

California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, October 17, 2024

[Embassy Suites by Hilton Milpitas Silicon Valley](#)

901 East Calaveras Boulevard, Milpitas, California, 95035

Willow Room

[Zoom Link](#)

Meeting ID: 879 1045 8768 Passcode: SMC2024

Join by phone: 1-669-900-6833 Passcode: *8317590#

8:30 am to 12:00 pm

- | | | |
|-----------------|---|--------------|
| 8:30 am | Welcome, Introductions, and Housekeeping
<i>Uma Zykovsky, Chairperson and All Members</i> | |
| 8:35 am | Review and Accept April 2024 Draft Meeting Minutes
<i>Uma Zykovsky, Chairperson and All Members</i> | Tab 1 |
| 8:40 am | Overview of Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 Crisis Care Mobile Unit (CCMU) Grant
<i>Waheeda Sabah, Community Services Division, Federal Grants Branch, CA Department of Health Care Services</i> | Tab 2 |
| 9:05 am | Public Comment | |
| 9:10 am | Dry Creek Rancheria Band of Pomo Indians Presentation on BHCIP Round 1 CCMU Grant Implementation
<i>Dr. Nitumigaabow Champagne, Executive Director, Dry Creek Rancheria Band of Pomo Indians</i>
<i>Dave Cade, Tribal Housing Director, Dry Creek Rancheria Band of Pomo Indians</i> | Tab 3 |
| 9:55 am | Public Comment | |
| 10:00 am | Break | |
| 10:10 am | Santa Clara County Presentation on BHCIP Round 1 CCMU Grant Implementation
<i>Soo Jung, Director, Adult & Older Adult Cross Systems Initiatives And Crisis Services, Santa Clara County Behavioral Health Services</i> | Tab 4 |
| 10:55 am | Public Comment | |
| 11:00 am | Break | |

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

11:10 am	Member Discussion of Behavioral Health Transformation Initiatives: Behavioral Health Services Act, BH-CONNECT, and CalAIM <i>Uma Zykovsky, Chairperson and All Members</i>	Tab 5
11:40 am	Public Comment	
11:45 am	CBHPC Workgroups Update <i>Uma Zykovsky, Chairperson and All Members</i>	Tab 6
11:50 am	Public Comment	
11:55 am	Wrap Up/Next Steps <i>Uma Zykovsky, 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 Zykovsky, 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	Amanda Andrews	

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 (SMC)
Thursday, October 17, 2024**

Agenda Item: Review and Accept June 2024 Draft Meeting Minutes

Enclosures: June 2024 Draft Meeting Minutes

Background/Description:

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

Systems and Medicaid Committee (SMC)

Meeting Minutes - Draft
Quarterly Meeting – June 20, 2024

Members Present:

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

Staff Present: Ashneek Nanua

Presenters: Sandra Sinz, Patrick Zarate, Kara Taguchi, Victoria Mansfield, Brenda Sanchez, Nancy Del Real

Meeting Commenced at 8:30 a.m.

Item #1 California External Quality Review Organization (EQRO) Overview and Reports Presentation

Sandra Sinz, Executive Director of Behavioral Health Concepts, Inc. and Patrick Zarate, Assistant Director of Behavioral Health Concepts, Inc. presented on the activities of the California EQRO as well as the mental health and substance use disorder (SUD) annual reports for Fiscal Year 2022-2023. Sandra noted that BH Concepts will no longer be the EQRO in July 2024. She reviewed the priorities for the annual reviews as well as key performance measures and data used to generate the performance measures. EQRO focuses on the strengths in the counties, identifies opportunities for improvement, and makes recommendations on things that can improve care.

Sandra reviewed statewide trends in the behavioral health system which includes the existing impacts of COVID-19, workforce crisis, challenges of changes due to CalAIM implementation and payment reform, transitions to new Electronic Health Record (EHR) systems, data interoperability and data sharing between counties and contracted EHRs, mobile crisis implementation, increasing the Medi-Cal population, and the formalization of peer roles.

Sandra reviewed Performance Improvement Projects (PIPs) which target problems or outcomes within a system of care. PIPs involve gathering information systematically to identify problems and set interventions to achieve a desired level of improvement. EQRO recommends that counties implement two PIPs with a data analysis plan that includes process and outcome measures. It is important to link the PIP back to the needs in the system.

California Behavioral Health Planning Council (CBHPC)
Systems and Medicaid Committee (SMC) – June 2024 Meeting Minutes (Draft)

Patrick Zarate reviewed the strengths in the Drug Medi-Cal Organized Delivery System (DMC-ODS). Strengths include annual increases of adults being served in the system, expanded partnerships with Federal Qualified Health Centers (FQHCs) and jail services in many counties, increased utilization of case management, and increased percentage of standard discharges and opioid safety coalitions. There are also treatment perception surveys to evaluate client perception of care with a quality improvement approach. The surveys are used as a marker of success of a service delivery system and used for strategic planning, system adjustments, and performance improvement. CalEQRO looked at how the surveys were used by counties to identify opportunities for improvement, inform providers of service delivery issues, adjust services, identify staff training needs, and support data-informed decisions.

Patrick reviewed the recommendations for the DMC-ODS system. Recommendations include expanding access care with a focus on youth services and withdrawal management, outreach and health equity efforts, care coordination, use of paraprofessionals and peers, outcome tracking tools, clinically appropriate use of telehealth, and assistance to counties that have not opted into DMC-ODS.

