



Stakeholder Advisory Committee and Behavioral Health Stakeholder Advisory Committee Hybrid Meeting

July 21, 2022

Webinar Tips

- » Please use **either** a computer **or** phone for audio connection.
- » Please mute your line when not speaking.
- » For questions or comments, email:
SACInquiries@dhcs.ca.gov or
BehavioralHealthSAC@dhcs.ca.gov.

Director's Update

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COVID-19 Vaccination Incentive Program

- » Vaccine Response Plan (\$50M): Submitted by managed care plans (MCPs) to DHCS by September 1, 2021.
- » Direct member incentives (\$100M): Gift cards up to \$50 for members after vaccination.
- » Vaccine outcome achievement (\$200M): MCP payments tied to three intermediate outcome and seven vaccine uptake measures.
- » Baseline vaccination rate as of August 29, 2021.
- » Outcomes evaluated as of:
 - » October 31, 2021
 - » January 2, 2022
 - » March 6, 2022

Vaccination Incentive Program Outcomes

| Vaccination Incentive Program Measure | Aug 2021 | Mar 2022 | Target | Gap |
|---|----------|----------|--------|-------|
| 1: Homebound Medi-Cal beneficiaries, at least one dose | 64.7% | 75.5% | 84.1% | 8.6% |
| 2: Medi-Cal 50-64 years, one or more chronic diseases, at least one dose | 65.3% | 75.4% | 84.9% | 9.4% |
| 3: Network primary care providers (PCPs) providing COVID-19 vaccine in office | 49.5% | 67.0% | 64.3% | -2.7% |
| 4: Medi-Cal 12+ years, at least one dose | 51.1% | 61.1% | 86.2% | 25.1% |
| 5: Medi-Cal 12-25 years, at least one dose | 43.9% | 57.1% | 75.0% | 17.9% |
| 6: Medi-Cal 26-49 years, at least one dose | 46.9% | 57.0% | 89.6% | 32.6% |
| 7: Medi-Cal 50-64 years, at least one dose | 60.4% | 67.6% | 90.7% | 23.1% |
| 8: Medi-Cal 65+ years, at least one dose | 69.0% | 74.6% | 88.2% | 13.6% |
| 9: Medi-Cal Black/African American, at least one dose | 35.6% | 47.9% | 61.1% | 13.2% |
| 10: Medi-Cal American Indian/Alaska Native, at least one dose | 36.7% | 47.4% | 61.1% | 13.7% |

High Performance Pool Measures

| Measure | Achievement Criteria | Number (%) of plans achieved |
|--|---|------------------------------|
| % of Medi-Cal members ages 12+ who received ≥ 1 dose by March 6 | 85% or higher OR relative improvement of 75% or greater | 0 (0%) |
| % of Medi-Cal members ages 5-11 who received ≥ 1 dose by March 6 | No more than 10% below county rate | 8 (33%) |
| % of Medi-Cal members ages 12+ fully vaccinated and boosted by March 6 | No more than 10% below county rate | 2 (8%) |

Conclusions

- » There has been considerable improvement in vaccination rates.
- » Continued work is needed to improve COVID-19 vaccination rates among Medi-Cal beneficiaries.

DHCS Coverage Ambassadors

- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**.
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#).
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available.

DHCS Coverage Ambassadors (Continued)

- » **Phase One: Encourage Beneficiaries to Update Contact Information.**
 - » **Already launched.**
 - » Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, and website banners.
- » **Phase Two: Watch for renewal packets in the mail. Remember to update your contact information.**
 - » **Launch 60 days prior to COVID-19 public health emergency (PHE) termination.**
 - » Remind beneficiaries to watch for renewal packets in the mail and to update contact information with their county office if they have not already done so.

Community Health Worker (CHW) Provider Classification

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CHW Services Benefit

- » Available starting on July 1, 2022.
- » State Plan Amendment [22-0001](#) submitted to the Centers for Medicare & Medicaid Services (CMS) on April 29, 2022
- » Available in fee-for-service and managed care delivery systems.
- » CHWs include promotores, community health representatives, navigators, and other non-licensed public health workers, including violence prevention professionals.
- » CHWs are trusted members of their community who help address chronic conditions, preventive health care needs, and health-related social needs.

CHW services include the following:

- » Health education to promote beneficiary health or address barriers to health care, including providing information or instruction on health topics.
- » Health navigation to provide information, training, referrals, or support to assist beneficiaries with accessing health care, understanding the health care system, or engaging in their own care and connect to community resources.
- » Screening and assessment to identify the need for services.
- » Individual support or advocacy that assists a beneficiary in preventing a health condition, injury, or violence.

