

Systems and Medicaid Committee Agenda

Thursday, April 20, 2023

Holiday Inn Sacramento Downtown – Arena

300 J Street, Sacramento, CA 95814

Balboa/Calaveras Room

[Zoom link](#)

Join by phone: 1-669-900-6833 Passcode: 4964047

8:30 a.m. to 12:00 p.m.

- | | | |
|-----------------|--|--------------|
| 8:30 am | Welcome and Introductions
<i>Karen Baylor, Chairperson and All Members</i> | |
| 8:35 am | Approve January 2023 Draft Meeting Minutes
Approve February 2023 Draft Meeting Minutes
<i>Karen Baylor, Chairperson and All Members</i> | Tab 1 |
| 8:40 am | Discussion Re: SMC Participation in CBHPC Workgroups
<i>Karen Baylor, Chairperson and All Members</i> | Tab 2 |
| 8:45 am | Review of SMC Feedback for DHCS Behavioral Health Information Notices (BHINs) and Concept Papers
<i>Ashneek Nanua, Council Analyst</i> | Tab 3 |
| 8:50 am | Public Comment | |
| 8:55 am | Overview of DHCS Children and Youth Programs/Initiatives and Short-Term Residential Treatment Programs (STRTP)
<i>Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, California Department of Health Care Services (DHCS)</i>
<i>Janelle Ito-Orille, Chief of Licensing and Certification Division, DHCS</i> | Tab 4 |
| 9:30 am | Overview of Children and Youth Behavioral Health Initiative (CYBHI), Progress Reports, and DHCS Work Stream
<i>Melissa Stafford Jones, Director, CYBHI, California Health Human Services Agency (CalHHS)</i>
<i>DHCS Office of Strategic Partnerships</i> | Tab 5 |
| 10:15 am | Public Comment | |
| 10:20 am | Break | |
| 10:35 am | Short-Term Residential Treatment Program (STRTP) Presentation
<i>Adrienne Shilton, Director of Public Policy and Strategy, California Alliance of Child and Family Services (CACFS)</i>
<i>Tyler Rinde, Deputy Director for Child Welfare Policy, CACFS</i> | Tab 6 |

- 11:00 am** **Local Implications of School-Based Behavioral Health Services for Children and Youth** **Tab 7**
County Behavioral Health Directors Association
- 11:25 am** **Provider Perspective of Children and Youth Initiatives** **Tab 8**
*Le Ondra Clark Harvey, Ph.D., Chief Executive Director,
California Council of Community Behavioral Health Agencies (CBHA)
John Drebing, Senior Advocate, Policy & Legislative Affairs, CBHA
Provider Representative TBD*
- 11:50 am** **Public Comment**
- 11:55 am** **Wrap Up/Next Steps**
Karen Baylor, 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

Karen Baylor, Chairperson Uma Zykofsky, Chair-Elect

Jessica Grove

Dale Mueller

Walter Shwe

Celeste Hunter

Noel O'Neill

Marina Rangel

Veronica Kelley

Liz Oseguera

Susan Wilson

Steve Leoni

Vandana Pant

Tony Vartan

Catherine Moore

Deborah Pitts

Joanna Rodriguez

Javier Moreno

Daphne Shaw

(on leave)

Committee Staff: Ashneek Nanua, Council Analyst

TAB 1

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023**

Agenda Item: Approve January 2023 Draft Meeting Minutes
Approve February 2023 Draft Meeting Minutes

Enclosures: January 2023 Draft Meeting Minutes
February 2023 Draft Meeting Minutes

Background/Description:

Committee members will review and approve the draft meeting minutes for the January 2023 Quarterly Meeting and February 2023 Interim Committee Meeting.

Systems and Medicaid Committee

Meeting Minutes (DRAFT)
Quarterly Meeting – January 19, 2023

Members Present:

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	Catherine Moore
Walter Shwe	Marina Rangel	Sutep Laohavanich
Noel O'Neill	Susan Wilson	Daphne Shaw
Jessica Grove	Deborah Pitts	Tony Vartan
Celeste Hunter	Dale Mueller	Veronica Kelley
Vandana Pant	Liz Oseguera	

Staff Present:

Ashneek Nanua, Jenny Bayardo

Presenters:

Michelle Doty Cabrera, Elissa Field, Linda Molina, Tony Vartan, Holly Clifton

Others Present: Deborah Starkey, Stacy Dalglish, Stephen McNally, Diane Shinstock, Theresa Comstock, Benny Tinson

Meeting Commenced at 8:35 a.m.

Item #1 Welcome New Council Leadership

The Planning Council's new Officer team attended the SMC January 2023 Quarterly Meeting to learn more about the work and goals of the committee. The committee answered the following three questions:

- 1) **How does the committee align with the Vision and Mission of the Council?**
- 2) **How does this committee align with the Council's mandates in Welfare and Institutions Code?**
- 3) **What does the committee hope to accomplish in the coming year?**

Committee responses:

- The [SMC 2022-23 Work Plan](#) outlines the areas that the committee would like to focus on. There has been more funding for behavioral health recently which means increased implementation and monitoring of how the initiatives are carried out at the local level. The SMC Chairperson hopes to elevate the work of the SMC to the point where DHCS reaches out to CBHPC for the Council's vision and input on shaping policies.

