Systems and Medicaid Committee Agenda
Thursday, April 18, 2024
Holiday Inn Sacramento Downtown Arena
300 J Street, Sacramento, CA 95814
Balboa/Calaveras Room
[Zoom link](#)
Meeting ID: 814 5317 2212 Passcode: SMC2024
Join by phone: 1-669-900-6833 Passcode: *4607084#
8:30 a.m. to 12:00 p.m.

8:30 am	**Welcome and Introductions** *Uma Zykofsky, Chairperson and All Members*	
8:35 am	**Approve January 2024 Draft Meeting Minutes** *Uma Zykofsky, Chairperson and All Members*	**Tab 1**
8:40 am	**Review and Approve SMC 2024-2025 Work Plan (Action)** *Uma Zykofsky, Chairperson and All Members*	**Tab 2**
8:50 am	**Public Comment**	
8:55 am	**Older Adult System of Care Overview** *Stephanie Blake, CA Department of Aging*	**Tab 3**
9:35 am	**Public Comment**	
9:40 am	**Sacramento County Older Adult System of Care Presentation** *Ryan Quist, Behavioral Health Director* *Sacramento County Department of Health Services*	**Tab 4**
10:25 am	**Public Comment**	
10:30 am	**Break**	
10:45 am	**El Hogar Older Adult Services Presentation** *Genelle Cazares, LCSW, Chief Executive Officer, El Hogar, Inc.* *Karen Abrina, SeniorLink Program Graduate*	**Tab 5**
11:25 am	**Public Comment**	
11:30 am	**CBHPC Workgroups Update** *Uma Zykofsky, Chairperson and All Members*	**Tab 6**
11:40 am	**Public Comment**	
11:45 am	**Behavioral Health Policy Updates** *Ashneek Nanua, Health Program Specialist II and All Members*	**Tab 7**

11:50 am   **Public Comment**

11:55 am   **Wrap Up/Next Steps**
Uma Zykofsky, Chairperson and All Members

12:00 pm   **Adjourn**

The scheduled times on the agenda are estimates and subject to change.

Systems and Medicaid Committee Members

Uma Zykofsky, Chairperson   Karen Baylor, Chair-Elect

Jessica Grove	Dale Mueller	Deborah Pitts
Veronica Kelley	Noel O'Neill	Walter Shwe
Steve Leoni	Liz Oseguera	Marina Rangel
Catherine Moore	Vandana Pant	Tony Vartan
Javier Moreno		

Committee Staff: Ashneek Nanua, Health Program Specialist II

TAB 1

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2024

Agenda Item: Approve January 2024 Draft Meeting Minutes

Enclosures: January 2024 Draft Meeting Minutes

Background/Description:

Committee members will review and approve the draft meeting minutes for the January 2024 Quarterly Meeting.

Systems and Medicaid Committee

Meeting Minutes - Draft
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

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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 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 necessarily 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 Dalgleish 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 flee 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 Dalgleish 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.

TAB 2

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2024

Agenda Item: Review and Approve SMC 2024-2025 Work Plan (Action)

Enclosures: Draft SMC 2024-2025 Work Plan

<u>How This Agenda Item Relates to Council Mission</u>
To review, evaluate and advocate for an accessible and effective behavioral health system.

The Work Plan is an instrument to guide and monitor System and Medicaid Committee activities in its efforts to uphold its duties within the framework of the Council.

Background/Description:

The purpose of the Work Plan is to establish the objectives and goals of the SMC and to map out the necessary tasks to accomplish those goals. The SMC will review the draft Work Plan for 2024-2025 based on suggestions provided during the October 2023 and January 2024 Quarterly Meeting.

Motion: Approve the draft SMC 2024-2025 Work Plan.

Revisions: Added language is designated with <u>underline</u>. Deleted language is designated with a ~~strikethrough.~~

<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.

<u>Objective 1.1:</u> 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).

<u>Item 1:</u> 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
  - <u>Monitor services that are delivered in a recovery-oriented way via county data information and presentations.</u>

Timeline: January 2024 – Ongoing

<u>Item 2:</u> 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~~ Mental 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 MHSA.
- Track data systems and programs that build out the full continuum of care such as Full Service Partnerships (FSPs) and other MHSA programs.
- Provide policy recommendations to DHCS, California Health and Human Services Agency (CalHHS), and the Legislature. as appropriate.

Timeline: January 2024 – Ongoing

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

Objective 2.1: 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

TAB 3

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2024

Agenda Item: Older Adult System of Care Overview

Enclosures:
[DHCS Fact Sheet - Supporting Medicare Patients in California: Coverage for Behavioral Health Services](#)

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with an overview of services and supports for older adults with behavioral health conditions. This information will develop a knowledge base to determine the needs of this population and assist with the development of advocacy efforts.

Background/Description:
The SMC continues to develop an understanding of various populations and systems that intersect with behavioral health. One of the populations, as defined in the SMC Work Plan and Charter, is the aging population which requires a variety of public health and social services supports.

Stephanie Blake, representative for the CA Department of Aging (CDA), will provide an overview of CDA services and supports for older adults with behavioral health needs. The presentation will include an overview of the CA Master Plan for Aging.

Additional Resources:
[CA Master Plan for Aging Website](#)
[CA Department of Aging Website](#)

TAB 4

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2024

Agenda Item: Sacramento County Older Adult System of Care Presentation

Enclosures: Older Adult Behavioral Health Overview

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with an overview of local services and supports for older adults with behavioral health conditions at the county level. This information will develop a knowledge base to determine the needs of this population and assist with the development of advocacy efforts.

Background/Description:
The SMC continues to develop an understanding of various populations and systems that intersect with behavioral health. One of the populations, as defined in the SMC Work Plan and Charter, is the aging population which requires a variety of public health and social services supports.

Dr. Ryan Quist, Sacramento County Behavioral Health Director, will provide an overview of county-level services and supports for older adults with behavioral health needs. The presentation will include information and data showing where older adults are served in Sacramento County.

Additional Resources:
[Sacramento County Department of Health – Behavioral Health Services Webpage](#)

Older Adult Behavioral Health Overview

Presented by: Ryan Quist, Ph.D.,

Behavioral Health Director

Department of Health Services
Behavioral Health Services

SACRAMENTO
COUNTY

Our Mission and Vision

Our Mission:
- To provide a culturally competent system of care that promotes holistic recovery, optimum health, and resiliency.

Our Vision:
- We envision a community where persons from diverse backgrounds across the life continuum have the opportunity to experience optimum wellness.

