

Stakeholder Advisory Committee and Behavioral Health Stakeholder Advisory Committee Meeting

Wednesday, May 29, 2024

Webinar Tips

- » Please use either a computer or phone for audio connection.
- » Please mute your line when not speaking.
- » Members are encouraged to turn on their cameras during the meeting.
- » [Registered](#) attendees will be able to make oral comments during the public comment period.
- » For questions or comments, email:
SACinquiries@dhcs.ca.gov.



Welcome, Roll Call, and Today's Agenda

Michelle Baass, Director

Director's Update

Michelle Baass, Director

2024-2025 May Revision Update



May Revision Highlights (Cont'd)

- » The May Revision includes several proposed actions to reduce General Fund costs in light of the state's overall fiscal situation:
- » Managed Care Organizational (MCO) Tax
 - Early Action Budget Agreement
 - Amendment – Medicare Revenue
 - MCO Tax Investments
 - Maintain 2024 Targeted Rate Increases
 - Eliminate Graduate Medical Education and Workforce Pool Funding
 - Eliminate 2025 Targeted Rate Increases and Investments

May Revision Highlights

- » DHCS May Revision Overview
- » Proposition 1 – Behavioral Health Transformation
 - Behavioral Health Services Act
 - Behavioral Health Infrastructure Bond Act
- » Children and Youth Behavioral Health Fee Schedule Third Party Administrator
- » Children's Hospital Directed Payments
- » Increase Directed Payments to Public Hospitals and Institute Intergovernmental Transfer Administration Fee for Enhanced Payment Program and Quality Incentive Pool

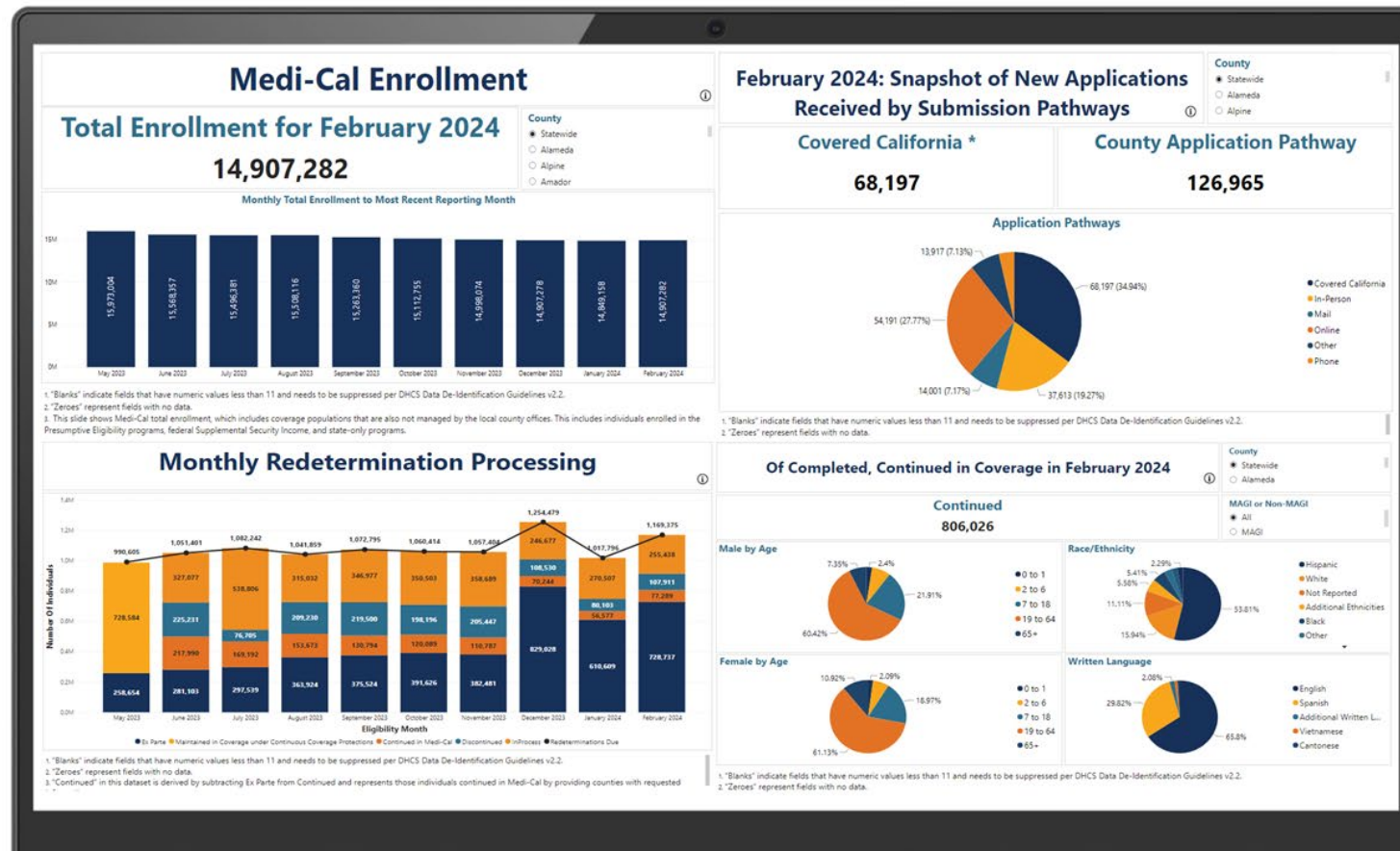
May Revision Highlights (Cont'd)

- » Children and Youth Behavioral Health Initiative Reductions
- » Behavioral Health Continuum Infrastructure Program Round 6 Funding Reduction
- » Behavioral Health Bridge Housing Reduction
- » Equity and Practice Transformation Payments Reduction

Medi-Cal Redetermination Update

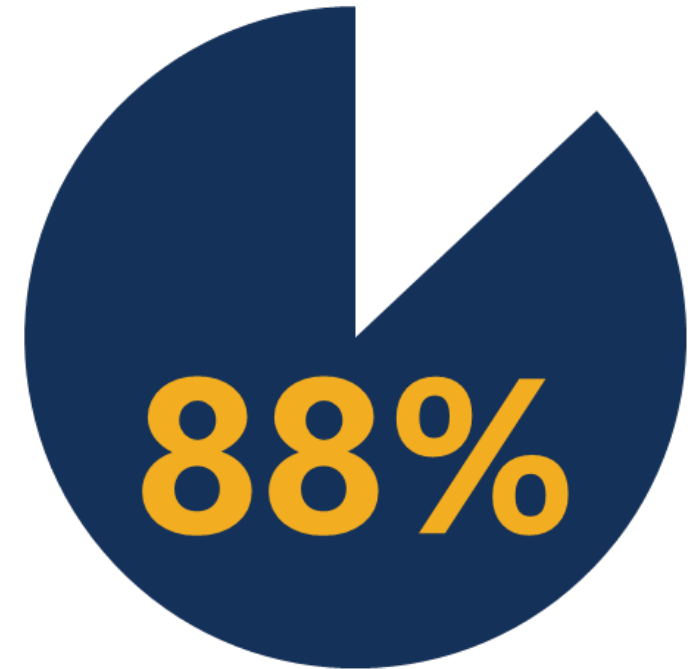


Medi-Cal Continuous Coverage Unwinding Dashboard



Unwinding Focus – Outstanding Renewals

- » DHCS is working with all counties to ensure renewals are completed within the unwinding period
- » DHCS provides technical assistance during bimonthly county support calls and targeted assistance




Completion of renewals due
June 2023 – February 2024

Keep your community covered - new outreach materials

Income Explainer

Understanding Income



Medi-Cal

This information is provided to assist in filling out the income-related sections of Medi-Cal forms such as the Single Streamlined Application (SSApp) or the Medi-Cal Renewal form.

What is Income?
Definition: Income is any money you get or earn, such as wages, disability benefits or payments from Social Security. There are two types of income: earned and unearned.

- **Earned Income:** Money from work activities, including wages, tips and self-employment.
- **Unearned Income:** Money you get from sources other than a job, such as funds from a retirement account, pension or Social Security; income other than money in exchange for a service; or money from a rental property.

Timing of Income
Income Frequency: How often you receive your income – weekly, monthly, annually, etc.



Income Consistency: Some people have fluctuating income, meaning that they make a different amount each time they are paid or they are not paid the same amount or within the same pay period.



Example: A person works every year from May through September and receives unemployment from October through April. If that person does not expect changes, can reasonably predict their future income based on their past income.

Deductions
Deductions can help lower your total income amount that is used to see if you qualify for Medi-Cal.


