Stakeholder Advisory Committee & Behavioral Health Stakeholder Advisory Committee Meeting

Wednesday, July 23, 2025

9:30 a.m. to 3 p.m. PDT

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Hybrid Meeting Tips

» Please use either a computer or a phone for audio connection.

» Please mute your line when not speaking.

» Members are encouraged to turn on their cameras during the meeting.

» Registered attendees can make oral comments during the public comment period.

» For questions or comments, please email SACinquiries@dhcs.ca.gov.

Welcome and Roll Call

Director’s Update

Michelle Baass, Director

2025-26 Budget Updates

2025-26 Budget Act Update

- DHCS' enacted budget is $202.7 billion in total funds.

- The Medi-Cal budget includes $179.1 billion ($37.4 billion General Fund) in 2024-25 and $196.7 billion ($44.9 billion General Fund) in 2025-26. Medi-Cal is projected to cover approximately 15 million Californians in 2024-25 and 14.9 million in 2025-26—more than one-third of the state's population.

2025-26 Budget Act Update

» To address a statewide budget shortfall, solutions included:

- **Freeze on enrollment** for full scope, state-only Medi-Cal expansion undocumented adults, ages 19 and older.
- State-only **Medi-Cal premiums of $30** for adults 19-59 with unsatisfactory immigration status (UIS).
- Elimination of state-only **Prospective Payment System** rates for Federally Qualified Health Centers and Rural Health Clinics for members with UIS.

2025-26 Budget Act Update

- **Elimination of dental benefits** for UIS adults, ages 19 and older.
- Reinstatement of the **Medi-Cal Asset Test Limit**, effective January 1, 2026.
- Elimination of $362 million in 2026-27 and ongoing in **dental supplemental payments**.

2025-26 Budget Act Update

- Pharmacy changes include:
  - Implementation of a **rebate aggregator** to secure rebates for members with UIS.
  - **Elimination of coverage for Glucagon-Like Peptide-1 (GLP-1)** for weight loss and certain over-the-counter drugs.
  - Implementation of **prescription drug utilization management**, step therapy protocols, and prior authorization for certain prescription drugs.

2025-26 Budget Act Update

- **Proposition 36** implementation funding of $50 million to provide non-competitive grants to county behavioral health departments.
- **Title X funding restoration** of $15 million to replace lost funding for family planning providers.
- **988 Suicide and Crisis Lifeline Centers** one-time funding totaling $17.5 million.
- **Next Generation Digital Therapeutics** funding as part of the Children and Youth Behavioral Health Initiative (CYBHI), totaling $2 million.
- $2 million in funding to support **Adverse Childhood Experiences (ACEs)** provider trainings.

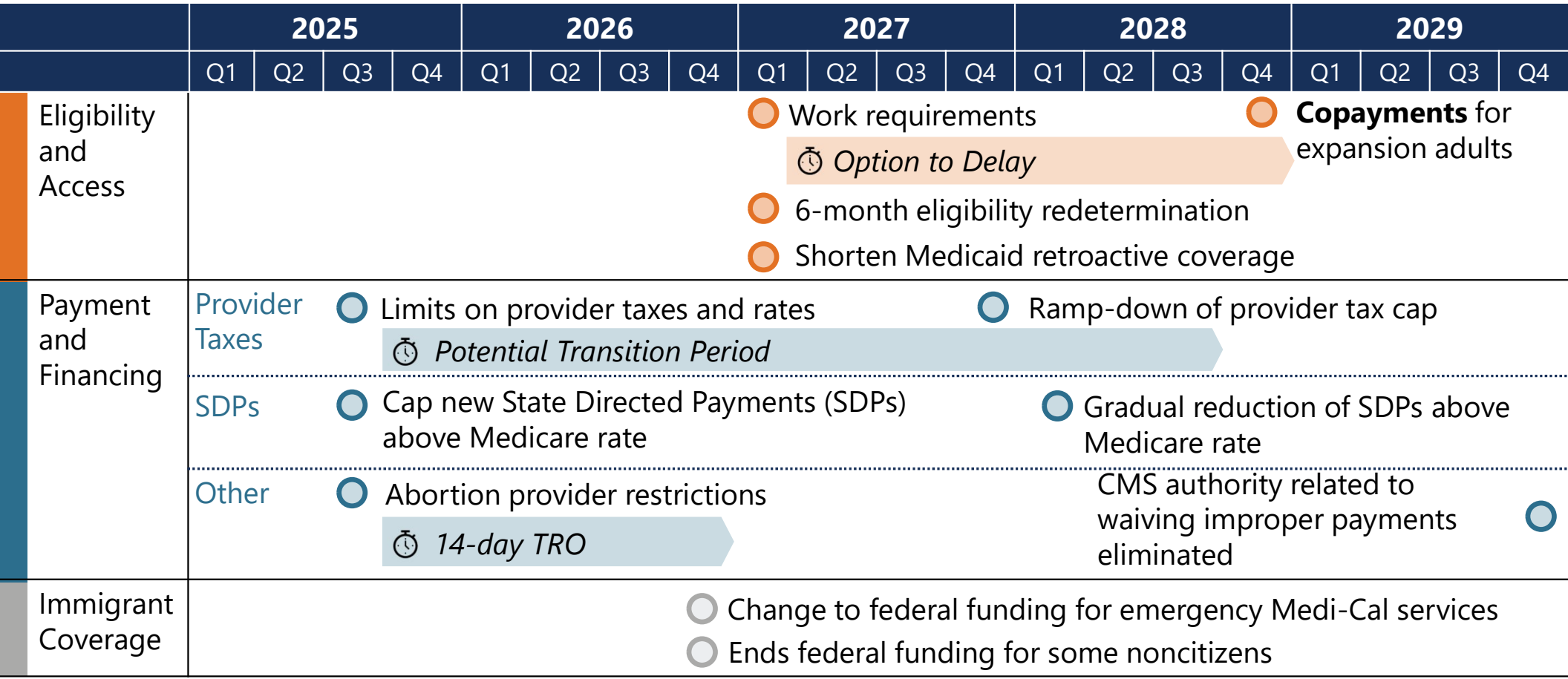
Federal Legislation Update
H.R. 1

Major Medicaid Provisions of H.R.1

Bottom Line: Up to 3.4 million Medi-Cal members may lose coverage; $30+ billion in federal funding is at risk annually; major disruption Medi-Cal financing structure for safety nets.

Eligibility/Access Requirements	State Financing Restrictions	Immigrant Coverage Limitations	Abortion Providers Ban
» Work requirements » 6-month eligibility checks » Retroactive coverage restrictions » Cost sharing	» Managed Care Organization (MCO) and Provider Tax limitations » State Directed Payment restrictions » Federal funding repayment penalties (PERM)	» Reduction in Federal Medical Assistance Percentage (FMAP) for emergency UIS » Restrictions on lawful immigrant eligibility (increases UIS)	» One-year ban on federal Medicaid funding for "prohibited entities" that provide abortion services

Effective Dates for Key Provisions



Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provision Eligibility and Access

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **JANUARY 1, 2027:** Implement **mandatory work requirements** for Medicaid expansion adults ages 19 to 64.

  *State option to delay implementation until **December 31, 2028,** with Secretary approval.*

- **JANUARY 1, 2027:** **Redetermine eligibility** for expansion adults once every 6 months.
- **JANUARY 1, 2027:** Shorten Medicaid **retroactive coverage**; provide Children's Health Insurance Program (CHIP) retroactive coverage at state option.
- **OCTOBER 1, 2028:** Impose **copayments** on most services for expansion adults with incomes above 100% of the federal poverty level (FPL).

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provision Payment and Financing (*Provider Taxes)*

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **JULY 4, 2025:**
  1. Prohibits implementation of any new Medicaid provider taxes and increasing existing tax rates.
  2. Prohibits any tax that imposes a lower tax rate on providers explicitly defined based on their lower Medicaid volumes compared to providers with higher Medicaid volumes, or taxes Medicaid units of service at a higher rate than non-Medicaid units of service (as well as taxes that have the same effect) – impacts Managed Care Organization (MCO) tax and Hospital Quality Assurance Fee (HQAF).

- **OCTOBER 1, 2027:** Ramp-down of **provider tax** cap begins, with the 6% tax threshold reduced by half a percentage point per year until the threshold hits 3.5% in 2032.

⏱ *CMS may allow for a transition period of up to **3 years***

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provision Payment and Financing (*SDPs and Other)*

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **JULY 4, 2025:** Caps any future State-Directed Payments **(SDPs)** at 100% of Medicare payment levels.

- **January 1, 2028:** Requires states with existing **SDPs** above Medicare rates to reduce payments by 10 percentage points per year until they are no greater than 100% of Medicare.

- **JULY 4, 2025– July 4, 2026:** Bars Medicaid participation by certain **providers of abortion services.**

  14-day Temporary Restraining Order (TRO)

- **OCTOBER 1, 2029: Eliminates CMS authority to waive states' disallowance of federal funds** associated with "excess" improper payments.

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Effective Dates for Key Provision Immigrant Coverage

2025				2026				2027				2028				2029			
Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4

- **OCTOBER 1, 2026:**
  Provides regular **Federal Medical Assistance Percentage (FMAP) for emergency Medi-Cal.**

- **OCTOBER 1, 2026:**
  Ends the availability of federal Medicaid and CHIP funding for **refugees, asylees, and certain other noncitizens.**

Q1: Jan–Mar **Q2:** Apr–Jun **Q3:** Jul–Sept **Q4:** Oct–Dec

Questions?

DHCS

CalAIM Renewal Discussion

Tyler Sadwith, State Medicaid Director

DHCS

CalAIM Renewal Planning

Continuing the Transformation of Medi-Cal: Concept Paper Overview

DHCS released the concept paper on July 23.

- The Concept Paper:
  - Summarizes California's efforts to date to **transform Medi-Cal**.
  - Outlines the **Department's principles and goals** for Medi-Cal for 2027 and beyond.
  - Includes **preliminary plans for advancing the renewal of CalAIM Section 1115 and 1915(b) waivers**, which are set to expire on December 31, 2026.
- The paper was informed by a series of in-person listening sessions, virtual Medi-Cal Member Advisory Committee meetings, and standing forums (e.g., CalAIM Implementation Advisory Group, CalAIM Behavioral Health Workgroup, stakeholder meetings, etc).
- Stakeholders included Medi-Cal members, community-based organizations (CBOs), managed care plans (MCPs), county behavioral health plans (BHPs), public health agencies, sheriff's departments, probation agencies, housing service providers, health care providers, and advocates.

DHCS' principles and goals for Medi-Cal may evolve based on policy developments at the federal and state level.

Medi-Cal's Transformation To Date

Over the next five years, starting in 2027, DHCS seeks to build upon California's existing efforts to transform Medi-Cal.

