Medi-Cal and Foster Care Updates

November 2023

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Topics

- Changes to Managed Care for the Child Welfare Population in 2024
- Enhanced Care Management (ECM) and Community Supports Transition Policies
- 2024 Medi-Cal Managed Care Plan (MCP) Contract and Memorandum of Understanding (MOU) Requirements
- BH-CONNECT Child and Youth Components Update

Changes to Managed Care for the Child Welfare Population in 2024

DHCS is Transforming Medi-Cal Managed Care Through Multiple Channels

New Mix of High-Quality Managed Care Plans Available to Members

New Commercial MCP Mix

- Contracts with commercial MCPs announced in Dec. 2022, operational readiness process has been underway since Jan. 2023

Model Change in Select Counties

- Conditional approval for 17 counties to change their managed care model
- Includes a new Single Plan Model and expansion of COHS model

Direct Contract with Kaiser

- In 32 counties in which Kaiser operates
- Based on provider / plan linkage or population-specific criteria for active choice / assignment such as Dual-eligible, foster children

Restructured and More Robust Contract Implemented Across All Plans in All Model Types in All Counties

Improved Health Equity, Quality, Access, Accountability and Transparency

Managed Care Plan Model Change

Children and youth in foster care will be enrolled in managed care if they live in a county in a County Operated Health System (COHS) model.

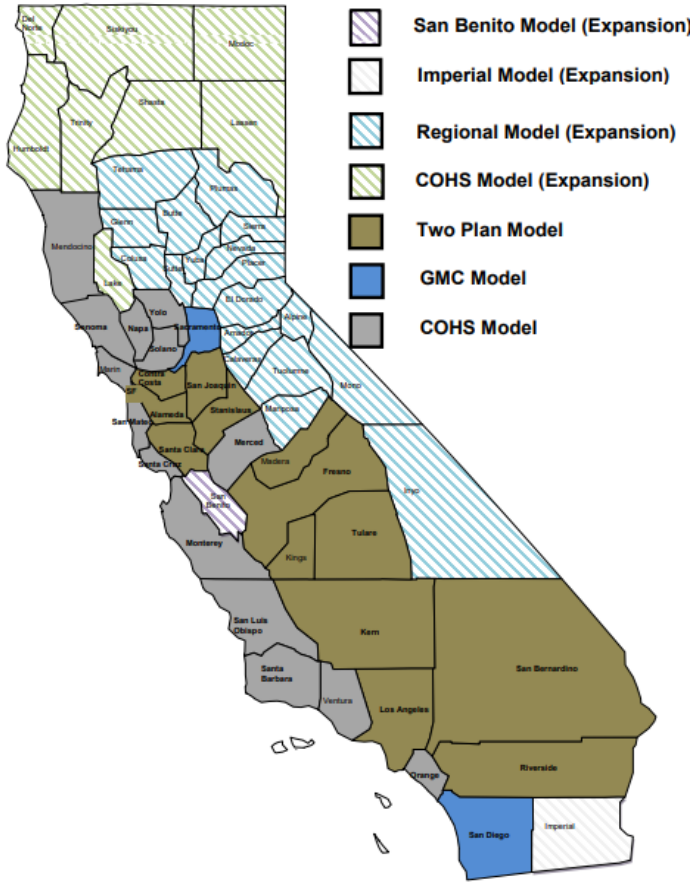
- DHCS received CMS approval to implement Medi-Cal managed care (MCP) model changes in 17 counties, including 12 transitioning to a COHS model and 3 implementing a new Single Plan model.
- As the COHS model expands to new counties and the Single Plan model is implemented in three counties, **foster children and youth living in COHS / Single Plan counties will be moved into a managed care plan in a phased approach** (see map on next slide).

Currently, in counties where Medi-Cal managed care is operated by a single County Operated Health System (COHS), children and youth in foster care aid codes are mandatorily enrolled in managed care. Enrollment in managed care is voluntary in all other counties (*see map on next slide*).