The deductions you get depend on the type of Medi-Cal you have. For most Medi-Cal programs, you may be able to use deductions like money you put in a health savings account or interest you pay on student loans. For other programs, like for people aged 65 or older or those with disabilities, you might use different deductions, like money you pay for other health care coverage or your Medicare premium.

Types of Income
Gross Income: Your total earnings before any deductions or taxes.
Net Income: The money remaining after all deductions and taxes are subtracted.

GROSS INCOME BEFORE  **NET INCOME** AFTER 



Renewal Palm Card



Medi-Cal

Medi-Cal renewals happen every year. Keep your Medi-Cal!


Make sure your information is up to date.
Report any changes in your address, email address, and phone number within 10 days of a change. Also, report changes such as a new job, pregnancy, having a baby, or getting married.

Everyone's renewal date is different.
Watch for information in the mail. Respond to any requests from your local Medi-Cal office.

Check your mail.
If you receive a yellow envelope with a renewal form, submit your information to avoid a gap in coverage. If you were renewed automatically, you will receive a notice confirming your coverage was renewed for one more year. You do not have to do anything else.

Do you need help?
Free help is available in person and in many languages.

For more details on how to keep your Medi-Cal coverage, visit [Medi-Cal.dhcs.ca.gov](https://www.Medi-Cal.dhcs.ca.gov)



Organization Contact Information

Published February 2024

Discussion



Data Sharing and the Data Exchange Framework

John Ohanian, Director, Center for Data Insights and Innovation and
Chief Data Officer, California Health & Human Services Agency (CalHHS)

Linette Scott, MD, MPH, Deputy Director of Enterprise Data and
Information Management & Chief Data Officer

The Vision for Data Exchange in California

- » Once implemented across California, the Data Exchange Framework (DxF) will create new connections and efficiencies between health and social services providers, improving whole-person care
- » California's first-ever statewide Data Sharing Agreement (DSA) requires the secure and appropriate exchange of health and human services information to enable providers to work together and improve an individual's health and well-being



What is the DxF?

- » It is a guiding principle for information sharing including:
 - Data Sharing Agreement
 - Common set of Policies and Procedures
 - Strategy for Digital Identity
 - DxF Grant Programs
- » Created under the California Health & Human Services Agency through passage of AB 133 and governed by the Center for Data Insights and Innovation (CDII)
- » Available on the CDII DxF webpage is the Data Sharing Agreement Signatory List, updated weekly
- » DxF is NOT a technology

DxF Implementation Timelines



Exchange under the DxF became effective January 31, 2024

CDII DxF Webpage Resources

- » For more information on the DxF, please visit the CDII DxF [webpage](#).
- » There you can find:
 - The DxF, Data Sharing Agreement, and Policies & Procedures;
 - Information about the Qualified Health Information Organization (QHIO) and DxF Grant programs;
 - Materials from previous and upcoming meetings, webinars, and listening sessions;
 - FAQs on the DxF;
 - Link to the Data Sharing Agreement Signing Portal and more!

CMS Interoperability Rules

» Patient Access Rule - May 1, 2020

- Focus on patient access portal
- Sets standards for data exchange - Health Level 7® (HL7®) Fast Healthcare Interoperability Resources® (FHIR®) application programming interfaces (APIs) and United States Core Data for Interoperability (USCDI)

» Prior Authorization Rule - January 17, 2024

- Timeliness of Prior Authorizations
- Improving Prior Authorization Processes by January 2026


California Advancing and Innovating Medi-Cal (CalAIM) Data Sharing Authorization Guidance (DSAG)

- » Focuses on the CalAIM population
- » Bridges the gap between the laws in California that changed as a result of CalAIM implementation and the existing guidance
- » Not intended to be, and should not be, construed as legal advice

CaAIM DSAG 2.0

Version 2.0 includes additional information on:

- » The disclosure of a minor's records to support Enhanced Care Management (ECM) for children/youth populations of focus
- » Behavioral health use cases to help stakeholders understand federal substance use disorder privacy regulations (42 CFR Part 2) and the No Wrong Door for Mental Health Services Policy

 CaAIM DATA SHARING AUTHORIZATION GUIDANCE Version 2.0	
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The final DSAG 2.0 is posted [here](#).

CalAIM DSAG Contents

- » Key Privacy Laws
 - Health care
 - Substance use disorder (SUD)
 - Education – **NEW**
 - Child welfare – **NEW**
- » Assembly Bill 133
 - Guidance on how Assembly Bill 133 limits certain state privacy laws to enable data sharing for care coordination under CalAIM
- » Consent and Required Authorizations
 - Authorization forms
 - Consent on behalf of minors – **NEW**
- » Data Sharing Use Cases
 - Scenario-based examples of when personally identifiable information can be disclosed under CalAIM for
 - ECM
 - MCP and County Behavioral Health coordination – **NEW**

***NEW** = New section in Version 2.0 not previously in the first version released in March 2022

DISCLAIMER: The CalAIM DSAG is not intended to be, and should not be, construed as legal advice. As the state's Medi-Cal agency, DHCS does not have the authority to interpret or enforce many of the federal privacy laws that apply to the disclosure of information under CalAIM.

For Whom Is This Guidance Intended?

**Who are
“Medi-Cal
Partners?”**

How can
Medi-Cal
Partners use
the DSAG?

Medi-Cal partners include, but are not limited to:

- » MCPs
- » Tribal health programs
- » Health care providers
- » Community-based social and human service organizations and providers
- » Local health jurisdictions
- » Correctional facility health care providers
- » County and other public agencies that provide services and manage care for individuals enrolled in Medi-Cal.

For Whom Is This Guidance Intended?

Who are
“Medi-Cal
Partners?”

**How can
Medi-Cal
Partners use
the DSAG?**

- » Legal and other advisors who work with Medi-Cal partners may find this guidance (especially Chapters 2, 3, and 4) helpful when determining how to counsel a care manager on the laws protecting such information and whether consent from the individuals enrolled in Medi-Cal must be obtained by the care manager.
- » Care managers may leverage the data sharing use cases (Chapter 5) to better understand how to operationalize applicable laws.

To Whom Does This Guidance Apply?

Who are “Members?”

Members include individuals enrolled in Medi-Cal who meet any of the following criteria:

- » Enrolled in a Medi-Cal MCP
- » Receiving any form of behavioral health services, including services from:
 - County mental health plans (MHPs);
 - Drug Medi-Cal (DMC) / DMC-Organized Delivery System (ODS); or
 - Any behavioral health services under the FFS system and/or DMC-ODS.
- » Justice-involved populations that qualify for [Justice-Involved Reentry Initiative](#) pre-release services

Additional Context

For Whom Does This Guidance Apply?

Who are
"Members?"

The guidance does not apply to:

- » Those who receive care exclusively under the Medi-Cal FFS system who are neither recipients of behavioral health services nor qualified incarcerated people receiving targeted pre-release Medi-Cal benefits. In practice, this is a small percentage of Medi-Cal members.

Statutory Reason for Limiting This Guidance to Certain Populations:

- » AB 133 defines CalAIM components to apply to various Medi-Cal programs, which include MCPs behavioral health programs, and Justice-Involved Reentry Initiative pre-release services.

**Additional
Context**



Discussion and/or Questions?

Contact us with any questions.

Children and Youth Behavioral Health Initiative Update

Autumn Boylan, Deputy Director, Office of Strategic Partnerships

Transforming the way California supports children, youth and families



Health Care Settings

- » Expanding the behavioral health workforce
- » Increasing access to behavioral health services
- » Supporting non-specialist care providers



Digital Environment

- » Bringing behavioral health services online
- » Preparing for the next-generation of digital supports



Schools & Colleges

- » Bringing wellness into the classroom
- » Nurturing a supportive campus culture
- » Expanding access to school-linked care services



Homes & Communities

- » Enhancing community resilience
- » Building a community-based workforce

**Elevating the Conversation,
Holding Youth at the Center and Equity as Foundational.**

Positive Parenting, Thriving Kids

- » Covering 20 topics (in English and Spanish), Positive Parenting, Thriving Kids is a series of **FREE** videos and print resources to provide parents & caregivers with practical, evidence-based information and skills to address the most common parenting challenges. Topics include:
 - Self-Care and Parent-Child Relationships
 - Health Child and Adolescent Growth
 - Big Changes and Challenges
 - Family and Community Stress
- » Created through a partnership with [The Child Mind Institute](#)

Positive Parenting, Thriving Kids Overview



Behavioral Health Virtual Services Platforms

- » In January 2024, DHCS launched two free behavioral health services applications for all families with children, teens, young adults, and their caregivers, regardless of insurance coverage or immigration status:
 - [BrightLife Kids](#) is for parents/caregivers and kids ages 0-12.
 - [Soluna](#) is for teens and young adults ages 13-25.
- » The platforms were designed with input from more than 1,000 children, youth, families/caregivers, behavioral health professionals, and subject matter experts.
- » Platforms are a cornerstone of Governor Newsom's [Master Plan for Kids' Mental Health and the CYBHI](#).