California Advancing and Innovating Medi-Cal(CalAIM)

DHCS implemented a range of initiatives to **advance whole person care and address social drivers of health**. As part of the Section 1115 and 1915(b) waiver renewals, DHCS proposes to continue key CalAIM components such as **Enhanced Care Management, Community Supports, the Justice-Involved Initiative, Drug Medi-Cal Organized Delivery System, Traditional Healers and Natural Helpers, and the Global Payment Program**, among others.

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT)

DHCS expands the continuum of behavioral health care through BH-CONNECT. Key initiatives include **Workforce Investments, Transitional Rental Assistance, Activity Funds, Access, Reform, and Outcomes Incentive Program, Community Transition In-Reach Services**, and **federal funding for short-term mental health care provided in institutions for mental diseases**. California also expanded Medi-Cal coverage of evidence-based practices.

Behavioral Health Transformation

DHCS continues to invest in SUD and mental health delivery systems through Behavioral Health Transformation, which includes **funding supports for people with significant behavioral health needs, expanded behavioral health services, and enhanced focus on outcomes, accountability and equity**.

Behavioral Health Transformation also includes investments in treatment sites and permanent supportive housing.

Overview of Principles and Goals

This Concept Paper outlines key guiding principles and proposes new goals that are central to DHCS' efforts to continue the core commitments of CalAIM, and to enhance the Medi-Cal member experience.

Principles for Medi-Cal Transformation (1 of 2)

Centering Medi-Cal Members across programs and initiatives: Placing Medi-Cal members at the heart of DHCS' programs ensures members' needs and experiences drive DHCS policies, initiatives, and implementation approach. This member-centered approach fosters a more responsive and inclusive health care system, with the goal of improving access, health outcomes, and member experience.

Strengthening and building on DHCS' current initiatives and accomplishments to date: DHCS and its partners have collectively established a strong foundation for the future of Medi-Cal transformation, and DHCS recognizes that its partners are undergoing massive change management processes to implement significant new initiatives. By re-committing to the initiatives DHCS has undertaken under CalAIM, the Department will be able to continue momentum and ensure continuity and stability in programs that are making a difference to Medi-Cal members today.

Doubling down on initiatives backed by data and evidence: Utilizing data and evidence to inform DHCS' initiatives ensures that the Department's decisions are grounded in proven strategies and best practices. This evidence-based approach enhances the effectiveness of DHCS' programs, leading to more efficient resource allocation.

Principles for Medi-Cal Transformation (2 of 2)

Improving program efficiency: Streamlining processes and reducing administrative burdens allows DHCS, providers, plans, and other partners to deliver services more effectively and efficiently. This focus on efficiency helps to maximize the use of available resources, reduce costs, and improve the overall performance of DHCS' programs.

Investing in initiatives that are scalable: By investing in scalable initiatives, DHCS ensures that successful programs can be expanded and replicated across different regions and populations. This scalability allows DHCS to extend the benefits of the Department's initiatives to a larger number of Medi-Cal members and for stakeholders to learn from each other's experiences and progress, promoting equity and access to high-quality care.

Goals for Medi-Cal Transformation

Centering Members Within the Delivery System: Ground Medi-Cal policies and programs in member-centered design principles, and create networks of community-embedded providers to deliver high-quality, culturally responsive, whole-person care that optimizes the member experience.

Improving Eligibility and Enrollment: Help eligible Californians get and keep Medi-Cal coverage through application and eligibility processes that are efficient, accurate, and respectful.

Comprehensive Purchasing Strategy: Establish a comprehensive Medi-Cal purchasing strategy that incentivizes plans and providers to deliver: the right care, at the right time, in the right place, at the right cost.

Increasing Data Sharing: Improve data sharing among plans, providers, and partners within the Medi-Cal ecosystem to support stronger data-informed care, care coordination, and member experiences.

Strengthening Accountability: Strengthen and enforce accountability across the Medi-Cal delivery system (fee-for-service, managed care, and BHPs) to improve member access, experience, quality, and outcomes.

Preparing for the Future: Prepare Medi-Cal to meet the needs of the aging population in 2030 and beyond.

Upcoming CalAIM 1115 and 1915(b) Waiver Renewals

Background: Current Authorities for ECM and Community Supports

Section 1115 or 1915(b) authority is **not needed** to continue ECM and 12 of the 15 Community Supports.

- Currently, ECM is authorized under federal Medicaid **managed care regulations** as part of care coordination and continuity of care responsibilities of managed care plans.
- 12 Community Supports are covered as **In Lieu of Services (ILOS) under managed care authority** and are **not dependent** on DHCS' current CalAIM 1115 or 1915(b) waiver approvals.
- ILOS is a **permanent option** for state Medicaid programs enshrined in federal Medicaid managed care regulations and as required by CMS, memorialized in approved MCP contracts.
- An ILOS is a service or setting that is provided to an enrollee as a **substitute for a covered service or setting under the State Plan**, or when the ILOS can be **expected to reduce or prevent the future need** to utilize the covered service or setting under the State Plan.

Upcoming Section 1115 CalAIM Renewal (1 of 3)

DHCS seeks to continue the state's efforts to transform Medi-Cal through the renewal of key CalAIM initiatives. Priorities for the renewals may evolve due to the dynamic federal and state policy landscape.

- **Recuperative Care:** Short-term residential setting in which members recover from an injury or illness while obtaining access to primary care, behavioral health services, case management, and other supportive social services.
- **Short-Term Post-Hospitalization Housing:** Ongoing supports necessary for recuperation and recovery after exiting an institution.
- **Contingency Management:** Evidence-based, cost-effective treatment for substance use disorder that combines motivational incentives with behavioral treatments.
- **Reentry Services:** Targeted Medi-Cal services for justice-involved individuals for up to 90 days prior to release.

Upcoming Section 1115 CalAIM Renewal (2 of 3)

- **Traditional Health Care Practices:** Culturally appropriate care for members receiving care at Indian Health Service, Tribal, or Urban Indian Organization facilities.
- **Dually Eligible Enrollees in Medi-Cal Managed Care:** Aligns a dually eligible beneficiary's Medicaid plan with their Medicare Advantage (MA) Plan choice, to the extent the Medicare Advantage plan has an affiliated Medicaid plan.
- **Managed Care Authority to Limit Plan Choice:** Enables the state to limit choice of MCPs in metro, large metro, and urban counties operating under the COHS and Single Plan models.
- **DMC-ODS – Waiver of Institutions for Mental Disease (IMD) Exclusion for Substance Use Disorder (SUD) Services:** Federal reimbursement for Medicaid services provided to short-term residents of IMDs receiving substance use disorder services.
- **Chiropractic Services from IHS and Tribal Facilities:** Chiropractic services furnished by Indian Health Service and tribal providers to Medi-Cal members.

Upcoming Section 1115 CalAIM Renewal (3 of 3)

- **Community-Based Adult Services:** Services and supports for older adults and adults with disabilities to restore or maintain their optimal capacity for self-care and delay/prevent institutionalization.
- **Out-of-State Former Foster Care Youth:** Medi-Cal coverage for former foster care youth who are under age 26.
- **Global Payment Program:** Supports public health care systems that provide health care for uninsured Californians through a statewide funding pool.
- **Modification of Asset Test for Deemed SSI Populations:** Medi-Cal eligibility for individuals in select Deemed SSI populations (Pickle Group, Disabled Adult Child group, Disabled Widow/Widower group) by increasing the asset test.

Upcoming Section 1915(b) CalAIM Renewal

DHCS plans to request continued authority for California's Medi-Cal delivery systems through the 1915(b) waiver.

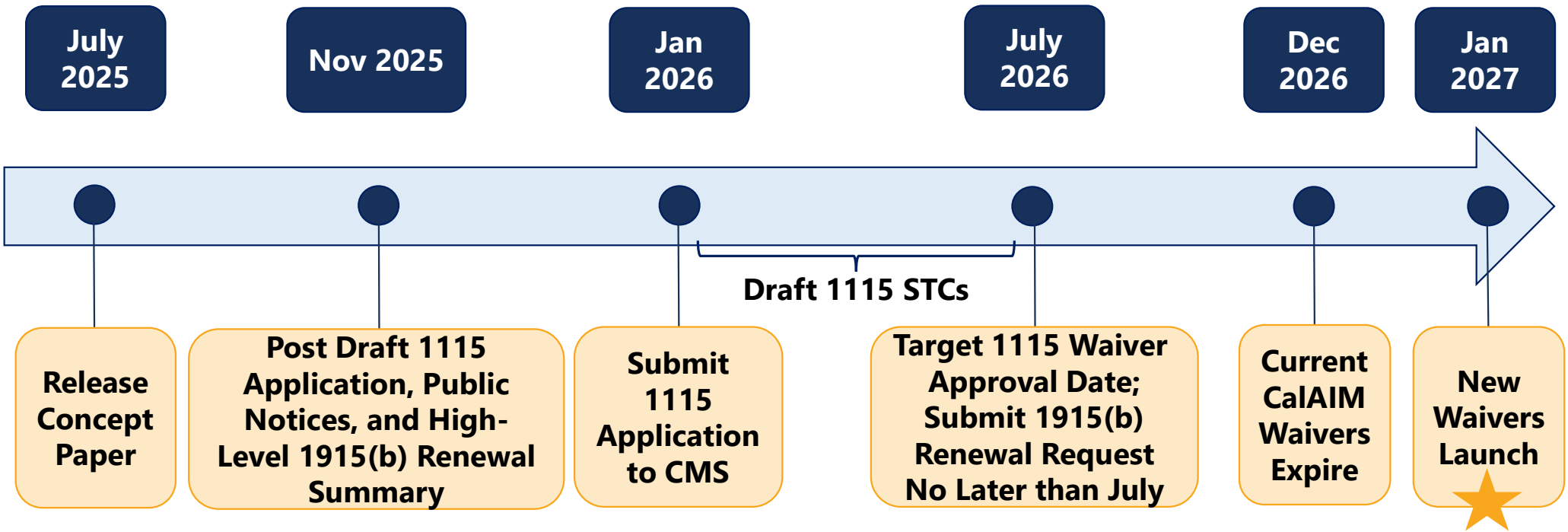
- **Medi-Cal Managed Care (MCMC):** Provides coverage for physical health and non-specialty mental health services through Medi-Cal MCPs in all 58 counties through five MCMC models that vary by county or region (County-Organized Health System, Two-Plan, Geographic Managed Care, Regional, and Single Plan).
- **Dental Managed Care:** Provides coverage for dental services through dental MCPs in two counties (Sacramento, Los Angeles).
- **Specialty Mental Health Services (SMHS):** Provides coverage for SMHS by 56 county BHPs in all 58 counties.
- **Drug Medi-Cal Organized Delivery System (DMC-ODS):** Provides coverage for evidence-based SUD treatment services for eligible members residing in participating counties. Counties have the option of participating in the DMC-ODS program.

For more information about DHCS' preliminary approach to the CalAIM Section 1115 and 1915(b) Waiver Renewals, please refer to the Concept Paper.

