CalAIM Behavioral Health Workgroup

March 15, 2024

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

Housekeeping

- Members of the public will be able to comment at the end of the meeting.
- Workgroup members can participate in the “chat.”
- Workgroup members are encouraged to turn on their camera.
- Please mute yourself if you’re not speaking.
- Use the “raise hand” feature to make a comment during the discussion period.
- Live closed captioning is available – you can find the link in the Chat.

Welcome & Introductions

- **Ivan Bhardwaj**, Chief, Medi-Cal Behavioral Health - Policy Division, DHCS
- **Paula Wilhelm**, Assistant Deputy Director, Behavioral Health, DHCS
- **Erika Cristo**, Assistant Deputy Director, Behavioral Health, DHCS

Agenda

10:00 – 10:05: Welcome and Overview

10:05 – 10:15: Recovery Incentives Program

10:15 – 10:25: Discussion

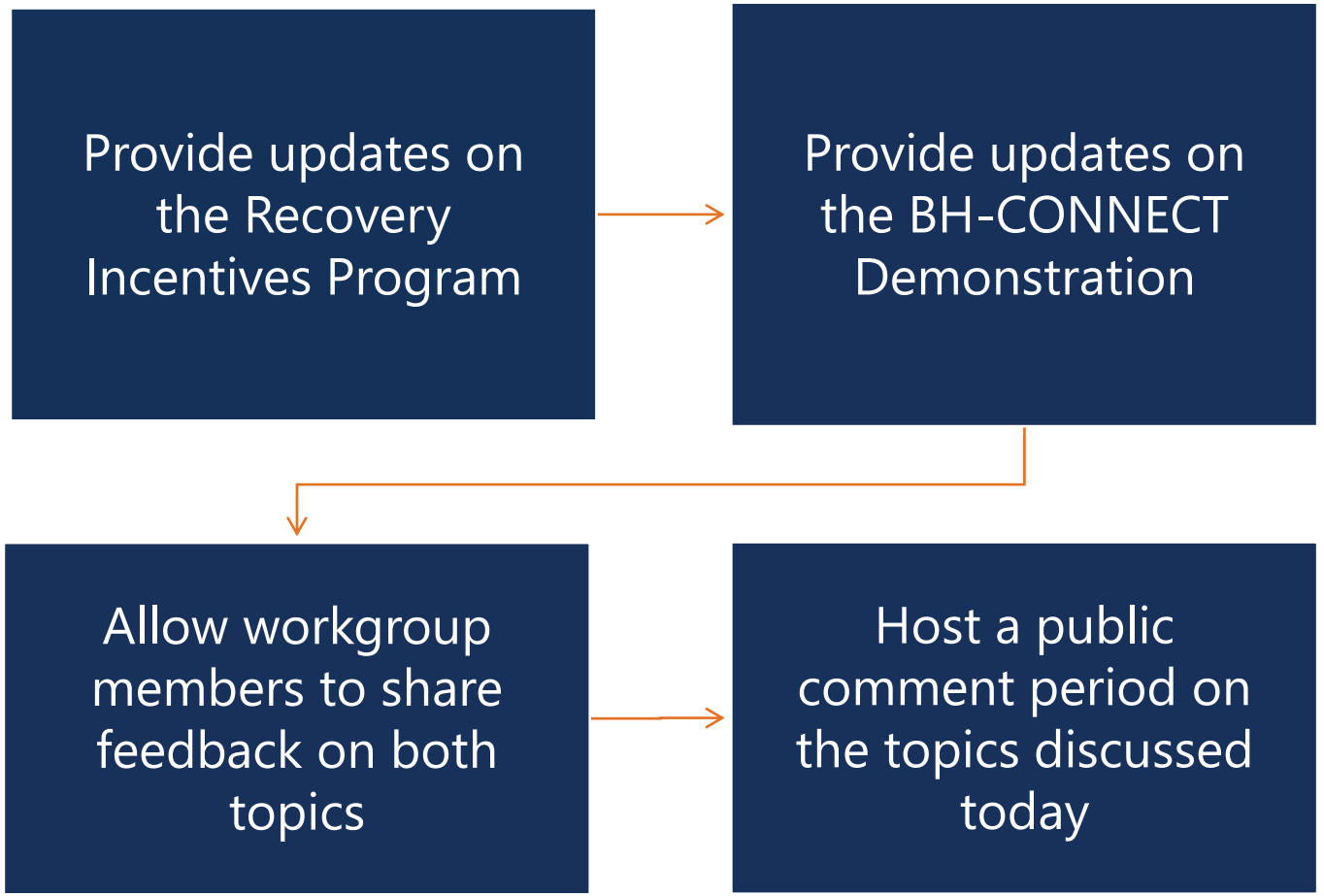
10:25 – 11:05: California Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Demonstration