Our Values

- Respect, Compassion, Integrity
- Client and/or Family Driven Service System
- Equal Access for Diverse Populations
- Culturally Competent, Adaptive, Responsive and Meaningful
- Prevention and Early Intervention
- Full Community Integration and Collaboration
- Coordinated Near Home and in Natural Settings
- Strength-Based Integrated and Evidence-Based Practices
- Innovative and Outcome-Driven Practices and Systems
- Wellness, Recovery, and Resilience Focus

Where Older Adults are Served

- Mental Health Urgent Care Clinic (MHUCC)
- Community Support Team (CST)
- SeniorLink
- Supporting Community Connections (SCC)
- Older Adult SCC Program
- Sacramento County Time-Limited Community Driven Prevention and Early Intervention (PEI) Grant Program, Round II
- Community Outreach Recovery Empowerment (CORE) Programs
- Full-Service Partnership (FSP) Programs
- Substance Use and Prevention Treatment (SUPT)

Mental Health Urgent Care Clinic

- **Services:** Provides services on a walk-in basis to individuals of all ages who are experiencing a mental health and/or co-occurring substance abuse crisis.

- **Hours:** 24/7, 7 days a week

- **Location:** 2130 Stockton Boulevard, Building 300, Sacramento, CA 95817

- **Phone:** (916) 520-2460
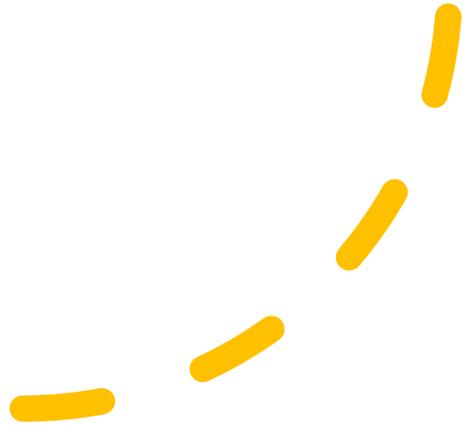
Community Support Team

Community Support Team

- **Services:** Staff support individuals with navigating mental health services, provide field-based assessments, and can refer to other community resources as needed.

- **Hours: Monday – Friday, 8 am – 5 pm**

- **Contact: (916) 874-6015**

- [**Community Support Team brochure**](#)

SeniorLink

A prevention and early intervention program designed to provide support services to Older Adults (age 55+) experiencing isolation and/or early signs of depression or anxiety.

Culturally diverse staff reach out to program participants in their homes or community settings to assist with improving health and wellness, collaborating with healthcare providers, increasing opportunities for socialization, and providing transportation services as needed.

Behavioral Health Services for Older Adults Sacramento CA (elhogarinc.org)

Supporting Community Connections (SCC)

Prevention and Early Intervention (PEI) programs which provide culturally, and linguistically appropriate suicide prevention support services that are designed to:

- Increase access to and linkage with needed services
- Improve self-reported life satisfaction and well-being
- Reduce risk factors and enhance of protective factors
- Decrease need for crisis services
- Decrease suicide risk
- Increase knowledge of available resources and supports
- Enhance connectedness and reduce isolation

Currently there are 12 SCC Programs each of which are specifically tailored to meet the needs of their respective communities.

[Sacramento County BHS Prevention and Early Intervention Services and Mental Health Respite Services Provider List](#)

Older Adult SCC Program

This SCC program is operated by **La Familia Counseling Center** and provides culturally and age-appropriate services to older adults (ages 55 and older) to promote community connectedness, improve access to mental health and other needed services (such as housing, medical and transportation resources), and decrease suicide risks through appropriate and effective prevention strategies for older adults.

In addition to providing one-on-one support, the program also offers two groups, a Senior Activity Group and a Technos Sabios (Tech Savvy) Senior Group. These groups provide seniors with opportunities to socialize, build healthy connections, and reduce suicide risk factors such as isolation.

Sacramento County Time-Limited Community Driven Prevention and Early Intervention (PEI) Grant Program, Round II

Program Details:
The Sacramento County Division of Behavioral Health Services, through Mental Health Services Act PEI component funding and in collaboration with California Mental Health Services Authority implemented a second round of the Time-Limited Community-Driven Grant Program.

Program Objective:
The Time-Limited Community-Driven PEI Grant Program is intended to build community capacity by addressing the mental health needs of communities by promoting mental health and wellness, increasing mental health services, and reducing stigma associated with mental health and wellness through cultural and linguistic congruent programs and activities that serve diverse communities

Round II awarded grants to 27 local community-based organizations. To view the list of awardees, one of which specifically serves African American older adults, please visit: Community-Driven PEI Grant Awardee Round 2 Contact Sheet (saccounty.gov)

Community Outreach Recovery Empowerment (CORE)

Flexible low to moderate-high intensity mental health services for Sacramento County residents, ages 18+

1. **CORE Community Wellness Centers**

   - 11 peer run walk-in locations
     - Open to the community and serves as hub for individuals seeking meaningful activities.
     - Provides opportunities for those that reach their recovery goals to volunteer or seek employment with the centers.

2. **CORE Outpatient Program**

   - 11 sites across Sacramento County
   - Capacity: 700 per site annually

   [CORE Program, formerly the Adult Outpatient Services Transformation (saccounty.gov)](#)

Full-Service Partnership Programs (FSP)

Supports clients with high intensity mental health needs.

- **El Hogar Sierra Elder Wellness (SEWP):**
  - FSP specialized to service older Adult population (55+ years of age)
  - Assists in navigating the complex challenges associated with later stage of life.
  - Services: A comprehensive Geriatric assessment, medication management, individual, family, and group counseling, age-specific meaningful activities, referrals and support linkage to appropriate self-help or community-based supportive services, and referrals for, and coordination with, physical health and dental health as needed.

Full-Service Partnership Programs (FSP)

Other FSPs serving individuals 18 and older, including our older adults:

- El Hogar Community Justice Support Program (CJSP)
- Asian Pacific Community Counseling Transcultural Wellness Center (APCC TWC)
- Turning Point Integrated Services Agency (ISA)
- Telecare Adults Recovering in a Strength-Based Environment (ARISE)
- Telecare Sacramento Outreach Adult Recovery (SOAR)
- Telecare Outpatient Assisted Services and Integration Supports (OASIS)
- Hope Cooperative (dba TLCS) New Direction
- Turning Point Pathways

For FSP Referrals: PP-BHS-MH-04-19-Level-of-Intensity-Screening-Tool (saccounty.gov)

Substance Use Disorder Treatment Services (SUPT)

SUPT Services Available to Older Adults[31]

- Outpatient – Intensive Outpatient Services
- Detox/Withdrawal Management
- Residential Treatment Services
- Medication-Assisted Treatment
- Recovery Residences/Sober Living Environments

- Barriers for seniors/adult population:
  - Self-isolation: do not want to leave their home
  - Mobility issues
  - Transportation issues

- Calendar Year 2023 Methamphetamine-Related Deaths:
  - Total Death 148
  - 28% ages 60-69 years of age

SUPT System of Care

Primary Access Point for Treatment Services:
- CA ASAM Assessment to determine medical Necessity & Level of Care
- Care Coordination
- Referral to network service provider

Contact: (916) 874-9754

Hours: Monday – Friday
8:00 A.M. – 5:00 P.M.