Looking Ahead

Waiver Renewal Timeline

DHCS will embark on a planning process over the coming months, including drafting a concept paper and drafting/submitting California's next 1115 and 1915(b) waivers.



Stakeholder Comments

- DHCS is seeking stakeholders' feedback on the Concept Paper through **August 21, 2025**.
- Please send feedback to 1115Waiver@dhcs.ca.gov.

Questions?

DHCS

DHCS' Comprehensive Quality Strategy and Health Equity Strategy: A Look Behind and Ahead

Palav Babaria, M.D., MHS, Chief Quality & Medical Officer,
Deputy Director, Quality & Population Health Management

DHCS

Defining the Vision

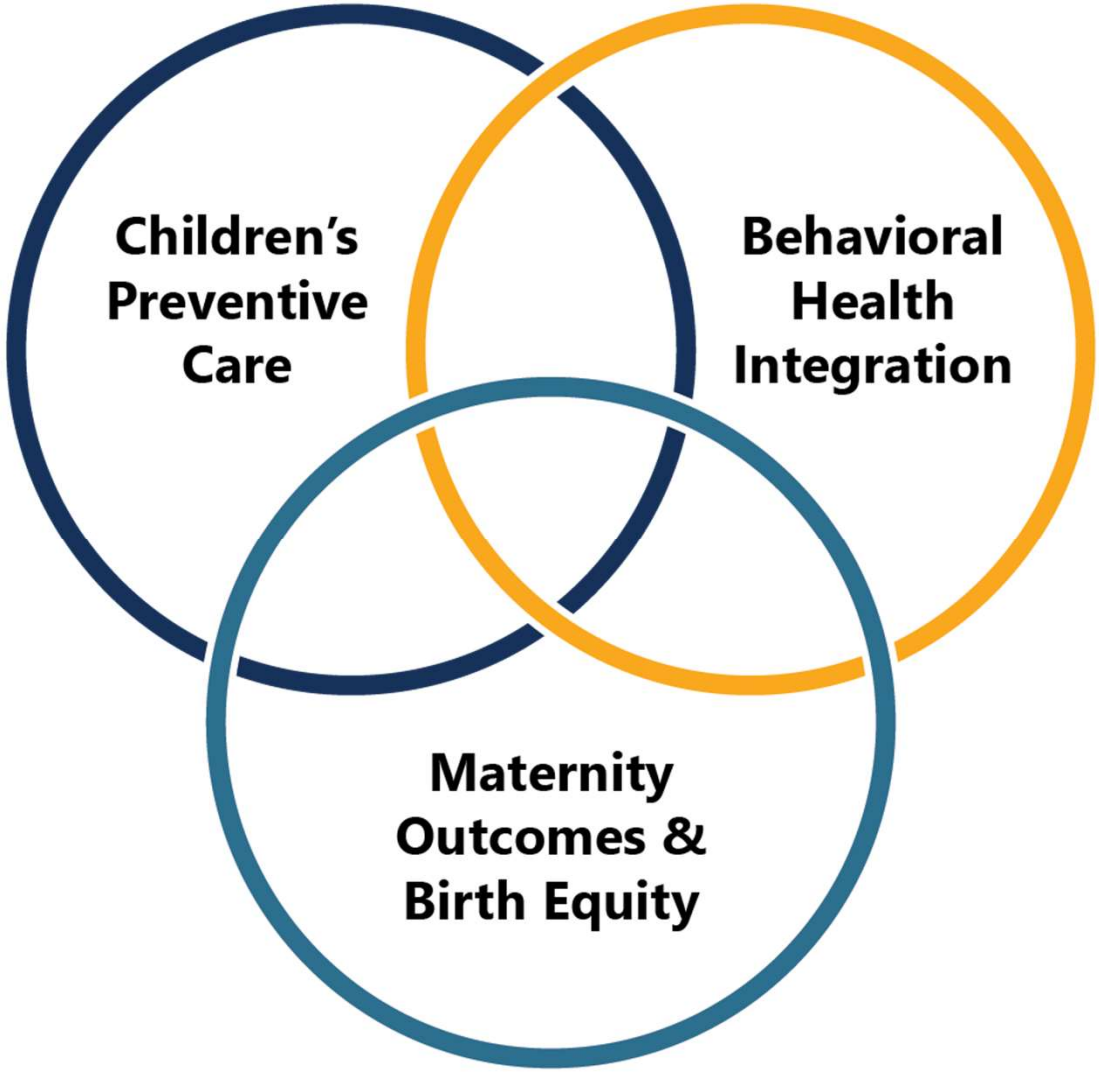
Quality Strategy Goals

- Engaging members as owners of their own care.
- Keeping families and communities healthy via prevention.
- Providing early interventions for rising risk and patient-centered chronic disease management.
- Providing whole person care for high-risk populations, addressing social drivers of health.

Quality Strategy Guiding Principles

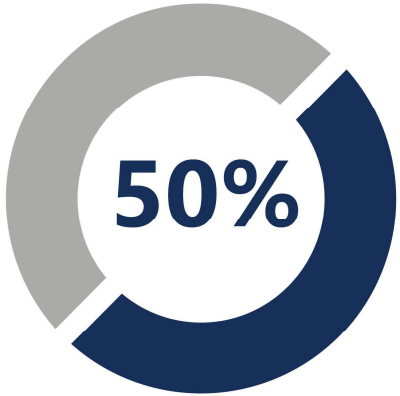
- Eliminating health disparities through anti-racism and community-based partnerships.
- Data-driven improvements that address the whole person.
- Transparency, accountability, and member involvement.

The Long View of Health and Wellness in California



Thinking Big

BOLD GOALS:
50x2025



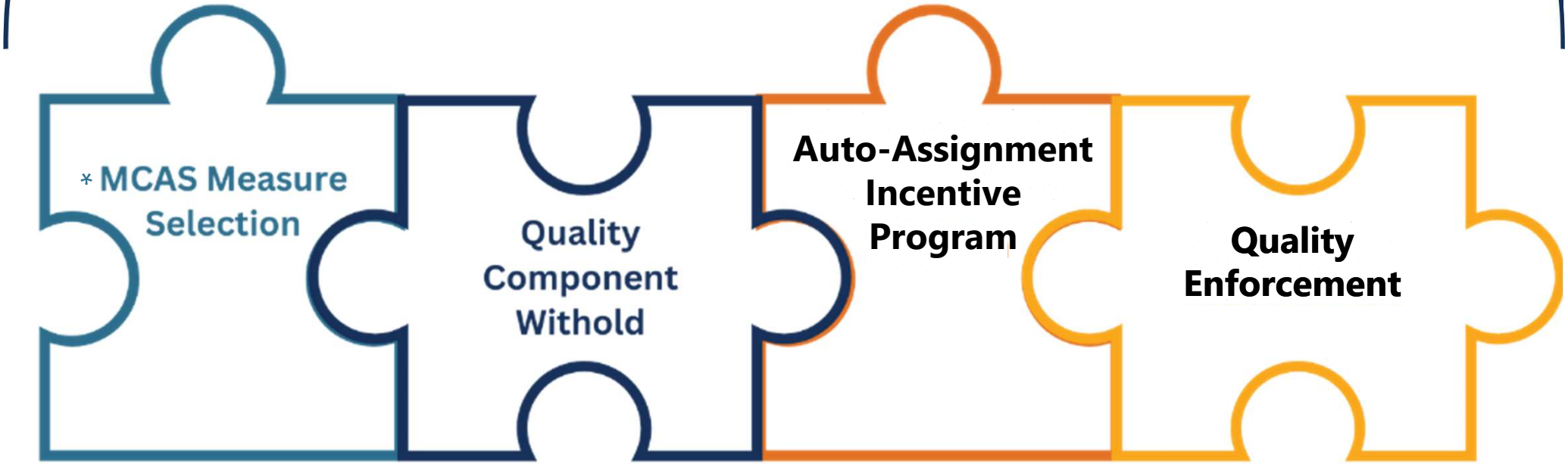
STATE LEVEL

- Close racial/ethnic disparities in well-child visits and immunizations by 50%
- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow up for mental health and substance use disorder by 50%

- Ensure all MCPs exceed the 50th percentile for all children's preventive care measures

Our Strategic Framework

Managed Care Advancing Quality and Equity Portfolio

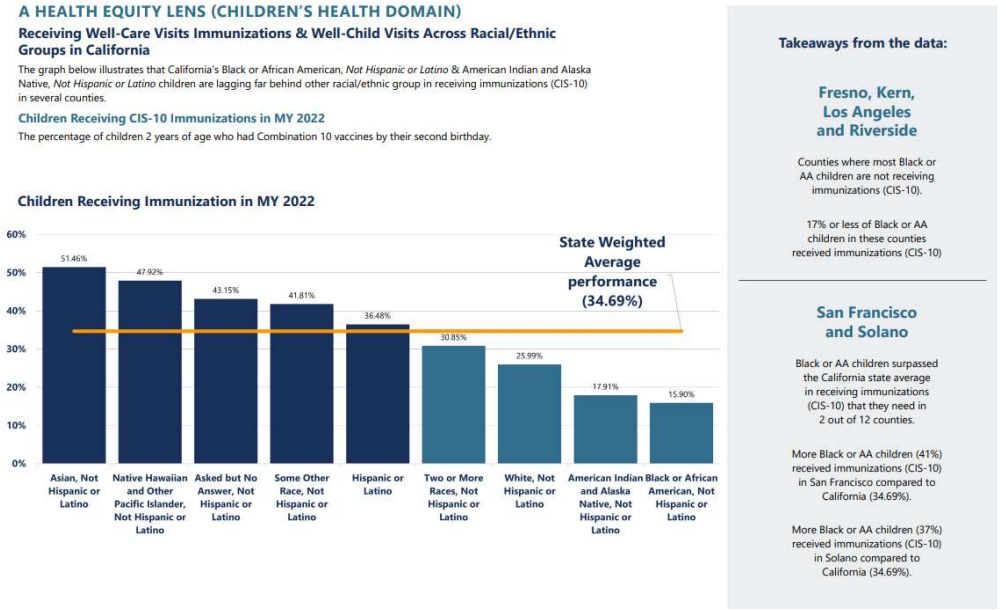


**Managed Care Accountability Sets (MCAS)*

What have we accomplished?

Improved Transparency

- CalAIM Dashboard
- Quarterly ECM/CS ArcGIS Report
- Managed Care Accountability Set Fact Sheets
- Behavioral Health Accountability Fact Sheets



Improved Accountability

- MCAS Measure Selection
  - Focus on children's preventive, maternity and behavioral health measures.
- Quality Withhold and Incentive Program
  - Launched in 2024 with 0.5% capitated rates withhold.
  - Increased to 1.0% capitated rates withhold in 2025.
- Auto-Assignment Incentive Program
  - Focused only on quality measures starting in 2024.
  - Revised methodology based on VBP best practices in 2025.