Sandra reviewed the strengths of the Mental Health Plans (MHPs). Strengths include increased monitoring of inpatient utilization, follow-up and reduced readmissions, collaboration with partners particularly with forensic programs, hospitals, and Managed Care Plans (MCPs). Other strengths include implementation of new programs and grants, majority of MHPs meeting 80% timeliness standards for first-offered non-urgent services, and more MHPs submitting PIPs with fewer “no confidence” ratings compared to prior years. 94 focus groups from 55 MHPs were conducted with clients. The client respondents observed that more staff were needed to lower caseloads. Respondents asked for more group therapy, evening and weekend mental health appointment hours, school-based services, in-person services, technical assistance for telehealth, additional activities at wellness centers, and inpatient care closer to their homes.

Sandra shared recommendations for the MHPs. Recommendations include sensitivity to the needs of Specialty Mental Health Services (SMHS) clients when determining the treatment delivery method, monitoring service utilization to increase numbers, examining member attrition between screening and first appointment, timely access for individuals with urgent, non-crisis needs, and utilizing screening and transition of care tools. Additional recommendations include full implementation of Pathways to Well-Being, development and execution of meaningful PIPs, analyzing service patterns to assure that services utilized are warranted and provided in the least restrictive level of care, and strengthening overall data tracking and analytic efforts.

There is a new requirement that stems from DHCS' Comprehensive Quality Strategy that includes 5 mental health measures and 4 DMC-ODS measures that counties will be required to track and report on. Additionally, Proposition 1 and the housing crisis are likely to affect the mental health system.

California Behavioral Health Planning Council (CBHPC)
Systems and Medicaid Committee (SMC) – June 2024 Meeting Minutes (Draft)

Committee members engaged in a question-and-answer session with the presenters. Presenters clarified that CalEQRO only focuses on what happens in the SMHS and DMC-ODS systems rather than individuals with mild-to-moderate behavioral health conditions served under the Managed Care system and expressed the importance of continuity of care. Committee members asked how CalEQRO engages local communities in their work. The presenters stated that they hear feedback for the recipients of local programs and services to be involved in the design of the programs. Committee members asked presenters how the PIPs have an impact on the system. Sandra Sinz stated that one success with PIPs is technical assistance to course correct prior to the CalEQRO review. Additionally, it is important for counties to choose the right PIP that is significant to fixing the issues in their system. The presenters and committee discussed the opportunities and challenges with the use of telehealth and staffing challenges.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #2 Public Comment

Denise El Amin from Santa Barbara County stated that she is attempting to locate information about the behavioral health board meetings to speak on diversity. She stated that there is still mass disparity and health equities. Also, there are people in her local area that are not being asked to be on boards. She said appointments are a form of oppression due to bias that leaves out particular groups and this is where disparate treatment starts. Denise stated that we need to put more people from Black, Indigenous, and People of Color (BIPOC) communities on boards so that we can get rid of disparate treatment and inequity in our health system. She stated that it will not go away with the resources we have used for hundreds of years and we need change.

Steve McNally stated CalOptima has money that can raise Medi-Cal rates locally, but it is difficult to see how Medi-Cal rates will change. Steve asked for help on finding information on this item. Additionally, Steve said that John Sherin, Behavioral Health Director for Los Angeles County, mentioned that focusing on local needs is a better method than forcing counties to meet requirements for Medicaid dollars that may or may not solve their local problems.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #3 Los Angeles County Utilization of EQRO Reports

Kara Taguchi, Manager of Outcomes and Quality Improvement at the Los Angeles County Department of Mental Health, presented on the county's experiences with the External Quality Review Organization (EQRO). The 2023 EQRO review was held virtually over 20 sessions and regional meetings were held with consumers and family members, legal entity providers, and county directly operated staff. After the EQRO visit, the county recaps the visit with quality management stakeholders in their monthly meetings and begin discussing what was covered in the exist sessions. The county also debriefs with the service area and contract monitoring staff to discuss opportunities for improvement. The quality management team reviews the draft report to provide feedback to EQRO, and then reviews the final report noting the areas for improvement and ensure actions tied to EQRO's recommendations are tied to their Work Plan or by initiating Performance Improvement Projects (PIPs).

Identified strengths of Los Angeles County's Mental Health Plan include the cultural competency programs, high penetration rates, robust peer employment system, collaborative charting to increase clinical line staff capacity, and implementation of the CalAIM Initiative. Areas for improvement included a higher than statewide adult 30-day rehospitalization rate, lack of information and opportunities for promoting peer employees, difficulties for clinical staff to do collaborative charting, insufficient clinical staffing levels, and the need for system-wide data available to closer to real-time. Los Angeles County addressed areas of improvement by identifying leads for each recommendation and forming a workgroup to dissect issues and make recommendations for change. The Quality Assurance (QA) team will check-in quarterly with leads on progress towards identified goals and track progress. QA will collect documents made on progress towards recommendations so they are available for the next year's pre-review. The Quality Improvement team sought technical assistance on PIPs and consumer participation.

Kara shared strategies to increase participation for consumer and family member groups. The 2022 EQRO visit indicates low attendance for family and consumer groups. Changes made for 2023 includes earlier planning, engaging active consumer groups, creating flexibility in scheduling sessions, engaging service area and contract management teams to increase recruitment from providers, offering gift cards, and sending out reminders. However, consumer and family member participation were lower in 2023 compared to 2022 perhaps due to the virtual format and scheduling conflicts. Los Angeles County plans to improve consumer involvement in 2024 by engaging with the Peer Chief for assistance with peer recruitment, starting sooner with recruitment, and engaging subject matter experts for specialized group recruitment.

SMC members engaged in a question-and-answer session with the presenter. The committee asked how payment reform has affected the county. Kara responded that it is too early to evaluate the outcomes. Committee members suggested that future consumers and family member focus groups are held where the clients regularly meet.