After Hours: (888) 881-4881

California Relay Service: 711
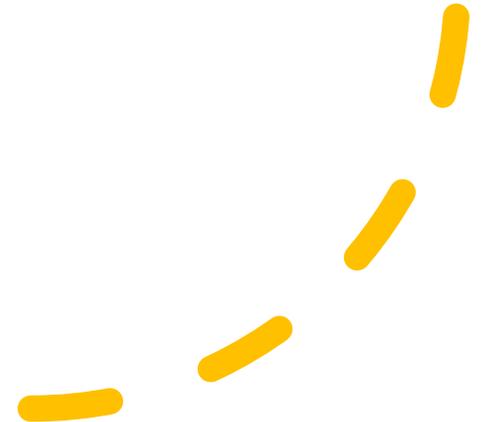
# Older Adults in Outpatient, FSPs and Wellness Centers by Area FY 22/23

(Unduplicated based on most recent service in the year)

Count of Area					
Area	CORE OP	FSP	OP	Wellness Centers	Grand Total
Central	484	62	407	54	1007
Northeast	476	0	403	61	940
Northwest	413	273	111	45	842
South	19	120	144	51	334
Southeast	447	229	0	35	711
Southwest	0	69	1	0	70
Grand Total	**1839**	**753**	**1066**	**246**	**3904**

- 1,155 additional older adults were served in other programs throughout the MHP, including Crisis Residential, inpatient, mobile services, probation, etc.

- Prevention programs served a total of 5,387 older adults.

Neither prevention or other services are unduplicated as clients can be served in multiple programs

Older Adults Receiving Services by Zip Code

(As of 3/1/24)
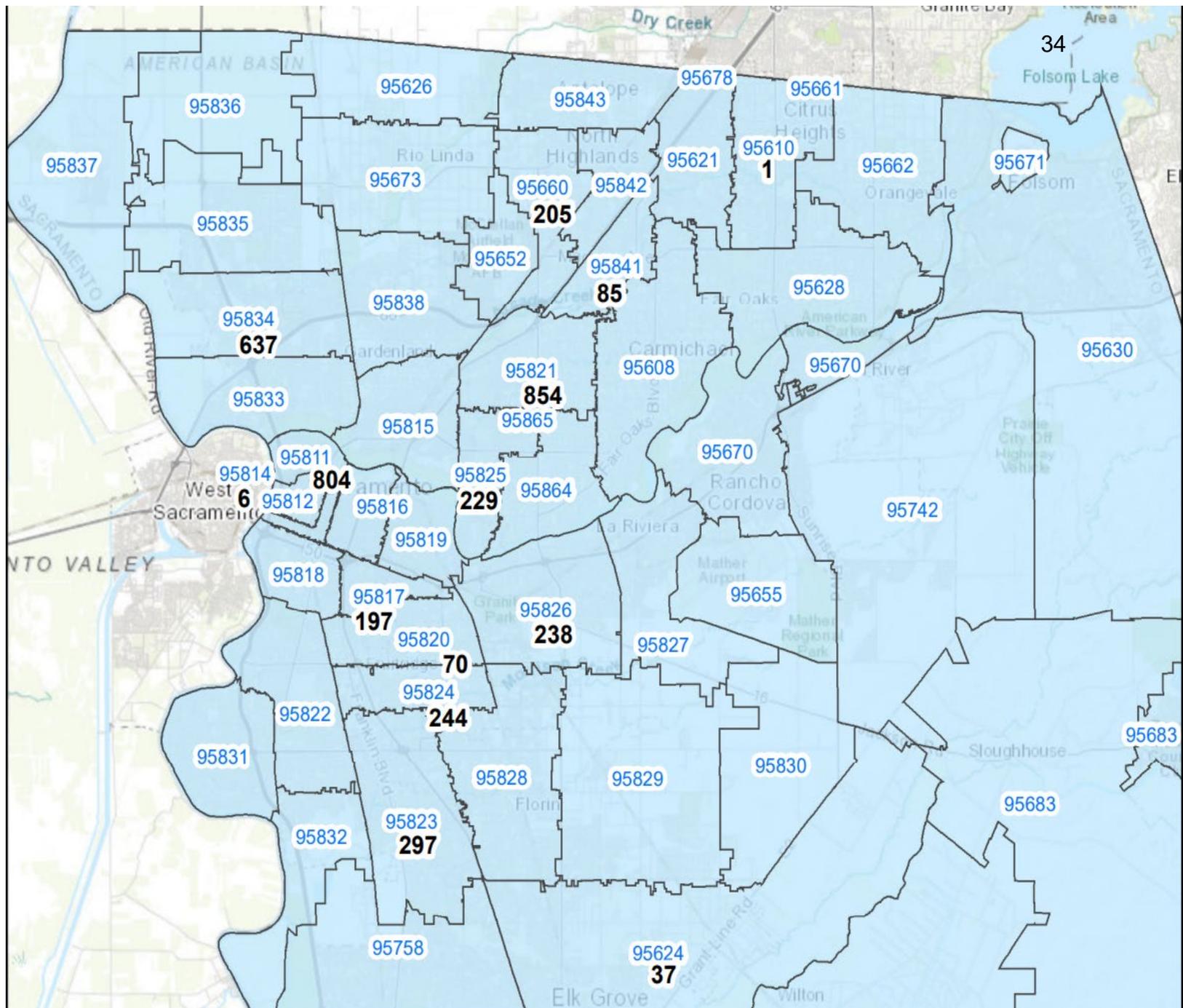
Older Adult Resource List

This resource list includes a directory of local, state, and national resources and services available to older adults and caregivers living in Sacramento County. The list also includes mental health services, crisis services, shelter services, prevention services, social connection resources, housing resources, and information on elder abuse.

County of Sacramento Older Adult Resource List

Questions?

TAB 5

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2024

Agenda Item: El Hogar Older Adult Services Presentation

Enclosures: El Hogar Community Services: Older Adult Programs Presentation

<u>**How This Agenda Item Relates to Council Mission**</u>
To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with information regarding services and supports for older adults with behavioral health conditions at the provider level via local programs to develop a knowledge base to determine the needs and advocacy efforts for this population.

Background/Description:
The SMC continues to develop an understanding of various populations and systems that intersect with behavioral health. One of the populations, as defined in the SMC Work Plan and Charter, is the aging population which requires a variety of public health and social services supports.

Genelle Cazares, Chief Executive Officer of El Hogar, Inc. will provide an overview of El Hogar's Full Service Partnership (FSP) and Prevention and Early Intervention (PEI) programs for older adults. The presentation will include an overview of initiatives that El Hogar provides for older adults with behavioral health needs which often involves coordination and involvement of local Managed Care Plans and local psychiatric hospitals. Topics will include challenges and successes of implementing these programs. Karen Abrina, a graduate from El Hogar's SeniorLink Program, share her experience through the program.

<u>Additional Resources:</u>
<u>El Hogar Website</u>

OLDER ADULT PROGRAMS

- SeniorLink Est. 2010

- Sierra Elder Wellness Program (SEWP) Est. 2007

- PEARLS Est. 2023

SENIORLINK

SeniorLink is a prevention and early intervention program designed to provide support services to older adults (age 55+) experiencing isolation and/ or early signs of depression or anxiety.