**Soluna
BrightLife Kids**



**EXISTING
SERVICES**

HEALTH PLANS

COURTIES

SCHOOLS

BrightLife Kids and Soluna Offerings

- » Professional Coaching
- » Educational Content
- » Assessments and Tools
- » Care Navigation Services
- » Peer Communities
- » Crisis and Safety Protocols

How Do the Apps Work?



Testimonials – Young People Love Soluna



Testimonials – Parents Love BrightLife Kids



"We are no longer facing the mountain of trying to figure out how to find help for my child. I am in great debt to Brightline and my child is doing wonderfully."

"Dad, I had an anxious moment this morning and I remembered what Jordan told me and I said it to myself 3 times and the day was great"
-Taula

Results: Taula has a strong connection with Jordan (her BrightLife Kids coach!) and looks forward to seeing him every week. He's taught her skills to overcome anxiety, build self-confidence, and be resilient!

Learn more at CalHOPE.org



HOPE LIVES HERE

Current Services >>

CalHOPE Connect

Red Line

Student Support

Together for Wellness

CalHOPE Schools

Digital mental health support for youth, young adults, and families

>> Launching January 2024

A groundbreaking new program providing free, safe, and confidential mental health support for young people and families across the state with two easy-to-use mobile apps:



BrightLife Kids

Mental health coaching and
resources for parents with kids
ages 0-12

[Learn More](#)

soluna

Mental health coaching and
resources for teens and young
adults ages 13-25

[Learn More](#)

Download the
[Partner Toolkit](#)
Today

Q & A

BrightLife Kids
A CalHOPE program by Brightline



BrightLife.Kids/ca

 **soluna**
a CalHOPE Program by Kooth



SolunaApp.com

What is Cal-MAP?

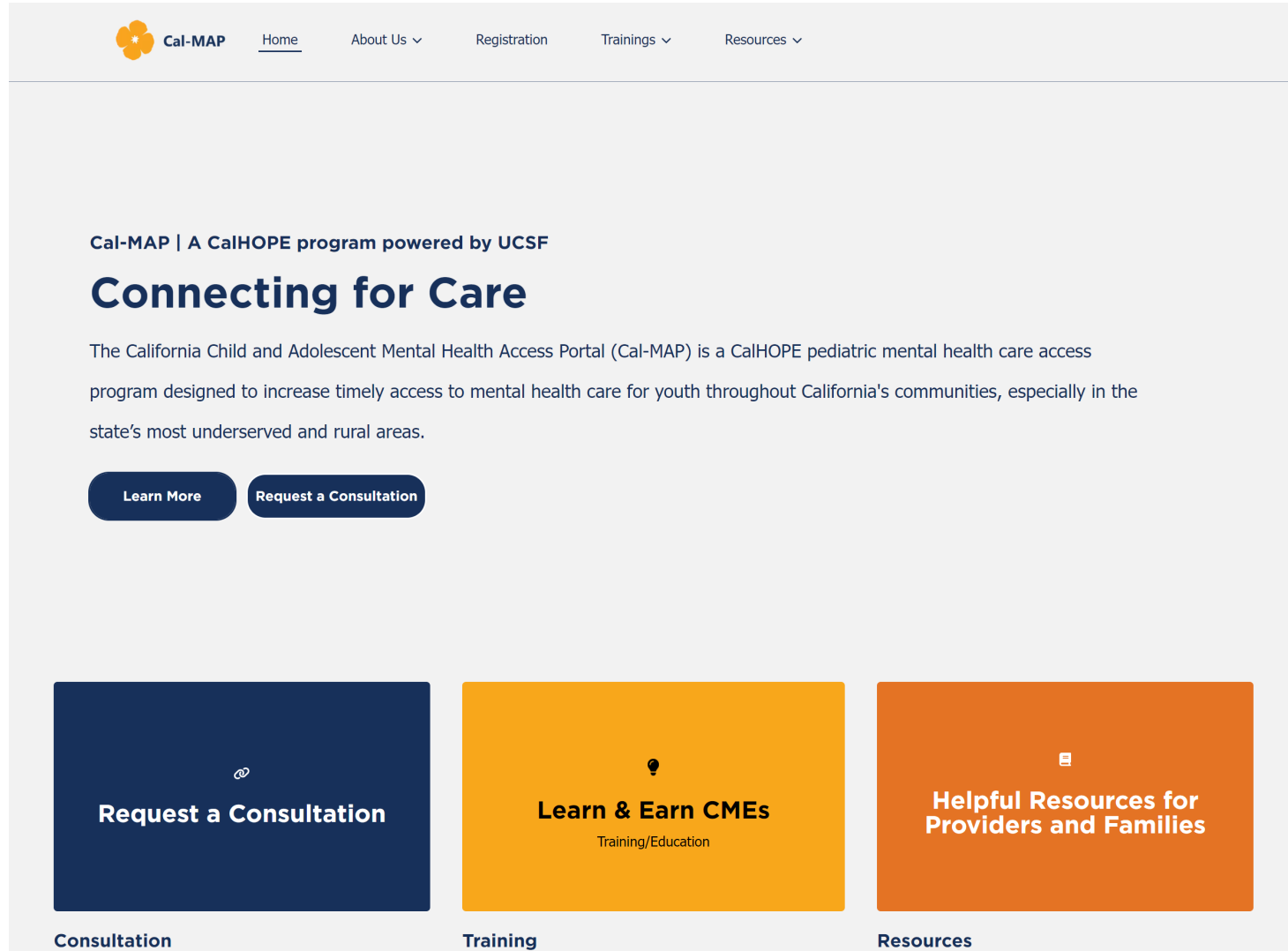
- » Cal-MAP's interprofessional team of psychiatrists, psychologists and clinical social workers provide no-cost consultation, education and resource navigation directly to California physicians caring for mental and behavioral health concerns in youth, ages 0-25.
- » Designed to increase timely access to mental health care for youth throughout California's communities, especially in the state's most underserved and rural areas, Cal-MAP expands equitable access to high-quality, culturally attuned youth mental health care within lower-stigma, early intervention-focused primary care settings.



Cal-MAP Service Offerings

- » Warm-line telephone consultation (synchronous)
- » Secure, HIPAA-compliant consultation portal
- » Consult letter with recommendations
- » Educational resources & training programs
- » Care navigation support
- » Coming later in 2024: access portal with secure account creation, asynchronous consultation, robust learning management system

Cal-MAP.org is live now



The screenshot shows the homepage of Cal-MAP.org. At the top is a navigation bar with the Cal-MAP logo (an orange flower icon) and the text "Cal-MAP". To the right of the logo are links: "Home" (underlined), "About Us", "Registration", "Trainings", and "Resources". Below the navigation bar is a main content area. It starts with the text "Cal-MAP | A CalHOPE program powered by UCSF". Below this is a large heading "Connecting for Care". Under the heading is a paragraph: "The California Child and Adolescent Mental Health Access Portal (Cal-MAP) is a CalHOPE pediatric mental health care access program designed to increase timely access to mental health care for youth throughout California's communities, especially in the state's most underserved and rural areas." Below the paragraph are two buttons: "Learn More" and "Request a Consultation". At the bottom of the page are three colored boxes. The first box is dark blue and contains a link icon and the text "Request a Consultation". Below this box is the label "Consultation". The second box is orange and contains a lightbulb icon, the text "Learn & Earn CMEs", and "Training/Education" below it. Below this box is the label "Training". The third box is a lighter orange and contains a book icon, the text "Helpful Resources for Providers and Families", and "Resources" below it. Below this box is the label "Resources".

Cal-MAP | A CalHOPE program powered by UCSF

Connecting for Care

The California Child and Adolescent Mental Health Access Portal (Cal-MAP) is a CalHOPE pediatric mental health care access program designed to increase timely access to mental health care for youth throughout California's communities, especially in the state's most underserved and rural areas.

[Learn More](#) [Request a Consultation](#)

[Request a Consultation](#)

Consultation

[Learn & Earn CMEs](#)

Training/Education

Training

[Helpful Resources for Providers and Families](#)

Resources

Request a
[consultation](#)
today!

