

## Systems and Medicaid Committee (SMC)

Meeting Minutes  
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.**

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

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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.

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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.

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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

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**Item #2      Public Comment**

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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**

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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.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #4    Public Comment**

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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 Juneteenth which is a national Holiday of freedom.

**Action/Resolution**

N/A

**Responsible for Action-Due Date**

N/A

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**Item #5    Imperial County Utilization of EQRO Reports**

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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.

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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

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**Item #6    Public Comment**

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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

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**Item #7    Review and Accept April 2024 Draft Meeting Minutes**

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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**

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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

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**Item #9      Public Comment**

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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

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**Item #10 Behavioral Health Policy Updates**

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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

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**Item #11 Public Comment**

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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



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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

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**Item #12    Wrap Up/Next Steps**

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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.