Improved Accountability

- Enforcement APL 23-012 with specific formula for sanctions calculations with HPI adjustment.
- MCP Quality Sanctions levied for MY 2021.
- MCP Quality Sanctions levied for MY 2022.
- MCP Quality Sanctions levied for MY 2023.
- Quality Measures & Improvement BHIN 24-004 with BHP Quality Sanctions planned for MY 2024.

Improved Member Involvement

- DHCS Medi-Cal Member Advisory Committee launched.
- Health Equity Roadmap.
- Member voice workgroups for Birthing Care Pathway.

New Communities of Practice

- MCP-DHCS Quality & Health Equity Think Tank.
- Quarterly joint CMO-CHEO meetings.
- Quarterly BH Directors meetings.
- Annual MCP-BH joint meeting.
- Institute for Healthcare Improvement Children's and BH learning collaboratives.
- CMS learning collaboratives.

Results

Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022-23 Rate Difference
Children's Health Domain				
Child and Adolescent Well-Care Visits – Total	47.51%	**47.02%** ↓	49.50%	2. 48▲
Childhood Immunization Status – Combination 10	**36.63%** ↓	**34.69%** ↓	**30.64** ↓	- 4.05 ▽
*Developmental Screening in the First Three Years of Life – Total**	—	32.33%	40.34%	8.01 ▲
Immunizations for Adolescents – Combination 2	39.23%	39.97%	41.36%	1.39 ▲
Lead Screening in Children	—	54.57%	**58.46%** ↓	3.89 ▲

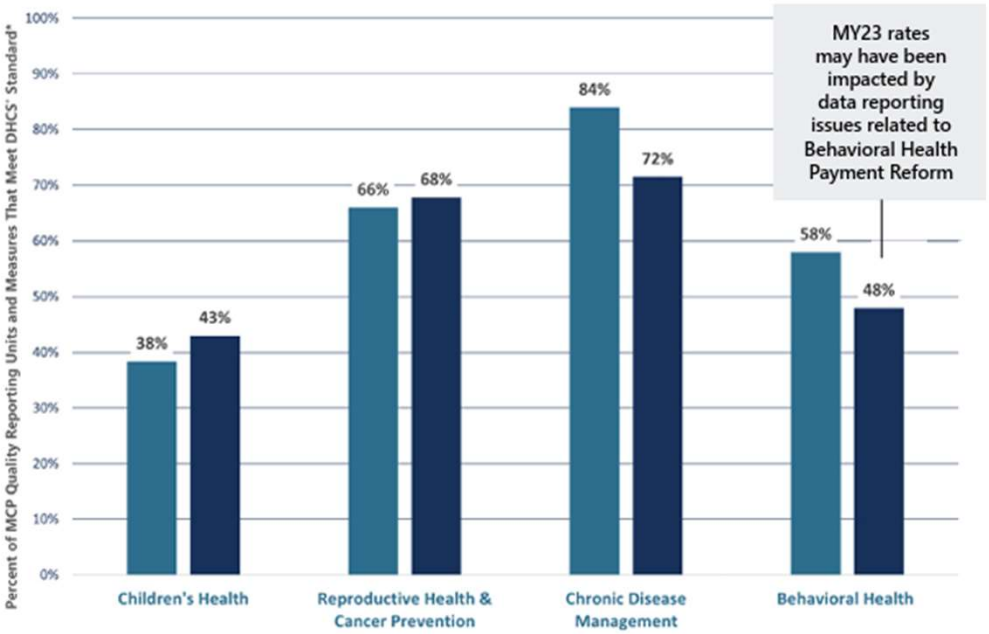
Measure	Measurement Year 2021 Rate	Measurement Year 2022 Rate	Measurement Year 2023 Rate	Measurement Years 2022-23 Rate Difference
Children's Health Domain				
*Topical Fluoride for Children – Dental or Oral Health Services – Total**	—	9.75%	**18.17%** ↓	8.42▲
Well-Child Visits in the First 30 Months of Life – Well-Child Visits in the First 15 Months – Six or More Well-Child Visits	**40.23%** ↓	**49.56%** ↓	**53.56%** ↓	4.00 ▲
Well-Child Visits in the First 30 Months of Life – Well-Child Visits for Age 15 Months to 30 Months – Two or More Well-Child Visits	**60.28 %** ↓	**64.33%** ↓	**66.65%** ↓	2.32 ▲

Where are we going?

The Continued Gaps in Quality

Figure 1: Overall Quality by Domain

Measurement Years (MY) 2022, 2023



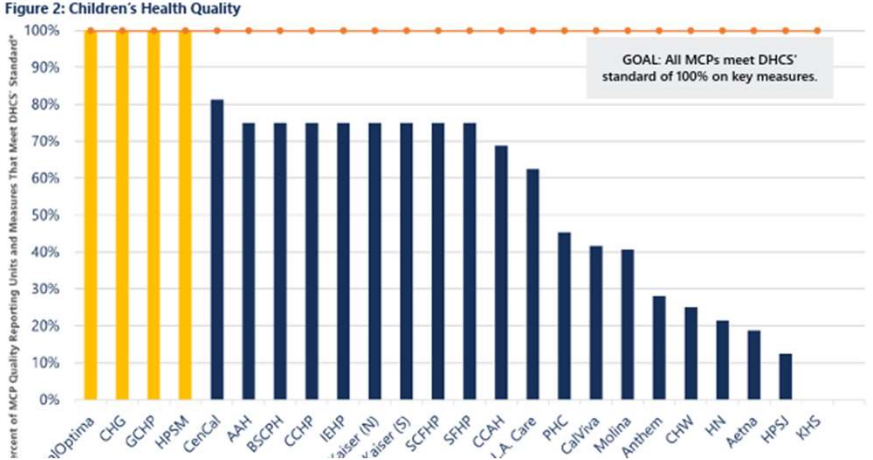
CHILDREN'S HEALTH: HOW DO MEDI-CAL MCPS COMPARE IN QUALITY?

There are eight key measures in the Children's Health Domain:

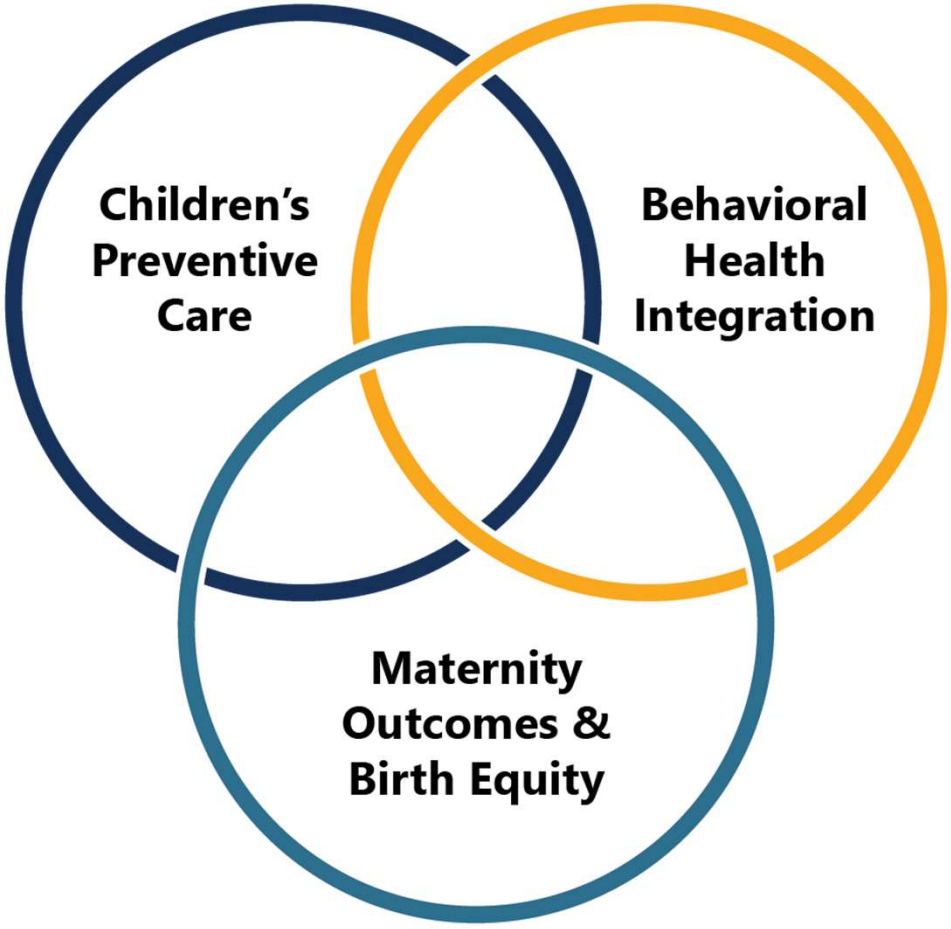
1. Child and Adolescent Well-Care Visits (WCV)
2. Childhood Immunization Status (CIS-10)
3. Developmental Screening in the First Three Years of Life (DEV), **new for MY 2023**
4. Immunizations for Adolescents (IMA-2)
5. Lead Screening in Children (LSC)
6. Topical Fluoride for Children (TFL-CH), **new for MY 2023**
7. Well-Child Visits in the First 30 Months of Life – 0 to 15 Months – Six or More Well-Child Visits (W30-6+)
8. Well-Child Visits in the First 30 Months of Life –15 to 30 Months – Two or More Well-Child Visits (W30-2+)

To assess overall quality, DHCS evaluates if MCP Quality Reporting Units for each MCP meets or exceeds the established standard for each key measure. Figure 2 shows the percentage of MCP Quality Reporting Units within each MCP that successfully meet these standards across all key measures for Children's Health.