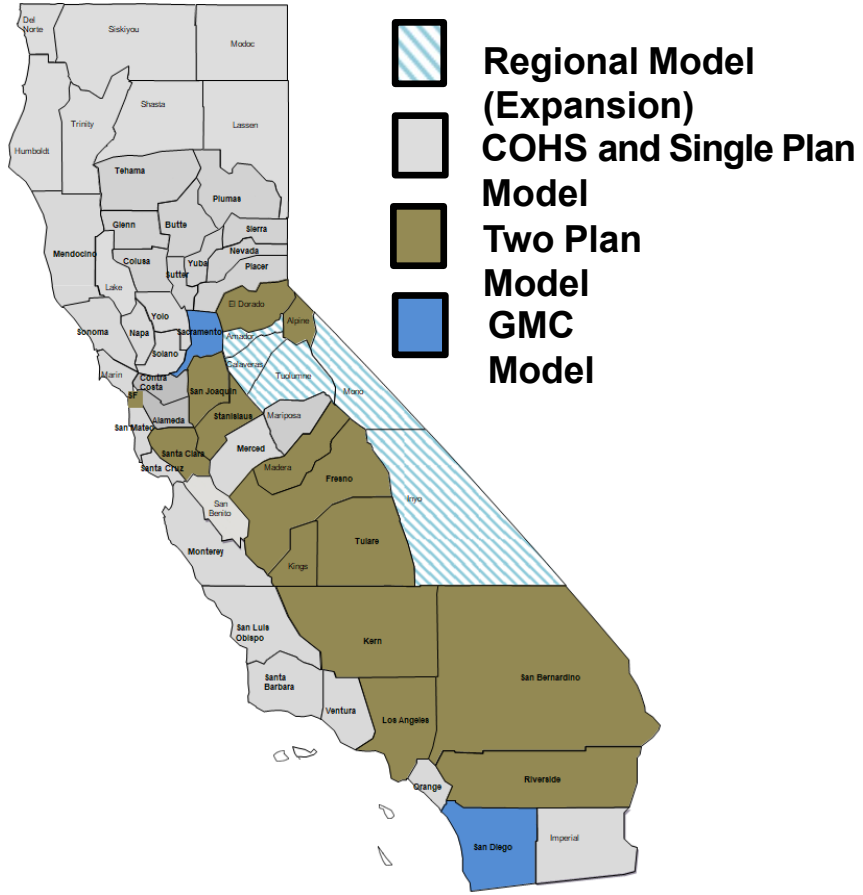
Managed Care Plan Model Change

With MCP model change, approximately 5,000 children and youth in foster care in counties transitioning to a COHS model will be moved to mandatory managed care in 2024.

Current Models:



2024 Models:*



New COHS Expansion Counties in 2024: Butte, Colusa, Glenn, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Yuba *(approximately **5,000** children and youth living in foster care)*

New Single Plan Counties in 2024 but will not move to mandatory managed care until 2025 per AB 118: Alameda, Contra Costa, Imperial

Continuity of Care Policy Levers

All members required to transition MCPs January 1, 2024, are eligible for CoC protections using the following policy levers.

- **CoC for Providers** – The member can keep their provider even if the provider is out of network for the Receiving MCP.
- **CoC for Covered Services** – The member can continue an active course of treatment and the Receiving MCP must honor prior authorizations from the member's Previous MCP.
- **CoC Coordination/Care Management Information** – Previous MCP and Receiving MCP work together to transfer additional supportive information (e.g., care plans).
- **Additional Continuity of Care Protections for All Transitioning Members** - All transitioning members are eligible for additional protections related to Durable Medical Equipment (DME) rentals and medical supplies, non-emergency medical transportation (NEMT) and non-medical transportation (NMT), and scheduled specialist appointments

These levers are currently deployed in policies through the Knox Keene Act,* APL 23-022 covering CoC, and the Policy Guides for ECM and Community Supports.

*Knox Keene CoC policy provides protection for some members who will transition to new MCPs in 2024: Members with an acute condition, serious chronic condition, pregnancy and postpartum, care of child between birth and 36 months, terminal illness, and authorized surgery or procedures documented as part of treatment plan to occur within 180 days.
For purposes of the 2024 CoC Policy discussion, the reference to Knox Keene is synonymous with Health and Safety Code 1373.96.

