

California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, June 20, 2024

Lake Arrowhead Resort

27984 CA-189, Lake Arrowhead, CA 92352

Emerald Bay Room

[Zoom link](#)

Meeting ID: 822 1682 9625 Passcode: SMC2024

Join by phone: 1-669-900-6833 Passcode: *7922703#

8:30 am to 12:00 pm

- | | | |
|-----------------|---|--------------|
| 8:30 am | Welcome, Introductions, and Housekeeping
<i>Uma Zykofsky, Chairperson and All Members</i> | |
| 8:35 am | California External Quality Review Organization (EQRO)
Overview and Reports Presentation
<i>Sandra Sinz, Executive Director, Behavioral Health Concepts, Inc.</i>
<i>Patrick Zarate, Assistant Director, Behavioral Health Concepts, Inc.</i> | Tab 1 |
| 9:50 am | Public Comment | |
| 9:55 am | Break | |
| 10:05 am | Los Angeles County Utilization of EQRO Reports
<i>Kara Taguchi, Mental Health Program Manager III,</i>
<i>Los Angeles Department of Mental Health</i> | Tab 2 |
| 10:35 am | Public Comment | |
| 10:40 am | Imperial County Utilization of EQRO Reports
<i>Sarah Moore, Behavioral Health Manager, Imperial County Behavioral Health Services</i>
<i>Victoria Mansfield, Deputy Director of Substance Use Disorder Services, Imperial County Behavioral Health Services</i>
<i>Brenda Sanchez, Deputy Director of Clinical Services, Imperial County Behavioral Health Services</i>
<i>Nancy Del Real, Deputy Director of Administration, Imperial County Behavioral Health Services</i> | Tab 3 |
| 11:10 am | Public Comment | |
| 11:15 am | Break | |
| 11:25 am | Review and Accept April 2024 Draft Meeting Minutes
<i>Uma Zykofsky, Chairperson and All Members</i> | Tab 4 |

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 10 working days prior to the meeting date.

California Behavioral Health Planning Council

11:30 am	CBHPC Workgroups Update <i>Uma Zykofsky, Chairperson and All Members</i>	Tab 5
11:40 am	Public Comment	
11:45 am	Behavioral Health Policy Updates <i>Ashneek Nanua, Health Program Specialist II and All Members</i>	Tab 6
11:50 am	Public Comment	
11:55 am	Wrap Up/Next Steps <i>Uma Zykofsky, Chairperson and All Members</i>	
12:00 pm	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

Uma Zykofsky, Chairperson	Karen Baylor, Chair-Elect	
Jessica Grove	Dale Mueller	Deborah Pitts
Veronica Kelley	Noel O'Neill	Walter Shwe
Steve Leoni	Liz Oseguera	Marina Rangel
Catherine Moore	Vandana Pant	Tony Vartan
Javier Moreno		

Committee Staff: Ashneek Nanua, Health Program Specialist II

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 10 working days prior to the meeting date.

TAB 1

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 20, 2024**

Agenda Item: California External Quality Review Organization (EQRO) Overview and Reports Presentation

Enclosures: None

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 Systems and Medicaid (SMC) with an overview of the California External Quality Review Organization (EQRO) roles and functions as well as the EQRO Fiscal Year (FY) 2022-2023 Reports for the Specialty Mental Health Services (SMHS) System and Drug Medi-Cal Organized Delivery System (DMC-ODS).

Background/Description:

As required by Title 42, Code of Federal Regulations, Part 438, Subpart E, the Department of Health Care Services (DHCS) contracts with an External Quality Review Organization (EQRO). The EQRO conducts reviews of Mental Health Plans (MHPs) to analyze and evaluate information related to quality, timeliness, and access to Specialty Mental Health Services (SMHS) provided by California's 56 MHPs and/or their subcontractors to Medi-Cal beneficiaries. The EQRO also conducts reviews for counties participating in the Drug Medi-Cal Organized Delivery System (DMC-ODS) for substance use disorder services. Each EQRO review is summarized in an individualized MHP report. California EQRO for the Medi-Cal SMHS Program is Behavioral Health Concepts (BHC), Inc.

Sandra Sinz, Executive Director, and Patrick Zarate, Assistant Director, for BHC, Inc. will provide an overview of the California EQRO. Sandra will then provide the findings and recommendations from the most recent EQRO reports for SMHS and DMC-ODS including how BHC utilizes the data from the reports.