- CalAIM is an initiative that will transform how business is done in many ways. This committee has weighed in and conducted a considerable amount of analysis and response to the Medicaid reform efforts in California.
- The committee has brought local speakers to ensure that there is local implementation changes in mind when the committee submits their advocacy to DHCS.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

**Item #2 Approve October 2022 Draft Meeting Minutes
 Approve December 2022 Draft Meeting Minutes
 Approve January 2023 Interim Meeting Draft Meeting Minutes**

The Systems and Medicaid Committee (SMC) reviewed the SMC October 2022 draft meeting minutes. Noel O'Neill motioned approval of the SMC October 2022 meeting minutes. Susan Wilson seconded the motion. Veronica Kelley abstained. The motion to approve the SMC October 2022 Meeting Minutes passed.

The Systems and Medicaid Committee (SMC) reviewed the SMC December 2022 draft meeting minutes. Susan Wilson motioned approval of the SMC June 2022 meeting minutes. Walter Shwe seconded the motion. Steve Leoni proposed a correction to Item #2 in the minutes to change "3 to 4 counties" to "34 counties." Steve Leoni opposed the motion. Veronica Kelley, Celeste Hunter, and Daphne Shaw abstained. The motion to approve the SMC October 2022 Meeting Minutes passed.

The Systems and Medicaid Committee (SMC) reviewed the SMC January 5, 2023 interim meeting draft meeting minutes. Susan Wilson motioned approval of the SMC June 2022 meeting minutes. Walter Shwe seconded the motion. Steve Leoni and Daphne Shaw abstained. The motion to approve the SMC January 5, 2023 Interim Meeting Minutes passed.

Action/Resolution

SMC staff will make the edit proposed for Item #2 in the December 2022 Draft Meeting Minutes. The October 2022, December 2022, and January 5, 2023 SMC Meeting Minutes are approved.

Responsible for Action-Due Date

Ashneek Nanua – January 2023

Item #3 SMC Responses to DHCS Behavioral Health Policies

SMC staff shared committee documents such as letters and responses to DHCS Behavioral Health Information Notices (BHINs) to highlight the work that the SMC has done in response to DHCS' proposed behavioral health policies and programs. The most recent feedback to DHCS is the SMC recommendation letter written to DHCS regarding the [California Behavioral Health Community-Based Continuum \(CalBH-CBC\) Concept Paper](#) which will inform the development of the Medicaid Section 1115 Demonstration Waiver application to the Centers for Medicare and Medicaid Services. Staff shared that there is \$6.1 million in the Governor's proposed budget dedicated to the 1115 Demonstration Waiver.

Staff highlighted that each policy that the committee responded to was on the Work Plan and/or had been discussed extensively in prior committee meetings. The prioritized documents for the committee to review are the [CalBH-CBC recommendation letter](#), [BHIN 22-064](#): Medi-Cal Mobile Crisis Services Benefit Implementation, [BHIN 22-065](#): Adult and Youth Screening and Transition of Care Tools for Medi-Cal Mental Health Services, and [BHIN 22-069](#): Guidance to Counties and Providers on Short-Term Residential Therapeutic Program Placement and Institution for Mental Disease Transitions.

Steve Leoni requested that Council staff ask DHCS to consider increased time frames to respond to the BHINs as the typical one to two week response period may hinder quality feedback. Chairperson Karen Baylor stated that this item is a work in progress.

Action/Resolution

SMC staff will continue to solicit committee feedback for DHCS policies and Behavioral Health Information Notices. Staff will then share the final version of committee feedback to the SMC.

Responsible for Action-Due Date

Ashneek Nanua - Ongoing

Item #4 Institutes for Mental Disease (IMD) Presentation

Michelle Doty Cabrera, Executive Director, and Elissa Field, Senior Policy Analyst, of the County Behavioral Health Directors Association (CBHDA) presented on the California Behavioral Health Community-Based Continuum (CalBH-CBC) proposal for Medicaid Section 1115 Waiver for Institutes for Mental Disease (IMD). CBHDA first provided an overview of the Centers for Medicare and Medicaid Services (CMS) guidance for the demonstration as well as California's two-pronged approach to improve accountability and support practice transformations statewide and expand community-based services and enhance quality and transitions from patient care. Michelle Cabrera

shared that Medicaid has not paid for inpatient or residential mental health treatment in facilities larger than 16 beds (IMDs) since 1965 despite some individuals requiring inpatient care as part of their healing and recovery.

The goal of the Demonstration Waiver is to reduce utilization and length of stays in emergency departments, reduce preventable readmissions to acute care hospitals/residential settings, improve availability of crisis stabilization services and community-based services, increase integration of primary and behavioral health care, and improve care coordination. CBHDA reviewed the requirements of the 1115 Demonstration Waiver that would allow Medicaid reimbursement for short-term stays in IMDs (limited to 60 days) if certain conditions are met to increase high-quality care and make investments in community-based services. The populations of focus are children and youth, individuals experiencing or at-risk of experiencing homelessness, and justice-involved populations.

Elissa Field reviewed the key demonstration components: strengthen the statewide continuum of community-based services, support, statewide practice transformations, and improve statewide accountability for Medi-Cal services. In order for counties to receive Federal Financial Participation for short-term stays in IMDs, they must opt-in to offer a set of community-based services and adhere to CMS requirements. The community-based services include Assertive Community Treatment, Forensic Assertive Community Treatment, Supported Employment, Coordinated Specialty Care for First Episode Psychosis, Community Health Worker Services, and Rent/Temporary Housing.