Current Status - CYBHI fee schedule

Progress to date

DHCS developed (in compliance with statute¹):



"A school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger at a school site"



"A school-linked statewide provider network of school site behavioral health counselors"



Policy stating that "providers of medically necessary school site services described in this section shall be reimbursed, at a minimum, at the fee schedule rate or rates... regardless of network provider status"

Path forward

Prior to providers and practitioners being reimbursed for CYBHI fee schedule services:



CMS approval allows the CYBHI fee schedule to proceed, by:

- Providing directed payment authority²
- Approving the State Plan Amendment to enable reimbursement of Pupil Personnel Services (PPS) credentialed providers



Cohort 1 participants (including Local Educational Agencies (LEAs), County Offices of Education (COEs), and managed care plans) full completion of the state's onboarding curriculum, to prepare for using the CYBHI fee schedule

How will the fee schedule work?



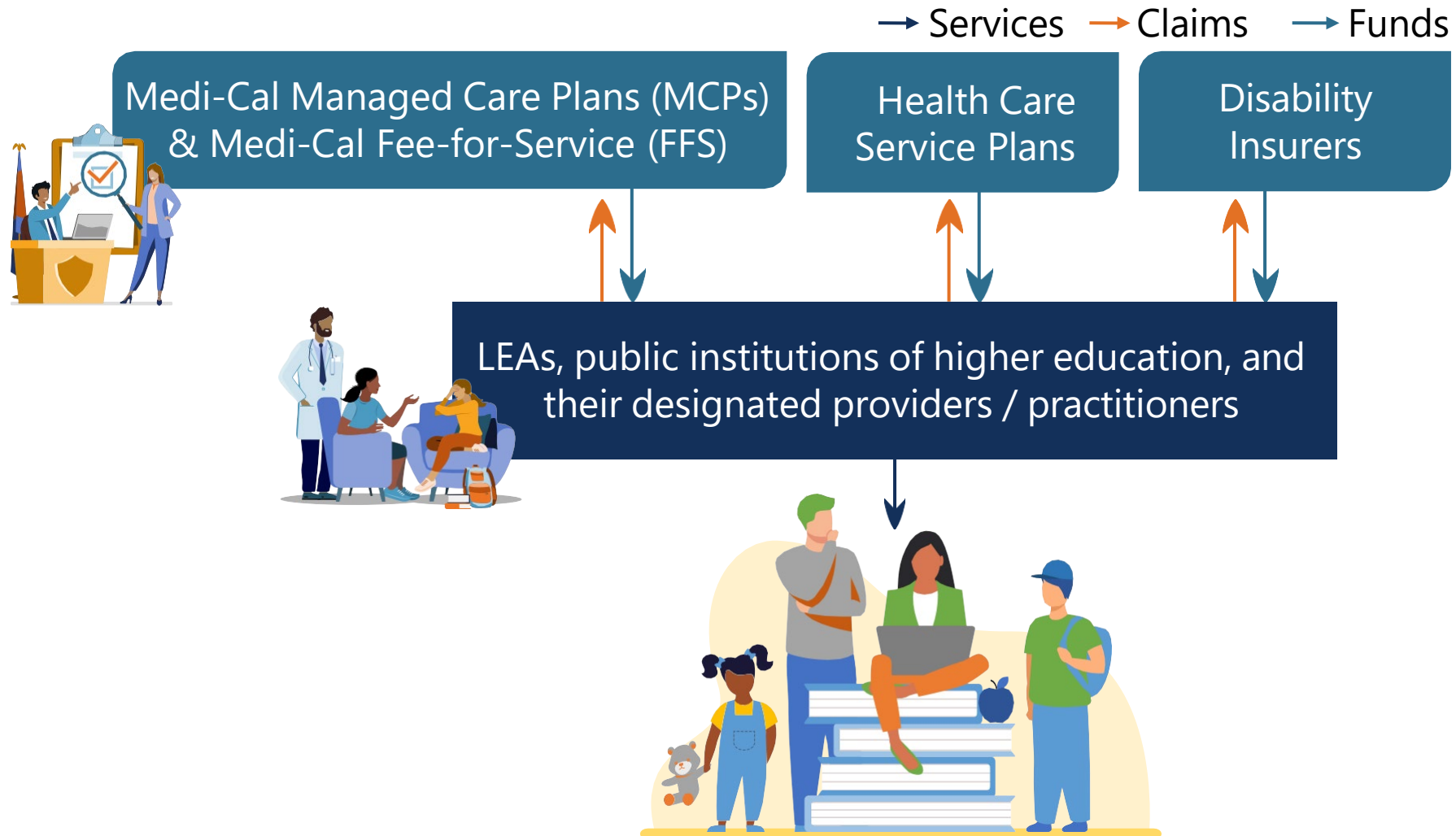
How will the fee schedule work?

→ Services

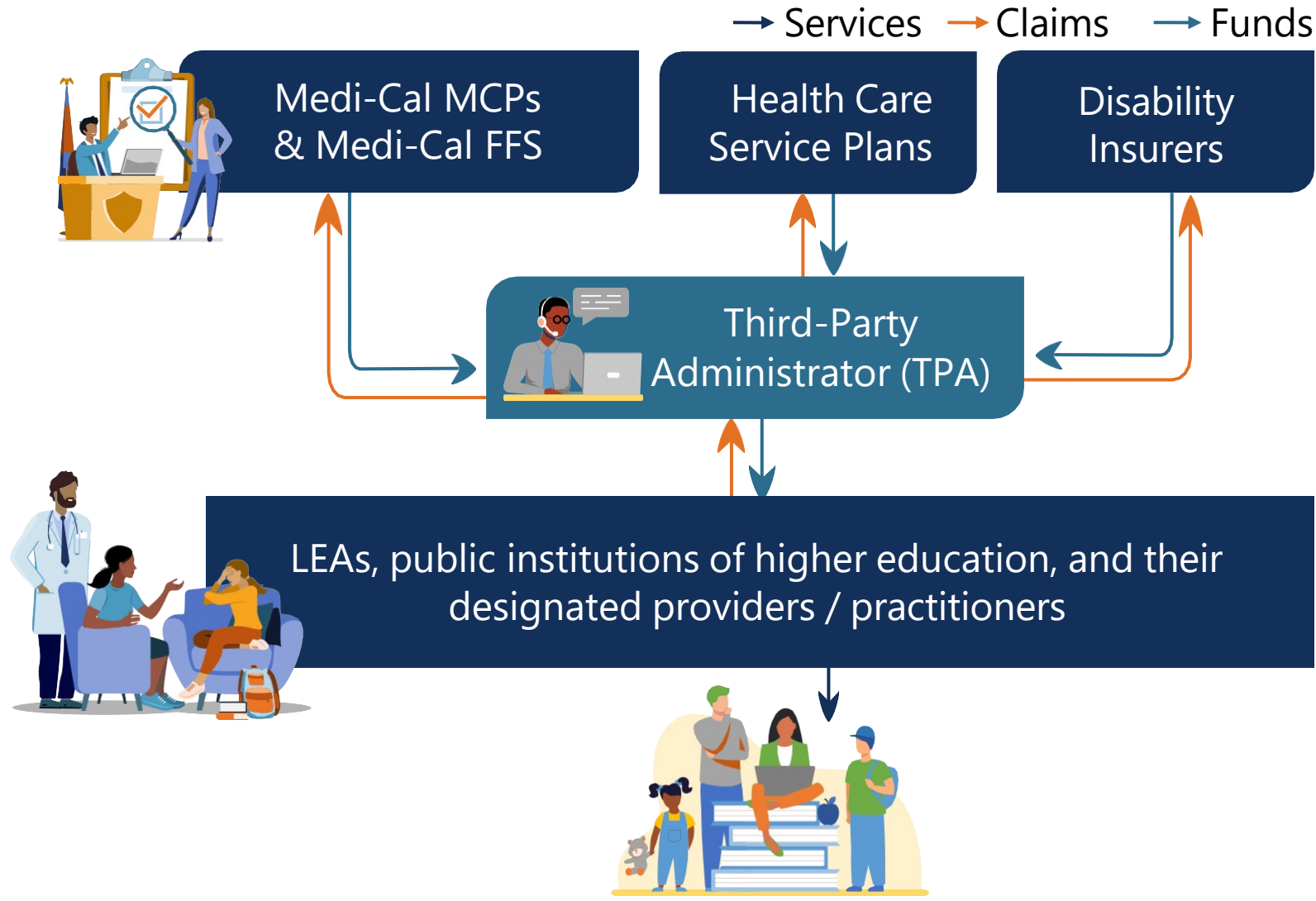
LEAs, public institutions of higher education, and their designated providers / practitioners



How will the fee schedule work?



How will the fee schedule work?