California Behavioral Health Planning Council (CBHPC)
Systems and Medicaid Committee (SMC) – June 2024 Meeting Minutes (Draft)

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Public Comment

Denise El Amin from Santa Barbara County brought up the issue of how to get Transition Age Youth (TAY) involved. She suggested going where the TAY are to help TAY. Additionally, Denise expressed offense for a meeting scheduled on Juneteeth which is a national Holiday of freedom.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 Imperial County Utilization of EQRO Reports

Nancy Del Real, Brenda Sanchez, and Victoria Mansfield from Imperial County Department of Mental Health presented on Imperial County's utilization of the External Quality Review Organization (EQRO) reports. The reports are presented to the Quality Improvement Committee (QIC), which includes upper management from each division, providers, and clients. The QIC reviews the report with staff assigned to work on implementing the report's recommendations and the reports aid in the planning of the QI Program for the upcoming year. The Quality Management team reviews the report, data, and recommendations to identify gaps or disparities for beneficiaries served and/or services provided and determine if there are significant trends that require intervention or monitoring. Subcontractors are advised of pertinent information on the report such as Performance Improvement Project (PIP) evaluation outcomes.

Imperial County uses feedback on the EQRO reports as a guide to conduct client focus groups and surveys to gain more insight to the beneficiary experience. Comments made during the review process and report are noted by the QM unit and are incorporated into quality improvement (QI) activities for the upcoming year and into the QI Work Plan. The presenters shared examples of how the EQRO reports were used for the decision-making process in the county. Presenters then shared success stories from implementing recommendations from the EQRO reports. The presenters shared areas for improvement which include a lag in data, questionable information if the reviewer does not fully understand the county system, and lack of informative reports during the first year that a new reviewer conducts the report.

California Behavioral Health Planning Council (CBHPC)
Systems and Medicaid Committee (SMC) – June 2024 Meeting Minutes (Draft)

The SMC engaged in a question-and-answer session with the Imperial County presenters. Committee members asked about threshold languages. Most staff speak Spanish which reflects the population served, and 70-90% of the staff are bilingual. Additionally, Imperial County has not yet opted into the Medi-Cal Peer Certification Benefit. The county does have peer workers but not with the title of Peer Specialists. The county is working towards developing the peer support workforce.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Public Comment

Denise El Amin from Santa Barbara County stated that she is currently enrolled to complete 80 hours required for the Peer Support Specialist Certification. She noted that 80 hours is tough to commit to. Denise stated that she is learning a lot about how Peer Specialists are involved in this process. She personally had to find her high school diploma and discussed how there are systemic holds such as high school diploma requirements leading to a lack of representation. Denise stated that peer support should be recognized and more organizations should promote and offer training classes.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #7 Review and Accept April 2024 Draft Meeting Minutes

The SMC reviewed the April 2024 draft meeting minutes. The SMC accepted the meeting minutes with requested edits requested.

Action/Resolution

The approved minutes will be posted to the CBHPC webpage.

Responsible for Action-Due Date

Ashneek Nanua – June 2024

Item #8 **CBHPC Workgroups Update**

The SMC received updates on CBHPC's Workgroups. Uma Zykovsky stated that the Reducing Disparities Workgroup (RDW) is working on and refining questions that will be asked of CBHPC presenters. The workgroup will touch base on the status of the development and report back the outcome at the next meeting. Additionally, the workgroup will keep track of prevention work lead by the CA Department of Public Health. 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.

Ashneek Nanua shared that the Children and Youth Workgroup followed up on the *Hiding in Plain Sight* film that was streamed during the April 2024 Quarterly Meeting to determine how to better structure an event if the workgroup decides to stream the film for a larger audience. The workgroup will stream a 15 or 30-minute version of the film as a tool to help educate family members and parents about how to support youth as well as provide an opportunity to get the perspective of the Transition-Age Youth population and the parent generation. The workgroup will spend the next meeting developing questions, selecting panelist representatives, consulting with organizations that have successfully hosted youth events, and determining resources to share during the event. The workgroup would like to conduct the event in different parts of California and potentially create a playbook for local communities to hold similar events. The workgroup then discussed how to increase youth involvement in the workgroup. Noel O'Neill shared that the workgroup would first focus on the TAY population and conduct outreach to students in colleges who are engaged in policy and human services. Catherine Moore added that the workgroup discussion also included a conversation about TAY wanting to be paid to participate in these meetings.

Action/Resolution

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

Responsible for Action-Due Date

Uma Zykovsky, Javier Moreno, Noel O'Neill – Ongoing

Item #9 **Public Comment**

Denise El Amin stated that it is challenging for the public to know about and access state and county-level meetings which is a part of systemic racism. She shared that some people do not have opportunities to volunteer and that TAY would like to be paid to participate in events where their input is collected.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #10 Behavioral Health Policy Updates

Ashneek Nanua, SMC staff, shared that the Department of Health Care Services (DHCS) has released a draft addendum of the Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) 1115 Waiver Demonstration. Ashneek reviewed the proposed changes to the waiver which include:

- 1) Community Transition In-Reach Services to support individuals with significant behavioral health conditions who are experiencing long-term stays in institutions to return to the community.
- 2) Room and Board in Enriched Residential Settings for up to six months for individuals with significant behavioral health conditions and specified risk factors. The settings will:
 - Be limited in size to 16 beds or less and must be unlocked and voluntary.
 - Provide Medi-Cal covered, voluntary, recovery-oriented services.
 - Meet statewide standards established by DHCS in consultation with individuals with lived experience, advocacy groups, stakeholders, and tribal partners.

SMC staff shared DHCS' timeline to receive and review feedback for the waiver addendum as well as the timeline to submit the request to the Centers for Medicare and Medicaid Services (CMS) which includes a federal public comment period. Staff requested committee members to provide comments for the BH-CONNECT Waiver Addendum by June 24, 2024.