SeniorLink Advocates provide services by phone and face-to-face.

The
SENIORLINK PROGRAM

- FIRST PREVENTION/EARLY INTERVENTION (PEI) PROGRAM FOR OLDER ADULTS IN SACRAMENTO COUNTY
- CULTURALLY DIVERSE STAFF PROVIDING RESOURCES AND SERVICES TO ISOLATED OLDER ADULTS TO IMPROVE THEIR HEALTH AND WELLNESS.
- GOAL IS TO IMPROVE HEALTH AND WELLNESS OF PARTICIPANTS THROUGH DEVELOPMENT OF A SUPPORT SYSTEM, SOCIALIZATION, AND AN INCREASE IN ACTIVITIES
- COMMUNITY BASED DELIVERED AT PARTICIPANT'S PREFERRED SETTING, PREVENTION, NOT TREATMENT
- SKILLS TRAINING, ADVOCACY, AND EMPOWERMENT

SENIORLINK GROUPS

- Monday: **Zumba Gold for Seniors**

- Tuesday: **Arts/Crafts**

- Wednesday: **Chair Volleyball**

- Thursday: **Hmong Social group**

- Friday: **Men's Support Group**

- **Socials**: once a month (September- May)

- **Brain Health-** *starting soon*

PROGRAM TO ENCOURAGE ACTIVE REWARDING LIVES (PEARLS)

Evidence-based depression intervention program designed to reduce the symptoms of depression and improve the quality of life among older adults

IN PARTNERSHIP WITH AGENCY FOR AGING/ AREA 4, EL HOGAR COMMUNITY SERVICES, ACC SENIOR SERVICES, RESOURCES FOR INDEPENDENT LIVING, AND SOCIETY FOR THE BLIND.

El Hogar
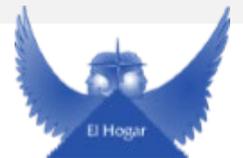
The
PEARLS
PROGRAM

- DEVELOPED AND RESEARCHED BY THE HEALTH PROMOTION RESEARCH CENTER (HPRC) AT THE UNIVERSITY OF WASHINGTON,

- EVIDENCE-BASED PROGRAM FOR DEPRESSION INTERVENTION DESIGNED TO REDUCE THE SYMPTOMS OF DEPRESSION AND IMPROVE THE QUALITY OF LIFE AMONG OLDER ADULTS.

- THE COACH/CASE MANAGER WILL TEACH PARTICIPANTS VALUABLE SKILLS TO HELP MANAGE FEELINGS OF LONELINESS, SADNESS, FRUSTRATION AND ANXIOUSNESS.

- PARTICIPANTS WILL RECEIVE 6-8 SESSIONS OVER FOUR TO FIVE MONTHS IN THEIR HOME, OR AT AN AGREED UPON LOCATION IN THE COMMUNITY.

The Sierra Elder Wellness Program (SEWP) is a field based program created to address the need for specialized outpatient mental health services for the growing older adult population (age 55+). SEWP fills a critical need for seniors with serious mental illness by providing, referring, and/or advocating for a full range of mental health services

SIERRA ELDER WELLNESS PROGRAM (SEWP)

FUNDED BY SACRAMENTO COUNTY DEPARTMENT OF BEHAVORIAL HEALTH

IS A FULL SERVICE PARTNERSHIP

CONNECTS TO PSYCHIATRIC APPOINTMENTS, COMMUNITY APPOINTMENTS ALONG WITH MEDICAL, DENTAL, AND OPTICAL APPOINTMENTS.

SEWP PROVIDES TRANSPORTATION TO GROUPS AND OTHER SOCIALIZATION OPPORTUNITIES.

THE STAFF AT SEWP HELP WITH SOCIAL REHABILITATION INCLUDING: GROCERY SHOPPING, GOING TO THE BANK, THE PHARMACY, ETC.

The
SEWP
PROGRAM

SIERRA ELDER WELLNESS PROGRAM GROUPS

- Monday:
  - **Symptom Education and Recovery**
  - **Music**

- Tuesday:
  - **Expressing Emotion**
  - **Medication Education**

- Wednesday:
  - **Art & Creativity**
  - **Coping Skills**

- Thursday:
  - **Story Telling**
  - **Current Events**

- Friday: **Movie Club**

OLDER ADULT CHALLENGES

- Transportation
- Affordable Housing
- Income
- Physical and Mental Health
- Language
- Limited Service Time
- Using technology
- Affordable and accessible technology
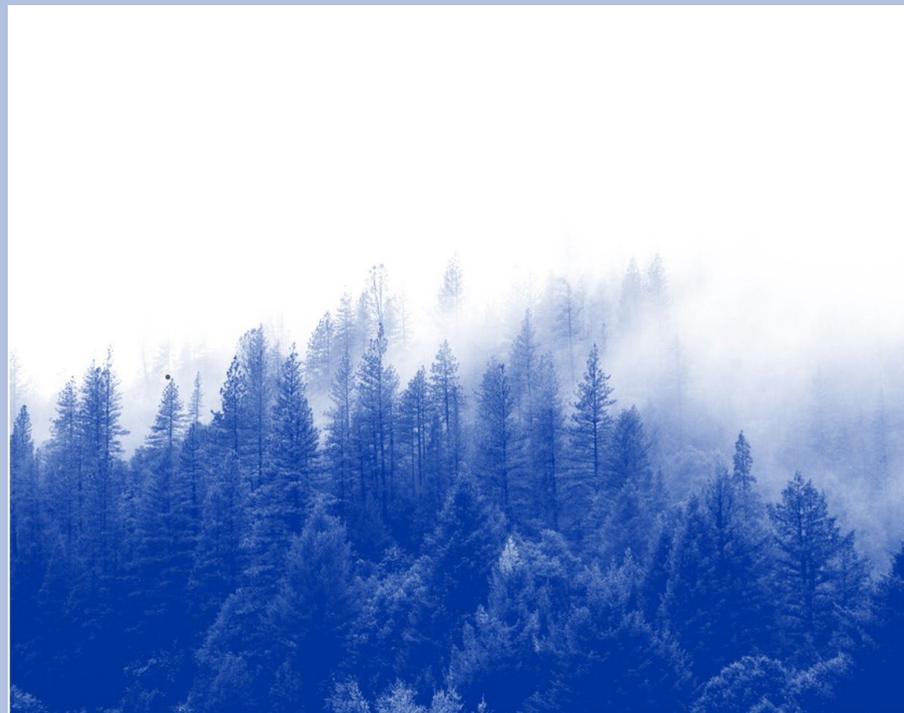
EL HOGAR'S OLDER ADULT PROGAM SUCCESSES

RESULLTS FROM PARTICICPANT SURVEYS

- At least 50% of participants will feel an increase in belonging to their community.
- At least 50% of participants will increase their satisfaction in how they feel about life in general.
- At least 50% of participants will increase the amount of friendships in their life.