11:05 – 11:35: Discussion

11:35 – 11:40: Wrap Up & Next Steps

11:40 – 12:00: Public Comment

Workgroup Meeting Objectives



Recovery Incentives Program
California's Contingency Management Benefit

Ivan Bhardwaj, Chief
Medi-Cal Behavioral Health – Policy Division

DHCS

March 2024

Background

- Contingency management (CM) is an evidence-based, cost-effective treatment for substance use disorders (SUD), and is the only treatment that has demonstrated robust outcomes for individuals living with stimulant use disorder (StimUD), including reduction or cessation of drug use and longer retention in treatment.
- California is the **first** state in the country to receive federal approval of CM as a benefit in the Medicaid program through the CalAIM 1115 Demonstration.
- To expand access to evidence-based treatment for StimUD, DHCS is piloting Medi-Cal coverage of CM services through the Recovery Incentives Program.

Recovery Incentives Program

DHCS is piloting Medi-Cal coverage of CM services in Drug Medi-Cal Organized Delivery System (DMC-ODS) counties that elect and are selected to participate. Medi-Cal members are eligible to:

Participate in a structured **24-week CM Program -**12 weeks with twice weekly testing/incentives and a 12-week continuation with once weekly testing/incentives

Receive incentives for testing **negative for stimulants only,** even if they test positive for other drugs

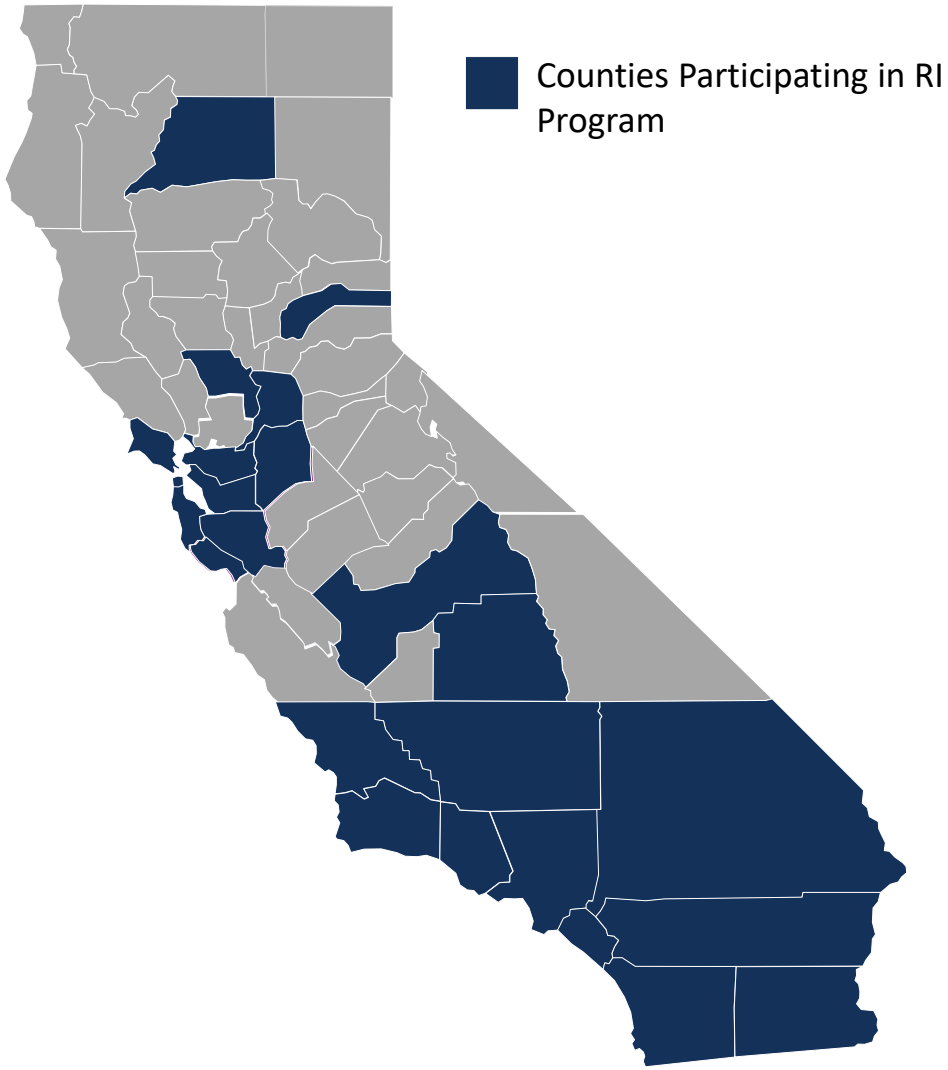
Earn a **maximum of $599** over the 24-week period in the form of gift cards