CBHDA shared potential challenges, implementation considerations, and costs and benefits of the CalBH-CBC 1115 Demonstration Waiver opportunity. Challenges include aligning this opportunity with existing initiatives and current behavioral health transformations and workforce capacity. Some considerations for implementation include providing flexibility to implement new community-based services, meeting the length-of-stays and number of facilities that are able to meet the IMD requirements, and ensuring adequate funding is available for the proposed statewide components and allowing reinvestments to match potential savings through the waiver. The demonstration is an opportunity to better leverage existing funding with federal financing, add new benefits to support a community-based continuum of care, and require existing short-term IMD expenses and capacity for upfront investments and expansions.

Committee members engaged CBHDA in a Q & A session following the presentation.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #5 Public Comment

Steve McNally stated that CBHDA did a terrific job identifying the challenges and that a lot of items the state wants to spend money on take time to implement. Steve asked what it would take for the current workforce to accept patients. He said it will be important that people be vocal. The ability for counties to tap funds varies in counties. Steve said he would like to see how health care, social services, and rehabilitation agencies interact across different ages and identify which agency will be the lead at different points in time.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

**Item #6 Presentation and Discussion Re: Local Impacts of SMI/SED
IMD Waiver**

The SMC explored the implications of implementing the concept for the 1115 Demonstration Waiver at the local level. Linda Molina, Director for Adult and Older Adult Services, Orange County, described services for individuals with behavioral health conditions in the county with a presentation focus on long-term care. Linda described the population and demographics of individuals served in IMDs, services provided, and discharge planning/transitions to lower levels of care and back into the community.

Tony Vartan, Director of Behavioral Health, Stanislaus County, presented to the SMC on the county's current IMD process. Tony expressed a focus on the least restrictive environment for the individual. He described the referral and linkage process, provided a list of organizations involved in the process, step down process, and steps taken for any potential renewal of conservatorship.

The committee engaged the presenters in a Q & A session after the presentations. The SMC gauged the likelihood that counties will opt-in to the IMD proposal in the 1115 Demonstration Waiver. The presenters expressed that the difficulty in counties to participate due to staffing challenges, the amount of administrative requirements that counties are already held to by the state, difficulty meeting the average length-of-stay requirements, and electronic health record challenges. Counties are likely to position themselves to focus on the full functionality of mandated and emergency services prior to looking at viability of engaging in optional services.

Action/Resolution

The committee will continue tracking efforts for the CalBH-CBC Demonstration.

Responsible for Action-Due Date

N/A

Item #7 Public Comment

Theresa Comstock, Executive Director, California Association of Local Behavioral Health Board and Commissions, asked the SMC to engage with the Housing and Homelessness Committee (HHC) on the Adult Residential Facility (ARF) and Residential Care Facility for the Elderly (RCFE) issue. Large numbers of these facilities are closing which is part of the care continuum. There is a 1915 (c) waiver in place for individuals with intellectual and developmental disabilities but not for individuals with individuals with serious mental illness. Theresa asked the SMC to look at this model. The State Rehabilitation Council (SRC) recently made a recommendation to the California Department of Rehabilitation to increase integration at the state and local level to increase employment services for individuals with mental illness. The 1115 Demonstration project states that this can be done with supported employment and encouraged the SMC to have this conversation when thinking of the 1115 Demonstration.

Benny Tinson, Executive Director, Licensed Adult Residential Care Association, echoed comments on incorporating ARFs and RCFEs in the 1115 Waiver using the 1915(c) waiver as a template. Benny asked for support considering the rate of closures. In 2022, over 401 ARFs closed and still waiting on numbers for the fourth quarter in 2022. ARFs are struggling to keep doors open and his members are ready to assist with the homeless crisis. He expressed that we cannot continue with current system in place. The lack of a tiered rate system is inequitable and discriminatory for those living with serious mental illness and needs to be corrected.

Steve McNally stated that we could do a better job up front if we could get individuals into services earlier with the use of informed consent. He stated that the presentations were compelling in terms of telling that the current system cannot absorb what you do not give it and raises questions on what it would cost to make the system whole, and that we must do a better job of informing people of mobilizing and creating documents in real terms. Steve said that we do not do a good job of how many and how much money are placed in the boxes of these documents. He shared that many people in his National Alliance of Mental Illness (NAMI) support group are begging to go in the public system but do not want to leave the private system. Steve said that there is a lack of acceptance or accountability to fix problems.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #8 Behavioral Health Continuum Infrastructure Program (BHCIP) Presentation

Holly Clifton, Section Chief from Community Services Division, Department of Health Care Services presented to the SMC on the Behavioral Health Continuum Infrastructure Program (BHCIP) which allocates \$2.2 billion to expand behavioral health infrastructure efforts in California. Holly first reviewed BHCIP's guiding principles and priorities. She then shared that the [Assessing the Continuum of Behavioral Health Services in California Report \(2022\)](#) provides data and a stakeholder perspective for DHCS as it implements major behavioral health initiatives including the BHCIP. Holly shared data highlights from the needs assessment provided in the report.