PROGRAM SUCCESS STORIES- SeniorLink

Before connecting to services

An older adult lost her home where she had lived for over 20 years, she was depressed and hospitalized due to a medical condition for over one month. Upon discharge she had lost her personal belongings including her CA ID, cell phone, and was lodged in a room and board without transportation. She was also disconnected from any support system.

After

After being linked to SeniorLink, a SeniorLink Advocate connected the participant to a PCP, assisted obtaining CA ID, and cell phone, connected the participant to Para transit transportation, assisted with permanent housing, assisted the participant to re-establish contact with family, connected to grief support group, and assisted finding a new church were the participant now volunteers. After graduating the program, the participant still continues to attend SeniorLink activities and is more positive and optimistic.

PROGRAM SUCCESS STORIES- SEWP

A 74 year old client has been a client with SEWP since August 2018. Client struggled with medication management, ADLS, and maintaining stable and safe housing for himself and his service dog. At one point staying in a deserted house that was backed up with unsafe water covering the flooring and carpets. Client has worked closely with SEWP Service Coordinator to build resilience and coping skills through psychosocial rehabilitation, as well as acquire benefits and low income housing support for senior linkages. Client also worked with SEWP Medical staff to discover a medication regimen to alleviate client's symptoms in order to increase his ability to maintain independence. Client is currently living independently with his service dog, self-employed with his own landscaping business, and remains active in his low income housing community. Client also maintains his own vehicle and helps others in his community and helps with repairs for their cars. Client is fully managing his symptoms and medications. Client is prepared to graduate from SEWP in March 2024, after his is linked to El Hogar CORE Marigold for lower level of care services.

BEST PRACTICES

WHO ARE OUR CLIENTS?

We work directly with clients and participants to find out what their goals are and provide support helping them to accomplish goals and prepare to master future goals without support. What does a successful graduation mean to them?

COMMUNITY PARTNERS

We work with culturally diverse community partners to connect our clients and participants with resources in the community including housings, PCP, programs, and opportunities for socialization.

DOES OUR VOICE REPRESENT US?

We build off clients and participants strengths and goals and teach them to advocate for themselves. This gives them the opportunities to grow within their strengths.

STRATEGIES FOR ISOLATION

STRATEGIES

- Meet clients and participant where they are at including their home, community center, or preferred setting.
- Find out barriers preventing them from obtaining wellness, and work with them to make a plan to overcome the barriers.
- Achieve positive outcomes including increased socialization, improved resilience and protective factors and linkages to community resources.
- Provide culturally responsive linkage and coordination for health and well being: primary health provider, SSI, Medi-Cal, Medicare, etc.
- Promote and enhance collaboration with ethnic/cultural community partners.
- Enhance collaboration between primary care settings and SeniorLink.
- Reduce disparities in access to early mental health interventions due to system barriers such as racial and/or cultural inequities, stigma, and/or other factors.

LINKAGE TO HEALTHCARE SYSTEMS

El Hogar believes the wellbeing of a participant/ client is the first step to getting back to their lives and the healthcare system is an important piece of the puzzle; therefore, we work closely with several healthcare systems including:

- Hospitals (UC Davis, Sutter, Kaiser)
- Primary Care Physician's (PCP)
- Sutter PACE
- FQHC's

We connect participant/ clients to these resources as well as receives referrals from the healthcare systems.
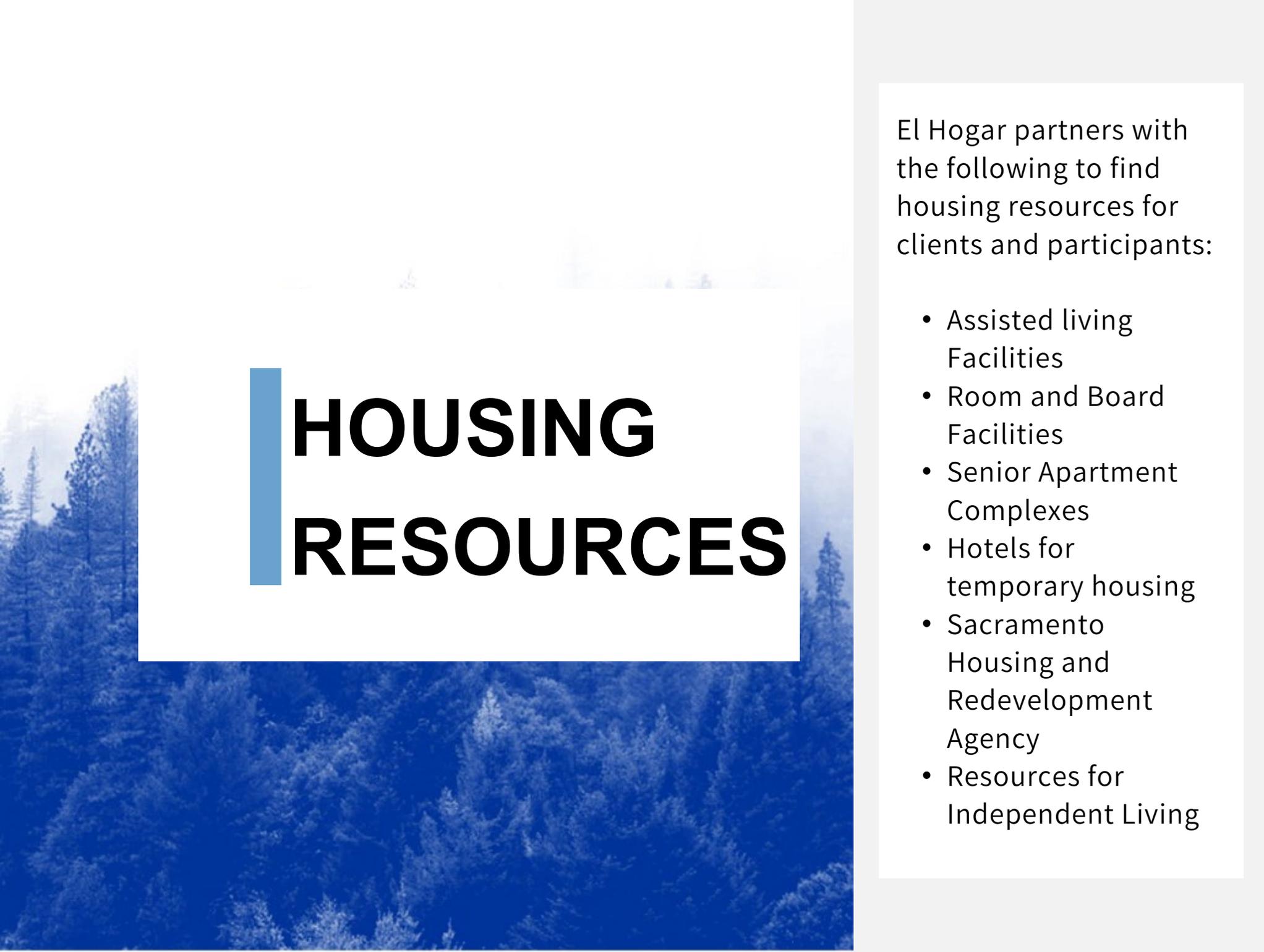
HOUSING RESOURCES