Additional Resources:

[SMHS Behavioral Health Quality Measures 2022 Report](#)

[SMHS FY 2022-23 Statewide Technical External Quality Review Report](#) and [Attachments](#)

[DMC-ODS Behavioral Health Quality Measures 2022 Report](#)

[DMC-ODS FY 2022-23 Statewide Technical External Quality Review Report](#) and [Attachments](#)

Websites:

[California EQRO for Medi-Cal Specialty Mental Health Services and Drug Medi-Cal Organized Delivery System Website](#)

[California External Quality Review Organization – DHCS Webpage](#)

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

TAB 2

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 20, 2024**

Agenda Item: Los Angeles County Utilization of EQRO Reports

Enclosures: None

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 Systems and Medicaid Committee (SMC) with information on how a large county utilizes External Quality Review Organization (EQRO) reports in decision-making and service provision for individuals with behavioral health conditions at the local level.

Background/Description:

The SMC will explore how EQRO reports for the Specialty Mental Health Services (SMHS) System and Drug Medi-Cal Organized Delivery System (DMC-ODS) are utilized and shared at the county level. The committee will engage a small county and a large county to receive multiple perspectives of the utilization and value of these data reports.

The SMC has invited representatives from Los Angeles County to provide the large county perspective of EQRO data report utilization. Dr. Kara Taguchi from the Los Angeles County Department of Mental Health will discuss how the county staff use the EQRO reports, potential areas for improvement, and any success stories.

Additional Resources:

[Los Angeles County Department of Mental Health Website](https://www.dhcs.ca.gov/Programs/Pages/LA-County-Department-of-Mental-Health-Website.aspx)

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

TAB 3

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 20, 2024**

Agenda Item: Imperial County Utilization of EQRO Reports

Enclosures: Imperial County Behavioral Health Services EQRO 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 Systems and Medicaid Committee (SMC) with information on how a small county utilizes External Quality Review Organization (EQRO) reports in decision-making and service provision for individuals with behavioral health conditions at the local level.

Background/Description:

The SMC will explore how EQRO reports for the Specialty Mental Health Services (SMHS) System and Drug Medi-Cal Organized Delivery System (DMC-ODS) are utilized and shared at the county level. The committee will engage a small county and a large county to receive multiple perspectives of the utilization and value of these data reports.

The SMC has invited representatives from Imperial County to provide the small county perspective of EQRO data report utilization. Sarah Moore, Behavioral Health Manager, Victoria Mansfield, Deputy Director of Substance Use Disorder Services, Brenda Sanchez Deputy Director of Clinical Services, and Nancy Del Real, Deputy Director of Administration for the Imperial County Department of Behavioral Health will provide information on how the county staff use the EQRO reports, potential areas for improvement, and any success stories.

Additional Resources:

[Imperial County Behavioral Health Services Website](#)



IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

External Quality Review Organization (EQRO) Reports

June 20, 2024

Presenters

Sarah Moore

Behavioral Health Manager

Brenda Sanchez

Deputy Director

Victoria Mansfield

Deputy Director

Nancy Del Real

Deputy Director

ICBHS is an MHP and DMC-ODS County



- Small Southern Rural County
- Population about 179,057
- 85% of Services are provided by ICBHS Staff
- 15% of Services are provided by Contracted Providers

Utilization of EQRO Reports

- Reports from EQRO are presented at Quality Improvement Committee (QIC).
- QIC includes upper management from each division, providers, and clients.
- The reports are reviewed and units/staff are assigned to work on implementing recommendations from the EQRO.
- The EQRO reports are utilized to aid in the planning of the QI Program for the upcoming year.

Utilization of EQRO Reports

- Quality Management reviews the report, data, and recommendations to identify any gaps or disparities in beneficiaries served and/or services provided, and to determine if there are any significant trends that need to be monitored or require intervention.
- The Quality Management team compares the number of beneficiaries served as well as the penetration rates to determine that the information is consistent with internal data.
- Findings for the most part conclude that numbers are consistent. Quality Management also monitors internal data continuously.

Value of EQRO Reports

Example:

Overall comparison for Penetration Rates by Medi-Cal Eligibles

Throughout the EQRO report, some of the sections will contain additional information comparing the statewide, small-county, and Imperial County penetration rates by calendar years. This data is derived from Medi-Cal claims and is compared with the annual ICBHS Penetration and Retention Rate Reports.