Update on Medi-Cal Expansion to Eligible Adults Ages 50+, Regardless of Immigration Status

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Older Adult Expansion

- » The Older Adult Expansion, effective May 1, 2022, provides full-scope Medi-Cal coverage to Californians 50 years of age and older, regardless of immigration status, if they meet all Medi-Cal eligibility criteria.
- » DHCS transitioned 247,522 individuals from restricted scope Medi-Cal to full-scope Medi-Cal, with eligibility effective on May 1, 2022.
- » Individuals who did not self-select a MCP were defaulted into a MCP on July 1, 2022.

Break – 10 Minutes

Update on Children and Youth Behavioral Health Initiative (CYBHI)

Overview of the CYBHI

- » The goal of the **CYBHI is to address the behavioral health (BH) challenges** facing children and youth **by reimagining the systems that support behavioral health and wellness for children, youth, and their families.**
- » The initiative will take a **whole system approach** by creating **cross-system partnerships** – involving Tribal partners and stakeholders from the various systems that support children and youth BH – to ensure that **the reimagined system is children and youth centered and equity focused.**

CYBHI Stakeholder Engagement Overview

» **Engagement To-Date:**

- » **50+** stakeholder engagement sessions (e.g., interviews, listening sessions, think tanks, conference presentations).
- » **500+** total educational partners and stakeholders engaged.

» **Example Organizations Engaged** (*non-exhaustive*)

- » K-12 Schools
- » Institutions of Higher Education
- » County BH Departments
- » County Offices of Education
- » Academic and Clinical Experts
- » Health Plans
- » BH Providers

» **Focus Moving Forward**

- » Continue gathering stakeholder input (e.g., Tribal entities, children, youth, and families).
- » Pressure test emerging ideas for CYBHI, as well as implementation considerations.

Children, Youth & Family (CYF) Engagement Efforts

» Overview

- » Build connections with CYF organizations in California to:
 - » Understand the various **organizational objectives**.
 - » Discuss **potential opportunities** to partner.
 - » **Collect insights** from stakeholders on current state needs, gaps, and priorities.

» CYF Engagement Goals

- » DHCS, in collaboration with CalHHS and other departments, meet with CYF organizations to:
 - » Keep CYF stakeholders **informed** about CYBHI.
 - » **Gather inputs** on priorities at the current planning and development phases to jointly co-design the workstreams and scope of work.
 - » Propose **focus group** engagement strategies for diverse set of youth and parents.
 - » Identify youth and parents to participate in **co-designing** workshops via other stakeholder engagement strategies.

Workstream: BH Virtual Services and E-Consult Platform

» Workstream Overview

- » Build and drive adoption of the BH Virtual Services Platform for all children, youth, and families in California.
- » Support delivery of equitable, appropriate, and timely BH services from prevention to treatment to recovery.
- » Provide an e-Consult platform for pediatric and primary care providers to e-Consult with BH providers.

» Potential Users

- » Children and youth
- » Parents and caregivers
- » Educators
- » Pediatricians and primary care physicians (e-Consult)

» Key Milestones

- » Solicitation of services: **Q4, 2022**
- » User engagement sessions: **Timeline TBD**
- » Platform launch: **January 1, 2024**

BH Virtual Services Platform Stakeholder Engagement

- » **5** Think Tanks completed between April and June.
- » **50+** total stakeholders engaged to date through Think Tanks and other interviews.
- » **100+** suggestions for the design, build, and implementation of the BH Virtual Services Platform.
- » Highlights:
 - » “Adoption and use of the platform could be largely driven by user’s trust in the privacy and anonymity of virtual services”.
 - » “User design could be tailored for different age groups within the 0–25-year-old target audience”.
 - » “The platform could both fill gaps in and enable access to parts of the current BH care delivery system”.
 - » “Leveraging existing platforms, such as CalHOPE, may accelerate implementation and adoption”.

CYBHI BH Virtual Services Platform - High-Level Goals

- » **Reduce disparities in BH equity by delivering tailored solutions** to historically underrepresented groups (e.g., Black, Indigenous, and people of color (BIPOC)) and populations with a higher risk of BH challenges (e.g., LGBTQ+).
- » **Prevent the development of mental health (MH) and substance use disorder (SUD) issues early** by deploying self-service tools to increase the awareness and adoption of behaviors that support healthy emotional and social well-being.
- » **Fill a gap in the pre-acute delivery system** by providing free, easy-to-access, on-demand, user-guided, and confidential virtual support.
- » **Enable long-term, sustainable outcomes** by connecting youth with appropriate and trusted off-platform resources (e.g., health plans, county BH, school-linked counselors, CBOs).

