

May 30, 2024, 1 p.m. – 2 p.m. (Pacific Time)

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## Question 1

Do the macro questions (slide 20 of the PowerPoint) capture the key areas to address through the Integrated Plan? Would you add or change any?

## Participant Responses

### Common Themes

- » **Funding and Budgeting:** How are behavioral health funds being spent across different sectors, and what are the impact of these investments on various aspects of behavioral health services? How is spending on behavioral health separated by funding source and age group?
- » **Workforce Development:** What impact will investments in workforce development in the behavioral health sector have at the local level?
- » **Service Accessibility and Equity:** How can gaps and disparities in access to behavioral health services be addressed? How can children and youth be prioritized within this framework?
- » **Performance Measurement and Implementation Challenges:** What metrics will DHCS use to measure success, potential challenges in implementing plans, and the role of local behavioral health boards/commissions? What success metrics will DHCS use to evaluate the integrated plan? Will all counties have the same reporting software and funding to support key outcome measures?

### Other Responses

- » **Community Engagement and Service Design:** How are counties co-designing and co-producing services with their communities? How can counties help ensure network adequacy and the need for treatment capacity expansion?

- » **Service Gaps and Challenges:** What gaps exist in behavioral health county services? What are the local barriers to accessing mental health services and substance use disorder treatment?

## Question 2

What guidance or technical assistance from DHCS to counties would you like to see regarding the local development process for the Integrated Plan?

## Participant Responses

### Common Themes

- » **Outreach and Accessibility:** Support with reaching out to and engaging underserved communities, including BIPOC and LGBTQ communities. DHCS-provided details for methods to reach these communities, including focus groups and the use of cultural brokers. Create content for websites, posters, and brochures to inform the public.
- » **Collaboration and Coordination:** Guidance on coordination between health and housing systems to provide holistic care. Guidance related to collaborations between Medi-Cal managed care plans (MCP) and local health jurisdictions. Guidance on how counties can bridge the bifurcation between Specialty Mental Health Services (SMHS) and Non-Specialty Mental Health Services (NSMHS). Support when working with primary care, NSMHS providers, and peer specialist CBOs.
- » **Data Collection and Reporting:** Provide guidance or technical assistance for standardizing methods to collect and report data. Match evidence/data to each item in the Integrated Plan. Provide guidance on maintaining updated and relevant data and information in dashboards.
- » **Tailored Approaches and Best Practices:** Develop/support tailored approaches to different populations and contexts, such as rural counties. Provide guidance related to sharing best practices from other counties on topics like braiding funds and addressing special populations. Support peer-run organizations in creating and maintaining evidence-based practices.
- » **Plan Submission:** Provide technical assistance on submitting plans and a structured plan template.

## Other Responses

- » **Integration and Collaboration:** Offer support for integrated and Federally Qualified Health Center (FQHC) providers related to braided funding.

## Question 3

What other assumptions should DHCS take into consideration when developing the Integrated Plan guidance?

## Participant Responses

### Common Themes

- » **Defining Success Metrics:** Success metrics should be defined upfront, including clear objectives and measurable outcomes.
- » **Accessibility and Resources:** Resource guides should be easily accessible and include culturally sensitive strategies, highlighting the theme of inclusivity and accessibility in service provision.
- » **Stakeholder Input and Participation:** Stakeholder input and community engagement are necessary for defining categories, and collecting input will continue.
- » **Data Collection and Presentation:** Emerging technologies will play an increasing role in data collection and analysis in the future. There should be a web-based portal for data management and support for effective public data presentation (i.e., transparency and effective data management).
- » **Guidance and Support:** Clear guidance, including definitions, examples, and maintenance of updated data, should be provided.

## Other Responses

- » **Client-Centered Integrated Plans:** County Integrated Plans should be client-centered, focusing on the needs and conditions of clients.
- » **Integration of Planning Efforts:** The work done under the Comprehensive Countywide Population Needs Assessment could be integrated with the county consultation plan requirements.

## Question 4

When preparing the budget reporting structure for the Integrated Plan, what key elements would you want DHCS to capture?

### Participant Responses

#### Common Themes

- » **Funding Sources and Housing Assistance:** Describe how behavioral health funds align with other funding sources for housing and homeless assistance.
- » **Service Cost Variation:** Account for varying costs of services depending on location; for instance, different costs at county behavioral health, a clinic, or a peer-run organization.
- » **Equity in Funding and Services:** Provide information about the equitable distribution of resources, focusing on community-based organizations and individuals from BIPOC and low-income communities who lead them. Intentionally divide needs and programs according to the most suitable payer, promoting health and financial equity.
- » **Unused Funds:** Include data about unused funds in budget reporting to focus on financial transparency and accountability. Report the reasons for not using certain funds to support understanding and improving fund utilization.

#### Other Responses

- » **Cultural and Linguistic Support:** Consider cultural and linguistic support when analyzing services and their effectiveness.
- » **Disaggregation by Age and Demographics:** Data should be disaggregated based on age groups, such as older adults (60-64, 65-69, 70-74, 75-79, 80-84, 85+) and transition-age youth (TAY). Data should also be disaggregated based on race and ethnicity.

## Question 5

What are your thoughts on utilizing the BH Continuum of Care Framework for organizing data in the Integrated Plan? Are there other changes you would recommend to the revised framework?

### Participant Responses

#### Common Themes

- » **Clarity and Transparency:** Develop clear definitions, especially related to prevention and early intervention. Support understanding of which payer is responsible for what (i.e., support transparency in funding and responsibility). Provide clarity on expectations for counties around housing assistance and housing as a critical component of care for individuals with mental health challenges.
- » **Inclusion of Specific Services:** Include services like outreach, engagement, trauma-informed care, and community-defined evidence-based practices.
- » **Importance of Recovery and Whole Person Wellness:** Add a focus on recovery, hope, resilience, and whole-person wellness. Support a more holistic approach to care.
- » **Prioritization of Severe Cases:** Prioritize severe mental illnesses and severe substance use disorders. Enhance the focus on individuals who may be harder to reach or require more intensive care.

#### Other Responses

- » **Cross-sector/Cross-System Financing:** Support health equity through cross-sector/cross-system financing.
- » **Communication and Updates:** Plan for regular communication and transparency in the process.
- » **Focus on Volunteers and Crisis Intervention:** Include strategies to support immediate access to services and crisis prevention.