Special Populations

All members required to transition MCPs January 1, 2024, have Continuity of Care protections, but some members – *Special Populations* will have enhanced protections to minimize the risk of harm.

- Special Populations are generally individuals living with complex or chronic conditions, including children and youth receiving foster care, and former foster youth through age 25.
- Transitioning members will be identified using DHCS or Previous MCP data, including program enrollment, pharmacy claims, DME claims, screening and diagnostic codes, procedure codes, or aid codes. The Receiving MCP will receive these data in advance of the 2024 Transition.
- MCPs will be required to take proactive steps to implement CoC or members of "Special Populations" through MCP outreach to members' providers and data transfer between MCPs.
- DHCS will monitor CoC for Special Populations as part of the monitoring that will happen for all members experiencing a Transition.

Special Populations

- Adults and children with authorizations to receive Enhanced Care Management services
- Adults and children with authorizations to receive Community Supports
- Adults and children receiving Complex Care Management
- Enrolled in 1915(c) waiver programs
- Receiving in-home supportive services (IHSS)
- Children and youth enrolled in California Children's Services (CCS)/CCS Whole Child Model
- **Children and youth receiving foster care, and former foster youth through age 25**
- In active treatment for the following chronic communicable diseases: HIV/AIDS, tuberculosis, hepatitis B and C
- Taking immunosuppressive medications, immunomodulators, and biologics
- Receiving treatment for end-stage renal disease (ESRD)
- Living with an intellectual or developmental disability (I/DD) diagnosis
- Living with a dementia diagnosis

See the MCP Transition Policy Guide, Figure 2 for more detail

Special Populations

- In the transplant evaluation process, on any waitlist to receive a transplant, undergoing a transplant, or received a transplant in the previous 12 months (referred to as "members accessing the transplant benefit" hereafter)
- Pregnant or postpartum (within 12 months of the end of a pregnancy or maternal mental health diagnosis)
- Receiving specialty mental health services (adults, youth, and children)
- Receiving treatment with pharmaceuticals whose removal risks serious withdrawal symptoms or mortality
- Receiving hospice care
- Receiving home health
- Residing in Skilled Nursing Facilities (SNF)
- Residing in Intermediate Care Facilities for individuals with Developmental Disabilities (ICF/DD)20
- Receiving hospital inpatient care
- Post-discharge from inpatient hospital, SNF, or sub-acute facility on or after December 1, 2023
- Newly prescribed DME (within 30 days of January 1, 2024)
- Members receiving Community-Based Adult Services

See the MCP Transition Policy Guide, Figure 2 for more detail

ECM and Community Supports 2024 Transition Policies

ECM for Children & Youth:
Populations of Focus (POFs) Launched on July 1

Children enrolled in HHP and WPC were transitioned in ECM in January 2022. As of July 1, 2023, children who meet the following POFs are eligible to receive ECM:

Children and Youth POFs Launched Statewide on July 1, 2023
Experiencing Homelessness
At Risk for Avoidable Hospital or ED Utilization
With Serious Mental Health and/or Substance Use Disorder Needs
Enrolled in California Children's Services (CCS) or CCS Whole Child Model (WCM)
Involved in Child Welfare

See the ECM Policy Guide and appendix slides for more information on POF criteria.

ECM Transition Policy for the 2024 MCP Transition

Enhanced Care Management

- DHCS expects that transitioning members actively receiving ECM will not face disruption resulting from the MCP Transition on January 1, 2024.
- Members with authorizations for ECM are considered a Special Population. As such, **the Receiving MCP must honor all of the Previous MCP's authorizations for ECM**.
- DHCS will require mandatory overlap of the Previous MCP's and Receiving MCP's ECM Providers to the maximum extent possible. **Receiving MCPs will be required to proactively contact all eligible Out of Network (OON) ECM Providers with whom transitioning members have Pre-Existing Relationships** and contract with them as Network Providers in advance of the transition on January 1, 2024.
- If the Receiving MCP confirms that the member's existing ECM Provider is part of its network, agrees to join its network, or participates under a CoC for Provider agreement, the **Receiving MCP must assign the member to their existing ECM Provider to ensure the member's relationship with their ECM Provider is not disrupted**.
- If the Receiving MCP does not bring the ECM provider into its network or establish an agreement with the ECM Provider, the **Receiving MCP must transition the member to an in-network ECM Provider** for outreach activity and continuation of ECM.

