

Systems and Medicaid Committee

Meeting Minutes

Quarterly Meeting – January 18, 2024

Members Present:

Karen Baylor, Chair-Elect	Veronica Kelley	Catherine Moore
Walter Shwe	Noel O’Neill	Steve Leoni
Dale Mueller	Javier Moreno	Vandana Pant
Elizabeth Oseguera	Deborah Pitts	Marina Rangel
Tony Vartan	Diane Shinstock (stand-in for Jessica Grove)	

Staff Present: Ashneek Nanua

Presenters: Alexandria Simpson, Leticia Galyean, Jacquelyn Torres, Susan Cozolino, Allison Kato, Beth Whitteker

Meeting Commenced at 8:30 a.m.

Item #1 **Approve October 2023 Draft Meeting Minutes**

The Systems and Medicaid Committee (SMC) reviewed the SMC October 2023 draft meeting minutes. The minutes were approved by the SMC.

Action/Resolution

The October 2023 SMC Meeting Minutes will be posted to the CBHPC webpage.

Responsible for Action-Due Date

Ashneek Nanua – January 2024

Item #2 **Review and Update SMC Work Plan (Action)**

The SMC reviewed the revised SMC Work Plan for 2024-2025 based on committee feedback during the October Quarterly Meeting. Committee members provided the following input on the Work Plan:

- Change language for Behavioral Health Services Act (BHSA) to Mental Health Services Act (MHSA) unless Proposition 1 passes.
- Consider the issue of Medi-Cal billing systems not being recovery-oriented and the need to monitor the impacts of billing on outcomes and services if Proposition 1 passes.
- Take a broad view on conservatorship to reduce the need for conservatorship and Institutes for Mental Disease (IMD).

Tony Vartan motioned to table the approval of the SMC Work Plan to the April 2024 Quarterly Meeting. Steve Leoni seconded the motion. SMC staff took a roll call vote. The motion passed.

Action/Resolution

The SMC will revisit the Work Plan during the SMC April 2024 Quarterly Meeting.

Responsible for Action-Due Date

Ashneek Nanua, Uma Zykofsky, Karen Baylor – April 2024

Item #3 Overview of CalAIM No Wrong Door (NWD) Policy & Provider Perspective of NWD Implementation

Leticia Galyean, President and Chief Executive Officer of Seneca Family of Agencies, presented to the SMC on the implementation of the CalAIM No Wrong Door Policy from the provider perspective. Leticia provided an overview of Seneca Family of Agencies which serve 25,000 youth and families across 18 California counties and two counties in Washington with multi-sector system partners such as county Mental Health Plans (MHPs), Local Education Agencies (LEAs), county social services, Managed Care Plans (MCPs), commercial insurance plans, and juvenile justice departments. The service continuum includes education, community-based services, foster care placement and adoption, and crisis services. Leticia shared lessons learned such as the benefits of pre-assessment, opportunities to avoid pathologizing, challenges with inconsistent implementation, and unintended consequences of screening and transition tools.

Jacquelyn Torres, Vice President of Emerging and Statewide Services for Pacific Clinics, presented to the SMC on the implementation of the CalAIM No Wrong Door Policy from the provider perspective. Jacquelyn provided an overview of Pacific Clinics which is California’s largest community-based nonprofit provider for behavioral services. They serve 40,000 children, teens, adults, and family members each year. Services include foster care/adoption and other social services, CalAIM Enhanced Care Management (ECM) and Community Supports, Integrated Care and Certified Community Behavioral Health Clinics (CCBHCs), neurodevelopmental services, outpatient mental health and psychiatry services, outpatient substance use disorder services, education and school-based services, and crisis care. Jacquelyn reviewed best practice recommendations centered around timely access, client voice being heard and elevated with the option to choose their provider, and care being driven by the client’s needs. Another best practice entails clients and families accessing multiple care systems in one spot at Pacific Clinics. Braided funding (i.e. local initiatives, county contracts, health plans, school district funding, state funding, and grants) and relationships with systems of care (local and county behavioral health, probation, social services, MCPs, DHCS, and SAMHSA) are used to support the whole person. Key elements for successful implementation of the No Wrong Door Policy include training for all levels of leadership in multi-system services, flexible billing and revenue systems, constant quality assurance systems, and forward-thinking operations teams to

