

9/3/24 CPAG Meeting 3 - Notes

Attendees:		
CPAG Members	 Aaron Ortiz (La Familia) Ana Rasquiza (RCD) Andie Martinez Patterson (CHCN) Aneeka Chaudhry (AC Health) Colleen Chawla (AC Health, Co- Chair, joined via Zoom) Cristi Ritschel (SAHA, joined via Zoom) Donald Frazier (BOSS) Jamie Almanza (BACS) Jonathan Russell (AC Health) Dr. Karyn Tribble (AC Health) Dr. Kathleen Clanon (AC Health) Kathy Young (TriValley NonProfit Alliance) 	 Keith Carson (BOS District 5, Co-Chair) Matthew Maddaus (BH Collaborative) Matthew Woodruff (Alameda Alliance) Narges Dillon (Crisis Support Services) Noha Aboelata (Roots) Tangerine Brigham (Delegate for James Jackson, AHS) Vanessa Davis (Kaiser Permanente)
Other Participants	 Amy Shrago (BOS District 5) Brian Godwin (AC Health) Claudia Ivette Sanchez (joined via Zoom) Daniel Johnson (joined via Zoom) Elizabeth Taing (AC Health) Evette Brandon (AC Health) Fred Dillon (joined via Zoom) Irmina S (BOS District 5, joined via Zoom) Jeannette Rodriguez (AC Health) Kelly Robinson (joined via Zoom) Kerry Landry (Facilitator) Kimia Pakdaman (AC Health) Liz Perez-Howe (joined via Zoom) Lucy Kasdin (AC Health) Melissa Hernandez (joined via Zoom) 	 MCooper (joined via Zoom) Michael Arnold (Facilitator) MSkinner (joined via Zoom) Noah Gallo (AC Health) Ronald Browder (AC Health, joined via Zoom) Serena Chen (joined via Zoom) Stacy Hill (AC Health) Suzanne Warner (AC Health) Tiffany Major (Eden I&R, joined via Zoom) Toni Panetta (Alameda Health Consortium) Tracy Hazelton (AC Health) Vanessa Baker (AC Health) Wendy Peterson (Senior Services Coalition, joined via Zoom)



Summary Notes

Agenda Item	Themes and Highlights	
Opening	Supervisor Carson opened Meeting #3 with thanks to participants for being	
Remarks	open and trusting in discussing the changing landscape and what we are hoping	
	to do together as a system.	
CPAG	Alameda County Health Director Colleen Chawla reviewed the Community	
Objectives,	Provider Advisory Group's deliverables, objectives, and guiding principles,	
Deliverables,	which have remained the same since the last meeting. Director Chawla also	
Guiding	provided a summary of participants' notes and feedback, framed as	
Principles,	opportunities and challenges. Director Chawla noted that many of the	
Meeting 2	challenges were also noted as opportunities or assets of our system.	
Recap, and		
Today's	Director Chawla also noted that there are many initiatives that impact	
Objectives	behavioral health services, which will be reviewed by Alameda County Health's	
	Behavioral Health Department today. The goal for today is that participants	
	understand these major initiatives and consider impacts in your own sectors.	
	As final state guidance is still outstanding on many of these initiatives, we're all	
	moving forward under some uncertainty.	
Behavioral	Presented by Karyn L. Tribble, PsyD, LCSW, Director; Vanessa Baker, LMFT,	
Health	Deputy Director, Plan Administration; Tracy Hazelton , MPH, MHSA Division	
Initiatives	Director	
	The Rehavioral Health Department (RHD) provided an even view of	
	The Behavioral Health Department (BHD) provided an overview of organizational structure of the BHD and its requirements as a Specialty Mental	
	Health Plan and Substance Use Disorder plan for Medi-Cal.	
	Major initiatives currently impacting behavioral health include: CalAIM, BHSA	
	Implementation (Prop 1), CARE Court Planning & System Coordination, Opioid	
	Settlement Planning System Coordination, Departmental Strategic Planning,	
	SmartCare Billing Implementation, Child & Youth Service Coordination and	
	Regulatory Change Initiatives, Peer Certification (SB 803), Lanterman-Petris-	
	Short (LPS) Legislative Change (SB 43), Forensic Services System Redesign,	
	Health Equity Initiatives, and Alameda County Settlement Implementation.	
	The BHD has been meeting with its provider network to educate them on these	
	initiatives and the upcoming changes that may affect them. If any organization	
	would like to request a presentation, please reach out to Tracy Hazelton.	
	Key impacts from the Mental Health Services Act (MHSA) to the Behavioral	
	Health Services Act (BHSA) include:	
	A required shift in focus for County Behavioral Health to prioritize	
	services for people with most acute need	
	 Increased coordination across County BH and Medi-Cal managed care 	
	plans to support a robust continuum of care from mild/moderate to	
	severe illness	
	 A need/opportunity for broader safety net system to support prevention offorts 	
	efforts	

	Alameda County Health
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Behavioral Health	Presented by Matthew Madaus, Executive Director
Collaborative	Over the years, we've seen an expanded definition of what is covered under behavioral health services, including an understanding that social determinants of health and our social systems affect an individual's behavioral health.
	With recent reforms, we are seeing that the roles and responsibilities of providers are being segmented more clearly. While this will help clarify who is responsible for services, it also may result in staffing issues, insufficient provider networks, exclusion of key populations, and less flexibility in being able to bill for certain services.
	The Behavioral Health Collaborative is looking forward to solutions that focus on the priorities of collaboration, data management, expanded Medi-Cal, and redesigning contracts.
Building Opportunities	Presented by Donald Frazier, CEO
for Self- Sufficiency (BOSS) presentation	BOSS presents a holistic model of support for people that includes vocational services, health and mental health supports, and builds community resilience by investing in trusted messengers and community leaders. <u>Video</u> provides an overview of the program, which currently focuses on African American neighborhoods in West and East Oakland.
Public Comment	No comments made
Closing and Next Steps	• The next meeting (Monday, 10/7, 12:30-3pm) will focus on homelessness. We look forward to seeing you!

Summary Themes from Participant Worksheets	 es from Changes in opportunities under MHSA when BHSA happens? Challenges around building CBO capacity to bill, report, etc., 	
	 Cross sector and system coordination Streamlining BH care coordination between MCPs and providers across the continuum (mild-moderate-severe) How to fund collaboration ACH (CHIP) and MCP crosswalk on overlapping priorities and disparities 	
	 Workforce Workforce development support: funding pipelines, training administrative/technical skills (maximizing EHRs, SHIE, security) Competitive wages for non-profit hiring and retention Training community health workforce (MH and other disciplines) 	



Organizational/staff capacity to support data sharing, strategy development, quality improvement, data analysis, stakeholder engagement, etc.
 Health Equity Define and share best practices and/or gaps in MHSA prevention and early intervention in community
 Stakeholder Engagement Would be helpful for County Office of Education to be present