Community Supports Transition Policy for the 2024 MCP Transition

Community Supports:

- When both MCPs **offer the same Community Support**, the Receiving MCP must **honor the Community Support that was authorized by the Previous MCP** in alignment with DHCS Community Supports Policy Guide. If the Previous MCPs authorization **exceeds the State-defined Community Support** (e.g., due to member need), the Receiving MCP is **strongly encouraged to honor the greater Community Support** which has already been authorized
- If the Receiving MCP **does not offer a Community Support offered by the Previous MCP**, DHCS **strongly encourages the Receiving MCP to honor the Previous MCP's authorization for the Community Support** for those members determined eligible at the time of the Transition. If the Receiving MCP does not continue the Previous MCP's authorization for a member's Community Support, the Receiving MCP must assess the member's needs that are addressed by the Community Support and coordinate care to the necessary services, including ECM, to ensure an appropriate transition of care and to prevent the need for higher acuity services.

2024 MCP Transition Communications Resources

- Members who have to change plans will receive transition notices in October, November and December 2023
- DHCS has developed numerous resources about the 2024 Managed Care Plan Transition to support members, providers and other stakeholders with the transition:
  - **County look-up tool** with information about MCP changes in each county
  - **Member FAQs**
  - **Continuity of Care FAQs**
  - **Notice of Additional Information** (in all threshold languages)
  - **Notices** members will receive from Medi-Cal about the transition
  - **Contact Us** page for members to learn more about health plans and provider choices.

Medi-Cal Managed Care Plan 2024 Contract and MOU Requirements

Foster Care Liaison: MCP Contract Language

In the 2024 MCP contract, DHCS has included language requiring implementation of the new Foster Care Liaison role and outlining the parameters of the new role.

MCP Contract Language

1. *Contractor must designate at least one individual to serve as the foster care liaison. Additional foster care liaisons must be designated as needed to ensure the needs of members involved with foster care are met.*
2. *Contractor's foster care liaison(s) will follow DHCS-issued standards and expectations as set forth in APLs or other similar instructions. Contractor's foster care liaison must:*
   a. *Have expertise in Child welfare services, County Behavioral Health Services.*
   b. *Ensure appropriate ECM staff, including the ECM Lead Care Manager whenever possible, attend meetings of the Child and family teams, in accordance W&I section 16501(a)(4), and ensure Covered services are closely coordinated with other services, including social services and Specialty Mental Health Care Services.*

The vision for the Foster Care Liaison is to be the point of contact at an MCP for local child welfare agencies and for ECM providers working directly with children, youth, and families

Foster Care Liaison: MCP Contract Language

In the 2024 MCP contract, DHCS has included language requiring implementation of the new Foster Care Liaison role and outlining the parameters of the new role.

a. *Oversee the ECM Providers providing services to Child welfare-involved Children and youth, provide technical assistance to Contractor and ECM Provider staff as needed, and serve as a point of escalation for care managers if they face operational obstacles when working with County and community partners.*
b. *Be sufficiently trained on County Care Coordination and assessment processes.*
c. *Coordinate with foster care liaisons for other Medi-Cal managed care plans to notify them when Members cross county lines and/or change managed care plans.*
d. *Must also serve as a family advocate.*

The vision for the Foster Care Liaison is to be the point of contact at an MCP for local child welfare agencies and for ECM providers working directly with children, youth, and families

Goals: Memorandums of Understanding (MOUs)

The 2024 Medi-Cal Managed Care Contract (Contract) requires managed care plans (MCPs) to enter into MOUs with certain agencies and entities to clarify the roles and responsibilities of parties in providing Medi-Cal covered services through a whole-person care approach.