Figure 2: Children's Health Quality



Maintaining Our Priority Populations



Achieving the Bold Goals

BOLD GOALS:
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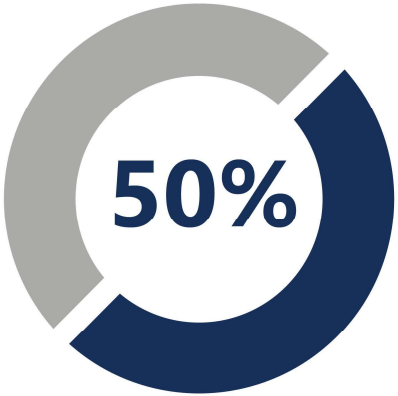


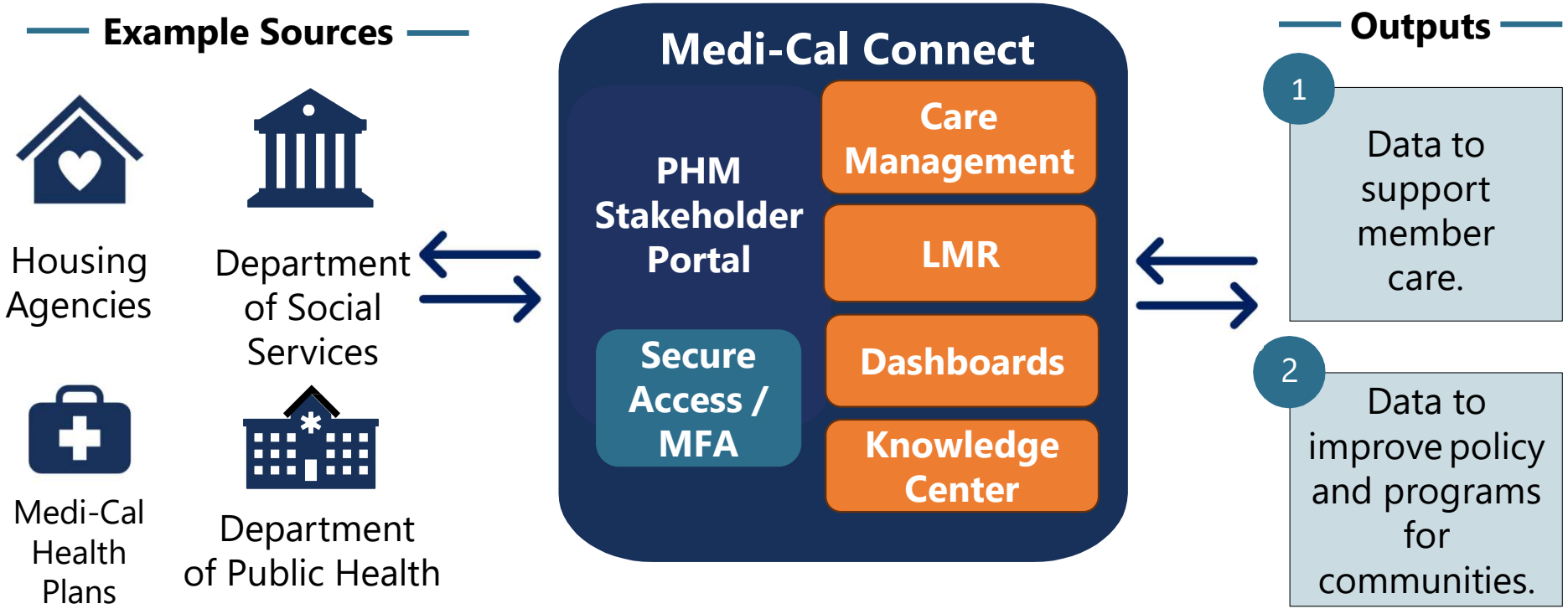
STATE LEVEL

- Close racial/ethnic disparities in well-child visits and immunizations by 50%
- Close maternity care disparity for Black and Native American persons by 50%
- Improve maternal and adolescent depression screening by 50%
- Improve follow up for mental health and substance use disorder by 50%

- Ensure all MCPs exceed the 50th percentile for all children's preventive care measures

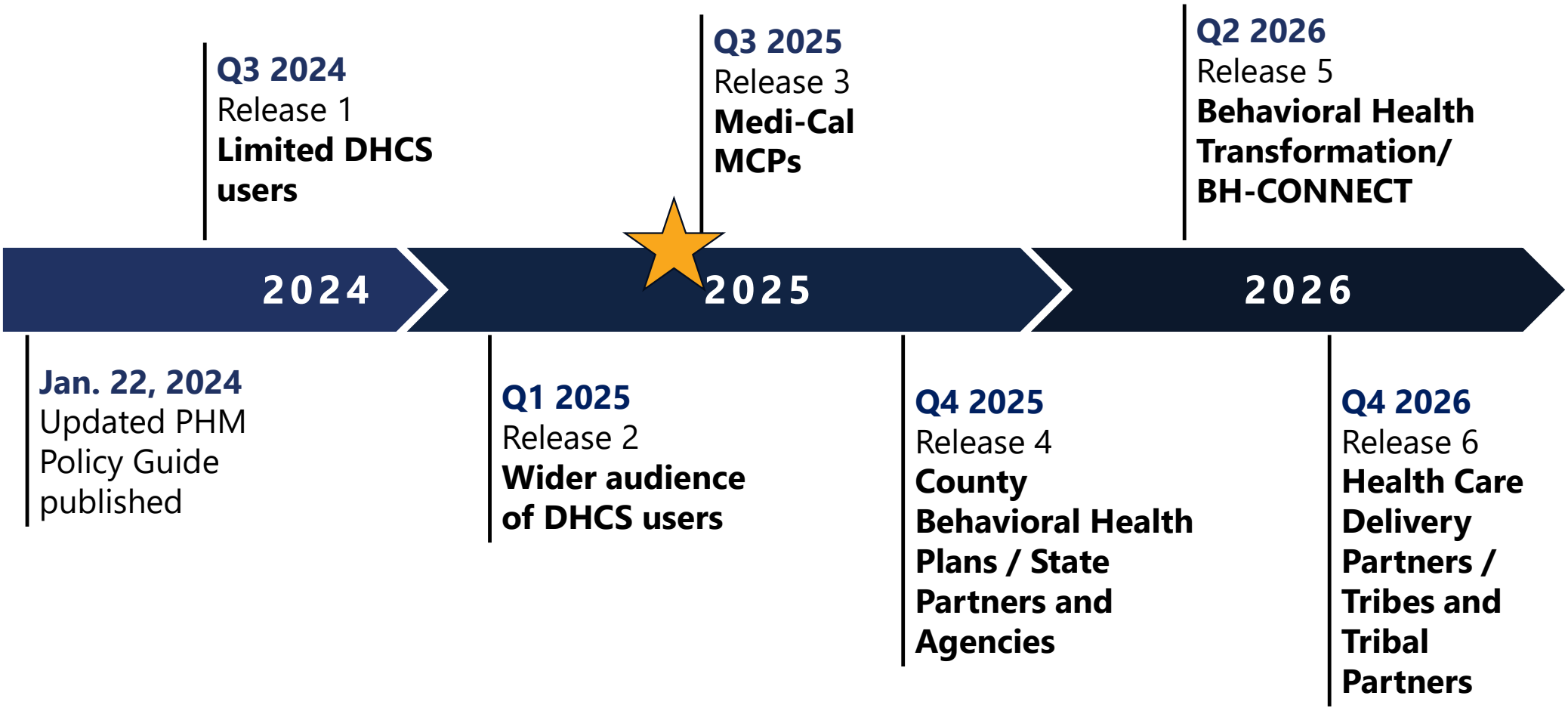
Accelerating Transformation with Medi-Cal Connect

Medi-Cal Connect will aggregate health and social information from many sources to support members and communities.



**Medi-Cal Connect provides identity and consent management capabilities through the PHM Stakeholder Portal.*

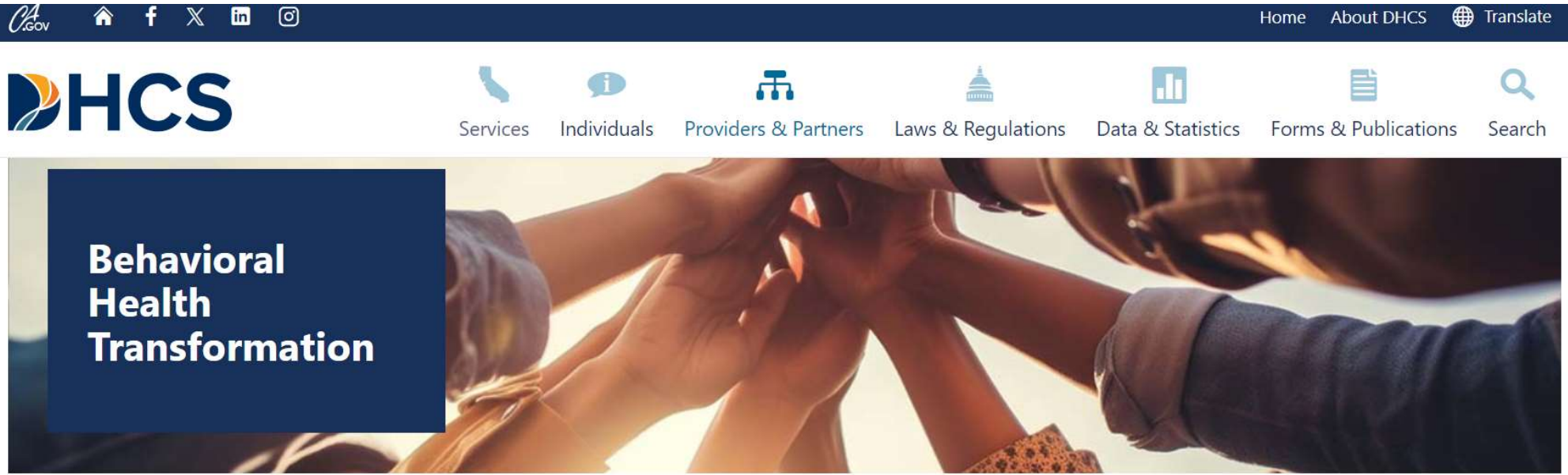
Medi-Cal Connect Timeline



DHCS Birthing Care Pathway

- DHCS developed a comprehensive Birthing Care Pathway to cover the journey of a Medi-Cal member from conception through 12 months postpartum. The Birthing Care Pathway is for **all Medi-Cal members who are pregnant or postpartum.**
- The Birthing Care Pathway is a care model that addresses the **physical, behavioral, and health-related social needs** for pregnant and postpartum members in Medi-Cal. DHCS is creating this care model by:
  - Improving access to licensed and non-licensed providers;
  - Strengthening clinical care and care coordination across the care continuum;
  - Providing whole-person care; and
  - Modernizing how Medi-Cal pays for maternity care.
- The goal of the Birthing Care Pathway is to **reduce maternal morbidity and mortality and address the significant racial and ethnic disparities** in maternal health outcomes among Black, American Indian/Alaska Native, and Pacific Islander individuals.

Developing a Population Health Approach to Behavioral Health Quality & Equity



Continued Commitment to Value Based Payment

2021/2022

- Incentive Programs
- (e.g. Quality Incentive Pool, Vaccine Incentives, Behavioral Health Quality Improvement Program (BHQIP), CalAIM ECM/ILOS)

2023/2024

- Rate adjustment with Quality & Health Equity outcomes (Quality Withhold Incentive Program)
- Revised Auto-Assignment incentive program
- Equity & Practice Transformation Payments
- Federally Qualified Health Centers Alternative Payment Methodology (FQHC APM)
- Skilled Nursing Facility Workforce and Quality Incentive Program (SNF WQIP)

2025 and Beyond

- BH-CONNECT Incentive Programs
- Primary Care Spending Targets
- APM Contract Targets

Continued Commitment to Health Equity

- Managed Care/FFS (including CCS)
- Dental
- Behavioral Health
- School Based Services
- HCBS/1915c Delivery System
- CalAIM & Quality Strategy
- Alignment with Public Health

Questions?