Generate incentives and track progress using **Incentive Manager (IM)** software

24 Participating DMC-ODS Counties

Covers 88% of the Medi-Cal Population

24 Participating DMC-ODS Counties	
Alameda	San Diego
Contra Costa	San Francisco
Fresno	San Joaquin
Imperial	San Luis Obispo
Kern	San Mateo
Los Angeles	Santa Barbara
Marin	Santa Clara
Nevada	Santa Cruz
Orange	Shasta
Riverside	Tulare
Sacramento	Ventura
San Bernardino	Yolo



Recovery Incentives Program Status Update: March 8, 2024

» Medi-Cal Members

- **1,215 members** are receiving CM services through the Recovery Incentives Program.

» Sites/Counties

- **72 sites** have been approved by DHCS to offer CM services.
- These sites are **in Alameda, Contra Costa, Fresno, Imperial, Kern, Los Angeles, Marin, Nevada, Orange, Riverside, San Bernardino, San Diego, San Francisco, Santa Barbara, Santa Clara, Tulare, and Ventura counties.**

» Readiness

- **30** additional sites have completed all training requirements and are working to complete the readiness assessment prior to receiving approval to launch contingency management services.
- Implementation Trainings are currently scheduled weekly through May 2024. More are being planned for through June 2024 and beyond as needed.

Forthcoming Updates

- The Budget Act of 2023 includes approved funding to support training and technical assistance, evaluation, and the IM vendor through December 2026.
- DHCS plans reopen the Recovery Incentives Program to all 38 DMC-ODS counties.
- A streamlined application process will include submission of an Implementation Plan outlining current care options for individuals with StimUD, proposed provider network, organizational capacity for implementation, technical assistance needs, IT plan, and an outreach plan.

Forthcoming Updates

- DHCS is initially financing the non-federal share of CM costs with state funds that are available for a limited period of time as a result of the DHCS Home and Community-Based Spending Plan, which includes CM services.
- The state funds were originally available for non-federal share of CM costs for invoices submitted by February 15, 2024.
- DHCS received approval to extend these funds to cover CM costs for invoices submitted by August 15, 2024.
- For invoices submitted after August 15, 2024, the counties will be responsible for covering the non-federal share of services, administrative costs, and incentives associated with providing CM services.

Contact Us

For more information, please contact the Recovery Incentives Program team at RecoveryIncentives@dhcs.ca.gov

Workgroup Discussion

BH-CONNECT

Erika Cristo, Assistant Deputy Director, Behavioral Health, DHCS

Paula Wilhem, Assistant Deputy Director, Behavioral Health, DHCS

Ivan Bhardwaj, Chief, Medi-Cal Behavioral Health Policy Division, DHCS

DHCS

Updates on BH-CONNECT Section 1115 Demonstration Request

DHCS

BH-CONNECT Section 1115 Demonstration Submission Updates

Find the BH-CONNECT Section 1115 demonstration application and public hearing materials posted on https://www.dhcs.ca.gov/CalAIM/Pages/BH-CONNECT.aspx

Updates on BH-CONNECT Program Design

DHCS

BH-CONNECT Program Design

DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of BH-CONNECT.

December 2023 Workgroup Meeting

- Assertive Community Treatment
- Coordinated Specialty Care for First Episode Psychosis
- Preliminary CANS Alignment Decisions

Today's Workgroup Meeting

- Centers of Excellence
- Community Health Worker Services
- Cross-Sector Incentive Program

Future Workgroup Meetings

- Workforce Initiative
- Clubhouse Services
- Supported Employment
- Transitional Rent Services
- Statewide Incentive Program
- Evidence-Based Practice Incentive Program*
- Other Child and Youth-Related Features

**Previously the "Opt-In Incentive Program"*

Center(s) of Excellence

Center(s) of Excellence & BH-CONNECT

- **Context.** As part of BH-CONNECT, DHCS intends to establish one or more Center(s) of Excellence that would provide training, technical assistance, and fidelity monitoring for Medi-Cal specialty behavioral health providers and county behavioral health plans to implement BH-CONNECT evidence-based practices (EBPs).
- **Request for Information.** In January 2024, DHCS released a Request for Information to gather information from organizations that are interested in becoming a Center of Excellence for one or more BH-CONNECT evidence-based practices and to receive feedback from other stakeholders on the role of BH-CONNECT Centers of Excellence. The Request for Information period closed on February 29, 2024.
- **Next Steps.** DHCS is actively reviewing responses to the Request for Information. DHCS intends for BH-CONNECT Center(s) of Excellence to be operational in 2025 to support the implementation and scale-up of EBPs.
- **Ongoing Stakeholder Engagement.** DHCS invites additional feedback from stakeholders on the proposed role of Centers of Excellence on an ongoing basis to BH-CONNECT@dhcs.ca.gov.