Fee Schedule

Categories of service included in the fee schedule



Psychoeducation



Treatment



Screening and
Assessment



Care Coordination

Please see [PDF](#) for additional detail on specific services, with their respective codes, rates, and practitioner types


Fee Schedule

Eligible practitioners

- » Alcohol and Other Drugs Counselor
- » Associate Marriage and Family Therapist
- » Associate Professional Clinical Counselor
- » Associate Social Worker
- » Community Health Worker
- » Educational Psychologist
- » Licensed Clinical Social Worker
- » Licensed Marriage and Family Therapist
- » Licensed Professional Clinical Counselor
- » Medical Doctor (Physician or Psychiatrist)
- » Nurse Practitioner
- » Physician Assistant
- » PPS1 School Counselor
- » PPS1 School Psychologist
- » PPS1 School Social Worker
- » Psychologist
- » Registered Nurse
- » Wellness Coaches²

Note: Practitioners' eligibility to provide specific services will be based on their scope of practice (including supervision requirements)

Overview of phased approach

	2024		2025 
	January	~July	~January onward
	Cohort 1 – Early Adopters	Cohort 2 – Select Expansion	Cohort 3+ - Rolling Opt-In
Cohort Participants	<p>Representative group of LEAs with:</p> <ul style="list-style-type: none"> • Some existing Medi-Cal infrastructure • Willingness and capacity to participate 	<p>Expansion to:</p> <ul style="list-style-type: none"> • Additional LEAs • Select California Community College campuses 	<p>Includes all LEAs, California Schools for the Deaf and California School for the Blind, public higher education campuses (including California Community College, California State University, and University of California campuses)</p> <p>Note: Ongoing opportunities to register / enroll every 6-12 months</p>

All proposed cohorts include associated commercial plans and MCPs

CYBHI in the News



Health Initiative, a statewide initiative to invest in young people's mental health.



frece acceso a salud mental gratis para jóvenes e
de Servicio de Atención Médica en California decidió lanzar unas herramientas digita
nes de estrés mental. Te explicamos cómo puedes acceder a ellas.

Additional CYBHI Resources

- » DHCS CYBHI [Website](#)
- » CalHHS CYBHI [Website](#)
- » CalHHS [CYBHI 2023: Implementing the Vision](#) (Annual Progress Report)
- » CYBHI [Youth at the Center](#) Report



Discussion and/or Questions?

Contact us with any questions.

Health Equity Roadmap Initiative Update

Pamela Riley, MD, Chief Health Equity Officer, and Assistant Deputy Director
for Quality and Population Health Management

Overview

What is it?

- The Health Equity Roadmap initiative is part of California's broader health equity strategy.
- DHCS' goal is to ensure access to quality, equitable health care for underserved groups, particularly BIPOC communities.
- The Health Equity Roadmap initiative is part of a [Comprehensive Quality Strategy](#) (CQS), which outlines DHCS' process for developing and maintaining a broader quality strategy to assess the care all Medi-Cal members receive, regardless of delivery system.
- These priority areas will be embedded into the detailed quality objectives to drive equity across DHCS programs.
- The Health Equity Roadmap aims to improve quality and care delivery to eliminate racial, ethnic, and other health disparities among Medi-Cal members.

Overview

Why do we need it?

- » In an equitable health system, everyone, regardless of race, background, gender, sexuality, or ability, has a fair and just opportunity to attain their highest levels of health. Health equity goes beyond access to health care; inequities across broader social and economic factors that drive health also play a major role. Unfortunately, people from underserved groups, particularly BIPOC communities, experience [higher rates of illness and death](#) across a wide range of health conditions, reflecting longstanding structural and systemic inequities.
- » Despite achieving its [lowest uninsured rate](#) in history in 2022, [access to timely and quality care](#) is still a barrier for many Californians, including California's diverse Medi-Cal members. These gaps in accessibility can lead to delays in care, expensive and preventable emergency room visits, or even illness and disease. While Medi-Cal works to improve access to health care for underserved communities, we have more work ahead of us.

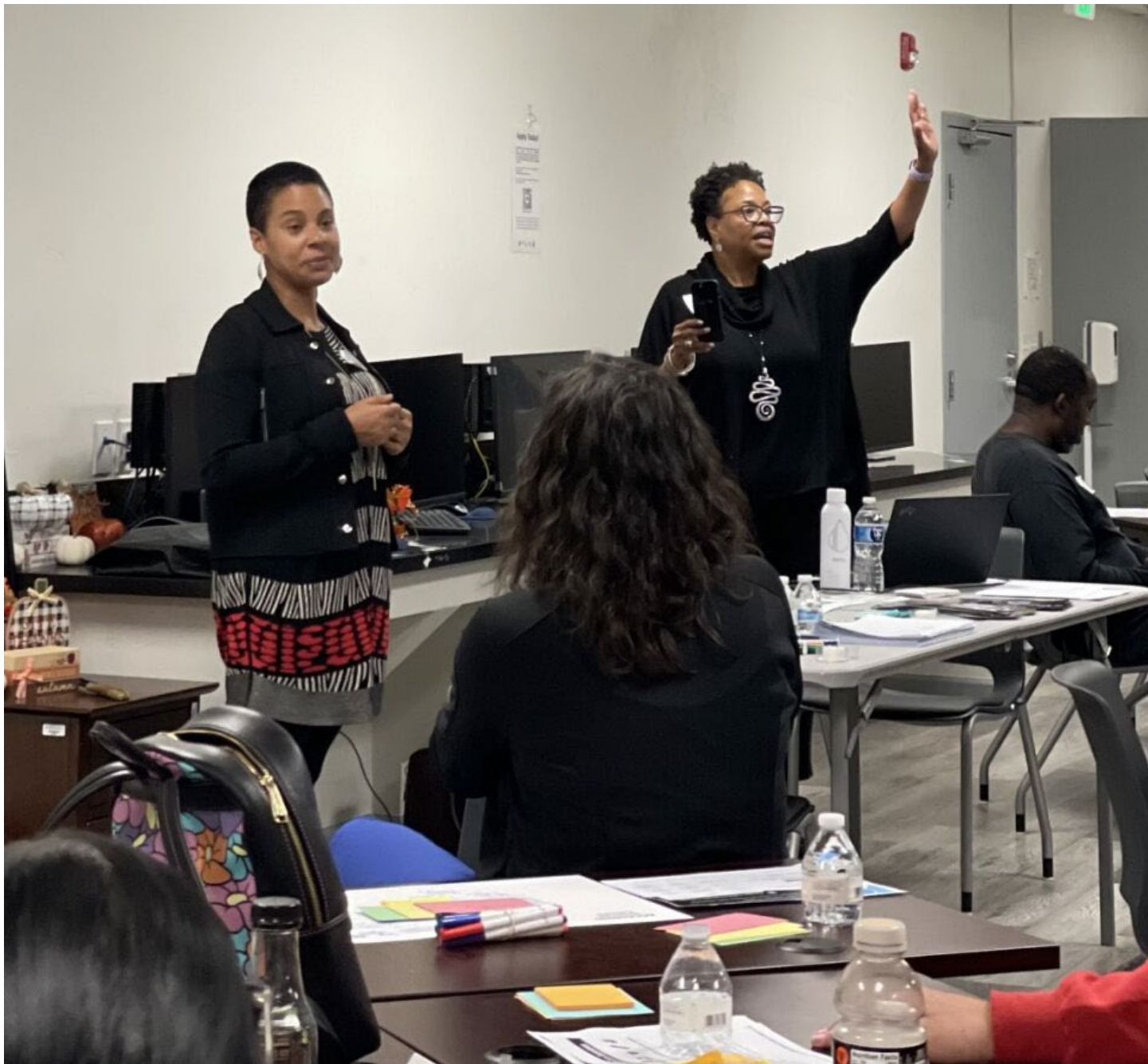
Phase One- Listening Tour



Member Feedback Sessions

- » **General Session-**
September 29, 2024
- » **American Indian and Alaskan Native-**
November 16, 2024
- » **Older Adults-**
January 24, 2024
- » **Refugee and Immigrant-**
January 26, 2024
- » **Latino/x**
January 27, 2024
- » **General Session-**
February 6, 2024
- » **General Session-**
February 7, 2024
- » **People with Disabilities-**
February 13, 2024
- » **Asian and Pacific Islander-**
February 15, 2024
- » **African American-**
February 28, 2024
- » **Latino/x-**
March 1, 2024





Feedback Session Themes

- » Facing racism, homophobia, and judgement
- » Language Barriers
- » Medi-Cal Stigma
- » Risk of Losing Medi-Cal Coverage
- » Accessing Care Through Referrals and Approvals
- » Connecting with Medi-Cal
- » Waiting for Appointments
- » Delayed Testing and Treatments
- » Access to Medi-Cal Coverage
- » Access the Providers and Care
- » Cost of Medical Care
- » Access Infrastructure
- » Patient-Centered Care Matters
- » Quality of Care
- » Increased Coverage