Statewide All-Payer Fee Schedule and BH Provider Network

- » Workstream Objective:
 - » By January 1, 2024, DHCS, in collaboration with the DMHC, will develop and maintain:
 - » A school-linked statewide fee schedule for outpatient MH and SUD services provided to a student, 25 years of age or younger, at or near a school-site
 - » A school-linked statewide provider network at or near school-site BH counselors
- » Workstream Timeline and Milestones:
 - » **2022**
 - » Stakeholder engagement
 - » Define scope of services/benefit for fee schedule
 - » **2023**
 - » Develop fee schedule
 - » **2024**
 - » Implement fee schedule
- » Payer Responsibilities
 - » Medi-Cal delivery system AND commercial health plans are required to reimburse providers for the predefined services in the fee schedule when provided to a student, 25 years of age or younger, at or near a school-site

School-linked capacity and infrastructure grants

» Workstream Overview

- » Provides direct grants to support new services to individuals 25 years of age and younger from schools, providers in school, school-affiliated CBOs, or school-based health centers.
- » Will support statewide school-linked fee schedule and behavioral health network of providers.
- » 2021 Budget Act includes \$550,000,000 over two years.
 - » \$400,000,000 allocated to pre-school through 12th grade.
 - » \$150,000,000 allocated to institutions of higher education.

» Potential Recipients

- » Local Educational Agencies
- » Institutions of higher education
- » Childcare & preschools
- » Health plans
- » CBOs
- » BH providers
- » County BH
- » Tribal entities

Scale up of Evidence-based Practices (EBPs) and Community-Defined Practices (CDPs)

» Workstream Overview

- » With input from stakeholders and Tribal partners, DHCS will select a limited number of EBPs and CDPs to scale throughout the state based on robust evidence for effectiveness, impact on racial equity, and sustainability.
- » 2021 Budget Act includes \$429,000,000 in FY 2022-2023.
- » DHCS will enter into an Interagency Agreement with Mental Health Services Oversight & Accountability Commission (MHSOAC); 10 percent of total funds earmarked for MHSOAC.

» Potential Recipients

- » Tribal Entities
- » Managed Care Plans
- » Commercial Health Plans
- » CBOs BH Providers
- » County BH

» Key Milestones

- » Preliminary scope of granting program defined by **fall 2022**
- » Grants open on **December 1, 2022**

EBP / CDP Stakeholder Engagement

- » **3** Think Tank sessions completed between April and June.
- » **30** Think Tank members, **35** workgroup members.
- » **50+** Potential EBPs / CDPs generated by stakeholders for consideration
- » Highlights
 - » “Interest in prioritizing BH continuum of care (in terms of early intervention; BH promotion; prevention; outpatient; resiliency and recovery) for potential interventions”.
 - » “Important for workstreams to focus on driving individual health and access outcomes, in addition to outcomes-related community and caregiver empowerment and engagement”.
 - » “Valuable for potential grant topic areas to focus on improving equity and reducing health disparities”.