Centers of Excellence will Support:

- Assertive Community Treatment (ACT)
- Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
- Supported Employment
- Clubhouse Services
- EBPs for Children and Youth

Community Health Worker Services

CHW Services & BH-CONNECT

As part of BH-CONNECT, DHCS is committed to making Community Health Worker (CHW) services available in county behavioral health delivery systems. CHW services will be required in counties that opt in to receive funding for care provided in IMDs, and available at county option for counties that do not opt in.

- **CHWs can provide critical supports to members with behavioral health needs.** Extending CHWs to behavioral health settings can improve outcomes, address disparities, lower costs, and extend the stretched behavioral health workforce.
- **The Biden Administration continues to promote coverage of CHW services:**
  - In 2022, the Biden Administration announced $225 million in funding to train 13,000 CHWs.
  - The Consolidated Appropriations Act of 2023 authorized $50 million annually to build CHW capacity.
- **States are expanding coverage of CHW services.** As of 2022, over 50% of states allow Medicaid reimbursement for CHW services.
  - 13 states, including California, authorize CHW services using Medicaid State Plan authority. Other states include CHWs as part of a Health Home program, in pilot programs, or as a managed care-covered service.
  - California currently delivers CHW services via the Medi-Cal Managed Care (MCMC) system.
- **Stakeholders are supportive of extending CHWs to specialty behavioral health delivery systems.** DHCS added CHW services to BH-CONNECT in response to feedback on the original concept paper that more resources are needed to conduct outreach and engagement for members living with significant behavioral health needs.

Current Coverage of CHW Services

CMS approved SPA 22-0001 to add CHW services as a preventive Medi-Cal benefit, effective July 1, 2022. While CHW services are currently only delivered via MCMC, the State Plan includes clear language that CHW services may be used to support individuals living with behavioral health needs (noted in orange and italized).

CHW services include:

- **Health education** to promote health or address barriers to health care
- **Health navigation** to provide information, training, referrals or support
- **Screening and assessment** to identify the need for services (non-clinical)
- **Individual support or advocacy** that assists a beneficiary in preventing a health condition, injury or violence

CHW services may:

- Be provided in an individual or group setting
- Address issues that include but are not limited to: control and prevention of chronic conditions or infectious diseases; ***mental health conditions and substance use disorders;*** and others

Note: CHW violence prevention services include all the CHW services listed as they apply specifically to violence prevention

Current Eligibility Criteria for CHW Services

The Medi-Cal provider manual for CHW services provides additional detail on the scope of services. The manual clearly indicates that CHW services are appropriate for members living with significant behavioral health needs (*noted in orange and italicized*).

A member meets the criteria for CHW services based on the presence of **one or more** of the following:

- ***Diagnosis of one or more chronic health (including behavioral health) conditions, or a suspected mental disorder or substance use disorder that has not yet been diagnosed***
- Presence of medical indicators of rising risk of chronic disease (for example, elevated blood pressure, elevated blood glucose levels, etc., that indicate risk but do not yet warrant diagnosis of a chronic condition)
- Positive Adverse Childhood Events (ACEs) screening
- Presence of known risk factors, including domestic or intimate partner violence, tobacco use, ***excessive alcohol use, and/or drug misuse***
- Results of a social drivers of health screening indicating unmet health-related social needs, such as housing or food insecurity
- One or more visits to a hospital emergency department within the previous six months
- One or more hospital inpatient stays, ***including stays at a psychiatric facility,*** within the previous six months, ***or being at risk of institutionalization***
- ***One or more stays at a detox facility*** within the previous year
- Two or more missed medical appointments within the previous six months
- Beneficiary expressed need for support in health system navigation or resource coordination services
- Need for recommended preventive services

Preliminary Approach for BH-CONNECT: Coverage of CHW Services in Behavioral Health Delivery Systems

DHCS does not intend to cover a second "CHW service" that is distinct to specialty behavioral health systems. The state may pursue county contract changes, reimbursement updates, and updated guidance for counties that opt to cover CHW services as part of BH-CONNECT.

- **Existing SPA Coverage.** The existing CHW services SPA clearly indicates the use of CHWs to support members with behavioral health needs.
- **Reimbursement Considerations.** DHCS recognizes that the existing direct-to-provider reimbursement rate for CHW services may not be appropriate for specialty behavioral health delivery systems and is exploring options to develop county-specific reimbursement rates for CHW services in specialty behavioral health settings.
- **Role of Guidance.** It will be critical to provide clear guidance to county behavioral health delivery systems and provider organizations on the appropriate role for CHWs in the specialty behavioral health context. Guidance may be used to clarify the specific expectations of CHWs for behavioral health; use of CHWs for outreach and engagement activities; and distinguish appropriate roles for CHWs and peer support specialists.