Value of EQRO Reports

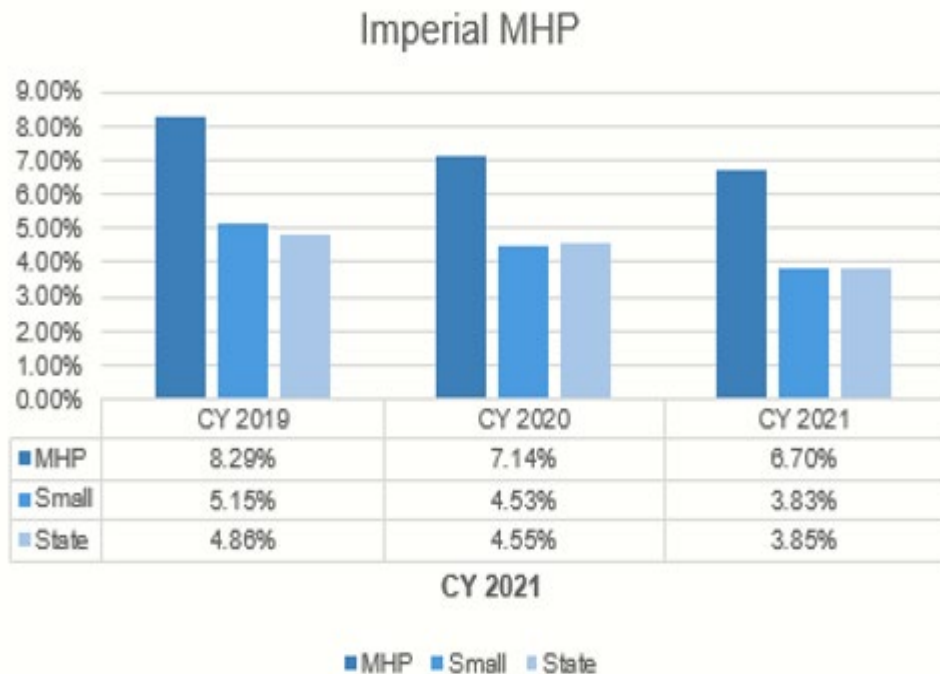


Figure 1A. Overall Penetration Rates 1

- Figure 1A is the statewide and small county penetration for CY 2021.
- ICBHS compares the EQRO report with ICBHS reports..
- The same trends are noted.

EQRO Report Sharing:

14

- Quality Management shares the EQRO reports at the Quality Improvement Committee (QIC).
- Subcontractors are advised of pertinent information on the report. For example, they are part of Performance Improvement Projects such as the Pharmacotherapy for Opioid Disorder and were advised of the outcome of PIP evaluation.
- Clinical staff participate in the QIC on a regular basis.
- The chairperson for the Consumer Family Sub-QIC is a member of the QIC and attends on a regular basis.
- The Patients Rights Advocate is a member of the QIC.
- Fee-for-Service providers are also part of the QIC.

EQRO Reports - Decision Making

- ICBHS uses the feedback as a guide for conducting client focus groups and surveys to gain more insight into the beneficiary experience of receiving services from the county MHP/DMC-ODS.
- Comments made during the review process or mentioned in the report (but not necessarily identified as an issue yet) are noted by the QM Unit and incorporated into QI activities for the upcoming year.
- All the QI activities implemented by the QM team are incorporated into the QI Work Plan and presented to the QIC.

EQRO Reports - Decision Making

- Recommendations from the report are discussed in Management meetings.
- All divisions are represented at this meeting where the EQRO recommendations are reviewed and discussed.
- Management uses the EQRO findings to establish a course of action and strategies in order to implement recommendations.
- During Management meetings priorities are established, staff are assigned into workgroups who will be working on the recommendations.

EQRO Reports - Decision Making

Example

FY 22-23 MHP EQRO Report:

- Both ICC and TCM were utilized at significantly lower rates (78 percent and 73 percent, respectively), also with fewer average units than statewide. IHBS was slightly lower than statewide utilization (16.7 percent versus 19.9 percent), also showing fewer average units of service. The MHP reported an issue with billing both IHBS and ICC services, which may account for some of this disparity.

This is a consistent finding for the MHP. The MHP internal information has indicated that providers need more training on appropriately assessing for and referring beneficiaries to ICC and IHBS. Currently the QM Unit is monitoring this area.

EQRO Reports - Decision Making

Example

Table 17: High-Cost Beneficiaries by Age, County DMC-ODS, CY 2021

Age Groups	Total Beneficiary Count	HCB Count	HCB % by Count	Average Approved Claims per HCB	HCB Total Claims	HCB % by Total Claims
Ages 0-17	96	<11	-	-	\$116,039	18.79%
Ages 18-64	822	34	4.14%	\$25,177	\$856,012	14.94%
Ages 65+	111	<11	-	-	\$49,645	10.03%
Total	1,029	41	3.98%	\$24,919	\$1,021,696	14.93%

Imperial County relies on the DMC-ODS EQRO data to help identify high-cost beneficiaries. The MHP EQRO defines high-cost beneficiaries as those with greater than \$30,000 in paid claims, whereas the DMC-ODS EQRO is based on percentage of claims statewide.

EQRO Reports - Decision Making

Example

“Engage non-supervisory line level staff employees in an anonymous way to express work retention challenges and propose solutions within the MHP. Document steps taken to address workload exhaustion, discrepancies in hybrid work from home plans, and staffing turnover.”

- A result of this recommendation, ICBHS implemented an Employee Engagement survey to identify areas for improvement as well as areas of strength.
- Based on findings, ICBHS has been working on implementing strategies to improve retention and staff engagement.