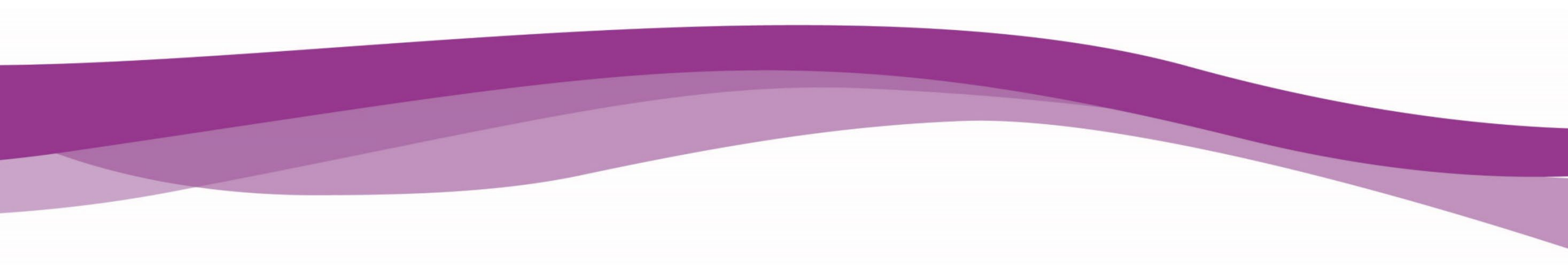
Workstream goals

- » The goal for the EBP & CDP workstream is to select an **appropriate set of practices to scale with the allocated funding by the end of the year.**
- » The aim is to be **solution-oriented** and **aligned with our guiding principles** as we select practices that are **within our span of control** and **can influence as a workstream, practices that are:**
 - » Able to have meaningful impact on outcomes for children and youth.
 - » Able to have demonstrated impact within the communities we want to reach, or can be adapted to do so.
 - » Scalable.
 - » Appropriate to scale.
 - » Able to be implemented with fidelity (e.g., support for codification, tech support).
 - » Sustainable.

Questions?

- » For questions or comments, email DHCS: CYBHI@dhcs.ca.gov
- » DHCS Children & Youth Behavioral Health Initiative [Webpage](#)
- » DHCS Student Behavioral Health Incentive Program [Webpage](#)
- » DHCS Behavioral Health Continuum Infrastructure Program [Webpage](#)
- » CalHOPE Student Support [Webpage](#)

CalAIM Update



What are the goals of the No Wrong Door (NWD) for Mental Health Services Policy?

- » To ensure beneficiaries receive timely mental health services without delay, regardless of where they initially seek care.
- » To ensure beneficiaries can maintain treatment relationships with trusted providers without interruption.

How did DHCS develop the NWD policy?



Workgroups

2019-2020 CalAIM stakeholder workgroups demonstrated the need to ensure beneficiaries have streamlined access to services and treatment.



CalAIM Proposal

[CalAIM proposal](#) released for public comment in January 2021.

[CalAIM Section 1115 Amendment](#) submitted in June 2021.

[AB 133](#) chaptered in July 2021.



NWD Public Comment

Draft policy released in January 2022.

DHCS reviewed and integrated stakeholder feedback.



Final Policy

Released in March 2022 via [BHIN 22-011](#) and [APL 22-005](#).

NWD Policy

- » Clinically appropriate and covered Non-Specialty Mental Health Services (NSMHS) and SMHS services are covered and reimbursable Medi-Cal services even when:
 - » Services are provided prior to determination of a diagnosis, during the assessment period, or prior to determination of whether NSMHS or SMHS access criteria are met.
 - » The beneficiary has a co-occurring mental health condition and SUD.
 - » Services are not included in an individual treatment plan*.
 - » NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.

**Applies to NSMHS per All Plan Letter (APL); SMHS guidance forthcoming via Behavioral Health (BH) Documentation Reform*

How can we monitor performance?

Early implementation (e.g., 0-3 months after go-live)

- » Contractual compliance → documentation submission/review
- » Effectiveness and experience → feedback through dedicated mailbox
- » Initial challenges → feedback through technical assistance (TA) and stakeholder webinars

Year 1 evaluation (e.g., 6-12 months after go-live)

- » Integration with SMHS access criteria and screening and transition tools
- » Effectiveness and experience for beneficiaries, providers, and plans → focus groups and interviews
- » Beneficiary satisfaction → survey
- » Dispute resolution, grievances, and appeals → plan reporting data

Justice Package

» 2022:

- » Justice-Involved Advisory Group
- » Providing Access and Transforming Health (PATH) supports to help justice-involved (JI) initiatives' capacity building and prepare for implementation
- » Access to recovery services for individuals, including for JI populations

» 2023:

- » Mandatory Medi-Cal application process upon release from county jails and juvenile facilities
- » Services for eligible JI populations for 90 days pre-release
- » Coordinated reentry, including:
 - » Behavioral health warm handoff to plans and counties
 - » Enhanced Care Management (ECM) population of focus for coordinated re-entry
 - » Community Supports (e.g., housing support, medically supportive foods) for JI upon re-entry

Health Needs of the JI Population

- » People who are now, or have spent time, in jails and prisons experience disproportionately higher rates of physical and BH diagnoses, and are at higher risk for injury and death as a result of trauma, violence, overdose, and suicide than people who have never been incarcerated.
- » **Of people incarcerated in state/federal prison, nationally:**
 - » **26.3% have high blood pressure/hypertension**, compared to 18.1% of the general public.
 - » **15% have asthma**, compared to 10% of the general public.
 - » **65% smoke cigarettes**, compared to 21% of the general public.
 - » The mortality rate two weeks post-release from prison is **12.7 times** the normal rate, driven largely by overdoses.
- » **People with BH disorders are overrepresented in the criminal justice system.**
 - » **51% of people in prison and 71% of people in jail** in the U.S. have/previously had a **mental health problem**.
 - » **58% of people in state prison and 63% of people in jail** in the U.S. meet the criteria for **drug dependence or abuse**.
 - » **Overdose deaths are >100x** more likely for JI individuals two weeks post release than the general population.