The BHCIP provides competitive grants for counties, cities, tribal entities, non-profit, and for-profit entities to build new or expand existing capacity in the continuum of public and private behavioral health facilities. The funding is limited to brick-and-mortar projects. DHCS is releasing Request for Applications (RFAs) for BHCIP through six funding rounds which target various gaps in California's behavioral health facility infrastructure, and the rounds will remain open until funds are awarded. Holly reviewed the six rounds:

- Round 1: Mobile Crisis (\$157.7 million awarded)
- Round 2: Planning Grants (\$7.4 million awarded)
- Round 3: Launch Ready and Community Care Expansion (\$518.5 million awarded)
- Round 4: Children and Youth (\$480.5 million awarded)
- Round 5: Crisis and Behavioral Health Continuum (DHCS plans to award \$480 million)
- Round 6: Outstanding needs remaining after rounds 3 through 5 (DHCS plans to award \$480 million)

DHCS shared that applicants are required to provide a match for the funds (tribal entities – 5% match; counties/cities/non-profits – 10% match; for-profit providers/private organizations – 25% match). The match may be provided in the form of cash and real property such as equity in land/existing structures but services are not an allowable match.

The committee engaged DHCS with a Q & A session upon conclusion of the presentation. Committee members inquired how DHCS will evaluate the success of the program. Holly Clifton stated that DHCS has milestones to evaluate successes such as ensuring that expansions are ongoing, having accurate bed and slot counts, providing ongoing technical assistance, and knowing when awardees plan to complete projects.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #9 Wrap Up/Next Steps

Chairperson Karen Baylor invited the SMC to propose topics and action items for upcoming committee meetings. The following items were proposed:

- Proposal to get better payments for residential settings for making a parallel structure with the 1915(c) waiver.
- Conduct analysis on the barriers and opportunities in CalAIM and other initiatives in counties, and determine one process change that can be made for maximum reward to address issues in the system.
- Hear from additional stakeholders such as the California Pan-Ethnic Health Network (CPEHN) for their perspectives on IMDs.
- Adjust SMC Work Plan Objective 2.2.

Action/Resolution

The SMC Officer team will consult with SMC staff to plan the SMC April 2023 Quarterly Meeting agenda.

Responsible for Action-Due Date

Ashneek Nanua, Karen Baylor, Uma Zykofsky - April 2023

Meeting Adjourned at 12:00 p.m.

Systems and Medicaid Committee

Meeting Minutes (DRAFT)
Interim Meeting – February 10, 2023

Members Present:

Karen Baylor, Chairperson	Uma Zykofsky, Chair-Elect	Javier Moreno
Noel O’Neill	Catherine Moore	Steve Leoni
Vandana Pant	Jessica Grove	Susan Wilson

Staff Present:

Ashneek Nanua, Jenny Bayardo

Meeting Commenced at 1:00 p.m.

Item #1 **High-Level Overview of CalAIM Behavioral Health Administrative Integration Concept Paper**

Systems and Medicaid Committee (SMC) staff provided a high-level overview of the [CalAIM Behavioral Health Administrative Integration Concept Paper](#). This proposal initiates the Department of Health Care Services (DHCS), as part of the CalAIM Initiative, to consolidate Specialty Mental Health Services (SMHS) and Substance Use Disorder (SUD) services covered either by county Drug Medi-Cal (DMC) or Drug Medi-Cal Organized Delivery System (DMC-ODS) programs into a single county-based behavioral health program, operated under a single, integrated contract between counties and the state.

Staff reviewed the 11 components of the behavioral health administrative integration proposal in 3 major categories: streamlining the beneficiary experience, integrating county structures and processes, and integrating DHCS oversight functions. Staff then reviewed the phased implementation timeline with Phase 1 in Calendar Year (CY) 2023-24 to voluntarily integrate county functions under existing contracts, Phase 2 in CY 2025-26 for early adopter counties to participate in administrative integration, and Phase 3 of implementation for all counties on January 1, 2027. DHCS’ stakeholder engagement process will include feedback via the CalAIM Behavioral Health Workgroup, written guidance via templates, information notices, and frequently asked questions, webinars and learning collaboratives, and technical support to counties.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #2 Discuss SMC Recommendations for CalAIM Behavioral Health Administrative Integration Concept Paper

The SMC provided the following key recommendations and comments regarding the CalAIM Behavioral Health Administrative Integration Concept Paper:

- The committee expressed concern regarding the implementation timelines being on a Calendar Year basis versus a Fiscal Year (FY) basis as it creates duplicative work for counties. The SMC recommended implementing the proposal by FY to align with current county reporting requirements.
- There is a need for integration to be done in a way that does not create additional administrative burden or result in overload to the counties and provides which impacts beneficiary care.
- Recovery for mental health differs from recovery for substance use disorders so it is important to consider the implications of integration and be mindful of not losing the distinction between these services for the beneficiaries being served. The SMC would like to ask DHCS clarification on how administrative integration improves the client experience.
- The DMC-ODS had policies and principles that did not work in practice and resulted in a loss of providers, business, and created additional access issues despite the state's good intent. Committee members want to ensure that the same challenges are not duplicated in the behavioral health administrative integration proposal if they can be avoided. The committee recommended that DHCS look at lessons learned, challenges, and best practices from the implementation of DMC-ODS from a provider and county perspective.
- Key points regarding payment rate structure:
 - There is a need for transparency for the rate structures at the county and provider level prior to integration, which involves consultation with subject matter experts and stakeholders to ensure that rates are sufficient for the complexities of integration.
 - Drug Medi-Cal counties' fee-for-service (FFS) rates are low, especially for small and rural counties. Committee members asked if adjustments can be made to the current FFS rates for Drug Medi-Cal.
 - Clarity is needed on equity for rate development and integration.
- Key points regarding data integration and interoperability:
 - Data systems need the ability to communicate with each other and with physical health systems for beneficiaries being treated in multiple systems, as currently databases vary by county. SMC members recommended guidance and technical assistance be provided.
 - There are programs such as the Early Psychosis Intervention (EPI) that work on evaluation systems, data, and outcomes as well as other programs focused on communication between data systems. Therefore, there are fragmented data systems that are not statewide. The SMC will ask the state that the unification of data between mental health and SUD

be taken with a broader perspective when considering data integration across all fields, funding sources, and delivery systems.