Deborah Pitts provided recommendations to expand and grow peer respite throughout the state that would be an equivalent ratio to inpatient beds. Additionally, Deborah made a recommendation to minimize long-term care options.

Action/Resolution

Committee members will provide feedback to SMC staff on the BH-CONNECT Addendum. Staff will consolidate committee comments into a letter and will submit the letter for CBHPC leadership review prior to delivering the letter to DHCS.

Responsible for Action-Due Date

Ashneek Nanua, Uma Zykofsky, Karen Baylor – July 2024

Item #11 Public Comment

Denise El Amin from Santa Barbara asked for guidance on how public comments are chosen and incorporated into the committee. She asked how the public comments are chosen for the state process and the federal process for the waiver addendum. She

California Behavioral Health Planning Council (CBHPC)
Systems and Medicaid Committee (SMC) – June 2024 Meeting Minutes (Draft)

shared that there are 16 beds in Santa Barbara County which leads to a majority of individuals with mental conditions residing in jails and this is wrong. She stated that we need more help for people and these people do not need to be sent to jails.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #12 Wrap Up/Next Steps

The SMC Officers and staff will plan next steps for the October 2024 Quarterly Meeting.

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua, Uma Zykofsky, Karen Baylor – October 2024

Meeting Adjourned at 12:00 p.m.

TAB 2

**California Behavioral Health Planning Council (CBHPC)
Systems and Medicaid Committee (SMC)
Thursday, October 17, 2024**

Agenda Item: Overview of Behavioral Health Continuum Infrastructure Program (BHCIP) Round 1 Crisis Care Mobile Units (CCMU) Grant

Enclosures: BHCIP Round 1 Crisis Care Mobile Unit Presentation

[CCMU Implementation Grantee Awards List \(May 2024\)](#)

[CCMU Tribal Grantee Awards List \(May 2024\)](#)

[BHCIP Crisis Care Mobile Unit Grant Webpage](#)

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 an overview of the BHCIP CCMU Grant from the Department of Health Care Services (DHCS). Committee members will utilize this information to evaluate efforts to improve the coordination, access, and continuum of care for individuals with Serious Mental Illness (SMI) and Substance Use Disorders (SUD).

Background/Description:

DHCS was authorized through 2021 legislation to establish the [Behavioral Health Continuum Infrastructure Program \(BHCIP\)](#) and award \$2.2 billion to construct, acquire, and expand properties and invest in mobile crisis infrastructure related to behavioral health. DHCS has been releasing these funds through multiple grant rounds targeting various gaps in the state's behavioral health facility infrastructure. The first round of funding was allocated to various entities to invest in Crisis Care Mobile Units. The CCMU program equips communities in California with behavioral health resources that improve health outcomes and decrease unnecessary use of jails and emergency services. DHCS has awarded more than \$202 million to 78 behavioral health authorities or Tribal entities in order produce or improve mobile crisis response teams in the state of California.

Waheeda Sabah, Federal Grants Branch Chief of the Community Services Division at DHCS, will present an overview of the BHCIP CCMU Grants. The presentation will include information about the grant awardees, monitoring efforts, and the state's perspective of the successes and challenges of implementation. The DHCS representative will also introduce the CCMU Data Dashboard. Committee members will have the opportunity to ask questions upon conclusion of the CCMU Grant update.

Behavioral Health Continuum Infrastructure Program (BHCIP)

Round 1

Crisis Care Mobile Units (CCMU)

Waheeda Sabah
Branch Chief | Federal Grants Branch



Agenda

- Eligibility
- Program Allowances
- CCMU Awards
- Monitoring
- Implementation Findings
- Successes
- Challenges & Potential Delays
- Data Dashboard



Eligibility

- In 2021, DHCS released the Request for Applications for Round 1 of the Behavioral Health Continuum Infrastructure Program (BHCIP) —the Crisis Care Mobile Units (CCMU) program
- Eligibility was extended to ***California county, city, or tribal entity behavioral health authorities, or joint applications of county and/or city or tribal entity behavioral health authorities***
- In 2023, DHCS released funding exclusively for tribal entities to purchase vehicles in support of mobile behavioral health crisis and non-crisis activities.

Program Allowances

- BHCIP funding for the CCMU grant covers **infrastructure** for mobile crisis teams.
 - Equipment/property
 - Vehicle-related costs
 - Field communications
 - Dispatch of CCMU teams
 - Training
 - Coordination and planning activities with local and regional organizations and/or to manage multiple CCMUs
 - Developing peer supports within crisis services
 - Marketing
 - Data collection, analysis, and quarterly reporting
- BHCIP funding for the Tribal Vehicle grant covers vehicle/modification purchases and maintenance.

CCMU Awards



Grantees

- Counties with 0 implementation grantees
- Counties with 1 or more implementation grantees
- Tribal Grantee

- **51** California counties, 2 city behavioral health authorities and 1 Tribe have been extended BHCIP infrastructure funding for their CCMU programs.
- **23** California tribal entities have received BHCIP funding for vehicles and maintenance only.
- \$140,853,486 in BHCIP funds have been awarded