DHCS Goals for Requiring Executed MOUs

- **Establish minimum requirements** around key areas listed in the Contract (designating a person from each party responsible for the MOU, training/education)
- Clarify **roles and responsibilities for coordination of the delivery of care and services** of all members, particularly across MCP carved out services
- Establish **formal processes for how MCPs and other entities will collaborate and coordinate** on population health and other programs and initiatives

MOU templates incorporate the requirements into a single document to support MCP/counterparty decision-making and relationship building. Templates are more robust where there is detailed policies/guidance.

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DHCS Goals for Requiring Executed MOUs

- Establish **data sharing requirements** (e.g., which data must be shared, how often, etc.) between MCPs and entities to support care coordination and enable monitoring
- **Provide transparency** into relationships and roles/responsibilities between MCPs and counterparties
- Provide mechanisms for the parties to resolve complaints/disputes and ensure **overall oversight and accountability**

MOU templates incorporate the requirements into a single document to support MCP/counterparty decision-making and relationship building. Templates are more robust where there is detailed policies/guidance.

Memorandums of Understanding (MOU)

The 2024 MCP Contract requires MCPs to have an MOU with local governmental entities including child welfare departments.

- MOUs are intended to be effective vehicles to clarify roles and responsibilities among parties, and support local engagement, care coordination, information exchange, mutual accountability, and transparency.
- DHCS has developed a County Child Welfare MOU template that includes a set of minimum requirements, including but not limited to establishing policies and procedures governing eligibility and screening/assessment for medically necessary services; data sharing and information exchange; quality improvement activities; and member complaint resolution.

The MOUs are not intended to impose new requirements MCPs and County Child Welfare Agencies, rather they restate or cross-references existing requirements in order to clarify roles and responsibilities under existing laws, regulations and guidance.

Memorandums of Understanding (MOU)

The 2024 MCP Contract requires MCPs to have an MOU with local governmental entities including child welfare departments.

- The County Child Welfare MOU template also includes provisions that are tailored to the MCP relationship with County Social Services, including the Foster Care Liaison role, and requirements related to oversight and responsibility of each party, training and education, quarterly meetings, data sharing and confidentiality, and care coordination.

The MOUs are not intended to impose new requirements MCPs and County Child Welfare Agencies, rather they restate or cross-references existing requirements in order to clarify roles and responsibilities under existing laws, regulations and guidance.

County Child Welfare MOU Status

The 2024 MCP Contract requires managed care plans to have an MOU with local governmental entities including child welfare departments.

- During Summer 2023, DHCS released the draft MOU for stakeholder feedback.
- DHCS received extensive feedback on the MOU templates including comments around the clarification of roles and responsibilities, the Foster Care Liaison role, and continuity of care when foster children move to new counties, among others.
- DHCS will continue to collaborate closely with California Department of Social Services (CDSS) and stakeholders to address these issues and concerns around care coordination barriers for foster children.
- As additional policy and guidance are developed that may impact the MOUs between MCPs and County Child Welfare Agencies, DHCS will update the MOU templates to align with the updated requirements.
- DHCS is in the process of finalizing the County Child Welfare MOU template as is expecting to release to MCPs and Stakeholders in October 2023.

DHCS has created an MOU specific webpage and email box as a resource for MCPs and stakeholders.

Website: https://www.dhcs.ca.gov/Pages/MCPMOUS.aspx **Email:** MCPMOUS@dhcs.ca.gov

Overview: Elements of the BH-CONNECT Waiver to Support Children & Youth

Section 1115 Demonstration Opportunity

The BH-CONNECT demonstration will strengthen the continuum of community-based behavioral health services, while also taking advantage of CMS' opportunity to receive federal financial participation (FFP) for care provided during short-term stays in Institutions for Mental Diseases (IMDs).