- Key points regarding provider contracts and the workforce crisis:
 - There is a need to address the workforce shortage and level of burnout in the current behavioral health workforce to ensure the success of this proposal which requires significant staff investments in the timeline.
 - The streamlined provider certification process should be piloted prior to the full implementation in 2027 to help reduce barriers to provider certification and the workforce crisis.
 - Counties and providers will need clear and specific guidance from DHCS on providing services for providers offering co-occurring services as well as providers who are offering either mental health or SUD services.
 - Providers will need integration pre-training which impacts time on direct care. The state should ensure that the number and quality of services to mental health/SUD clients do not falter in the integration process.
- The committee recommended that DHCS work with stakeholders through the planning and implementation process to collaboratively find solutions to issues.
- Lack of clarity in subsequent guidance may cause duplication of processes. Therefore, it is important for DHCS to provide clear guidance to counties.

Action/Resolution

The SMC staff and Officers will assemble a recommendation letter to DHCS for the Concept Paper. Staff will then post the letter to the SMC webpage.

Responsible for Action-Due Date.

Ashneek Nanua, Karen Baylor, Uma Zykofsky – February 2023

Item #3 Wrap Up/Next Steps

SMC Chairperson, Karen Baylor, reviewed key items recommended for the CalAIM Behavioral Health Administrative Integration Concept Paper including the following: Stakeholder engagement, clarity on the reason for using the calendar year, provider guidance to counties on provider contracts, and data inoperability. She stated that the SMC Officer team and staff will incorporate the recommendations into a letter to DHCS.

Action/Resolution

SMC staff and Officers will assemble the committee's recommendations for the CalAIM Behavioral Health Administrative Integration Concept Paper and submit the recommendation letter prior to the stakeholder feedback deadline on February 21, 2023.

Responsible for Action-Due Date

Ashneek Nanua, Karen Baylor, Uma Zykofsky – February 2023

Meeting Adjourned at 1:50 p.m.

Tab 2

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023**

Agenda Item: Discussion Re: SMC Participation in CBHPC Workgroups

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 activities with the CBHPC workgroups.

Background/Description:

CBHPC's Executive Committee will discuss how to ensure that that the Planning Council's workgroups are integrated into the work of all of the committees during the April 2023 Quarterly Meeting. The SMC Chairperson will provide a brief update on the following items:

- the Executive Committee's Workgroup Discussion
- how the committee will integrate the work of the workgroup into the SMC

CBHPC workgroups:

- Children and Youth Workgroup
- Reducing Disparities Workgroup
- Substance Use Disorder Workgroup

TAB 3

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023**

Agenda Item: Review of SMC Feedback for DHCS Behavioral Health Information Notices (BHINs) and Concept Papers

Enclosures: [SMC Letter Re: CalAIM Behavioral Health Administrative Integration Concept Paper](#)

SMC Responses to Draft BHIN: Elimination of Cost Reporting Requirements for Counties and Providers

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 that the SMC engaged in regard to state-level behavioral health policy development at the Department of Health Care Services (DHCS).

Background/Description:

The Systems and Medicaid Committee staff will provide an update on the Behavioral Health Information Notices (BHINs) and other policies and documents that the committee has provided recommendations for since the January 2023 Quarterly Meeting. The purpose of this agenda item is to maintain transparency on the committee's efforts towards transforming the public behavioral health system in California to better serve individuals with behavioral health conditions. Committee members will use this information to continue tracking behavioral health initiatives based on the goals of the SMC Work Plan as well as advocate and make recommendations to the state regarding Medi-Cal beneficiaries with serious mental illness and substance use disorders.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the committee's responses to draft Behavioral Health Information Notice (BHIN) Re: Elimination of Cost Reporting Requirements for Counties and Providers.

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023**

Agenda Item: Overview of DHCS Children and Youth Programs/Initiatives and Short-Term Residential Treatment Programs (STRTP)

Enclosures: *Meeting materials will be provided at the meeting.*

Short Term Residential Treatment Program (STRTP) Congregate Care Summary Statistics

Additional Resources:

[Medi-Cal's Strategy to Support Health and Opportunity for Children and Families](#)

[Governor Newsom's Master Plan for Kids' Mental Health](#)

[Assembly Bill 133](#)

[Behavioral Health Stakeholder Advisory Committee February 2023 Meeting](#)

[Presentation](#) – CMS Approval of CalAIM Justice-Involved Initiative (slides 24-43), Medi-Cal for Kids & Teens Outreach and Education Toolkit (slides 45-55), Youth Substance Use Disorder Prevention (slides 83-89)

[Short-Term Residential Treatment Program \(STRTP\) Frequently Asked Questions](#) (regarding the Institution for Mental Disease (IMD) determination assessment tool)

[DHCS Licensing and Certification Webpage](#) (STRTP-IMD)

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 the various children and youth initiatives lead by the Department of Health Care Services (DHCS). Committee members will utilize this information to evaluate how to improve access and build a robust care continuum for children with serious emotional disturbances (SED).