Cross-Sector Incentive Program

Objective of Today's Discussion

- **Today's meeting is an opportunity to learn from stakeholders' insights and expertise on efforts to promote collaboration at the county-level between Child Welfare Agencies (CWAs), County Mental Health Plans (MHPs),and Managed Care Plans (MCPs), to ultimately inform the concept for the cross-sector incentive program. We are specifically interested in:**
  - Identified gaps in collaboration between CWAs, MHPs, and MCPs
  - Identified opportunities in improving collaboration between the three entities which might be leveraged

- **Conversations like this one, and ultimately the program concept materials, are intended to:**
  - Crystallize the vision for the cross-sector incentive program and what ideal collaboration between the relevant entities would look like
  - Clarify the optimal roles and goals for each of the three entities involved
  - Provide a launch-point to commence more detailed design work for the incentive program

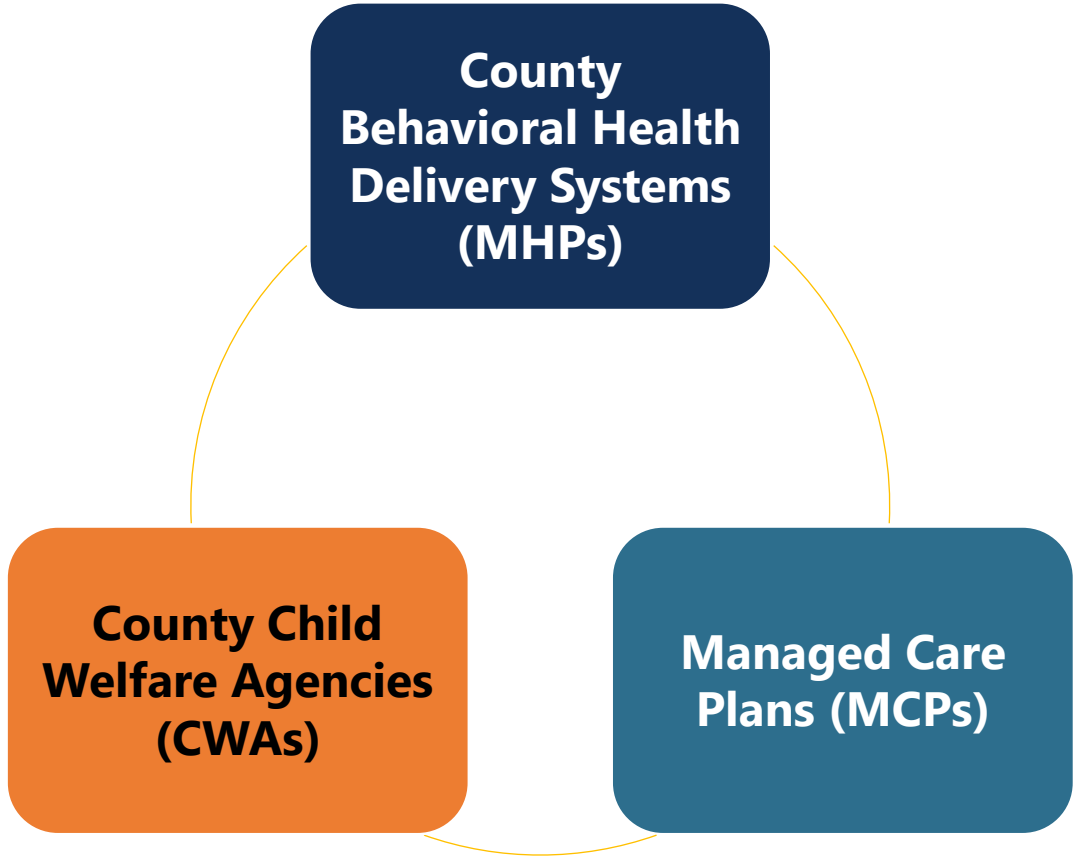
Overview: Cross-Sector Incentive Program

DHCS plans to establish a cross-sector incentive program to facilitate innovation and to drive outcome improvements through cross-agency collaboration and by rewarding CWAs, MHPs, and MCPs for meeting specified measures related to care for children and youth in the child welfare system.