El Hogar partners with the following to find housing resources for clients and participants:

- Assisted living Facilities
- Room and Board Facilities
- Senior Apartment Complexes
- Hotels for temporary housing
- Sacramento Housing and Redevelopment Agency
- Resources for Independent Living

OUR PARTICIPANTS/ CLIENTS DEMOGRAPHICS

SENIORLINK
FY 2022-2023

PREFERRED LANGUAGE
English - 210
Spanish - 6
Hmong – 20

AGES
55-59 – 19 (8.50%)
60-69 – 85 (35.02%)
70-79 – 84 (35.59%)
80+ -   48 (20.34%)

GENDER
Male - 71
Female – 163
Other - 3

SIERRA ELDER WELLNESS PROGRAM (SEWP)
FY 2022-2023

PREFERRED LANGUAGE
English - 159
Spanish - 1
Russian – 1

AGES
55-59 – 10 (10.60%)
60-69 – 97 (97.60%)
70-79 – 44 (70.44%)
80+ - 12 (12.71%)

GENDER
Male - 75
Female – 88
Other - 1

PEARLS
STARTUP LATE 2023

Currently 5 older adults ages 60+ are enrolled and we received several new referrals.

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Phone: 916-747-8826

Debra Bonner, MHRS
Program Manager
dbonner@elhogarinc.org
Phone 916-956-0935
Fax 916-923-2813
www.elhogarinc.org

CONTACT

QUESTIONS?

TAB 6

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2024

Agenda Item: CBHPC Workgroups Update

Enclosures: None

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides the opportunity for the Systems and Medicaid Committee to coordinate the activities of the CBHPC workgroups in accordance with the SMC Work Plan.

Background/Description:

CBHPC's Executive Committee would like to ensure the Planning Council's workgroups are integrated into the work of all committees. Committee members who attended each workgroup will report on discussions held during each workgroup meeting to identify any points of collaboration with SMC activities and Work Plan items.

CBHPC workgroups:

- **Reducing Disparities Workgroup**
  - Representative: Uma Zykofsky
- **Children and Youth Workgroup**
  - Representative(s): Vandana Pant / Noel O'Neill
- **Substance Use Disorder Workgroup**
  - Representative(s): Javier Moreno / Karen Baylor

TAB 7

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 18, 2024

Agenda Item: Behavioral Health Policy Updates

Enclosures: Behavioral Health Policy Updates Presentation

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with information about the activities of advocates and stakeholders involved in developing behavioral health policies for California's most vulnerable populations. The SMC will use this information to stay informed of current initiatives and plan future activities to advocate for policies that improve access to high-quality health care in California's public behavioral health system (PBHS).

Background/Description:

Systems and Medicaid Committee staff will provide a high-level update on current activities, initiatives, and efforts toward transforming the public behavioral health system in California to better serve individuals with behavioral health conditions. Additionally, staff will review policy guidance and initiatives that the committee provided recommendations for since January 2024.

Committee members will use this information for the ongoing effort to track various behavioral health policy meetings, engage in advocacy and make recommendations to the state for Medi-Cal beneficiaries with serious mental illness and substance use disorders. SMC staff will provide updates on the following behavioral health policy meetings and topics:

- DHCS Behavioral Health Stakeholder Advisory Committee (BH-SAC) February 2024 Meeting
- Council on Criminal Justice and Behavioral Health (CCJBH) Diversion and Reentry Workgroup February 2024 Meeting
- CalAIM Behavioral Health Workgroup
- California Alliance of Child and Family Services (CACFS) Winter Conference
- Children and Youth Behavioral Health Initiative (CYBHI) Monthly Public Webinar (March 2024)
- Behavioral Health Taskforce April 2024 Meeting

Behavioral Health Policy Updates

Ashneek Nanua, Health Program Specialist II

Meetings and Conferences Attended

Stakeholder Advisory Committee (SAC) and Behavioral Health Stakeholder Advisory Committee (BH-SAC) Joint Meeting (February 2024)

Council on Criminal Justice and Behavioral Health (CCJBH) Diversion and Reentry Workgroup Meeting (February 2024)

CalAIM Behavioral Health Workgroup Meeting (March 2024)

California Alliance of Child and Family Services (CACFS) Winter Conference

Children and Youth Behavioral Health Initiative (CYBHI) Monthly Public Webinar (March 2024)

Behavioral Health Taskforce Meeting (April 2024)

Stakeholder Advisory Committee Meeting

Governor's Proposed Budget Fiscal Year (FY) 2024-25

▶ $253.4 billion total for all health and human services programs

▶ $161.1 billion total funds for DHCS

  ▶ $1.3 billion to fund state operations

  ▶ $159.8 billion to support local assistance (program costs, partners, and administration)

Stakeholder Advisory Committee Meeting

CalAIM Behavioral Health Key Findings from Preliminary Implementation Feedback Report

▶ Includes Access Criteria for Specialty Mental Health Services (SMHS), No Wrong Door(NWD) policy, Screening and Transition of Care Tools, and Medi-Cal Peer Support Services

▶ Data collection included statewide surveys on initiative implementation, targeted stakeholder interviews, and quantitative sources

▶ Key themes included reduced barriers to care, improved coordination between Managed Care Plans (MCPs) and county Mental Health Plans (MHPs), and local and state implementation challenges

▶ Report will be published in early 2024

Stakeholder Advisory Committee Meeting

CalAIM Behavioral Health Key Findings from Preliminary Implementation Feedback Report

Successes

Peer Support Services

- Supported prospective peer workers through training and certification
- Partnered with community organizations, vendors, and CalMHSA to implement the Benefit

Screening and Transition of Care Tools

- Increased clinical efficiency and reliability
- Supports information exchange across delivery systems
- Provides insight into service delivery, supports care coordination, and non-duplicative services

Access Criteria and No Wrong Door Policies

- Increased member access and faster service provision

Stakeholder Advisory Committee Meeting

CalAIM Behavioral Health Key Findings from Preliminary Implementation Feedback Report

Challenges

Peer Support Services

▶ Difficulty attracting and supporting candidates

▶ Navigating billing and documentation

▶ Developing job classifications

▶ Peer-run organizations contracting with counties

Screening and Transition of Care Tools

▶ Screening tool scores do not always appropriate individual into the appropriate delivery system

▶ Transition of Care Tool is too long or requires double documentation

▶ Difficult to track referrals

Access Criteria and No Wrong Door Policies

▶ Unclear how these policies intersect with other DHCS guidance

▶ Challenges interpreting access criteria for children/youth

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

Behavioral Health Payment Reform Update

▶ DHCS sent a <u>letter</u> to county behavioral health departments in December 2023 that outlines county Mental Health Plan (MHP), Drug Medi-Cal, and DMC-ODS obligations for payment reform including:

   ▶ EPSDT mandate

   ▶ Network Adequacy and Timely Access Requirements

   ▶ Significant Network Changes Reporting Requirements

   ▶ Oversight and Compliance Enforcement

▶ State Plan Amendment (SPA) <u>23-045</u> submitted to CMS in December 2023 that does the following:

   1) Removes the state maximum allowable (SMA) as a limit for Fee-For-Services (FFS) psychiatric hospitals

   2) Removes language for Short-Doyle Medi-Cal psychiatric hospitals that limits DHCS' ability to update acute psychiatric inpatient reimbursement based on recent cost information

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

Quality Public Health Management (QPHM): Overview and Stakeholder Engagement for Behavioral Health Components

► The CalAIM Initiative requires Medi-Cal delivery systems to develop a a PHM program which launched January 2023.