Background/Description:

Representatives from DHCS will provide the SMC with information on how Short-Term Residential Treatment Programs (STRTPs) that are IMDs will be addressed in the California Behavioral Health Community-Based Continuum (CalBH-CBC) Demonstration Waiver, present an update on the Institutes for Mental Disease (IMD) assessment results, how CalAIM intersects with children and youth initiatives, and provide an overview of new children and youth initiatives in development for implementation in County Mental Health Plans, Drug Medi-Cal, and Drug Medi-Cal Organized Delivery System (DMC-ODS) counties. Committee members will have the opportunity to ask questions and engage DHCS with comments as appropriate.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Presenter Biographies

Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, CA Department of Health Care Services

Ivan Bhardwaj is currently serving as the Chief of the Medi-Cal Behavioral Health Policy Division, where he oversees behavioral health programs and policy for county Mental Health Plans, as well as the Drug Medi-Cal and Drug Medi-Cal Organized Delivery System programs. Additionally, he oversees DHCS' 988 program activities, the Medi-Cal Mobile Crisis benefit, and a host of CalAIM initiatives, such as the CalBH-CBC waiver, No Wrong Door, Documentation Redesign, and Behavioral Health Administrative Integration. Ivan formerly served as Chief of the Federal Grants Branch, where he oversaw many of the Department's behavioral health grant programs, including the MAT Expansion Project and the Naloxone Distribution Project.

Janelle Ito-Orille, Division Chief, Licensing and Certification Division, CA Department of Health Care Services

Janelle has over 14 years of State of California experience, and is currently serving as the Division Chief of the Licensing and Certification Division for the Department of Health Care Services. In this capacity, she is responsible for engaging with various stakeholders on local issues brought forward by constituents; implementing licensing policy and clinical SUD changes; monitoring budgets and expenditures; and conducting on-site and virtual technical assistance. Prior to this, Janelle served as a Branch Chief for Licensing and Complaints in the Substance Use Disorder Compliance Division. Janelle has earned her Master's Degree in Counseling, Community Specialization, and Bachelor's Degree in Criminal Justice from the California State University, Sacramento. As the Division Chief, Janelle serves as the central point for planning, implementing, and evaluating program policy on all matters related to behavioral health licensing and certification.

Short Term Residential Treatment Program (STRTP) Congregate Care Summary Statistics

California Department of Social Services
 Systems of Care Branch
 Data Outcomes Unit
 2/14/2023

Congregate Care STRTP Summary Statistics						
	Facilities	Providers	Licensed Capacity	CW Placements	Probation Placements	Total Foster Youth
Licensed Facilities						
Provisional	62	48	492	176	39	215
Permanent	314	195	2422	1155	247	1402
Licensed	376	243	2914	1331	286	1617
In Process Facilities						
New Applications	14	13	83	0	0	0
Total In Process	14	13	83	0	0	0
Total Licensed and In Process	390	256	2997	1331	286	1617

Notes:

- 1) Denied, Closing, and Closed Facility and Provider counts do not include relocations or licensee name changes, or Group Homes not reported on the Tracker prior to 5/2/2020
- 2) CTF (Community Treatment Facility) data is no longer being reported on the STRTP Tracker
- 3) TSCF (Transitional Shelter Care Facility) data is no longer being reported on the STRTP Tracker
- 4) Out of State data is not being reported on during transition
- 5) Includes all Youth under 21 years of age in an STRTP/Facility as of date indicated

TAB 5

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023

Agenda Item: Overview of Children and Youth Behavioral Health Initiative (CYBHI), Progress Reports, and DHCS Work Stream

Enclosures: *Presentation materials will be provided at the meeting.*

[CYBHI January 2023 Progress Report](#)

[CYBHI Youth at the Center Report](#)

[CYBHI Brief](#) and [FAQ](#)

[CalHHS CYBHI Webpage](#)

[DHCS CYBHI Webpage](#)

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 the Children and Youth Behavioral Health Initiative (CYBHI) lead by the California Health and Human Services Agency (CalHHS). Committee members will utilize this information to evaluate how to improve access and build a robust continuum of care for children and youth.

Background/Description:

The Children and Youth Behavioral Health Initiative was announced in July 2021 with a \$4.4 billion investment to enhance, expand and redesign the systems that support behavioral health for children and youth. The goal of the CYBHI is to reimagine mental health and emotional well-being for all children, youth, and families in California by delivering equitable, appropriate, timely and accessible behavioral health services and supports. The CYBHI will be designed and implemented in partnership with CalHHS departments, education stakeholders from early childhood, K-12 and higher education, other State agencies, subject matter experts, community partners and stakeholders on the ground and in the field, and children, youth, and families.