- **CMS' 2018 guidance** permits states to use 1115 demonstrations to receive FFP for short-term care* provided to Medicaid members living with SMI/SED in qualifying IMDs, provided states establish a robust continuum of community-based care and enhance oversight of inpatient and residential settings.
- **California was the first state to obtain a similar waiver allowing IMD expenditure authority for substance use disorder (SUD) care provided in IMDs** in exchange for strengthening SUD services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- In October 2021, **CMS created new flexibility to secure FFP for longer stays in Short-Term Residential Therapeutic Programs (STRTPs) classified as IMDs** for youth in the child welfare system for up to two years. States must submit a detailed plan with key milestones and timeframes for transitioning children out of STRTPs that are IMDs.
- In November 2022, DHCS **released an external concept paper outlining the proposed** approach to the BH-CONNECT demonstration (formerly the CalBH-CBC demonstration).
- On August 1, 2023, **DHCS released the proposed BH-CONNECT Section 1115 application.**

**The opportunity is limited to stays that are no longer than 60 days, with a requirement for a statewide average length of stay of 30 days.*

Proposed Approach

BH-CONNECT aims to:

- **Expand the continuum of community-based services and evidence-based practices (EBPs)** available through Medi-Cal.
- **Strengthen family-based and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare.
- Connect members living with significant behavioral health needs to **employment, housing, and social services and supports**.
- **Invest in statewide practice transformations** to better enable county behavioral health plans and providers to support Medi-Cal members living with behavioral health conditions.
- **Strengthen the workforce** needed to deliver community-based behavioral health services and EBPs to members living with significant behavioral health needs.
- Reduce the risk of individuals **entering or re-entering the criminal justice system** due to untreated or under-treated mental illness.
- **Incentivize outcome and performance improvements** for children and youth involved in child welfare that receive care from multiple service systems.
- **Reduce use of institutional care** by those individuals most significantly affected by significant behavioral health needs.

Approach: Child-Related Demonstration Components

In the design of the BH-CONNECT waiver, DHCS dedicated particular attention to the needs of children and youth, particularly those involved in child welfare.

DHCS will use the BH-CONNECT waiver to make targeted improvements to care for children and youth statewide, including:

- **Cross-Sector Incentive Program** to reward Managed Care Plans (MCPs), County Mental Health Plans (MHPs), and child welfare systems (CWS) for meeting specified measures related to coordinating care for children and youth in the child welfare system;
- **Activity Stipends** for children/youth involved in child welfare to promote social/emotional well-being, and;

In parallel with the BH-CONNECT waiver, DHCS is making other statewide changes to strengthen services for children and youth that do not require waiver expenditure authority, including:

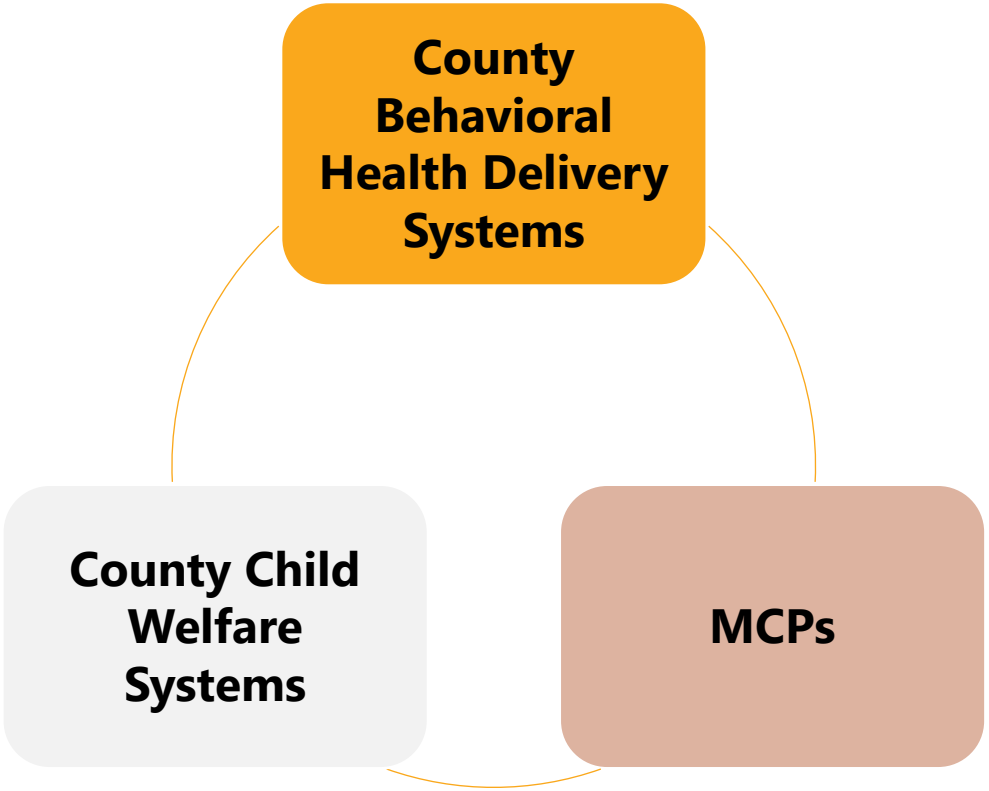
- **Centers of Excellence** to support the implementation of evidence-based practices for children and youth.
- **Clarification of coverage** of specific evidence-based practices for children and youth (MST, FFT, PCIT, and potentially other therapeutic modalities);
- **Alignment of the Child and Adolescent Needs and Strengths (CANS) tool** to ensure both child welfare and behavioral health providers are using the same CANS tool;
- **Initial Behavioral Health Assessment** jointly administered by the behavioral health and child welfare systems; and
- **Foster Care Liaison Role** requirement within MCPs.