anticipate network needs. Challenges include having multiple payment models with variations in rates, organizations needing multiple contracts for services within a single county, lack of consistency for implementation of contract cycles, varied access and utilization, different requirements and standards in auditing between the MCP and county, and ability to serve up or down in acuity.

Alexandria Simpson from the Medi-Cal Behavioral Health Division at the California Department of Health Care Services (DHCS), provided an overview of CalAIM No Wrong Door Policy from the state perspective. The policy allows clinically appropriate services to be reimbursable by Medi-Cal when services are provided prior to the determination of a diagnosis, during the assessment, or prior to meeting Specialty Mental Health Services (SMHS) access criteria. This also applies to Medi-Cal members with co-occurring mental health and substance use disorder conditions and when SMHS and non-SMHS non-duplicative services are provided concurrently. She first reviewed the division of responsibilities of the MCPs and county MHPs. The policy was included in July 2022 with a revised Memorandum of Understanding (MOU) template between MCPs and MHPs in October 2023. DHCS solicited implementation feedback from MHPs and MCPs via a survey and interviews between August and December 2023 with initial findings that the policy is playing a role of having fewer barriers to care and improved coordination. Alexandria indicated that stakeholders have not raised significant challenges with implementation of the No Wrong Door policy aside from the initial increase in administrative burden.

SMC members engaged all three presenters in a question-and-answer session upon conclusion of the presentations. The following are key takeaways and committee members' thoughts about the No Wrong Door Initiative:

- It is designed like a “waiting room” for individuals to receive services until they are placed into the appropriate system of care.
- It does not address the bifurcated system of specialty or non-specialty systems.
- The screening tool is considered as “air traffic control” because it is used to place an individual into either the specialty or non-specialty system, but it does not make level of care determinations.
- A comprehensive assessment is completed by a clinician once the individual is placed in one of the systems to make a level of care determination.
- It allows Medi-Cal billing for Specialty Mental Health Services (SMHS) prior to a full assessment being completed.
- A formal diagnosis is required in a clinically appropriate timeframe, which is not clearly defined.
- It does not allow Managed Care Plans (MCPs) to bill for services covered by county Mental Health Plans (MHPs) and vice versa. The policy clarifies that services will be reimbursed even if it is eventually determined that the member meets criteria for the other care system.
- Technical assistance and hands-on guidance to counties are needed to help reduce county-by-county variation of understanding and implementation while maintaining flexibility to address regional needs.

- There are cases where children are being served in the SMHS system when they have mild-to-moderate needs because the child’s full spectrum of needs are not able to be met in the MCP.
- There are administrative burdens for service providers make sure each individual clinician, site, and agency is credentialed with county MHPs and each MCP they are contracted with.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #4 Public Comment

Steve McNally from Orange County asked what public-facing materials exist to educate the public and help them understand how the No Wrong Door Policy works. Documents that include what the expectations are to ask for and receive services. In the private sector, clients receive a process navigation map of what they will encounter when they walk in the door. Steve asked if we should consider a third-party administrator to handle this issue. He added that it is important to know what the current timetables and funding are for the initiatives under CalAIM.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 CalAIM No Wrong Door Policy Implementation Update

Susan Cozolino and Allison Kato from the Los Angeles County Department of Mental Health (LACDMH), and Beth Whitteker from Molina Healthcare of California, provided the county and Managed Care Plan (MCP) perspective of the No Wrong Door policy to the SMC. Susan provided an overview of the LACDMH provider network by type of site and their MCP partners, which includes Molina Healthcare.