Representatives from CalHHS will provide a high-level overview of the CYBHI, January 2023 Progress Report, and Youth at the Center Report. Representatives from the Department of Health Care Services (DHCS) then will present an overview of programs and activities under DHCS' CYBHI work stream. The SMC will have the opportunity to engage CalHHS and DHCS with comments and questions as appropriate.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Presenter Biographies

Melissa Stafford Jones, Director, Children and Youth Behavioral Health Initiative, California Health and Human Services Agency

Melissa Stafford Jones is director of the Children and Youth Behavioral Health Initiative at the California Health and Human Services Agency (CalHHS). In this role she works with CalHHS departments, sister state agencies, and partners and stakeholders throughout the state to reimagine California's children and youth behavioral health system into an innovative, upstream-focused ecosystem where all children and youth are routinely screened, supported, and served for emerging and existing behavioral health (mental health and substance use) needs. Prior to her appointment to CalHHS, she was executive director of First 5 Association of California, leading the organization's strategies to advance a whole-child, whole-family, equity-centered early childhood policy and agenda. She served as regional director for the US Department of Health and Human Services from 2014–2017, and worked with local and state organizations, key stakeholders, and elected officials throughout the region to implement the Affordable Care Act, increase access to health care and social services, and improve the lives and health of diverse communities. Previously, she was president and CEO of the California Association of Public Hospitals and Health Systems, leading the organization's strategy to advance public policies that support the essential role of the safety net and improve health status and access to care for low-income and uninsured individuals and communities. She holds a master's degree in public health from the University of California, Berkeley and a BS in biology from Saint Mary's College of California.

Autumn Boylan, Deputy Director, Office of Strategic Partnerships, California Department of Health Care Services

Autumn Boylan has been appointed Deputy Director in the Office of Strategic Partnerships at the California Department of Health Care Services. Boylan has been Assistant Deputy Director of Integrated Systems at the California Department of Health Care Services since 2020. She was Branch Chief of Program Monitoring and Compliance at the California Department of Health Care Services from 2015 to 2020, Program Manager for the Center for Health Equity at the California Institute for Behavioral health Solutions from 2011 to 2015 and Staff Mental Health Specialist for the Office of Multicultural Services at the California Department of Mental Health from 2007 to 2011. Boylan earned a Master of Public Health degree from the Drexel University School of Public Health.

TAB 6

**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023**

Agenda Item: Short-Term Residential Treatment Program (STRTP) Presentation

Enclosures: *Meeting materials will be provided at the meeting.*
[DHCS Licensing and Certification Webpage](#) (STRTP-IMD)

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 and perspective of Short-Term Residential Treatment Programs (STRTPs). Committee members will utilize this information to evaluate how to improve access and quality of care for children with serious emotional disturbances (SED).

Background/Description:

Representatives from the CA Alliance will present a brief overview of STRTPs and how STRTPs are being implemented in conjunction with other children and youth initiatives currently being introduced by the state. Additionally, the CA Alliance will provide insight on whether children are accessing services in a timely manner and share their perspectives and considerations for the inclusion of STRTPs in the Medicaid Section 1115 Waiver Application.

About CA Alliance of Child and Family Services (CACFS):

The [CACFS](#) serves as a collective voice for organizations that advocate for children, youth, and families and advance policy and legislation on their behalf. California Alliance member agencies, which are diverse in size, location, make up and length of service, leverage their subject-matter expertise to support thousands of children and their families statewide. More than 150 chief executives of organizations that serve California's most vulnerable populations trust the California Alliance to provide legislative and regulatory advocacy to the governor and the Legislature, as well as a host of state departments including: Health and Human Services, Finance, Mental Health, Social Services, Education and Community Care Licensing. California Alliance members have established multi-agency collaborations and networks to offer the services needed to provide safety, security and permanence for children and families.

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Presenter Biographies

Adrienne Shilton, Director of Policy, California Alliance of Child and Family Services (CACFS)

Adrienne is responsible for overseeing the work of the Policy Team at CACFS. She has been the government affairs director at the Steinberg Institute since 2017. She is a recognized expert in mental health policy who has devoted her career to improving the well-being of people living with brain illness and substance use disorders. Adrienne became involved in mental health policy as a key staff person in the campaign to pass the 2004 Mental Health Services Act. Prior to her position with the Steinberg Institute, she worked in a variety of roles to carry out the vision for services laid out in the law, including as the director of intergovernmental affairs for the County Behavioral Health Directors Association.

Before joining CBHDA, Adrienne was a senior associate with the nonprofit California Institute for Behavioral Health Solutions, and a senior policy analyst with the California Council of Community Behavioral Health Agencies. She has been a champion for culturally relevant program design, incorporating peer support as a crucial piece of recovery, and using evaluation and outcomes-based reporting to drive strategy.

Shilton has served as an adviser on several statewide efforts, and currently sits on a task force examining mental health issues in California's LGBTQ community. She has a bachelor's degree in psychology from Knox College, and a master's degree in public policy and administration from California State University, Sacramento.



Tyler Rinde, Deputy Director of Child Welfare Policy, CACFS

Tyler Rinde has served as the Executive Director of the California Association of Alcohol and Drug Program Executives (CAADPE) since 2021, a statewide association of 37 substance use disorder provider organizations. Prior to joining CAADPE, Tyler served as senior policy advocate with the County Behavioral Health Directors Association (CBHDA), working on behavioral health policy and legislative work on behalf of county behavioral health departments. He has championed efforts on behalf of broad and diverse coalitions to prevent the shifting of community mental health funding into justice systems and against criminalization of substance use disorders.

Tyler is a graduate of the University of California, San Diego, and a native of Sacramento. He is also a member of the Capitol LGBTQ Association.



**Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023**

Agenda Item: Local Implications of School-Based Behavioral Health Services for Children and Youth

Enclosures: *Presentation materials will be provided at the meeting.*
[Assembly Bill 133 Section 5961.3](#)

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 insight regarding school-based behavioral health services as well as how county behavioral health departments are working in partnership with Managed Care Plans to effectively administer this benefit, particularly as it relates to children with Serious Emotional Disturbances (SED).

