health Services
County of San Diego

Kimberly Pauly, LPCC

Deputy Director
Behavioral Health Services
County of San Diego

California Behavioral Health Planning Council
Systems and Medicaid Committee

Thursday, January 22, 2026

Agenda Item: Orange County Perspective for BH-CONNECT Implementation

How This Agenda Item Relates to Council Mission
To review, evaluate, and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the committee with information about the implementation of Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative from the local county perspective. The committee will use this information to help guide policy recommendations related to the implementation of the initiative, specifically for individuals living with mental health and substance use disorders.

Background/Description:

The Systems and Medicaid Committee continues to monitor the progress of the BH-CONNNECT Initiative, as outlined in its Work Plan. To assist with these efforts, Ian Kemmer, the Behavioral Health Director of Orange County Health Care Agency, will present on the County's implementation of the initiative. The presentation will cover challenges, best practices, and future opportunities for implementation. Additionally, the presenters will discuss which programs they choose to participate in, the evidence-based practices implemented, fidelity requirements, staff challenges, and fiscal sustainability. Committee members will have the chance to ask questions throughout the presentation.