CCMU Total Awarded BHCIP Amount: \$ 133,364,825.29

19

Implementation Grantees (54 Active)	TOTAL		TOTAL		TOTAL
Alameda County	\$937,322.00	County of San Luis Obispo Behavioral Health Department	\$750,080.00	Modoc	\$928,997.50
Amador County	\$375,000.00	County of Santa Cruz	\$3,888,076.00	Napa County	\$375,000.00
Butte County	\$2,785,898.39	County of Solano	\$750,000.00	Orange County Health Care Authority (OCHCA) (R2)	\$292,000.00
City of Berkeley Health Housing and Community Services Department	\$750,000.00	County of Tulare Mental Health Branch	\$3,000,000.00	Sacramento County	\$2,151,915.00
County of Calaveras	\$426,564.01	County of Tuolumne	\$497,215.00	San Benito	\$823,516.00
County of Contra Costa	\$2,644,437.00	Del Norte Department of Health & Human Services - Behavioral Health Branch, County of (DHHS BHB)	\$1,507,510.00	San Bernardino County	\$5,791,431.00
County of Fresno	\$576,745.00	El Dorado County Health & Human Services	\$300,000.00	San Francisco County	\$1,908,417.39
County of Humboldt	\$739,936.00	Glenn County Health and Human Services Agency	\$400,000.00	San Mateo County	\$1,077,799.00
County of Madera	\$2,451,670.00	Imperial County Behavioral Health Services	\$2,309,952.00	Santa Clara County Behavioral Health Services Department (BHSD)	\$1,745,040.00
County of Marin	\$1,680,854.00	Inyo County, Health and Human Services, Behavioral Health	\$802,384.00	Sierra County	\$631,580.00
County of Mariposa	\$375,000.00	Kern	\$869,089.00	Siskiyou County	\$1,319,866.00
County of Mono	\$566,200.00	K'ima:w Medical Center - Hoopa Valley Tribe	\$612,000.00	Sonoma County Department of Health Services	\$1,929,779.00
County of Monterey Health Department Behavioral Health Bureau (MCBH)	\$749,850.00	Kings County	\$1,809,933.00	Stanislaus County Behavioral Health & Recovery Services (BHRS)	\$3,001,954.00
County of Nevada	\$750,000.00	Lake County	\$763,177.00	Sutter-Yuba Behavioral Health (SYBH)	\$1,800,270.00
County of Placer	\$3,236,116.00	Lassen	\$1,000,000.00	Tehama	\$1,000,227.00
County of Riverside, Riverside University Health Systems Behavioral Health	\$10,500,000.00	Los Angeles County Department of Mental Health	\$38,866,000.00	Tri-City Mental Health Authority	\$1,448,147.00
County of San Diego	\$13,500,000.00	Mendocino County Behavioral Health and Recovery	\$2,803,478.00	Trinity County Behavioral Health Services	\$394,587.00
County of San Joaquin Behavioral Health Services (BHS)	\$1,547,824.00	Merced County	\$750,000.00	Ventura County Behavioral Health	\$471,989.00
				Unallocated	\$581,211.00
				TOTAL	\$133,364,825.29

Tribal Total Awarded BHCIP Amount: \$ 7,488,661.00

Tribal Vehicle Grantees (23 Active)	BHCIP Funds
Big Lagoon Rancheria on behalf of Two-Feathers Native American Family Services	\$ 271,000.00
Blue Lake Rancheria	\$ 143,680.00
Dry Creek Rancheria Band of Pomo Indians	\$ 288,171.00
Fresno American Indian Health Project	\$ 236,500.00
Friendship House Association of American Indians	\$ 113,550.00
Greenville Rancheria	\$ 726,264.00
Indian Health Council, Inc.	\$ 135,420.00
Inner-Tribal Treatment	\$ 297,371.00
Kimaw Medical Center (Tribal)	\$ 100,000.00
MACT Health Board Incorporated	\$ 422,637.00
Mathieson Memorial Health Clinic	\$ 573,408.00
Native American Health Center	\$ 185,586.00
Native Directions, Inc.	\$ 429,600.00
New Life Health Authority	\$ 372,750.00
Pala Band of Mission Indians	\$ 223,736.00
Sonoma County Indian Health Project, Inc.	\$ 547,680.00
Southern Indian Health Council, Inc.	\$ 120,380.00
Toiyabe Indian Health Project	\$ 408,538.00
Tule River Indian Health Center, Inc.	\$ 190,000.00
United American Indian Involvement, Inc.	\$ 1,000,000.00
United Indian Health Services	\$ 381,490.00
Washoe Tribe of Nevada & California	\$ 116,600.00
Yurok Tribe	\$ 204,300.00
TOTAL \$	7,488,661.00

Monitoring

- Monthly coaching calls with an assigned Grantee Liaison.
 - Grantee Liaisons provide consultation on invoicing, data collection, reporting, performance measures, outreach activities, virtual assistance, and training.
- Quarterly reporting on specific metrics regarding CCMU direct services and implementation.
- Coaching calls and reports are used to monitor progress and guide technical assistance to support program and innovations, promote cross-system connections, and build competencies.

Implementation Findings

- There is a statewide need for mobile crisis services
 - Service episodes increase quarterly as counties build capacity in their mobile crisis teams.
- Outreach is key
 - Grantees who have used their BHCIP funding to stage marketing campaigns have greatly increased the penetration of their service areas.
- Flexibility is paramount
 - Grants were designed to allow grantees to tailor how funding is allocated to best support their programs.

Successes

- Increased coordination with law enforcement
 - Grantees report increasing number of calls diverted from law enforcement.
- Better collaboration with schools
 - Many grantees have collaborated with schools to develop protocols for handling crises on campus. Grantees have reported increased referrals from schools.
- Improved understanding of behavioral health issues
 - BHCIP funding has been used to offer training on topics like crisis intervention, SMI/SED, use of naloxone, and cultural sensitivity to mobile crisis staff, first responder partners, and the community at large.