EQRO Reports - Decision Making

No Show PIPs (MHP and DMC-ODS)

developed strategies and interventions to engage beneficiaries to continue with services

Increasing Older Adult Access (MHP)

developed service model strategies to provide outreach to older adults and increase their access into services

Increase Client Engagement and Retention (DMC-ODS)

developed interventions to encourage clients to remain active in treatment and reach their treatment goals

Success Story

21

Recommendation from DMC-ODS EQRO Report

“Continue efforts to establish a local, in-county residential treatment program with residential WM bed availability and expand Recovery Residence Capacity.”

- A result of this recommendation, ICBHS applied for the Behavioral Health Continuum Infrastructure Program (BHCIP) Round 5 grant.
- DHCS awarded ICBHS the grant in the amount of \$17.9 Million to build a residential facility in Imperial County.
- Residential providers from other counties have expressed interest in being a provider in Imperial County.
- Construction is expected to commence Fall 2024.

Areas for Improvement

- There is a little bit of lag in the data – at least a year behind. It would be nice to have more real-time data.
- Sometimes the information can be a little questionable if the reviewer does not fully understand the county system –
- Typically, with a new reviewer the first year's report is not very informative, but after the second and third year the report is a much better representation of the system.

Questions / Comments?



TAB 4

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 20, 2024**

Agenda Item: Review and Accept April 2024 Draft Meeting Minutes

Enclosures: April 2024 Draft Meeting Minutes

Background/Description:

The Systems and Medicaid Committee will review the draft meeting minutes for the April 2024 Quarterly Meeting and have a chance to make corrections. The Committee will accept the draft meeting minutes.

Systems and Medicaid Committee

Meeting Minutes - Draft
Quarterly Meeting – April 18, 2024

Members Present:

Uma Zykofsky, Chairperson	Jessica Grove	Catherine Moore
Walter Shwe	Noel O'Neill	Steve Leoni
Dale Mueller	Javier Moreno	Tony Vartan
Elizabeth Oseguera	Deborah Pitts	Marina Rangel
Karen Baylor	Ian Kemmer (stand-in for Veronica Kelley)	

Staff Present: Ashneek Nanua

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

Meeting Commenced at 8:30 a.m.

Item #1 Approve January Draft Meeting Minutes

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

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua – April 2024

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

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

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

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua – April 2024

Item #3 Older Adult System of Care Overview

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

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

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

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Sacramento County Older Adult System of Care Presentation

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

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

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

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

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 El Hogar Older Adult Services Presentation

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

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

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

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

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

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Public Comment

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

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 CBHPC Workgroups Update

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

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

Action/Resolution

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

Responsible for Action-Due Date

Uma Zykofsky, Javier Moreno, Vandana Pant – Ongoing

Item #8 Behavioral Health Policy Updates

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

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua – June 2024

Item #9 Wrap Up/Next Steps

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua, Uma Zykofsky, Karen Baylor – June 2024

Meeting Adjourned at 12:00 p.m.

TAB 5

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 20, 2024**

Agenda Item: CBHPC Workgroups Update

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the opportunity for the Systems and Medicaid Committee (SMC) to coordinate the activities of the CBHPC workgroups in accordance with the SMC Work Plan.

Background/Description:

CBHPC's Executive Committee would like to ensure the Planning Council's workgroups are integrated into the work of all committees. Committee members who attended each workgroup will report on discussions held during each workgroup meeting to identify any points of collaboration with SMC.

CBHPC workgroups:

- **Reducing Disparities Workgroup**
 - Representative: Uma Zykofsky
- **Children and Youth Workgroup**
 - Representative(s): Vandana Pant / Noel O'Neill
- **Substance Use Disorder Workgroup**
 - Representative(s): Javier Moreno / Karen Baylor

TAB 6

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, June 20, 2024**

Agenda Item: Behavioral Health Policy Updates

Enclosures: None

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with information about the activities of advocates and stakeholders involved in developing behavioral health policies for California's most vulnerable populations. The Systems and Medicaid Committee (SMC) will use this information to stay informed of current initiatives and plan future activities to advocate for policies that improve access to high-quality health care in California's public behavioral health system (PBHS).

Background/Description:

Systems and Medicaid Committee staff will provide a high-level update on current activities, initiatives, and efforts toward transforming the public behavioral health system in California to better serve individuals with behavioral health conditions.

Committee members will use this information to track behavioral health policy meetings, advocate, and make recommendations to the state for Medi-Cal beneficiaries with serious mental illness and substance use disorders. SMC staff will provide updates from the DHCS Behavioral Health Stakeholder Advisory Committee (BH-SAC) May 2024 Meeting.

For more information about the BH-SAC, please visit the [DHCS Behavioral Health Stakeholder Advisory Committee Webpage](#).

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.