Proposed Approach:

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

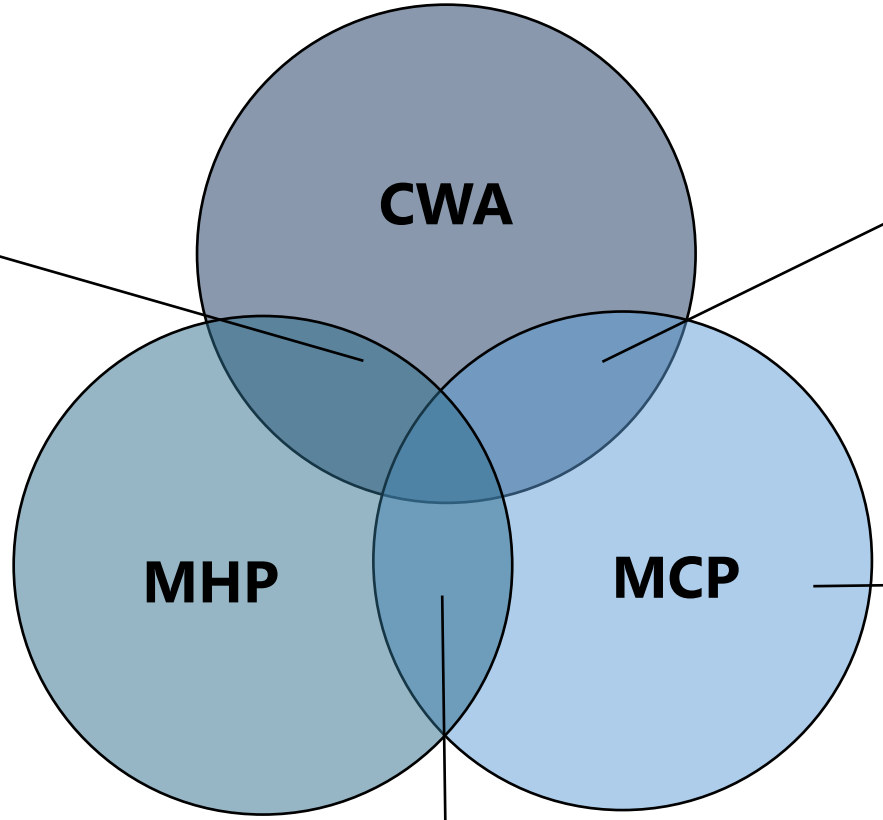
The program will be implemented from January 1, 2026 – December 31, 2029. DHCS is seeking **$250 million** in federal expenditure authority, across the four years.



Cross-Sector Dynamics

There are specific dynamics which reflect shared accountability between only two of the three entities.

- System of Care/AB 2083 MOU
- Use of aligned assessment tools (e.g., aligned CANS)
- Uptake of Activity Stipends
- Child and Family Team (CFT) Meetings



- MCP/CWA MOU
- Enhanced Care Management (ECM)
- Foster Care Liaison/County Child Welfare Liaison role

- Some MCPs operate in multiple counties and one (Kaiser) has specific statutory authority in 32 counties (AB 2724)

- MOUs (e.g., requirements outlined in BHIN 23-056)

? *Are there other elements of dynamics between any two of the three entities which you would add here?*

Context:
AB 2083- Children and Youth System of Care

AB 2083 (2018) is intended to build upon existing Continuum of Care Reform (CCR) and to develop a coordinated, timely, and trauma-informed SOC for children and youth in foster care who have experienced severe trauma.

- AB 2083 requires each county to develop and implement **a Memorandum of Understanding (MOU) to outline the roles and responsibilities of the various local entities** that serve children and youth in foster care, including:
  - County CWAs
  - County MHPs
  - County offices of education
  - County juvenile probation offices
  - Regional centers

- **Required components** of the MOU include:
  - Establishment of an interagency leadership team and placement committee
  - Commitment to implementation of an integrated core practice model
  - Key processes and protocols
  - Alignment, recruitment, and management of services
  - Other requirements

Notable for our purposes:

- MCPs are not implicated by the SOC MOU requirements, but are also not excluded from participation
- Some counties have developed SOC manuals/toolkits to support MOU implementation, this is encouraged but is not a requirement

For more information see: Bill Text - AB-2083 Foster youth: trauma-informed system of care.

Context:
Recent MOU for MCPs and CWAs

Effective January 1, 2024, MCPs are required to enter into MOUs with CWAs to ensure that members who are receiving county child welfare services receive services in a coordinated, non-duplicative manner.