► A PHM service is a technological service that integrates data from disparate sources while performing population health functions and allows multi-party data access and sharing. It has the following capabilities:

1) Integrate physical and behavioral health data, social services, dental, developmental, and home/community based services and other program data from providers, MCPs, counties, CBOs, DHCS, and other government entities.

2) Facilitate and support individual screening and assessment, risk stratification, segmentation and tiering, and gap reporting.

3) Provide users access to integrated data to support PHM use cases and streamline care delivery.

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

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

Negotiations with CMS are occurring between October 2023 – December 2024 with a go-live date of January 2025

Updates include:

- ▶ Assertive Community Treatment (ACT) Update

- ▶ Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

- ▶ Child and Adolescent Needs and Strengths (CANS) Alignment

- ▶ Implementation of Evidence-Based Practices (EBPs)

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

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

<u>Assertive Community Treatment (ACT)</u>

- DHCS convened a workgroup of subject matter experts between April and November 2023 to discuss key considerations to implement ACT

- Key discussion topics included service components, fidelity model and team structure, flexibility in rural areas, eligibility criteria, reimbursement model, and certification and implementation planning

- Role of Centers of Excellence (COEs):

  - Support high-fidelity implementation of evidence-based practices across the state

  - Core responsibilities include training, ongoing technical assistance, conducting fidelity reviews and certification, data collection, learning communities, and support ramp-up and scaling

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

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

Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

State Landscape:

▶ MHSOAC has innovation funds and established an Early Psychosis Intervention (EPI) Plus program under AB 1315 with UC Davis as the lead technical assistance provider. In 2020, MHSOAC awarded five EPI Plus Program grants totaling $10 million.

▶ In FY 2022-23, DHCS allocated $24 million directly to counties for FEP set-aside. DHCS is committing $25 million for a contract expansion to further support and expand EPI-CAL from April 1, 2022, through June 30, 2025.

▶ CYBHI includes $429 million in grants to organizations seeking to scale evidence-based and/or community-defined evidence practices (EBPs/CDEPs) that improve youth behavioral based on robust evidence for effectiveness, impact on racial equity, and sustainability.

▶ SPA coverage of a bundled CSC for FEP service could strengthen existing county programs and encourage other counties to offer CSC for FEP, while using other funding sources for training, technical assistance, and outreach.

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

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

Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)

DHCS intends to cover all Medicaid components of CSC for FEP. CSC service components include:

- ▶ Assessments

- ▶ Medication Management

- ▶ Individual, group, and family therapy

- ▶ Vocational/educational support services

- ▶ Peer and family peer support services

- ▶ Person-centered planning

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

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

Child and Adolescent Needs and Strengths (CANS) Alignment

▶ DHCS is proposing to develop an aligned CANS tool that may be used across child welfare and specialty mental health (SMH) systems to ensure that child welfare and SMH providers are using the same tool and administering it in the same way to consistently measure outcomes and support a cohesive approach to decision-making and service planning across systems

▶ DHCS and CDSS had monthly meetings to discuss alignment of the tool. Provisional alignment decisions include:

  ▶ CDSS updating its policy to administer CANS at closure of the case plan to align with DHCS policy

  ▶ DHCS requiring CANS administrators to be certified through Innovation of Population Health (IPH) to align with CDSS requirements

Behavioral Health Stakeholder Advisory Committee (BH-SAC) Updates

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

<u>Implementation of Evidence-Based Practices Key Milestones</u>

Release of Request for Information (RFI) for COEs
(January 2024)

Submission of SPAs to CMS
(Q2 2024)

Implementation of BH-CONNECT EBPs
(beginning January 2025)

Development of SPAs for BH-CONNECT EBPs, Including Public Comment Periods
(January-June 2024)

Development of Implementation Guidance for BH-CONNECT EBPs
(June-December 2024)
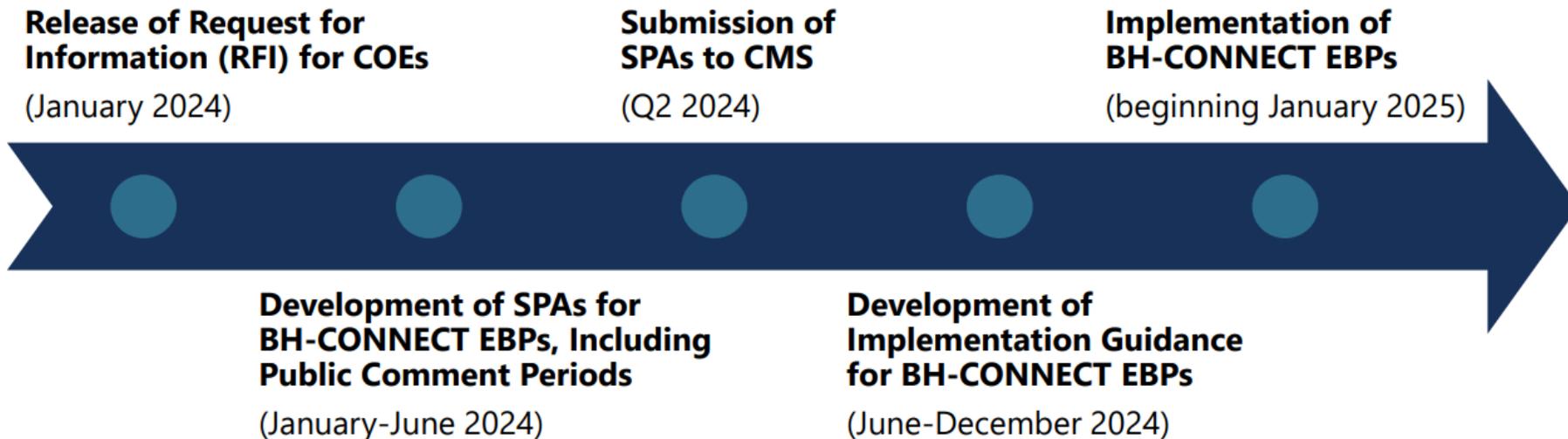
DHCS will continue to engage stakeholders on the design and implementation of BH-CONNECT EBPs, including in future BH-SAC meetings.