Successes In the Media

- Del Norte Mobile Crisis Response: [Del Norte's Mobile Crisis Response Team Set To Roll Out July 1 | Wild Rivers Outpost | Del Norte, Curry Counties \(lostcoastoutpost.com\)](#)
- Sonoma: [Mental illness forum in Sonoma County reveals level of widespread need - CBS San Francisco \(cbsnews.com\)](#)
- RUHS: [ABC 7 - Mobile Crisis Vans \(youtube.com\)](#)
- San Diego: [County's crisis teams are expanding their reach, planning improved service in East County \(sandiegouniontribune.com\)](#)
- Sonoma: [Cash infusion welcomed as county looks to bolster mental health teams \(norcalpublicmedia.org\)](#)

Challenges & Potential Delays

- **Hiring/retention**
 - Hiring and retaining a qualified workforce for CCMU has been challenging in most counties. Although direct service costs are not allowed under BHCIP funds, this continues to be the biggest barrier to implementing mobile crisis teams.
- **Inadequate or non-existing electronic health records (EHR) or dispatch systems**
 - Mitigated somewhat by ability to purchase or upgrade EHR systems with BHCIP funds.
- **Long contracting process**
 - Additional rounds of funding and contract modifications take a long time to process and receive Board of Supervisor approval, delaying expenditure of funds.
- **Vehicle purchasing**
 - Supply chain issues and county purchasing policies have caused significant delays in acquiring vehicles.

CCMU Data Dashboard

26

Round 1 Data Dashboard - BHCIP (buildingcalhhs.com)



BHCIP Round 1: Crisis Care Mobile Units

Data from CCMU Implementation Grantees as of April 15, 2024

134

Total Vehicles Purchased
to Date

Pages

Highlights

Service Episodes

Hours of Service

Individuals Served

Training

Regional

Tribal

Region

All

363

Current Total Teams

78.72%

Current Percent of Grantees Servicing all Zip
Codes in their jurisdiction

80.85%*

Current Percent of Grantees Providing Services

78,308

Total Service Episodes to Date

Number of Grantees by County (includes Planning)



Number of Grantees ● 1 Grantee ● 2 Grantees

Data obtained from 47 grantees who reported this quarter.

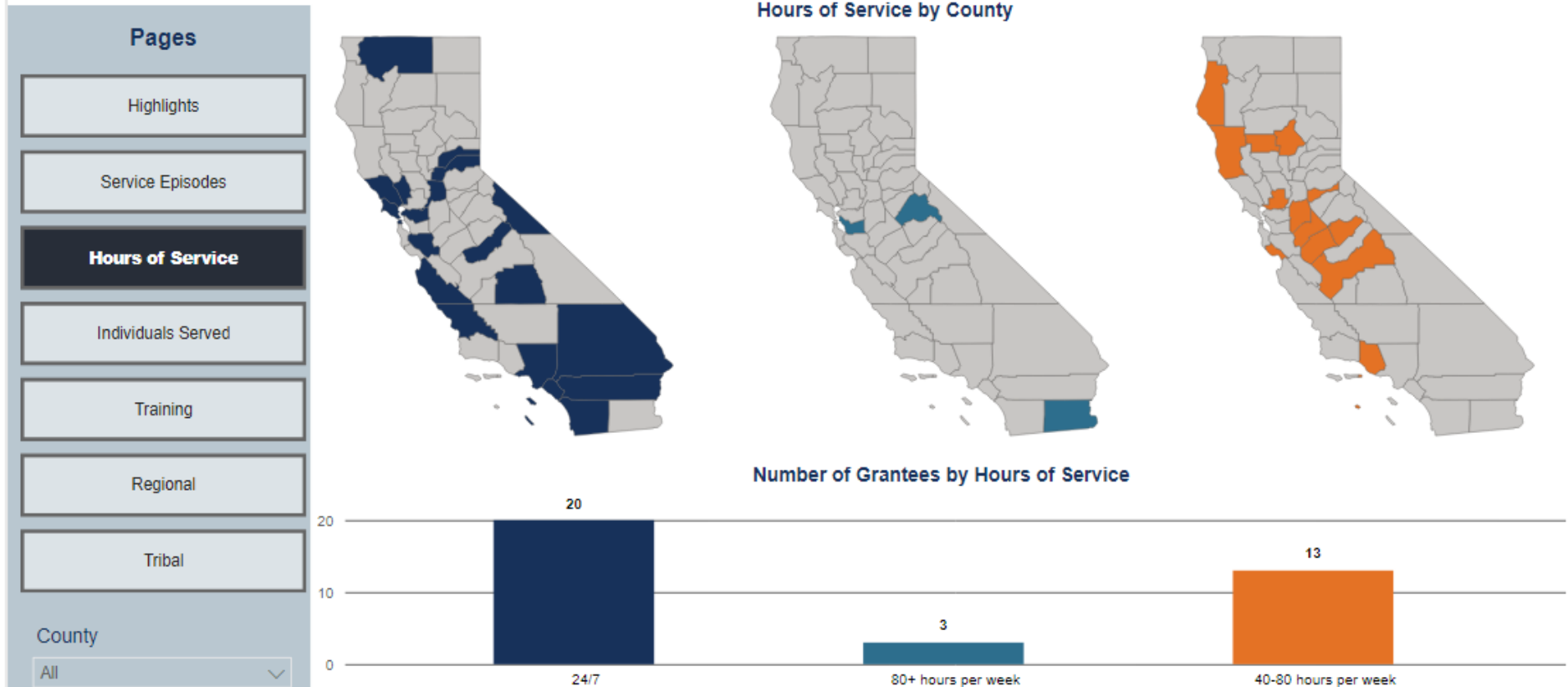
*This percentage represents 38 of 47 CCMU Grantees. The remaining grantees are yet to provide services due to workforce/hiring challenges.

CCMU Hours of Operation by County



BHCIP Round 1: Crisis Care Mobile Units

Data from CCMU Implementation Grantees for the Jan 1 - Mar 29, 2024 Reporting Period
Data as of April 15, 2024





Thank You

BHRRP@dhcs.ca.gov

TAB 3

**California Behavioral Health Planning Council
Systems and Medicaid Committee (SMC)
Thursday, October 17, 2024**

Agenda Item: Dry Creek Rancheria Band of Pomo Indians Presentation on BHCIP Round 1 CCMU Grant Implementation

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 implementation of a mobile crisis grant under the Behavioral Health Continuum Infrastructure Program (BHCIP). The SMC will use this information to assess how BHCIP mobile crisis intersects with the Behavioral Health Transformation (BHT) in California to advocate for individuals with behavioral health conditions served in the public behavioral health system.