The MOU:

- Includes an optional provision that MCPs and CWAs may add to the MOU that would require **MCPs and CWAs to collaborate** to identify opportunities for coordination and alignment of this MOU with county interagency leadership team's efforts **in implementing the SOC MOU** to increase members' ability to receive timely, coordinate care
- Includes an optional provision specifying that the CWA may include the MCP as a party to its SOC MOU with local entities to ensure coordination and that additional requirements can be agreed upon
  - e.g., that the MCP may participate in SOC Local Interagency Leadership Team meetings to which the MCP is invited by the CWA
- Addresses considerations around MCP services such as Enhanced Care Management (ECM)
- Includes the new MCP Foster Care Liaison role
- Outlines MCP obligations such as a responsibility for authorizing medically necessary covered services

Notable for our purposes:

- Quality improvement items in the MOUs will not be monitored
- This MOU does not require reciprocal engagement on the part of CWAs

For more information see: County-Child-Welfare-MOU.pdf (ca.gov)

Context:
AB 2724-Medi-Cal: Alternate Health Care Service Plan

AB 2724 (2022) authorized DHCS to establish a direct contract with Kaiser in 32 counties, effective January 2024. Children and youth in foster care are included among beneficiary populations of focus.

- Children and youth in foster care are able to enroll in Kaiser in these counties and their coverage, health information, and access to provider network will transition relatively seamlessly if their foster care placement changes within the 32 relevant counties.

Notable for our purposes:

- Is it possible that Kaiser's presence in 32 of 58 counties could influence the implementation of the cross-sector incentive program?
  - (e.g., will Kaiser get 32 different incentive payments? will Kaiser be reluctant to participate given the potential for administrative burden with 32 submissions?)
- Kaiser is not the only MCP with a presence in many different counties.

For more information see: Bill Text - AB-2724 Medi-Cal: alternate health care service plan.

Key Takeaways from California Department of Social Services (CDSS) Feedback on BH-CONNECT

During the fall 2023 comment period on the BH-CONNECT Demonstration Application CDSS provided feedback, some of which was specific to the cross-sector incentive program. Since this initial feedback was provided, additional discussions of the cross-sector incentive program design have taken place with CDSS.

- **AB 2083 Local System of Care (SOC):** CDSS requested explicit reference to the AB 2083 SOC as a potential avenue of cross-sector collaboration and cites this as foundational infrastructure for this component.
- **Emphasis on a person-centered and trauma-informed approach:** CDSS recommended that the BH-CONNECT incentive programs explicitly include person-centered and trauma-informed outcome measures.

Key Takeaways from the Statewide Taskforce on Accessing Health Services for California Children in Foster Care

Following the March 2023 meeting of the Statewide Taskforce on Accessing Health Services for California Children in Foster Care, Children Now hosted a meeting to compile stakeholder feedback.

Major barriers to cross-entity coordination:

- High-level of mobility among the foster care population
- Siloes in information sharing and communication
- Distinct financing strategies and disagreement over primary funding responsibility
- Limited workforce and capacity, particularly in rural areas
- Lack of shared understanding of coverage and services
- Potential for reliance on flawed data
- Lack of support for parents
- A lack of reform for children in Fee-for-Service (FFS) Medicaid

Suggestions:

- Incentivize outcomes like improved school success; placement stability; family reunification; and child/family satisfaction with services.
- **Develop consistent cross-system standards, practices, and processes; a strong oversight structure; and shared data systems**
- **Incorporate other entities into coordination efforts**
- **Ensure that the Foster Care Liaison role is an effective point person**
- Increase youth and caregiver input to inform system change and quality improvement efforts
- **Use incentives to support and require implementation of AB 2083 MOUs**

Key Takeaways from Initial Discussions with System of Care

An initial discussion of the cross-sector incentive program recently took place with SOC thought partners. Key considerations were raised, as were suggestions for incentivizing systems to go "above and beyond"

Key considerations:

- There are existing gaps in:
  - Technical skill/capacity for use of shared funding models
  - Process for presumptive transfer for movement across county lines
  - Clarity of roles in teaming processes (e.g., ambiguity around who leads, who needs to be where and when)
- There are other funding sources which could supplement/dovetail with the $250 million allocated for this program.

Ways to "Go Above and Beyond":

- Provider competency and trauma-informed practice
- Person-centered framework
- MCP education for CWAs to mitigate existing gaps in awareness of physical health services
- Operationalizing parameters outlined in the AB 2083 MOUs
- Utilize the SOC infrastructure to consistently identify new solutions to better meet complex needs for children and families
- Seeking input from children and youth in regard to their experiences as a measure of quality

Themes from Information Gathering to Date

Throughout preliminary discussions and stakeholder engagement, three themes have arisen from feedback solicited about the cross-sector incentive program design.