Council on Criminal Justice and Behavioral Health (CCJBH) Diversion and Reentry Workgroup Meeting (February 2024)

CCJBH/CSUS Report on Barriers and Solutions to Hire Individuals with Lived Experience

▶ In 2019, CCJBH established a contract with CSUS to assist with stakeholder engagement efforts that support individuals with lived experience (LE).

- ▶ CSUS developed a 10-question online survey focused on organizational practices to encourage and support employment of individuals with LE

- ▶ CSUS conducted 10 one-hour key information interviews asking about practices that promote employment, evaluation of current practices, and long-term implication and outcomes

- ▶ Conducted a workshop to identify strategies to overcome challenges to hiring individuals with LE within the CJ and BH fields and identify strategies to further promote the employment of individuals with LE across multiple sectors

  - ▶ The survey and interview respondents identified challenges to support LE individuals with employment and the workshop attendees identified proposed solutions

Council on Criminal Justice and Behavioral Health (CCJBH) Diversion and Reentry Workgroup Meeting (February 2024)

California Department of Corrections and Rehabilitation (CDCR) Division of Rehabilitation Programs (DRP)

▶ DRP has an Office of Correctional Education (OCE) that offers academic, career and technical education and student support services at CDCR's adult institutions

> ▶ <u>Academic:</u> Adult Basic Education, High School Diploma or Equivalency, Peer Literacy Mentor Program, College Programs

> ▶ <u>Career/Technical Education</u>: taught by journey-level craft professionals resulting in industry-recognized certifications

> ▶ <u>Student Support Services</u>: develops policies that support quality academic services, accommodations, and modifications for incarcerated individuals with developmental, physical, or cognitive disabilities and those at-risk of academic failure. Services are designed to support self-efficacy, resilience, and belonging.

> > ▶ Includes E-learning, physical education, library services, and transitions

Council on Criminal Justice and Behavioral Health (CCJBH) Diversion and Reentry Workgroup Meeting (February 2024)

Center for Employment Opportunities (CEO)

▶ CEO provides immediate, effective, and comprehensive employment services exclusively to individuals who have recently been released from incarceration to help participants regain skills and confidence needed for successful transitions to stable, productive lives

▶ Program model and services:

  ▶ 2-day job readiness to prepare individuals to enter the workforce

  ▶ 2-6 month transitional work experience and training, 1:1 job coaching, and connecting participants with employers for full time employment

  ▶ 1-year post-placement ongoing career coaching and support

  ▶ CEO provides a variety of supportive services such as Calfresh enrollment, connections to food pantries, transportation passes, and makes referrals to other CBOs for other needs such as housing, behavioral health and other reentry needs.

  ▶ Supportive Housing services (case management, community linkage/referrals, placements)

  ▶ Commercial Drivers License Training

  ▶ Emerging Leaders Program (ELP): OTJ learning in one of the ELP pathways, general professional development, and 1:1 mentoring

  ▶ HIRE Initiative funds $50 million for non-profits to provide employment services for justice-involved individuals

California Alliance of Child and Family Services (CACFS) Winter Conference

<u>Sessions Attended</u>

▶ Opening Plenary: Our collective journey to achieving racial equity in California

▶ Learnings from Behavioral Health Service with Kooth and Brightline

▶ School Based Intervention Teams (SBIT): How to Partner with Education and Speak Their Language with Pacific Clinics

▶ We LIVE: Centering Youth's Lived Experiences to Transform Systems of Care with CAYEN

▶ How Can We Thrive into Adulthood?

▶ Welcome Plenary with CalHHS Secretary Ghaly

CalAIM Behavioral Health Workgroup Meeting (March 2024)

▶ **Recovery Incentives Program (Contingency Management) Update**

  ▶ 1,215 Medi-Cal members are receiving services in 72 approved sites

  ▶ 30 additional sites have completed the training requirements and working to complete the readiness assessment prior to receiving approval

  ▶ Budget Act of 2023 includes approved funding to support training, technical assistance, and evaluation through December 2026

  ▶ DHCS plans to reopen the program to all 38 DMC-ODS counties

  ▶ DHCS is financing the non-federal share with state funds and received approval to cover costs of the program for invoices submitted by August 15, 2024 (previous date was February 15, 2024)

    ▶ For invoices submitted after August 2024, counties will be responsible for covering the non-federal share of services, administrative costs, and incentives associated with providing contingency management services

CalAIM Behavioral Health Workgroup Meeting (March 2024)

BH-CONNECT Updates

- **Centers of Excellence (COE)**

  - DHCS released a request for information for organizations interested in becoming a COE for one or more BH-CONNECT evidence-based practices

  - DHCS plans for the COEs to be operational in 2025

- **Community Health Workers (CHW)**

  - DHCS may pursue county contract changes, reimbursement rate updates, and updated guidance for counties that opt to cover CHW services in specialty mental health systems

  - Existing State Plan Amendment covers CHW Services

  - This is not a separate benefit from the CHW Benefit in Managed Care Plans

CalAIM Behavioral Health Workgroup Meeting (March 2024)

BH-CONNECT Updates

- **Cross-Sector Incentive Program**

  - **AB 2083** requires each county to develop and implement a Memorandum of Understanding (MOU) to outline roles and responsibilities that serve children and youth in foster care (MCPs are not implicated by the MOU but also are not excluded)

    - CA Department of Social Services requested explicit reference to AB 2083 as a foundational avenue of cross-sector collaboration

  - MCPs are required to enter into MOUs with Child Welfare Agencies (CWAs) effective January 2024 to ensure coordinated, non-duplicative service delivery (does not include quality improvement monitoring or reciprocal engagement on part of the CWAs)

    - Addresses considerations on MCP services such as Enhanced Care Management

    - Includes the new MCP Foster Care Liaison role

  - **AB 2724** authorized DHCS to establish a direct contract with Kaiser Permanente in 32 counties effective January 2024 including children and youth in foster care among the beneficiary populations of focus

Children and Youth Behavioral Health Initiative (CYBHI) Monthly Public Webinar (March 2024)

DHCS Updates

▶ CYBHI Fee Schedule

   ▶ Early adopters of local education agencies (LEAs) launched in January 2024

   ▶ Additional LEAs and select CA Community Colleges will launch July 2024

   ▶ All LEAs and public higher education campuses will launch January 2025 on a rolling basis

▶ Evidence-Based and Community-Defined Evidence Practices Grants

   ▶ Awarded $67 million across 99 entities for Round 5: Early Intervention Programs and Practices in partnership with the Mental Health Services Oversight and Accountability Commission (March 2024)

   ▶ $30 million for Round 6: Community-Defined Evidence Programs Grant is yet to be announced

▶ Behavioral Health Virtual Services Platforms (launched January 2024)

   ▶ BrightLife Kids (ages 0-12)

   ▶ Soluna (ages 13-25)

Questions?