DHCS

Break

Behavioral Health Transformation: Advancing a Population Behavioral Health Framework for Behavioral Health Plans, Managed Care Plans, and more

Palav Babaria, M.D., MHS, Chief Quality and Medical Officer,
Deputy Director, Quality and Population Health Management
Anna Naify, PsyD, Consulting Psychologist,
Behavioral Health Transformation Quality and Equity Workstream Lead

DHCS

Overview of a Population Behavioral Health Approach

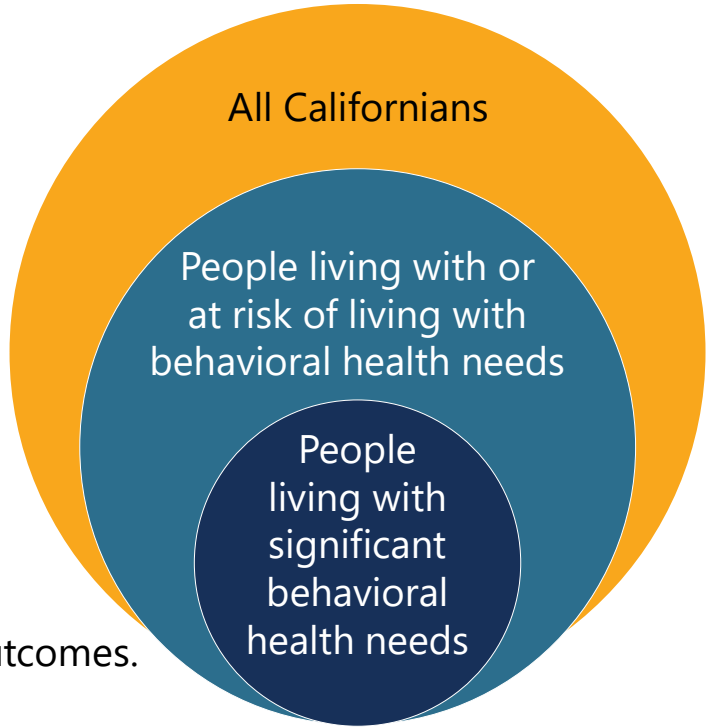
High-Level Aims of the BHSA

The information included in this presentation may be pre-decisional, draft, or subject to change.

The Need to Reach Everyone

DHCS, in collaboration with the Quality and Equity Advisory Committee (QEAC), is developing a population behavioral health approach that will:

- **Consider the entire population that may benefit from behavioral health services**, not only those currently receiving or seeking care.
- Deploy **whole-person care interventions**, including addressing social drivers of health.
- **Coordinate across service delivery systems.**
- **Use data to:**
  - Identify populations for targeted outreach and interventions.
  - Improve quality across the behavioral health continuum.
  - Monitor the effectiveness of interventions across populations.
  - Support continuous improvement.
  - Identify and track racial and ethnic disparities in behavioral health outcomes.



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A Full Delivery System Effort

The behavioral health delivery system is designed to meet the diverse treatment needs of Californians through **varying levels of care and shared responsibility among delivery system partners.** The population behavioral health framework **establishes common goals and standards to improve quality and equity** across the continuum of care.

Includes the following service delivery systems:

- Public health
- Schools
- Child welfare
- Legal system
- Commercial insurance plans
- Community-based organizations
- Housing partners

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Statewide Population Behavioral Health Goals

Planning and progress on these goals will require coordination across multiple service delivery systems.

Goals for Improvement

1. Care Experience
2. Access to Care
3. Engagement in School
4. Engagement in Work
5. Prevention and Treatment of Co-Occurring Physical Health Conditions
6. Quality of Life
7. Social Connection

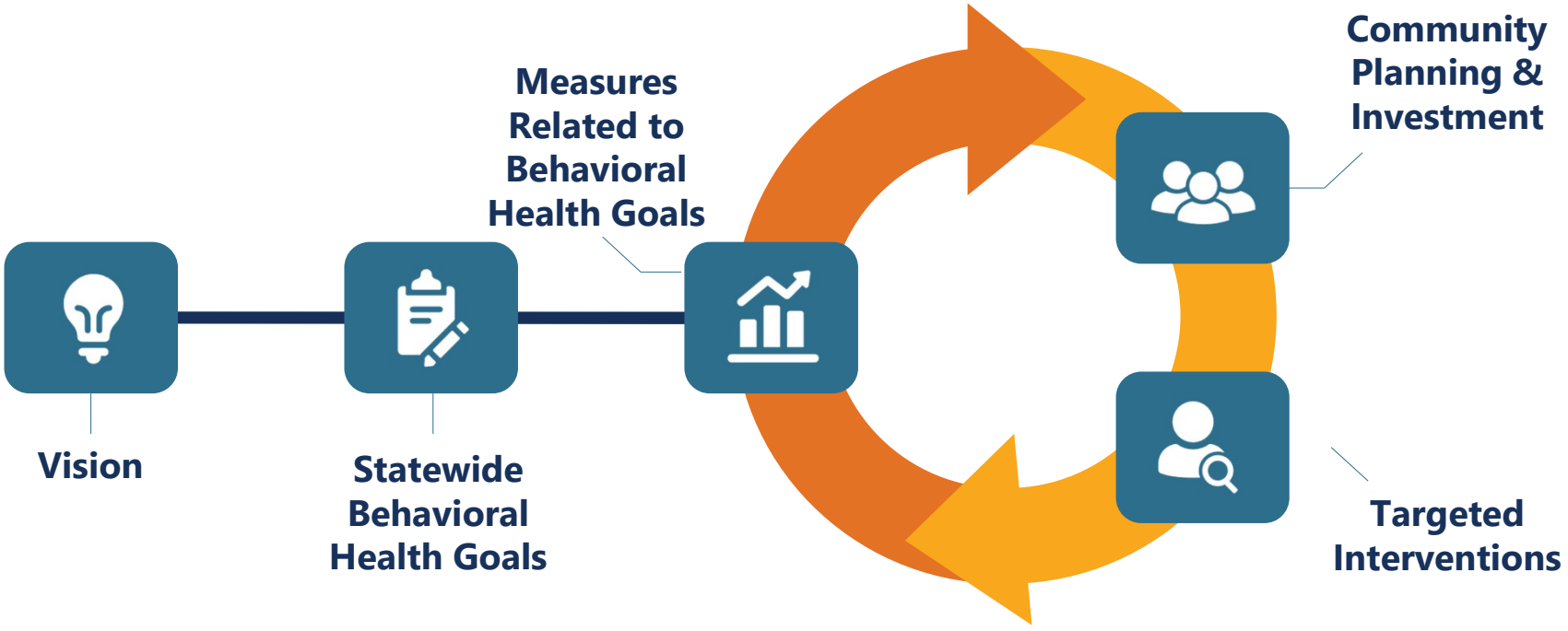
Goals for Reduction

1. Suicides
2. Overdoses
3. Untreated Behavioral Health Conditions
4. Institutionalization
5. Homelessness
6. Justice-Involvement
7. Removal of Children from Home

Health equity will be incorporated in each of the behavioral health goals.

Population Behavioral Health Framework

The Population Behavioral Health Framework is designed to enable the behavioral health delivery system to make data-informed decisions to better meet the needs of individuals within the communities they serve.



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Interventions and Measures

Measures and Interventions in Two Phases

DHCS is advancing the population health approach in two data-driven phases:

Measures:

- Inform system planning and resource allocation
- Promote transparency
- (Phase 2 only) Promote accountability

Targeted Interventions:

- Programs, services, and investments under the purview of BHPs and MCPs that can help advance each behavioral health goal, including, but not limited to, BHSA interventions.

PHASE 1

- Phase 1 Measures are based on publicly available data and will be used for community resource planning processes and the county's Integrated Plans.
- **Measures were finalized June 2025.**

PHASE 2

- Phase 2 Measures are calculated by DHCS and will be used to hold MCPs and BHPs accountable to goals.
- **DHCS began work on Phase 2 in Q1 2025.**

Approach for Stakeholder Engagement

The QEAC advises DHCS on the quality and equity strategy for BHT, including interventions to drive progress on statewide behavioral health goals and potential measures. It is comprised of stakeholders from:

- BHPs and MCPs
- Advocacy groups
- Experts in performance and quality improvement, population health management, and health equity.
- People with lived experience navigating California's behavioral health system.

It also has two subcommittees:

- **QEAC Technical Subcommittee (QEAC-TS)** to help select measures for both Phases 1 and 2.
- **QEAC TOC Subcommittee (QEAC-TOC)** to help identify targeted interventions for Phase 2.

How the Measures Will Be Used

DHCS expects to integrate the goals and measures across BHP and MCP strategic planning and reporting, including, but not limited to:

<table>
<tr><th></th><th>2025</th><th>2026</th><th>2027</th><th>2028</th></tr>
<tr><td rowspan="2">County BHPs</td><td>Counties begin to develop three-year (2026-2029) BHSA Integrated Plans</td><td>March 2026: Draft Integrated Plans (for FY26-29) due to DHCS

June 30, 2026: Counties submit their Integrated Plans (for FY26-29) to DHCS</td><td>June 30, 2027: First annual Integrated Plan update (for FY 27-28) due</td><td>Early 2028: Draft County Behavioral Health Outcomes Accountability and Transparency Report (BHOATR) due

June 30, 2028: Second annual Integrated Plan update (for FY 28-29) due</td></tr>
<tr><td>Informed by Phase 1 Measures</td><td colspan="3">Informed by Phase 2 Measures</td></tr>
<tr><td>Medi-Cal MCPs</td><td colspan="4">MCPs address statewide behavioral health goals in their Population Health Management Strategy deliverables</td></tr>
</table>

Phase 1 Measures

- Finalized June 2025

Six Priority Goals:

- Access to Care
- Untreated Behavioral Health Conditions
- Justice Involvement
- Homelessness
- Institutionalization
- Removal of Children from Home

Phase 1 measures focused on resource planning and leveraged publicly available measures. They reflect the community's progress toward meeting each goal as defined in the BHSA County Policy Manual.

- Each goal has 1 measure (or a pair of related measures) and 2-3 supplemental measures.
- BHPs will be required to compare their performance on each primary measure to the statewide rate or average as part of their Integrated Plan reporting.
- In the Integrated Plans due June 2026, BHPs are required to complete planning on all six priority goals and one additional goal.

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Phase 2 Measures

» Started January 2025

Unlike Phase 1, which focused on resource planning and leveraged publicly-available measures, **Phase 2 measures are aspirational, blue-sky metrics that will evaluate systems-level change** implemented as a result of Proposition 1.

- Phase 2 measures will be based on individual-level (i.e., individuals eligible for MCP/BHP services) data to enable clear delineation of responsibility across delivery systems.
- Can be stratified by delivery systems (e.g., MCPs, BHPs) and demographics.
- Are not limited to publicly-reported data and will be calculated by DHCS.
- Are not limited by current data availability, meaning that the acquisition of external data sources is critical.
- Are not limited to existing measures, but will leverage existing measures where available.
- May depend on DHCS data improvement activities.