Support implementation of existing MOU requirements

- County-level MOUs require collaboration with no implementation requirements.
  - e.g., require AB 2083 MOU "manuals" as a condition of participation in the cross-sector incentive program
  - e.g., leverage the existing CWA/MCP MOU to require MCP participation in SOC at the invitation of the CWA

Require reciprocal cross-entity education

- e.g., require that MCPs provide educational outreach to CWAs and MHPs (and vice versa) to promote a shared awareness amongst the systems of available services, key players, and shared accountability for outcomes to be achieved
- Include other entities (e.g., education, juvenile justice)

Leverage the benefits of enrollment in Managed Care

- e.g., strongly encourage enrollment in managed care, due to its role in providing key preventive services and/or emphasize that children and youth served in Managed Care can benefit from services such as Enhanced Care Management (ECM)

Cross-Sector Incentive Program Concept Memo:
Program Intent

The cross-sector incentive program concept materials will serve as a foundation for design work by outlining the program's philosophy and intent.

The primary intent of the BH-CONNECT Cross-Sector Incentive Program will be to:

- Reward Managed Care Plans (MCPs), County Mental Health Plans (MHPs), and child welfare systems (CWS) for:
  - **Cross-entity collaboration** at the county level
  - Meeting specified measures related to **person-centered and trauma-informed care** for children and youth in the child welfare system
- Emphasize going **"above and beyond"** existing requirements across the state and engaging in new activities

? *Are there any initial questions about the primary intent or philosophy of the cross-sector incentive program?*

Cross-Sector Incentive Program Concept:
Potential Outcomes

The program could incentivize outcomes that reflect collaboration between all three entities.

Outcomes that may be the result of shared accountability and partnership might include:

- Seamless coordination of care when placements change across county lines
- Use of least restrictive placements
- Placement stability
- Improvements in school attendance/performance
- Decreased time to permanency

? *Are there other outcomes that could be considered which would incentivize shared accountability and collaboration between the three entities?*

Cross-Sector Incentive Program Concept:
Gaps/Barriers/Challenges to Mitigate

Identifying, and developing approaches to mitigate, existing gaps, barriers, and challenges, will be crucial for the development of the cross-sector incentive program concept.

Gaps, barriers and challenges which the cross-sector incentive program may serve to mitigate include:

- **Siloed nature of systems**
  - Communications
  - Record keeping/sharing
    - Confidentiality/privacy considerations
  - Financing strategies
  - Awareness of other system's processes, key players, and outcomes to be achieved
- **High level of mobility** across county lines for the foster care population as an obstacle to accessing/maintaining care
- **MOU expectations** which are not monitored/enforced
- Appropriate use of, and access to, **psychotropic medications**
- **Lack of support for parents/caregivers** as an obstacle to permanency in family settings

? *Are there comments on any of the gaps/barriers to mitigate which are outlined above? Are there other key gaps/barriers to mitigate which are not captured here?*

Cross-Sector Incentive Program Concept:
Data & Outcomes Monitoring

The monitoring of the outcomes to be incentivized by the cross-sector incentive program will hinge on identification of existing data sources, and the development/refinement of necessary data sources.

- **Existing data** sources to possibly be leveraged for outcomes/measures monitoring
  - Child Family Services Reviews (CFSRs) of child welfare systems
  - MCP Quarterly Implementation Monitoring Report (QIMR) data on ECM enrollment
  - Reporting on cross-system engagement/disputes for MHPs and MCPs
- **Stakeholders' concerns** about use of flawed data due to assuming that penetration rates demonstrate prevalence for need (i.e., service usage as an inaccurate proxy for service need), and failing to account for low penetration rates reflecting limits on service availability
- **Need for refinement/enhancement of data collection** to ensure adequately standardized and comprehensive data collection
- **Need for a "feedback loop"** to encourage counties to provide insights and to ensure an iterative approach to the program's responsiveness/degree of impact over the 4 years

? *Are there comments on any of the data considerations which are outlined above? Are there other data considerations which are not captured here ?*

Cross-Sector Incentive Program Concept:
Future Directions: Guiding Principles

The cross-sector incentive program should have guiding principles which are carried throughout the program.

- **Incorporation of youth voices** to ensure youth-inclusive outcome metrics and program design
- **Evolution of metrics across** lifespan of program to ensure forward momentum
  - Early years: Emphasis on process measures
  - Latter years: Emphasis on outcome measures
- **Need for a "feedback loop"** to encourage counties to provide insights and to ensure an iterative approach to the program's responsiveness/degree of impact over the 4 years

? *Are there other key considerations and guiding principles which would be beneficial to keep in mind as design work on the cross-sector incentive program proceeds?*

Workgroup Discussion

Wrap Up

- If you have additional questions, please email DHCS at BHCalAIM@dhcs.ca.gov with the subject Line “CalAIM BH Workgroup – March 2024.”

Public Comment

Public Comment

Members of the public may use the raise hand feature to make a comment.

Comments will be accepted in order of when hands are raised.

When it is your turn, you will be unmuted by the meeting host.

Please keep comments to 2 minutes or less.

Thank you!