Public Launch



Announcing the Initiative

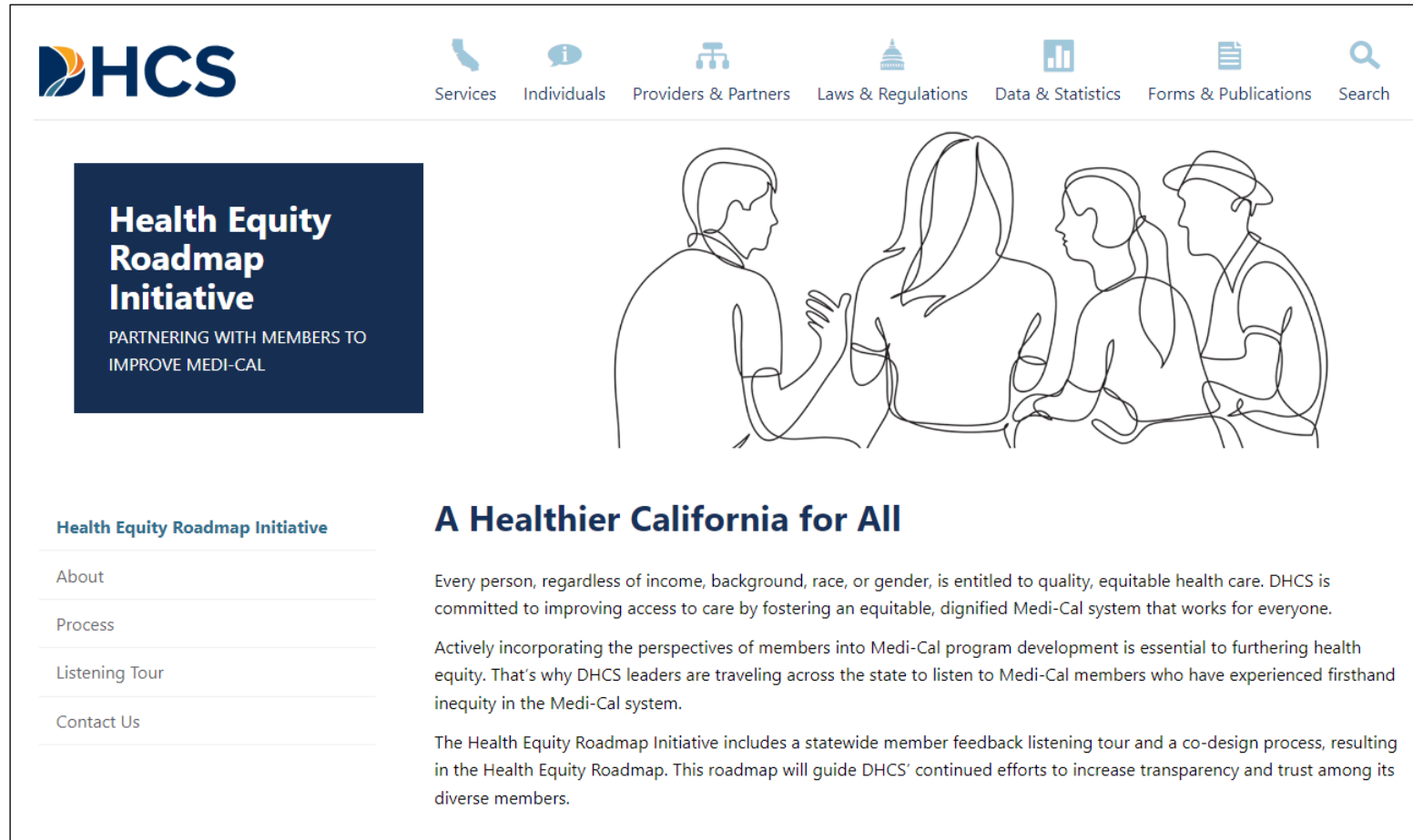
Press Release

- » Broadens outreach, establishes credibility, generates media coverage, educate stakeholders, stimulates dialogue, and inspires action towards achieving health equity goals.

Social Media

- » Maximizes the impact and reach of the Health Equity Roadmap. By leveraging social media platforms, we aim to foster engagement, amplify impact, and gather insights so the initiative can effectively mobilize stakeholders, drive awareness, and catalyze action towards achieving health equity for all.

Landing Page



A landing page on the DHCS public website serves as a central hub for information and resources.

Phase Two- Co-Design



Co-Designing the Roadmap

- » At the conclusion of the listening tour, DHCS brought together a diverse group of experts, advocates, stakeholders, and Medi-Cal members to co-design a roadmap for achieving the equitable future envisioned for the Medi-Cal program.
- » The insights and ideas gathered during the listening tour sessions and data from previous member surveys will be the driving force behind the roadmap design.

Phase Three- Final Report



The Final Report

The roadmap is a final report that will make recommendations for improvements to Medi-Cal services for specific segments of members. Ideally, the focus will align with and/or inform DHCS' work on one or more its five [50x2025 bold goals](#).

Questions?



Break



Update on Behavioral Health Transformation/Proposition 1

Marlies Perez, Chief, Community Services

Behavioral Health Transformation (BHT)

By enacting changes resulting from Prop 1, [BHT](#) builds upon ongoing efforts to support vulnerable populations living with the most significant mental health conditions and substance use disorders.

At a Glance:

- 1) Evolves the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA)
- 2) Includes bonds to increase infrastructure

High-level **aims of BHT** include, but are not limited to:



Improving
Accountability



Increasing
Transparency



Expanding
capacity of BH
facilities

Behavioral Health Transformation (BHT)

In March, California voters passed Proposition 1, a two-bill package to modernize the state's behavioral health care system, including substantial investment in housing for people with behavioral health care needs.

Behavioral Health Services Act

- » Reforming behavioral health care funding to provide services to Californians with the most significant behavioral health needs.
- » Expanding the behavioral health workforce to reflect and connect with California's diverse population.
- » Focusing on outcomes, accountability, and equity.

Behavioral Health Infrastructure Bond Act

- » Funding behavioral health treatment beds, supportive housing, and community sites.
- » Directing funding for housing for veterans with behavioral health needs.

BH Bond Funding: Treatment Sites

- » [Behavioral Health Infrastructure Bond Act](#) provides **\$6.38 billion** with up to **\$4.4 billion** for competitive grants for counties, cities, tribal entities, non-profit and private sector toward **behavioral health treatment settings**.
- » Of the **\$4.4 billion** available for treatment sites, \$1.5 billion, with \$30 million set aside for tribes, will be awarded through competitive grants **ONLY** to **counties, cities,** and tribal entities.
- » Competitive grant requirements are similar to the current successful [Behavioral Health Community Infrastructure Project \(BHCIP\)](#)
- » [Program guidance](#) for Bond BHCIP Round 1 and 2 was released in May 2024
- » Additional requirements, due to the provision of receiving bond funding, will be outlined in the request for application.

State Map

BH Community Infrastructure Project (BHCIP) Awards – to date

- Round 1: Crisis Care Mobile Units (CCMUs)
- Round 2: Planning Grants
- Round 3: Launch Ready
- Round 4: Children and Youth
- Round 5: Crisis and Behavioral Health Continuum



DHCS Lead Initial BH Transformation Milestones

Below outlines high-level timeframes for several milestones that will inform requirements and resources. Additional updates on timelines and policy will follow throughout the project.

Starting Spring 2024

Stakeholder Engagement

Stakeholder Engagement including, **public listening sessions**, will be utilized through all milestones to inform policy creation.

Starting Summer 2024

Bond BHCIP: Round 1 Launch Ready

Requests for application (RFA) for up to \$3.3 billion in funding.

Starting Early 2025

Integrated Plan Guidance and Policy

Policy and guidance will be **released in phases** beginning with policy and guidance for integrated plans.

Starting Summer 2024

County Integrated Plans Go-Live

New integrated plans, fiscal transparency, and data **reporting requirements** go-live in July 2026 (for next three-year cycle)

Public Listening Sessions Overview

To support extensive feedback collection from various public stakeholder groups, monthly public listening sessions on topics related to BHT will occur.

Attend:

- **5/30 from 1:00 pm – 2:00 pm PT**
- Virtual meeting
- Register in advance on [BHT website](#)

Review:

- Recordings to be posted on [BHT website](#)
- 4/19 Public Listening Session on the BH Bond Act of 2024 BHCIP

DHCS seeks robust feedback from stakeholders and the general public which **may be taken into consideration as DHCS continues to develop policy** and guidance related to BHT.