The LACDMH and MCP representatives provided their feedback on implementation of the No Wrong Door Policy. LACDMH is not seeing that Specialty Mental Health Services (SMHS) and non-SMHS services are being provided concurrently. Additionally, providers may not provide stand-alone substance use disorder (SUD) services under the policy if the client has a co-occurring mental health condition and SUD. Clients received timely medically necessary services when clinically appropriate SMHS are provided prior to the determination of a diagnosis, prior to the determination of access

criteria, or during an assessment. The implementation focus for this item is on training providers to know how to utilize billing codes and transition of care tools.

The presenters then provided feedback on the screening and transition of care tools. They shared that the implementation focus is on: developing standardized referral processes; creating a centralized referral inbox for MCPs and centralized process for MHPs; ongoing collaboration and coordination with MCPs; developing and improving technology; and ensuring adequate trainings. The screenings are going well with some technical challenges while the transition tool is not going well due to the client wanting to stay with the existing provider rather than transitioning to the MCP.

Committee members engaged the presenters in a question-and-answer session upon conclusion of the presentation.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Public Comment

Stacey Dalglish from the Los Angeles County Mental Health Commission thanked the presenters. She stated that this information does not go to the local commissions and encouraged the presenters to share it with them.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #8 CBHPC Workgroups Update

The SMC received updates on CBHPC’s Workgroups. Ashneek Nanua, SMC staff, provided an update for the Reducing Disparities Workgroup (RDW). The RDW will review the current list of priorities for the workgroup and provide edits to the revised list. The workgroup will also discuss potential focus topics for 2024.

Vandana Pant provided an update on the Children and Youth Workgroup (CYW). The California Alliance for Child and Family Services (CACFS) provided feedback on youth navigating the system at age 18 versus 21 as well as community projects that youth are doing such as flea markets and martial arts classes. The Mental Health Services Oversight and Accountability Commission (MHSOAC) presented on their current projects with highlights for peer support, setting up a statewide Center of Excellence for

school mental health, and working collaboratively to support the Children and Youth Behavioral Health Initiative (CYBHI). The CYW will work with state and local partners to plan an event that involves screening the film “Hiding in Plain Sight” in local communities. Youth advocates will be invited to the film screening to share their thoughts on the film and youth mental health in California. There were also discussions around legislation to address the punishment approach for substance use among students of color. The Department of Health Care Services Office of Strategic Partnerships announced the launch of two behavioral health services platforms for children ages 0-12 (Brightlife Kids) and youth ages 13-25 (Soluna) as well as reports that DHCS conducted that may be used to plan and strategize efforts to improve the children’s system of care.

On behalf of the substance use disorder (SUD) Workgroup, Javier Moreno shared that the meeting will focus on continuing a conversation on harm-reduction in medication-assisted treatment (MAT). A provider will present to the workgroup on harm-reduction, MAT, and Opioid Use Disorders.

SMC staff announced that the CA Health and Human Services Agency is forming a 988 Crisis Advisory Policy Group that is accepting application for six workgroups. Staff listed the workgroups and invited SMC members to speak with CBHPC’s Chief of Operations or Executive Officer if they are interested in joining one of the workgroups.

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 #9 Public Comment

Stacey Dagleish asked staff for a list of the 988 Crisis Advisory Policy Workgroups.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #10 Behavioral Health Policy Updates

Ashneek Nanua, SMC staff, provided policy updates from the CalAIM Behavioral Health Workgroup and Children and Youth Behavioral Health Initiative (CYBHI) meetings held since October 2023. Ashneek then focused on outlining updates for the CalAIM

Documentation Redesign Initiative. SMC members engaged in a question and answer session upon conclusion of the presentation.

Action/Resolution

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

Responsible for Action-Due Date

Ashneek Nanua – April 2024

Item #12 Wrap Up/Next Steps

The committee will review edits to the SMC Work Plan and monitor ongoing behavioral health activities. The SMC leadership and staff will plan the agenda for the April 2024 Quarterly Meeting.

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 – April 2024

Meeting Adjourned at 11:46 a.m.