Statewide Feature: Cross-Sector Incentive Program for Children Involved in Child Welfare

Children involved in child welfare frequently require coordination across multiple systems to meet their needs. DHCS plans to establish a cross-sector incentive program to facilitate innovation and drive outcome improvements through cross-agency collaboration.

The cross-sector incentive program will provide fiscal incentives for three key systems to **work together and share responsibility in improving behavioral health outcomes** among children involved in child welfare.

DHCS has received valuable feedback on potential measures for this incentive program and is working closely with stakeholders on the framework and measure set for the cross-sector incentive program to ensure it is designed in a way to best support children and youth involved in child welfare who are living with behavioral health needs.



Statewide Feature: Activity Stipends

DHCS is requesting expenditure authority to develop a new support for children involved in child welfare to increase access to extracurricular activities, which can enhance physical health, mental wellness, healthy attachment, and social connections.

Activity Stipends would support activities not otherwise reimbursable in Medi-Cal, such as:

- Movement activities
- Sports
- Leadership activities
- Excursion and nature activities
- Music and art programs
- Other activities to support healthy relationships with peers and supportive adults

DHCS will work with California Department of Social Services, county child welfare agencies, tribal social services and tribal child welfare programs on distribution of Activity Stipends.

Eligibility Criteria

Members may be eligible for Activity Stipends if they are:

- under age 21 and currently involved in the child welfare system in California;
- under age 21 and previously received care through the child welfare system in California or another state within the past 12 months;
- aged out of the child welfare system up to age 26 in California or another state;
- under age 18 and are eligible for and/or in California's Adoption Assistance Program; or
- under age 18 and currently receiving or have received services from California's Family Maintenance program within the past 12 months.

Clarification of Coverage Requirements for Specific Community-Defined and Evidence-Based Practices

The BH-CONNECT waiver is designed to expand and strengthen the continuum of community-based care, especially for children, youth and their families.

Proposed Approach:

While a comprehensive set of community-based services for children and youth are currently coverable under Medi-Cal pursuant to the EPDST mandate, specific services are known to help reduce the institutionalization of high-risk children and youth, including those who are involved in the juvenile justice system and those who have been removed from their homes, have experienced homelessness, or confronted other major disruptions. These services include (but are not limited to):

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Parent-Child Interaction Therapy (PCIT)
- Potentially Additional Therapeutic Modalities

DHCS intends to issue guidance related to these community-defined and evidence-based practices, including specific service definitions, provider qualifications, implementation requirements, and dedicated billing codes to incentivize provider delivery and monitor utilization and performance.