Background/Description:

Representatives from CBHDA will present on school-based behavioral health initiatives in California and how these services will work with changes in access to high-quality behavioral health care. CBHDA will provide insights and implications of Managed Care Plans (MCPs) being responsible for providing school-based behavioral health services and how it may affect caseload and access issues at a county level. CBHDA will also share how county behavioral health departments are partnering with MCPs to provide behavioral health services at or near school sites.

About CBHDA:

The [County Behavioral Health Directors Association \(CBHDA\)](#) believes everyone should have access to quality behavioral health care. Through advocacy, lobbying and education efforts, CBHDA promote the reduction of individual and community problems related to unaddressed behavioral health issues. The association regularly brings together behavioral health professionals to discuss ways to inform public policy and improve the delivery of behavioral health services. CBHDA supports efforts to help the most vulnerable among us – children with serious emotional challenges, adults with serious mental disorders, and people living with substance use disorders.

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**California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, April 20, 2023**

Agenda Item: Provider Perspective of Children and Youth Initiatives

Enclosures: *Meeting materials will be provided at the meeting.*

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 the provider perspective regarding the implementation of children and youth initiatives and programs that present changes to the structure and delivery of services, particularly for children with Serious Emotional Disturbances (SED). The SMC will use this information to advocate for an accessible, equitable, high quality behavioral health system for children and youth.

Background/Description:

Representatives from CBHA will present the provider perspective of the challenges and opportunities for all of the children and youth behavioral health initiatives that have recently been introduced by the state. Additionally, CBHA will describe how providers are coping with the changes and describe effective and non-effective practices for the implementation of the proposed children and youth programs. CBHA will also address the following questions:

1. How are improvements or lack-there-of going with school based initiatives and Managed Care Plans (MCPs)?
2. How is access to care improved or not in county mental health? Is access improved for kids in schools, county behavioral health departments, and MCPs?

About the California Council of Community Behavioral Health Agencies (CBHA):

The [CBHA](#) is a statewide association of non-profit agencies dedicated to providing mental health and substance use disorder programs and services to those in need across our state. CBHA is dedicated to the proposition that the people of California deserve a rational and comprehensive community-based behavioral health system that is adequately funded to serve those in need. CBHA is the voice of our agencies at the state Capitol, and with state agencies, and the federal government. The goal is to ensure that federal, state, and county programs can support integrated healthcare services for people of all ages.

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Presenter Biographies

Le Ondra Clark Harvey, Ph.D., Chief Executive Officer, California Council of Community Behavioral Health Agencies (CBHA)

Dr. Clark Harvey is a psychologist and the Chief Executive Officer of the California Council of Community Behavioral Health Agencies (CBHA). CBHA is a statewide advocacy organization representing mental health and substance use disorder non-profit agencies that collectively serve approximately one million Californians. She is also the Executive Director of the California Access Coalition- a group of advocacy organizations and pharmaceutical industry companies that advocates for patient access to behavioral health treatment. Dr. Clark Harvey has previously served as Chief Consultant to the California State Assembly Committee on Business and Professions, Principal Consultant to the Senate Committee on Business, Professions and Economic Development, and a health policy consultant to the office of former Senator Curren D. Price, Jr.

Prior to her work within the California Legislature, she completed her Ph.D. in Counseling Psychology at the University of Wisconsin, Madison. She completed her pre-doctoral fellowship at the University of Southern California Children's Hospital Los Angeles and a post-doctoral fellowship at the University of California, Los Angeles Mattel Children's Hospital.

Dr. Clark Harvey has maintained an impressive record of leadership including serving on national and local boards including the National Council of Mental Wellbeing, American Psychological Association, Association of Black Psychologists, Sacramento County Public Health Advisory Board and the Sacramento County Children's Coalition. Dr. Clark Harvey has received numerous local and national awards. In 2020, she was appointed by California Governor Gavin Newsom to his Master Plan on Aging Advisory Committee and Behavioral Health Task Force. In 2021, she was appointed by California Lieutenant Governor, Eleni Kounalakis, to the California Institute for Regenerative Medicine Board and by the federal Assistant Secretary for Mental Health and Substance Use to the Substance Abuse and Mental Health Services Administration's Advisory Committee for Women's Services.



John Drebinger, Senior Advocate, Policy and Legislative Affairs, CBHA

John Drebinger III joins CBHA after serving extensively as an advocate for behavioral health reform in LA County (LAC). John worked in partnership with the LAC Department of Mental Health, LAC Department of Child and Family Services, LAC Youth Commission, UCLA, City of Long Beach, and the philanthropic sector to help connect the voices of community members with critical policy initiatives. John has a track record of convening cross-sector partners to solve the systemic challenges facing our behavioral health systems.

Before his time as a behavioral health advocate, John served as a Foster America Fellow. He worked to bring reform and prevention programs to child welfare systems through human centered design, community organizing, and policy reform. During his time as a Fellow, John worked closely with many of the behavioral health providers CBHA represents, finding new ways to ensure that families impacted by the child welfare system had access to quality behavioral health services. He was also selected as an IDEO CoLab fellow in recognition of his expertise in the intersection of media, storytelling, and policy reform. As a passionate and creative advocate for mental health and the social issues that intersect with it, John prioritizes connecting the real experiences of Californians with the policymakers and agencies that serve them.