Each public listening session will focus on:

- **Specific topic(s)** based on statutory requirements or other feedback received.
- Gathering **responses to prompts** in the chat. A selection of which will be read aloud for additional feedback before moving on to the next chat.
- DHCS will **prioritize listening to feedback** during these sessions rather than presenting materials or proposing solutions

Email BHTinfo@dhcs.ca.gov to provide additional feedback between sessions or ask questions.

Engagement with Local Government

- » DHCS will partner with counties on specified core issues
 - **Accountability:**
 - County Integrated Plan for Behavioral Health Services and Outcomes; to support a data-informed global BH funding inclusive of all funding streams
 - County BH Outcomes, Accountability and Transparency; Establish metrics to evaluate the quality and efficacy of the BH services and programs.
 - **Quality:**
 - Establish a biennial list of evidence-based practices and community-defined evidence practices (CDEP) for EI program.
 - Full Service Partnerships (FSP) services.
 - **Flexibility:**
 - Processes for requesting an exemption of statutory funding percentages throughout.
 - **Funding:**
 - New costs to implement law that exceed existing county obligations... for inclusion in the Governor's 2024–25 May Revision; BHSA Revenue Stability Workgroup.
 - Transition from MHSA to BHSA, Maximizing FFP, and Billing for Services

Community Engagement and Advancing Equity

» **County Behavioral Health (BH) Advisory Boards**

- Must reflect the diversity and demographics of the county.
- Additional membership to reflect modernization (e.g. + SUD perspective).
- Engages with stakeholders through a 30-day comment period and public hearing on a county's Integrated Plan.

» **Integrated Plan for Behavioral Health Services and Outcomes**

- Must be informed by meaningful stakeholder engagement from diverse viewpoints.
- Requires stratified data and strategies for reducing health disparities in the planning, services, and outcomes.
- Clearly advances community-defined practices as a key strategy of reducing health disparities and increasing community representation.

Behavioral Health Services Act (BHSA)

Population, Funding, and Services



Priority Populations for BHSA

Eligible adults and older adults who are:

- » Chronically homeless or experiencing homelessness or are at risk of homelessness.
- » In, or are at risk of being in, the justice system.
- » Reentering the community from prison or jail.
- » At risk of conservatorship.
- » At risk of institutionalization.

Eligible children and youth who are:

- » Chronically homeless or experiencing homelessness or are at risk of homelessness.
- » In, or at risk of being in, the juvenile justice system.
- » Justice-involved youth reentering their communities.
- » In the child welfare system.
- » At risk of institutionalization.

BHSA Allocations:

1. BH Housing Interventions

30% for BH Housing Interventions

- » For children and families, youth, adults, and older adults living with SMI/SED and/or SUD who are experiencing or at risk of homelessness.
- » Includes rental subsidies, operating subsidies, shared and family housing, capital, and the non-federal share for certain transitional rent.
- » 50% is prioritized for housing interventions for the chronically homeless with BH challenges.
- » Up to 25% may be used for capital development.
- » Allows small county exemption for 2026-29 planning cycle.
- » Not limited to Full Service Partnerships partners or persons enrolled in Medi-Cal.
- » Provides flexibility for the remaining counties commencing with the 2032-2035 planning cycle on the 30% requirement based on DHCS criteria for exemptions. MHSA: Housing is currently allowable as well as BHBH Housing

BHSA Allocations:

2. Full Service Partnerships

35% for Full Service Partnership (FSP) Programs

- » Includes mental health, supportive services, and substance use disorder treatment services.
 - Medications for addiction treatment
 - Community-defined evidence practices (CDEP)
- » Assertive Community Treatment /Forensic Assertive Community Treatment, Individual Placement and Support model of supported employment, & high fidelity wraparound are required. (Small county exemptions are subject to DHCS approval.)
- » Establishes standards of care with levels based on criteria.
- » Outpatient behavioral health services, either clinic or field based, necessary for on-going evaluation and stabilization of an enrolled individual.
- » On-going engagement services necessary to maintain enrolled individuals in their treatment plan inclusive of clinical and non-clinical services, including services to support maintaining housing.
MHSA: 50% of Community Services and Supports is dedicated to FSP

BHSA Allocations:

3. Behavioral Health Services and Supports

35% for Behavioral Health Services and Supports (BHSS)

- » Includes children and adult behavioral health services, early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative pilots and projects.
- » A majority (51%) of this amount must be used for Early Intervention services to assist in the early signs of mental illness or substance misuse.
 - A majority (51%) of these Early Intervention services and supports must be for people 25 years and younger.

BHSA Allocations: Funding Flexibility

- » **Counties will have the flexibility within the above funding areas to move up to 7% from one category into another, for a maximum of 14% more added into any one category,** to allow counties to address their different local needs and priorities – based on data and community input.
- » Changes are subject to DHCS approval and can only be made during the 3-year plan cycle. The next cycle is Fiscal Year 2026-2029.
- » Innovation will be permitted in all categories.

New State Responsibilities: Prevention

4% of total funding for Population-Based Prevention

- » Population-based programming on behavioral health and wellness to increase awareness about resources and stop behavioral health problems before they start.
- » A majority of Prevention programming (51%) must serve people 25 years and younger. Early childhood population-based prevention programs for 0-5 shall be provided in a range of settings.
- » California Department of Public Health is lead, in consultation with DHCS and BHSOAC.
- » Provides for school-based prevention supports and programs. Services shall be provided on a schoolwide or classroom basis and may be provided by a community-based organization off campus or on school grounds.

State Oversight and Monitoring

State Oversight and Administration Reduced from 5% to 3%

- » Used to develop statewide outcomes, conduct oversight of county outcomes, train and provide technical assistance, research and evaluate, and administer programs.

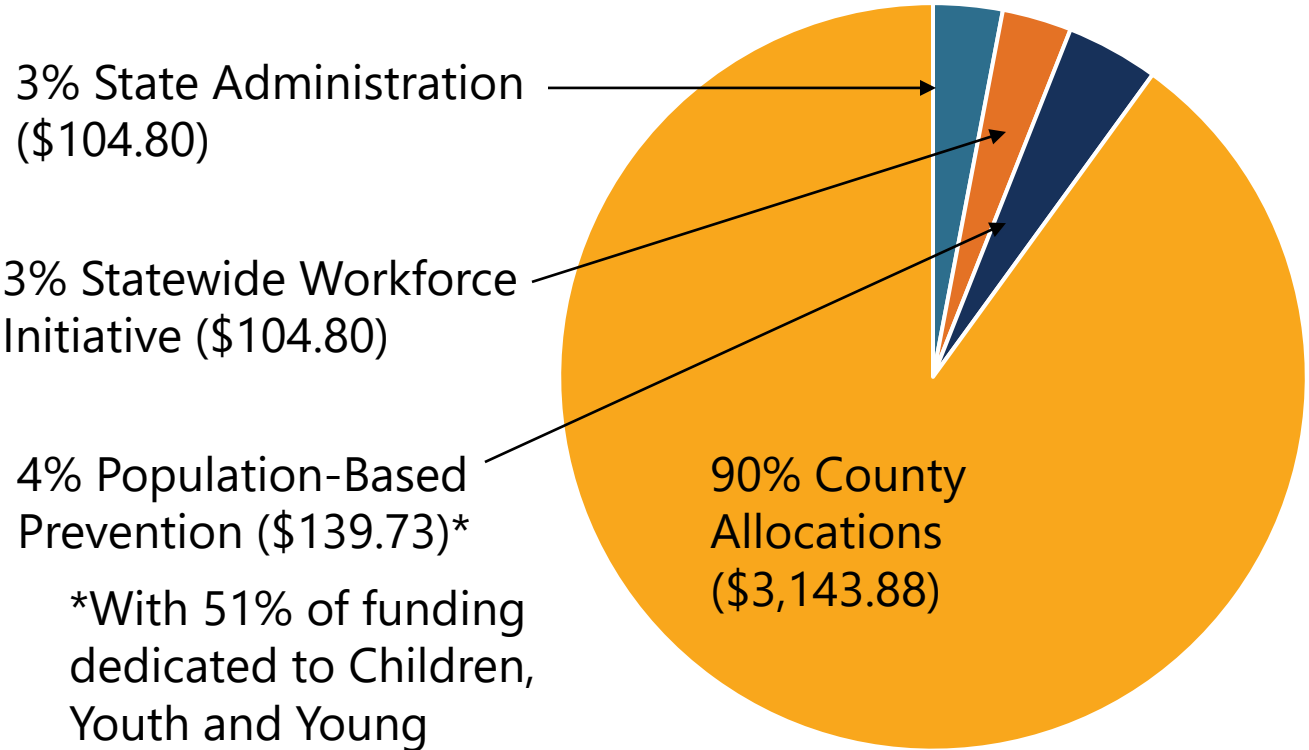
New State Responsibilities: Workforce

3% of total funding for BH Workforce Expansion

- » The Department of Health Care Access and Information, in collaboration with CalHHS, will implement a behavioral health workforce initiative to expand a culturally-competent and well-trained behavioral health workforce.
- » Assist in significantly leveraging federal funding (\$36 million annual BHSA for \$480 million total funding annual; \$180M BHSA over five years for \$2.4 Billion total funding over five 5 years) through the Medi-Cal BH-CONNECT demonstration project.
- » A portion of the workforce initiative may focus on providing technical assistance and support to county and contracted providers to maximize the use of peer support specialists.

