# <u>Goal #1:</u> Leverage the Council's role in the State of California to influence policy changes the committee identifies as necessary to improve the state's behavioral health system.

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

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

#### Activities:

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

Timeline: January 2024 - Ongoing

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

• Invite local-level presenters such as county behavioral health and Managed Care Plan representatives, service providers, and consumers to provide updates on

successes and challenges of CalAIM implementation to determine the impact on beneficiaries.

- Identify the challenges, successes, and best practices of county partners working with Managed Care Plans to implement ECM and Community Supports.
- Provide policy recommendations to DHCS to address challenges regarding access and quality of care for individuals with SMI and SUD identified by local entities, providers, and consumers.

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

#### Activities:

- Support efforts to make improvements to the conservatorship system in California including inviting key stakeholders to initiate committee discussions on current issues around conservatorship as well as the barriers and strategies to meet the needs of individuals requiring care in an Institutes for Mental Disease (IMD) facility.
- Attend and participate in stakeholder sessions relating to policies and programs developed under the BH-CONNECT Demonstration.
- Identify how the state will measure and track behavioral health outcomes from implementation of the Initiative.
- Invite state and local level representatives to present on the challenges, successes, and best practices of implementation.

Timeline: January 2024 – Ongoing

**Objective 1.3**: Monitor and support efforts to improve access and quality of behavioral health care under the Behavioral Health Services Act (MHSA).

## Activities:

- Invite key stakeholders to initiate discussions on potential impacts and strategies to address barriers to access and quality of care for individuals with SMI and SUD under the BHSA.
- Track data systems and programs that build out the full continuum of care such as Full Service Partnerships (FSPs) and other BHSA programs.
- Provide policy recommendations to DHCS, California Health and Human Services Agency (CalHHS), and the Legislature. as appropriate.
- Monitor the gains and losses resulting from the current the Behavioral Health Services Act transformation.

Timeline: January 2024 – Ongoing

# <u>Goal #2:</u> Collaborate with other entities on behavioral health system reform to address current system issues and provide recommendations for policy change.

**<u>Objective 2.1</u>**: Collaborate with state, county, and health plan partners to participate in priority initiatives that work towards increasing and improving behavioral health and student mental health services for children and youth.

#### Activities:

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

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

## Activities:

• Collaborate with the California Department of Corrections and Rehabilitation (CDCR) and the Council of Criminal Justice and Behavioral Health (CCJBH) to identify priorities and address key issues for the justice-involved behavioral health population.

• Track CalAIM stakeholder sessions regarding the proposals to initiate a Medi-Cal pre-release application and services for individuals 30 days prior to release from incarceration.

#### Timeline: January 2024 - Ongoing

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

#### Activities:

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

#### Timeline: January 2024 - Ongoing

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

#### Activities:

- Collaborate with entities at the California Department of Aging (CDA) and the related entities to identify priorities and address key issues for older adults with SMI and SUD.
- Track the Master Plan for Aging and identify opportunities to provide stakeholder input to improve the system of behavioral health care for aging individuals.
- Monitor data and program initiatives that increase/decrease use of LPS conservatorships or Institutes of Mental Disease (IMDs).
- Examine programs and efforts to reduce the need for LPS conservatorship and Institutes for Mental Disease (IMD).

Timeline: January 2024 - Ongoing