California
Behavioral Health
Planning Council
ADVOCACY • EVALUATION • INCLUSION

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MS 2706

June 27, 2024

Department of Health Care Services

Director's Office

Attn: Tyler Sadwith

P.O. Box 997413, MS 0000

Sacramento, California 95899-7413

RE: BH-CONNECT Addendum

Dear Mr. Sadwith,

The California Behavioral Health Planning Council (CBHPC) is a 40-member advisory body with the authority to review, evaluate, and advocate for persons with Serious Mental Illness (SMI) and youth with Severe Emotional Disturbances (SED) in Welfare and Institutions Code §5771 and §5772. The recommendations outlined in this letter are in alignment with the Council's Policy Platform and our vision of a behavioral health system that makes it possible for individuals with lived experience of a serious mental illness or substance use disorder to lead fulfilling and purposeful lives.

The CBHPC's Systems and Medicaid Committee (SMC) is tasked with evaluating California's Medicaid Infrastructure and advocating for system integration to ensure persons with SMI and Substance Use Disorders (SUD) have access to client-family driven, responsive, timely, and culturally and linguistically appropriate services. The SMC appreciates the Department of Health Care Services (DHCS) for efforts to address gaps in the continuum of care for Medi-Cal members with significant behavioral health needs through the amendment to the current BH-CONNECT 1115 Demonstration Waiver. The committee has reviewed the draft BH-CONNECT Addendum released on June 14, 2024 and would like to provide the following comments:

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Community Transition In-Reach Services

- The CBHPC appreciates the concept of developing new strategies for in-reach to Institutes for Mental Disease (IMDs) so that consumers can recover from symptoms in the least restrictive settings possible.

- The committee believes that the success of in-reach teams involves specific protocol being developed between facilities so that the teams can have full and unobstructed access to individuals in those settings. Because the facilities are the host for the in-reach teams meeting with the clients, we would like the in-reach teams be given expedited access to meet with clients to reduce any unnecessary waiting periods or delays.

- The committee highlights the importance for facilities to offer a private space to the in-reach teams to function when they see their clients. Privacy is important to build trust between the client and in-reach team.

- The committee supports increasing the frequency of in-reach teams and other staff such as Peer Support Specialists and Community Health Workers working with clients to develop a trusting relationship with the in-reach team. The goal is to increase comfortability and confidence for clients to transition to a lower level of care when appropriate.

- The SMC asks for clarification on the "at risk" category for individuals experiencing long-term stays in each of the defined settings (inpatient, residential, and subacute) on Page 9 of the Addendum. It would be helpful for DHCS to state whether the at-risk category is based on a psychiatric opinion, level of care tool, or a social worker team assessment. It would also be helpful to have an objective screening tool for this item.

- The SMC also is requesting that DHCS clarify if there will be a tool to determine eligibility for the in-reach teams or if eligibility will be based on clinical notes or medical/psychiatric history.

- The committee suggests the addition of a cultural broker or culturally informed community member to the list identified for Community Transition Teams on Page 9 of the Addendum. The

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SMC asks that this be included and highlighted to reflect the diversity of language and culture of the communities being served.

- For the section on Page 10 of the Addendum pertaining to in-reach teams contacting significant persons in the individual's life to assess the needs and inform individualized care transition plan, the committee asks that public guardian coordination is called out for any types of conservatorships involved.

- The committee asks that DHCS develop and provide a side-by-side chart on the differences and expectations of the roles of the facilities and roles of the in-reach teams.

Room and Board in Qualifying Residential Settings

- The SMC requests that the scope for minimum services on Pages 12-13 of the Addendum include a point that specifies that Managed Care Plans and county Behavioral Health Plans may develop protocols to ensure that each role is distinct and coordinated to avoid confusion for the client who works with multiple care team members.

- The committee would like to note that Adult Residential Facility (ARF) as a step down from the IMD is a reliable setting for consumers to initiate stability in a community setting.

- The committee would like to emphasize the value of Peer Respite and recommends the expansion and growth of Peer Respite care throughout California in addition to ARFs and inpatient facilities. A promising practice of the Peer Respite setting offers great potential especially with the certification of Peer Support Specialists who can offer a unique support to consumers. The administrative burden of the Peer Respite is minimal. Importantly, we request that DHCS maintain a vision for implementing the least restrictive environments that fit the needs and choices of individuals.

The Planning Council hopes that the BH-CONNECT Demonstration Waiver helps each community have a sufficient set of resources at the least restrictive level to meet the needs, choices, and step-down options for all clients with behavioral health challenges. The Council thanks DHCS again for the opportunity to provide feedback on the BH-CONNECT

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Addendum and welcome the opportunity to further discuss our concerns at your convenience.

If you have any questions, please contact Jenny Bayardo, Executive Officer, at (916) 750-3778 or Jenny.Bayardo@cbhpc.dhcs.ca.gov.

Sincerely,

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