Centers of Excellence

DHCS intends to establish and fund Centers of Excellence (COEs) to support implementation of the BH-CONNECT Waiver. COEs will support the implementation of evidence-based practices for children and youth, in addition to other key features of the Demonstration.

COEs will focus on:

- **Evidence-based practices for children and youth** (e.g., MST, FFT, PCIT, intensive care coordination, intensive home-based services, high-fidelity wraparound)
- **ACT/FACT** services;
- **CSC for FEP** services;
- **IPS Supported Employment** services;
- **Community-defined practices** (*tentative*)
- Evidence-based practices in **rural areas** (*tentative*; *CBHDA request*)
- **Other evidence-based practices** (e.g., motivational interviewing, motivational enhancement therapy, suicide prevention)

Specific activities conducted by COEs will include:

- **Training**
- **Certification/licensing** for specific evidence-based practices (e.g., MST)
- **Technical assistance** and coaching/mentoring
- **Fidelity monitoring**
- **Other supports** to deliver evidence-based practices through a culturally sensitive lens

Aligned Use of the Child and Adolescent Needs and Strengths (CANS) Tool

DHCS intends to align the use of a CANS tool across the child welfare and specialty mental health systems.

Objectives:

Alignment of the CANS across systems is intended to:

- Ensure both child welfare and behavioral health providers are using the same CANS tool with the same modules
- Ensure that the CANS tool is administered in the same way, whether done by a specialty mental health provider or by a child welfare worker, so that outcomes can be tracked over time.
- Produce robust outcome measurements which will allow the State to incentivize outcomes. The BH-CONNECT demonstration specifically proposes to use the CANS as part of the Cross Sector Incentive Pool.

Initial Joint Behavioral Health Assessment

DHCS intends to require an initial child welfare/Specialty Mental Health behavioral health assessment at entry point into child welfare, as proposed by the County Behavioral Health Directors Association and the County Welfare Directors Association.

Proposed Approach:

- DHCS intends to clarify that a specialty mental health provider should accompany the child welfare worker during an initial home visit.
- The home visit would occur within 30 days of a hotline call, after a hearing substantiating an allegation of abuse or neglect and upon the child's entry into the child welfare system.
- The specialty mental health provider would do a comprehensive behavioral health assessment to identify mental health and/or substance use conditions related to the child and/or the family, identify necessary social supports, and then connect the child and family (both the biological family and the resource family, as appropriate) to any needed clinical or community services.
- As part of the BH-CONNECT Demonstration, DHCS proposes to develop standards and requirements for the behavioral health assessment and cross-agency collaboration.

Foster Care Liaison Role

DHCS intends to require the inclusion of a Foster Care Liaison within MCPs to enable effective oversight and delivery of Enhanced Care Management (ECM).

Proposed Approach:

- The Foster Care Liaison will have expertise in child welfare services, county behavioral health services, and other sectors, ensure appropriate ECM staff attend Child Family Team meetings, and ensure managed care services are closely coordinated with other services.
- The Foster Care Liaison will be a management level position at the MCP with responsibility to oversee the ECM providers providing services to child welfare involved children and youth in their case load, provide technical assistance to MCP staff as needed, and serve as point of escalation for care managers if they face operational obstacles when working with county and community partners. In addition, the Foster Care Liaison will be required to designate a primary point of contact responsible for the child's care coordination (which may also be the ECM provider).
- DHCS will develop standards and expectations via contract changes for this role to ensure consistency for all MCPs.

Timeline and Next Steps

- **Public Comment Period.** The BH-CONNECT demonstration application public comment period was August 1, 2023 through August 31, 2023.
- **Response to Public Comment.** DHCS revised the draft BH-CONNECT demonstration application, integrating stakeholder feedback in September and October 2023.
- **Submission to CMS.** DHCS submitted the final BH-CONNECT demonstration application for CMS review on October 20, 2023.
- **Go-Live.** The BH-CONNECT demonstration will be implemented on a phased timeline to ensure ample time for successful implementation.
- **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of BH-CONNECT.

Thank you

DHCS