Background/Description:

Dry Creek Rancheria Band of Pomo Indians is using Crisis Care Mobile Unit (CCMU) Grant funding to purchase two electric vehicles and one passenger van to facilitate behavioral health services, including transportation to appointments, case management, crisis response, and outreach to schools, community members, and community partners.

Dr. Nitumigaabow Champagne, Executive Director, and Dave Cade, Tribal Housing Director, for Dry Creek Rancheria Band of Pomo Indians, will provide a background on their organization, wraparound services, and the tribal mobile crisis program implemented with funding from the BHCIP CCMU Grant. The presentation will focus on how the BHCIP grant allowed Dry Creek Rancheria to expand access to crisis services. It will include information about how crisis services were delivered in the county prior to the BHCIP grant and how implementation is occurring after utilizing the grant. Additionally, the presenters will share strategic goals for crisis services, how the program supports the crisis continuum of care, and the successes and challenges of implementation thus far.

Additional Materials and Resources:

[BHCIP Crisis Care Mobile Unit \(CCMU\) Grant Webpage](#)

[CCMU Data Dashboard](#)

[BHCIP Website](#)

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

TAB 4

**California Behavioral Health Planning Council
Systems and Medicaid Committee (SMC)
Thursday, October 17, 2024**

Agenda Item: Santa Clara County Presentation on BHCIP Round 1 CCMU Grant Implementation

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 the information about the implementation of a mobile crisis grant under the Behavioral Health Continuum Infrastructure Program (BHCIP). The SMC will use this information to assess how BHCIP mobile crisis intersects with the Behavioral Health Transformation (BHT) in California to advocate for individuals with behavioral health conditions served in the public behavioral health system.

Background/Description:

Soo Jung, Director of Adult & Older Adult Cross Systems Initiatives and Crisis Services for Santa Clara County Behavioral Health Services, will present on the county's mobile crisis program implemented with funding from the BHCIP. The presentation will focus on how the Crisis Care Mobile Unit (CCMU) BHCIP Grant allowed Santa Clara County to expand access to crisis services. It will include information about how crisis services were delivered in the county prior to the BHCIP grant and how implementation is occurring after the grant was awarded. Additionally, Soo will share how the program supports the crisis continuum of care, the county's capacity of diverting individuals to appropriate supports, and the successes and challenges of implementation thus far. The presenter will also describe the county's strategic goals for crisis services and share information about how mobile crisis impacts the Behavioral Health Services Act (BHSA) changes.

Additional Materials and Resources:

[BHCIP Crisis Care Mobile Unit \(CCMU\) Grant Webpage](#)

[CCMU Data Dashboard](#)

[BHCIP Website](#)

[County of Santa Clara Behavioral Health Services Website](#)

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

TAB 5

**California Behavioral Health Planning Council
Systems and Medicaid Committee (SMC)
Thursday, October 17, 2024**

Agenda Item: Member Discussion of Behavioral Health Transformation Initiatives: Behavioral Health Services Act, BH-CONNECT, and CalAIM

Enclosures: [SMC Work Plan 2024-2025](#)

CBHPC Summary Email of July 2024 DHCS Behavioral Health Stakeholder Advisory Committee (BH-SAC) Meeting

[Mental Health Services Oversight and Accountability Commission \(MHSOAC\)](#)

[Presentation Slides July 2024 Meeting Re: Behavioral Health Transformation](#)

[CalAIM Behavioral Health Workgroup July 2024 Meeting: BH-CONNECT \(Pages 14-38\)](#)

[Behavioral Health Taskforce August 2024 Meeting: Update on BHT \(Pages 81 -123\)](#)

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 the opportunity to plan action steps for the Behavioral Health Transformation (BHT) in California as it pertains to the Behavioral Health Services Act (BHSA), BH-CONNECT, and CalAIM Initiatives serving adults with serious mental illness, children with serious emotional disturbances, and individuals with substance use disorders.

Background/Description:

Committee members will discuss the BHSA, BH-CONNECT, and CalAIM Initiatives to determine how the SMC advocate for, policy, and implementation improvements for these initiatives in 2025. The committee will plan next steps within the scope of the Planning Council and specifically the SMC Work Plan for 2024-2025.

Additional Materials and Resources:

[DHCS SAC/BH-SAC Joint Meeting July 2024 Presentation Slides](#)

[DHCS BH-CONNECT Webpage](#)

[DHCS CalAIM Webpage](#)

Copy of Email Sent to Systems and Medicaid Committee (SMC) on July 26, 2024

Hello SMC members,

We would like to keep you updated on recent statewide behavioral health efforts, therefore, I am providing some highlights from the July 2024 Joint Stakeholder Advisory Committee and Behavioral Health Stakeholder Advisory Committee (BH-SAC) meeting in this email. The [SAC/BH-SAC Joint Meeting Slide Deck](#) is attached for your convenience.

Director's Update (Pages 4-8)

The Department of Health Care Services (DHCS) provided an update for the CA State Budget. The budget includes:

- \$116.5 million total funds to begin implementation of Proposition 1: Behavioral Health Transformation (BHT)
- \$631,000 in Behavioral Health Services Act fund for Department of Health Care Access and Information (HCAI)
- \$85 million total funds County Behavioral Health Departments to begin administering their functions under BHT
- \$4.4 billion in bonds for DHCS under the Behavioral Health Infrastructure Bond Act

CalAIM Data Dashboards (Pages 15 - 33)

DHCS has created a [CalAIM Data Dashboard](#) that includes 9 CalAIM Initiatives. One of the dashboards includes the [CalAIM Behavioral Health Dashboard](#). The BH Dashboard includes data on Medi-Cal Peer Support Services, Recovery Incentives Program, Behavioral Health Quality Improvement Program (BHQIP), and CalAIM Behavioral Health Trainings. Please feel free to visit the hyperlinks to explore the dashboard data.