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Using Theory of Change for Phase 2

What is a Theory of Change (TOC)?

A TOC is a logic model that explains how a program (or bundle of programs) can achieve a desired impact.

It defines the sequence, frequency, and intensity of interventions, investments, and initiatives to achieve that impact.

Why Are We Using TOC for Phase 2?

- DHCS, in partnership with stakeholders, will develop a TOC for each of the 14 goals.
- Each TOC will:
  - Demonstrate how DHCS, BHPs, and MCPs, through a population health approach, can advance the overall goal.
  - Identify specific BHP and MCP "levers" (i.e., targeted interventions, investments, and collaboratives) that drive progress on the goal.
  - Inform the selection of Phase 2 measures.

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Community Planning and Investment Policies

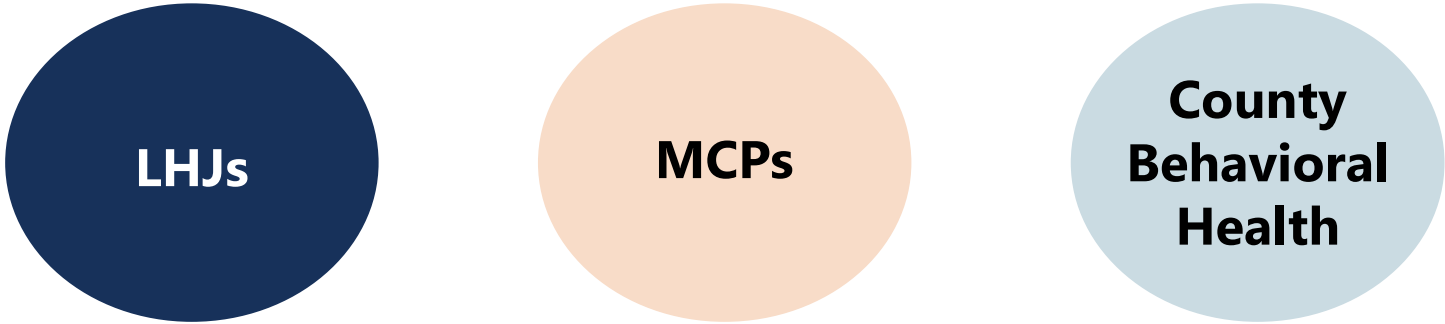
DHCS and the California Department of Public Health (CDPH) Align Community Planning and Investments

- Historically, Community Planning and Community Investment processes have been siloed across delivery systems.
- Recently, DHCS and CDPH collaborated to establish a cohesive set of policies to align these two processes.
- Coordination is essential to achieve behavioral health goals, overall quality improvement, and health equity.
- Alignment of these policies will help to:
  - Strengthen cross-sector partnerships among behavioral health, local health jurisdictions (LHJ), and MCPs.
  - Reduce community fatigue.
  - Bolster upstream interventions.
  - Streamline and further integrate care across delivery systems.

Community Planning Policies: Moving Toward Aligned Processes (1 of 2)

Historical Context

Separate and Distinct Community Planning Processes



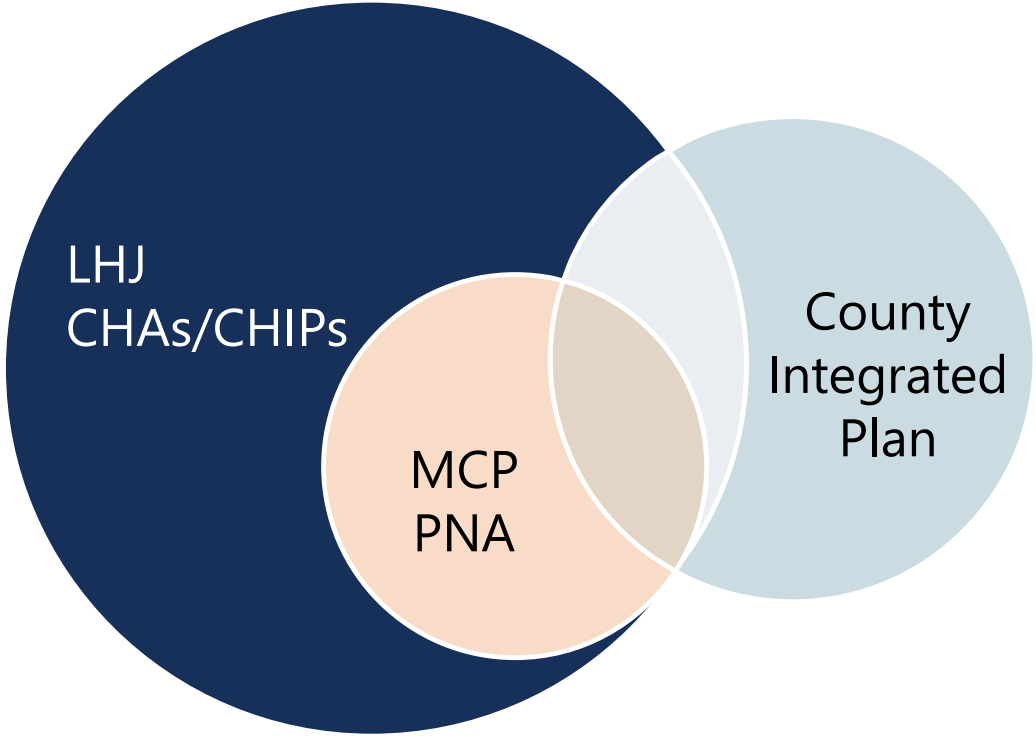
Community Health Assessments (CHA) and Community Health Improvement Plans (CHIP)

Population Needs Assessment (PNA)

Mental Health Services Act (MHSA) Expenditure Plans (now County Behavioral Health Integrated Plans)

Although planning processes historically have addressed much of the same population, they have operated with distinct, uncoordinated requirements and timelines.

Community Planning Policies: Moving Toward Aligned Processes (2 of 2)



New Requirements:

Intersecting Community Planning Processes

As of 2024, MCPs must fulfill PNA requirements by meaningfully participating in the CHA/CHIP process.

Starting in 2025, county behavioral health must coordinate their Integrated Plan development with the CHA/CHIP process.

Community Planning: New MCP and County Behavioral Health Requirements

Under these new community planning requirements, MCPs and county behavioral health must:

- Attend key **meetings** and serve on CHA/CHIP **governance** structures, as requested by LHJs.
- Share relevant **data** to support CHAs/CHIPs.
- Report on their progress toward statewide population behavioral health goals and their participation in LHJ CHAs/CHIPs as part of DHCS **deliverables**.
- Since January 2025, MCPs **must** contribute **funding and/or in-kind staffing** to support CHA/CHIP processes. Counties **may** use a portion of local Behavioral Health Service Funding (BHSF) toward Integrated Plan stakeholder engagement activities that overlap with CHAs/CHIPs.

Community Planning: Looking Ahead

In 2028, CHA/CHIP development cycles will become standardized across California and synced with the county behavioral health Integrated Plan submission processes.

January 2025

Initial guidance released via Behavioral Health Transformation Policy Manual.
Counties begin collaboration with MCPs and LHJs on CHA and/or **CHIP** based on LHJs' current activities.

June 2026

First County Integrated Plan due
Counties use the most recent CHA and CHIP (or Strategic Plan if the CHA/CHIP is unavailable) on record to inform Integrated Plans.

December 2028

LHJ CHA due.

Aligned CHA timelines statewide.

June 2029 - Ongoing

Next County Integrated Plan due
LHJ CHIP due
Aligned CHIP timelines statewide
Counties use information gathered through collaborative CHA and CHIP processes.

The information included in this presentation may be pre-decisional, draft, or subject to change.

- Recent DHCS policies seek to further align community investment efforts with statewide population behavioral health goals.

Community Investment Policies: Moving Toward Aligned Investments (1 of 3)

Managed Care Plans Community Reinvestment

- MCPs must allocate 5-15 percent of net income based on revenues and performance on quality measures to communities.
- Community reinvestment planning starts in calendar year (CY) 2025, and investments start in CY 2026.
- Community reinvestment activities:
  - Must be informed by the CHA.
  - Are strongly encouraged to be invested in activities identified in the LHJ's CHIP and county behavioral health Integrated Plan processes.
  - Must include Public Health and County Behavioral Health Directors' attestations that the community reinvestment strategies are:
    - Agreeable to the LHJ and county behavioral health department.
    - Aligned with needs identified in CHA/CHIP.

Community Investment Policies: Moving Toward Aligned Investments (2 of 3)

County Behavioral Health Integrated Plans

- County behavioral health Integrated Plans must demonstrate how their 3-year prospective global spending plans align with statewide population behavioral health goals and consider the CHA/CHIP.
- County behavioral health may allocate up to 5 percent of the total annual revenue received from the local BHSA funds for planning costs (e.g., infrastructure/ technology) to support robust stakeholder engagement.
  - These planning costs can be used support Integrated Plan stakeholder engagement activities that intersect with those of CHAs/CHIPs.

Community Investment Policies: Moving Toward Aligned Investments (3 of 3)

CDPH Prevention Dollars

» DHCS is collaborating with CDPH to develop policies that align public health prevention dollars with statewide population behavioral health goals.

Other Cross-Payer Efforts

» DHCS will continue to align quality improvement and reinvestment efforts across payers.

- For example, DHCS, CalPERS, and Covered California have aligned on a common set of quality measures. Health plans that underperform face financial penalties and must reinvest in local communities. DHCS and Covered California have also coordinated on reinvestment initiatives, including DHCS' Equity and Practice Transformation Payments Program.

Bringing it Together: Our Commitment to Communities

LHJ CHAs/CHIPs

MCPs and counties must:

- Participate in CHA/CHIP meetings and governance per LHJ request,
- Share relevant data,
- Report on CHA/CHIP participation and statewide population behavioral health goals.

MCPs must contribute funding/in-kind staffing to CHA/CHIP. Counties may contribute some of their BHSF to Integrated Plan stakeholder activities that overlap with those of the CHA/CHIP.

MCP Community Reinvestment

- Informed by the CHA.
- Strongly encouraged to be directed towards activities identified in the CHIP and Integrated Plan processes.
- Requires attestation from Public Health and County Behavioral Health Directors.

County BH IP 3-year Global Spending Plan

- 3-year prospective global spending plan to support stronger communities, which is foundational to:
- Statewide population behavioral health goals **+** More equitable and healthier future for all Californians.

Questions?