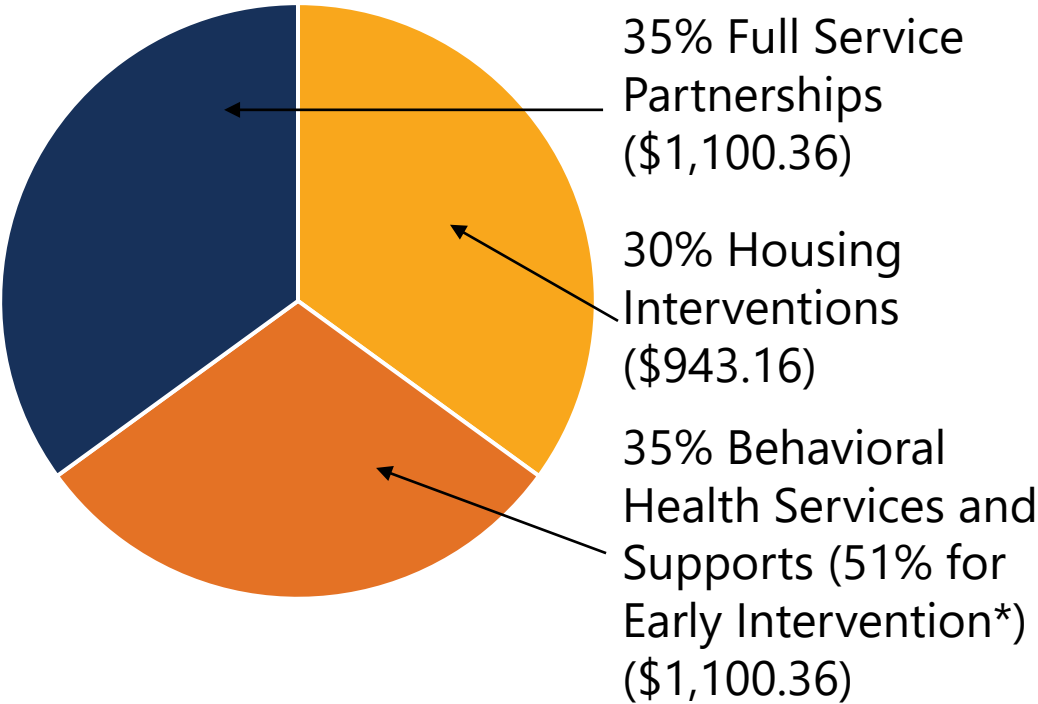
Sample BHSA Allocations

Total BHSA Revenue: \$3.5 Billion



*With 51% of funding dedicated to Children, Youth and Young Adults 25 and under

90% County Allocations



*With 51% of Early Intervention funding dedicated to Children, Youth and Young Adults 25 and under

Behavioral Health Services Act (BHSA) Outcomes, Accountability, and Equity



Integrated Plan for Behavioral Health Services and Outcomes

- » Three-year plans no longer focus on MHSA funds only. Must include:
 - **All local, state, and federal behavioral health funding (e.g., BHSA, opioid settlement funds, SAMHSA including PATH grants, Realignment funding, federal financial participation) and behavioral health services, including Medi-Cal.**
 - A budget of planned expenditures, reserves, and adjustments
 - Alignment with statewide and local goals and outcomes measures
 - Workforce strategies
- » Plans must be developed, based on local data with consideration of the population needs assessments of each Medi-Cal Managed Care Plan and in collaboration with local health jurisdictions on community health improvement plans.
- » Plans must be informed by local stakeholder input, including the 5 most populous cities in counties with a population of greater than 200,000.
- » Performance outcomes will be developed by DHCS in consultation with counties and stakeholders.

Behavioral Health Outcomes, Accountability, and Transparency Report

- » Counties will be required to **report annually** on expenditures of **all local, state, and federal behavioral health funding** (e.g., BHSA, SAMHSA grants, Realignment funding, federal financial participation), unspent dollars, service utilization data and outcomes with health equity lens, workforce metrics, and other information.
- » DHCS is authorized to impose corrective action plans on counties that fail to meet certain requirements.

Funds for Local Planning and Reporting

- » An additional 2% and up to 4% for small counties of local BHSA revenue may be used to improve planning, quality, outcomes, data reporting, and subcontractor oversight for all county behavioral health funding, on top of the existing 5% county planning allotment.
- » Permits a county to provide supports, such as training and technical assistance, to ensure stakeholders have enough information and data to participate in the development of integrated plans and annual updates.

Behavioral Health Services Oversight and Accountability Commission (BHSOAC)

- » The Mental Health Services Oversight and Accountability Commission (MHSOAC) will become the BHSOAC
 - Established to promote transformational change in behavioral health system through research, evaluation and tracking outcomes, and other strategies to assess and report progress.
 - Expands commission membership to include community representation, namely for transition-age youth and for individuals who are aging or disabled, and other critical community perspectives.
 - Will receive funding for a new \$20 million Innovation Partnership Fund to provide grants to develop innovations with non-government partners.

Next Steps

- » Participate in upcoming and future engagement opportunities with DHCS:
 - Monthly Public Listening Sessions (next one scheduled for May 30, 2024)
 - Other stakeholder meetings coming soon on [DHCS website](#)
- » The BHTinfo@dhcs.ca.gov mailbox has been created as a centralized point for all BHT-related inquiries. Reach out to the BHT Info Mailbox for:
 - Questions related to BHT
 - Media inquiries / requests for presentations
 - Additional feedback on BHT



Question 1

- » How are stakeholders educating constituents about Proposition 1?



Question 2

- » What are some ways DHCS can ensure your feedback is heard and incorporated?



Question 3

- » What type of updates would the SAC and/or BH-SAC like to receive regarding Behavioral Health Transformation efforts?

Behavioral Health Community-Based Organized Networks of Equitable Care and Treatment (BH-CONNECT) Update

Tyler Sadwith, State Medicaid Director

Paula Wilhelm, Interim Deputy Director, Behavioral Health

Discussion

Public Comment



Next Steps and Adjourn



2024 Meeting Dates



» Wednesday, July 24

» Wednesday, October 16

Thank you!



Glossary

- » Application Programming Interfaces (APIs)
- » Assertive Community Treatment (ACT)
- » Behavioral Health Community Infrastructure Project (BHCIP)
- » Behavioral Health Services Act (BHSA)
- » Behavioral Health Services and Supports (BHSS)
- » Behavioral Health Services Oversight and Accountability Commission (BHSOAC)
- » Behavioral Health Transformation (BHT)
- » California Advancing and Innovating Medi-Cal (CalAIM)
- » California Health and Human Services Agency (CHHSA)

Glossary

- » Children and Youth Behavioral Health Initiative (CYBHI)
- » Community-defined evidence practices (CDEP)
- » Comprehensive Quality Strategy (CQS)
- » Coordinated Specialty Care for First Episode Psychosis (CSC for FEP)
- » Data Exchange Framework (DxF)
- » Data Sharing Agreement (DSA)
- » Data Sharing Authorization Guidance (DSAG)
- » DMC-Organized Delivery System (ODS)

Glossary

- » Drug Medi-Cal (DMC)
- » Enhanced Care Management
- » Evidence Based Practice (EBP)
- » Fast Healthcare Interoperability Resources (FHIR)
- » Fee-for-Service (FFS)
- » Full-Service Partnerships (FSP) services
- » Functional Family Therapy (FFT)
- » Health Level 7 (HL7)
- » Local Educational Agency (LEA)

Glossary

- » Managed Care Plan (MCP)
- » Medication-Assisted Treatment (MAT)
- » Mental Health Services Oversight and Accountability Commission (MHSAOAC)
- » Multisystemic Therapy (MST)
- » Parent-Child Interaction Therapy (PCIT)
- » Positive Parenting, Thriving Kids (PPTK)
- » United States Core Data for Interoperability (USCDI)