Introduction of Medi-Cal Connect (Pages 35 – 51)

Medi-Cal Connect is a technology service that supports DHCS' Population Health Management vision by integrating data from disparate sources, performing population health functions, and allowing multi-party data access and sharing. It will support Medi-Cal members, Managed Care Plans, county behavioral health plans, state agencies, and service providers through a data-driven Whole Person Care approach. The platform aims to empower members to navigate benefits and eligibility, guides members to appropriate health and social service programs, and update contact information. Service providers may view member care plans and share information with care managers and health plans.

The application is released in 5 phases between 2024 and 2026. The first phases are available to DHCS members, then Managed Care Plans and county MHPs, other delivery partners, and then for Medi-Cal members. Stakeholder engagement will include all user parties and include webinars, small working groups, existing DHCS advisory committees, and feedback groups.

Copy of Email Sent to Systems and Medicaid Committee (SMC) on July 26, 2024

CalAIM Waiver Update: Traditional Healers and Natural Helpers (Pages 60-75)

DHCS also provided an update on the CalAIM Section 1115 Waiver relating to Traditional Healer and Natural Helper services requested to the Centers for Medicare and Medicaid Services (CMS) in January 2021. CMS aims to approve DHCS' amendment to include these services by late Summer or early Fall of 2024. CMS released its initial framework of Medicaid requirements for Traditional Healers and Natural Helpers services in April 2024 to guide coverage of different tribal practices.

DHCS has solicited direction and input from tribal partners on the design and implementation of traditional health care practices and aims to identify any updates needed to the waiver request language developed together. DHCS intends to request several changes to CMS' framework to better meet the needs of Medi-Cal members receiving Traditional Healer and Natural Helper services including expanding eligibility to Medi-Cal members receiving Drug Medi-Cal Organized Delivery System (DMC-ODS) services, adding Urban Indian Organizations as providers, and requesting reimbursement to be consistent with DHCS' existing policy for DMC-ODS services. DHCS also partnered with tribes to develop draft service descriptions and preliminary qualification requirements of Traditional Healer and Natural Helper services and will work to ensure that the descriptions are coverable under the Demonstration.

Indian Health Care Providers (IHCPs) that offer these services will need to enroll in Medi-Cal but are exempt from DHCS' Alcohol and Other Drug (AOD) certification and licensure if they attest that they meet all applicable standards. DHCS proposes that IHCPs that offer Traditional Healer and Natural Helper Services provide and/or refer members to additional services to promote the treatment of SUDs. DHCS will not require each individual practitioner of Traditional Healing to fulfill these requirements. However, at the organizational level, IHCPs will need to have policies and procedures in place to ensure members can access additional services such as comprehensive ASAM assessments, medications for addiction treatment (MAT), and care coordination to access other SUD treatment and Medi-Cal services. DHCS is also proposing to require IHCPs to offer DMC-ODS EBPs such as motivational interviewing, Cognitive Behavioral Therapy, relapse prevention, trauma-informed treatment, and psycho-education.

BH-CONNECT Incentive Program Update (Pages 77-104)

The Department of Health Care Services has created a BH-CONNECT Incentive Program. The program has three goals: 1) Strengthen county Behavioral Health Plan's (BHP) Managed Care performance and quality improvement capabilities 2) Implement and scale new evidence-based service models with fidelity and 3) Improve member outcomes especially for high-risk populations experiencing disparities (justice-involved, children and youth, individuals experiencing homelessness). To achieve the goals of the BH-CONNECT incentive program, DHCS proposes making incentive payments in three key areas:

Copy of Email Sent to Systems and Medicaid Committee (SMC) on July 26, 2024

1. **Statewide Incentive (\$1.5 billion)**
 - a. Strengthen county BHP managed care performance, quality improvement capabilities, improve outcomes, and reduce disparities for Medi-Cal members with significant behavioral health needs
 - b. Reward counties for meeting process measures and outcomes measures
2. **Evidence-based Practice (EBP) Incentives (\$1 billion)**
 - a. Drive implementation of Assertive Community Treatment (ACT), Supported Employment, Coordinated Specialty Care, and improve outcomes for members receiving the EBPs
 - b. Reward counties for meeting process measures and outcomes measure
3. **Cross-Sector Incentives (\$250 million)**
 - a. Collaboration between county BHPs, child welfare, and social services to improve outcomes for children and youth

The measure design for all three components of the program is underway. DHCS anticipates sharing draft measure set materials with counties for review in Summer/Fall 2024 and go live January 2025.

I hope you find this information useful. Please feel free to contact me if you have questions regarding these items.

Ashneek S. Nanua

(she/her/hers)

Health Program Specialist II

MS 2706 P.O. Box 997413

Sacramento, CA 95899-7413

Phone: (916) 750-4609

Email: Ashneek.Nanua@cbhpc.dhcs.ca.gov

Office hours: 8:00 am–4:30 pm



**California
Behavioral Health
Planning Council**

ADVOCACY • EVALUATION • INCLUSION

TAB 6

**California Behavioral Health Planning Council (CBHPC)
Systems and Medicaid Committee (SMC)
Thursday, October 17, 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: Noel O'Neill
- **Substance Use Disorder Workgroup**
 - Representative(s): Javier Moreno / Karen Baylor