DHCS

Apply Now:
Updates on BH-CONNECT's Workforce Initiatives and Open Funding Opportunities

Paula Wilhelm, Deputy Director, Behavioral Health, DHCS
Sharmil Shah, Branch Chief, Behavioral Health & Policy, HCAI
Lindsay Bradshaw, BH-CONNECT Program Manager, HCAI

DHCS

HCAi
Department of Health Care Access and Information

CMS Federal Approvals to Transform Behavioral Health Care in Medi-Cal

- In December 2024, DHCS received approval from the Centers for Medicare & Medicaid Services (CMS) for the transformative Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Initiative. BH-CONNECT grows out of our understanding of the lived experience of Californians with behavioral health needs and data-driven analysis of available services.
- BH-CONNECT seeks to transform California's behavioral health delivery system by expanding access to highly effective community-based services, strengthening the behavioral health workforce, and ensuring Medi-Cal members receive high-quality care.
- CMS approved key elements of BH-CONNECT through a new Section 1115 demonstration and a series of new State Plan Amendments (SPA).

Goals of BH-CONNECT (1 of 2)

- **Expand the continuum of community-based services and EBPs** available through Medi-Cal **for children, youth and adults living with mental health and SUDs.**
- **Strengthen family-based services and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare.
- **Incentivize BHP to improve access, health outcomes, and invest in delivery system reforms** to better support Medi-Cal members living with significant behavioral health needs.
- **Strengthen the workforce** needed to deliver community-based behavioral health services and EBPs to members living with behavioral health needs.

Goals of BH-CONNECT (2 of 2)

- **Access federal funds for short-term stays in facility-based care**, but only for BHPs that commit to providing robust community-based services and meeting quality of care standards for such stays.
- **Promote transitions out of facility-based care** and support successful transitions to community-based care settings and community reintegration.
- **Promote improved health outcomes**, community integration, treatment, and recovery for individuals who are homeless or at risk of homelessness and experiencing critical transitions.
- **Improve stability** for members going through vulnerable periods (including, but not limited to, people living with significant behavioral health issues) through transitional rent services, reducing their risk of returning to institutional care or experiencing homelessness.

Key BH-CONNECT Approvals & Guidance

Section 1115 Approvals

- **Workforce Initiative**
- Activity Funds
- Access, Reform and Outcomes Incentive Program
- Community Transition In-Reach Services
- Serious Mental Illness (SMI) Program: Federal Financial Participation (FFP) for Institutions for Mental Disease (IMD)
- Transitional Rent (Short-Term Rental Assistance)

SPA Approvals

- Assertive Community Treatment (ACT)
- Forensic ACT (FACT)
- Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
- Clubhouse Services
- Individual Placement and Support (IPS) Model of Supported Employment
- Enhanced Community Health Worker (CHW) Services

Leveraging Existing Authorities & State-Level Guidance

- Centers of Excellence
- Clarification of coverage of evidence-based child and family therapies
- Initial Joint Behavioral Health Visit
- Alignment of the Child and Adolescents Needs and Strengths Assessment (CANS) Tool
- County Child Welfare Liaison role within MCPs
- CMS inpatient and residential facilities milestones

*Components in **bold** are covered in this presentation*

Workforce Initiatives

BH-CONNECT Workforce Initiative

- The BH-CONNECT Workforce Initiative will support the training, recruitment, and retention of behavioral health practitioners to provide services across the continuum of care within the Medi-Cal safety net, serving Medi-Cal members and the uninsured.
- Between 2025 and 2029, the Workforce Initiative will invest up to $1.9 billion in five workforce programs administered by DHCS and the Department of Health Care Access and Information (HCAI) .
- Recipients of Workforce Initiative funding will commit to serving Medi-Cal members living with significant behavioral health needs for 2-4 years.
- The state may carry unused Workforce Initiative expenditure authority from one year to the next. After Demonstration Year 2, the state may redistribute up to 30% of Workforce Initiative funding across programs.

BH-CONNECT Workforce Initiative Programs

- Medi-Cal Behavioral Health Student Loan Repayment Program
- Medi-Cal Behavioral Health Scholarship Program
- Medi-Cal Behavioral Health Recruitment and Retention Program
- Medi-Cal Behavioral Health Community-Based Provider Training Program
- Medi-Cal Behavioral Health Residency Training Program

BH-CONNECT: Workforce Initiative Programs

To support workforce recruitment and retention and to promote the increased availability of behavioral health care practitioners who serve Medi-Cal members and uninsured individuals, California is implementing a statewide behavioral health workforce initiative.

Medi-Cal Behavioral Health Programs	DY 1 2025	DY 2 2026	DY 3 2027	DY 4 2028	DY 5 2029	TOTAL
Scholarship Program	$33M	$81M	$24M	$15M	$15M	$234M
Student Loan Repayment Program	$106M	$106M	$106M	$106M	$106M	$530M
Recruitment and Retention Program	n/a	$231M	$231M	$231M	$273M	$966M
Community-Based Provider Training Program	$10M	$15M	$20M	$20M	$20M	$85M
Residency Training Program	$17M	$17M	$17M	$17M	$17M	$85M
TOTAL	$166M	$450M	$455M	$398M	$431M	$1.9B

BH-CONNECT Workforce Initiative Timelines

Medi-Cal Behavioral Health Program	2025	2026	2027	2028	2029
Student Loan Repayment Program	**Q3**	Annual awards through 2028			
Residency Repayment Program	**Q3**	Fellowship award cycles pending			
Scholarship Program		**Q1** Annual awards through 2028			
Community-Based Provider Training Program		**Q1** Annual awards through 2028			
Recruitment and Retention Program		**Q3** Annual awards through 2028			

Medi-Cal Behavioral Health Student Loan Repayment Program (MBH-SLRP)

MBH-SLRP

- Expand the availability of behavioral health professionals in Medi-Cal safety net settings by alleviating student loan burdens and incentivizing practice in these settings.
- Individuals are eligible for up to $240,000 in loan repayment depending on their profession.
- Up to four-year service obligation delivering behavioral health services covered by Medi-Cal in a Medi-Cal safety net setting.

MBH-SLRP

Timeline	
Application launch	July 1, 2025
Applications due	August 15, 2025
Anticipated award	November 2025
Proposed Grant Agreement	December 2025

Eligible Practitioners

Must have qualifying educational debt and complete a 2-4 year full-time service commitment with a Medi-Cal safety net setting

- **Up to $240,000: Licensed practitioners with prescribing privileges** and individuals in training to be a licensed practitioner with prescribing privileges
  - Psychiatrists, Addiction Medicine Physicians, Psychiatric Mental Health Nurse Practitioners
- **Up to $180,000: Non-prescribing licensed or associate level pre-licensure practitioners**
  - Clinical Psychologists, Clinical Social Workers, Professional Clinical Counselors, Marriage and Family Therapists, Occupational Therapists, Psychiatric Technicians, Licensed Nurses (RNs, LVNs)
- **Up to $120,000: Other non-prescribing practitioners meeting the provider qualifications** for Community Health Worker services, Rehabilitative Mental Health Services, SUD Treatment Services, and Expanded SUD Treatment Services in the California Medicaid State Plan
  - Alcohol or Other Drug Counselors, Community Health Workers, Peer Support Specialists, Wellness Coaches,* Mental Health Rehabilitation Specialists

*Wellness Coaches are the only eligible practitioner type included in the BH-CONNECT Special Terms and Conditions that are not Medi-Cal specialty behavioral health providers. Loan repayment awards to Wellness Coaches are contingent upon approval of a pending Medicaid SPA and corresponding budget authority.

Medi-Cal Safety Net Settings

- Federally Qualified Health Centers (FQHC)
- Community Mental Health Centers (CMHC)
- Rural Health Clinics (RHC)
- Settings with the following payer mix:
  - Hospitals with 40 percent or higher Medicaid and/or uninsured population.
  - Rural hospitals with 30 percent or higher Medicaid and/or uninsured population.
  - Other behavioral health settings with 40 percent or higher Medicaid and/or uninsured population.

MBH-SLRP

Scoring Priorities

- Languages spoken (other than English).
- History of having received public grants or programs (e.g., Pell Grant).
- Work experience in Medi-Cal safety net settings.
- Practices in a shortage area.
- Practices at a Medi-Cal specialty behavioral health site (provides Specialty Mental Health, Drug Medi-Cal, or Drug Medi-Cal Organized Delivery System services; includes county-operated and county-contracted settings).

Medi-Cal Behavioral Health Residency Training Program (MBH-RTP)

Medi-Cal Behavioral Health Residency Training Program (1 of 2)

- Medi-Cal Behavioral Health Residency Training Program aims to increase the availability of the following providers working in Medi-Cal safety net settings:
  - General Psychiatrists
  - Child and Adolescent Psychiatrists
  - Addiction Psychiatrists
  - Addiction Medicine Physicians

Medi-Cal Behavioral Health Residency Training Program (2 of 2)

- Residency Programs can receive up to $250,000 per trainee, per year.
- Trainees must participate in the Medi-Cal Behavioral Health Student Loan Repayment Program and are eligible for up $240,000.
- Trainees must serve a four-year service obligation delivering behavioral health services covered by Medi-Cal in a Medi-Cal safety net setting after completing their residency/fellowship.

MBH-RTP


Applications Due
Proposed Grant Agreement
July 15, 2025
August 2025
October 2025
December 2025
Application Launch
Anticipated Award

Medi-Cal Behavioral Health Residency Training Program

Scoring Priorities

- Shortage areas
- Languages spoken (other than English)
- Practice setting strategies (e.g., inclusion of county-operated/county-contracted agencies delivering Medi-Cal specialty behavioral health services)
- Culturally responsive care strategies

Upcoming Stakeholder Engagement Opportunities

Medi-Cal Behavioral Health Community-Based Provider Training Program

Stakeholder Engagement

- This program aims to build up the following workforce of **Alcohol or Other Drug Counselors, Community Health Workers/ Promotores/ Representative and Peer Support Specialists**, by funding training and education throughout California.
  - 6 stakeholder engagements (1 in-person, 1 virtual for each stakeholder group): July - August 2025

Other Medi-Cal Behavioral Health Workforce Programs Stakeholder Engagement Opportunities TBD

- The **Medi-Cal Behavioral Health Scholarship Program** awards scholarships of up to $240,000 while participants receive their education, in exchange for up to four years of service providing Medi-Cal services in Medi-Cal safety net settings.
- The **Medi-Cal Behavioral Health Recruitment and Retention Program** provides bonuses, supervision support for pre-licensure and pre-certification practitioners, backfill costs for personnel in training, and certification/licensure costs aimed at personnel working in Medi-Cal safety net settings.

Resources

- To learn more about BH-CONNECT Workforce Initiatives, please visit the HCAI website.
- To learn more about the BH-CONNECT Initiative, please visit the DHCS' BH-CONNECT website.
  - For any questions, please email BH-CONNECT@dhcs.ca.gov.

Questions?

DHCS

Public Comment

Public Comment Guidelines

- During public comment, we do not answer questions; we simply listen to public comment.
- All public comments are recorded in the meeting summary.
- Public comment will include members of the public here in the room as well as members of the public attending virtually.
- Please state your name and organization.
- Please keep your comments concise and about 1 minute.

Final Comments and Adjourn

Upcoming 2025 Meeting Date

» October 29, 2025

Thank You!

DHCS