Focus on California

- » Over the past decade, the proportion of incarcerated individuals in California jails with an active mental health case rose by 63%.⁵
- » California's correctional health care system drug overdose rate for incarcerated individuals is 3x the national prison rate.⁶
- » Among JI individuals, 2 out of 3 individuals incarcerated in California have high or moderate need for substance use disorder treatment.⁷

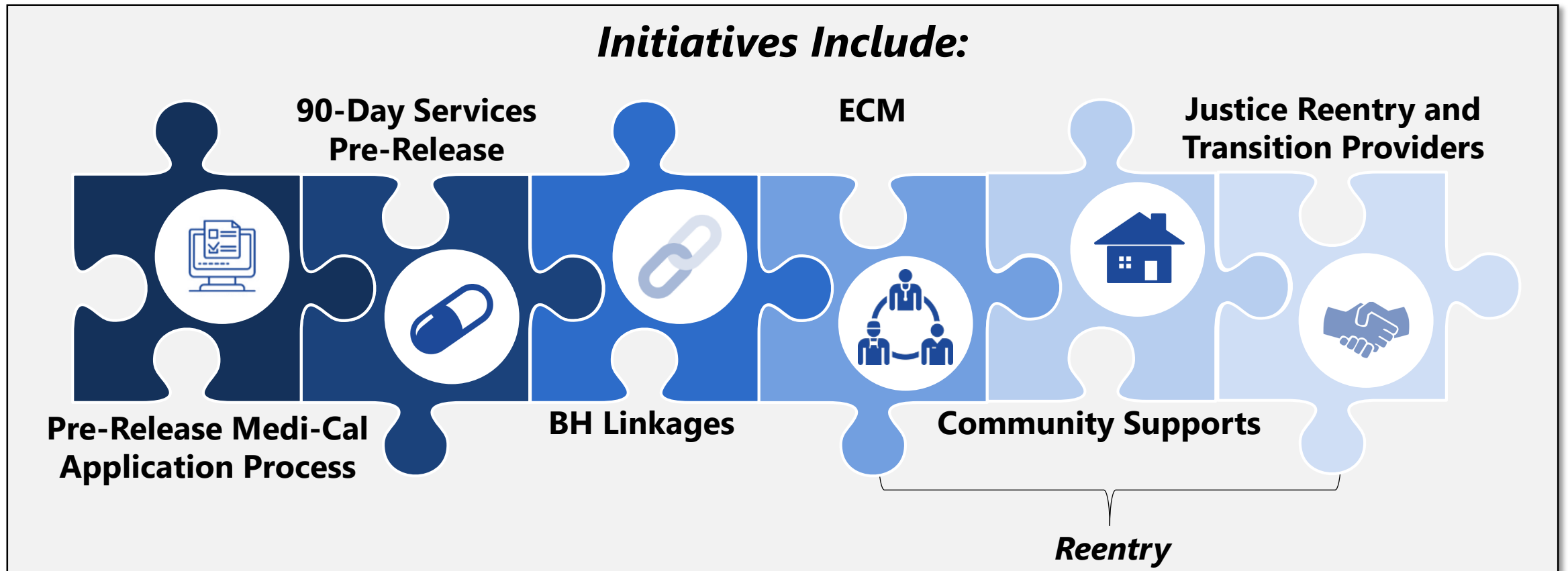
⁵ [The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019](#)

⁶ [Analysis of 2017 Inmate Death Reviews in the California Correctional Healthcare System, 2018](#)

⁷ [Improving In-Prison Rehabilitation Programs, Legislative Analyst's Office; The Prevalence of Mental Illness in California Jails is Rising: An Analysis of Mental Health Cases & Psychotropic Medication Prescriptions, 2009-2019](#)

CalAIM Initiatives to Support JI Populations

CalAIM JI initiatives support individuals by providing key services pre-release, enrolling them in Medi-Cal coverage, and connecting them with BH, social services, and other providers that can support their reentry from prisons, jails, and youth correctional facilities.



Proposed Target Populations

Medi-Cal eligible individuals will be able to receive targeted Medi-Cal pre-release services 90 days prior to release from county jails, state prisons, and youth correctional facilities.

Criteria for Pre-Release Medi-Cal Services

Incarcerated individuals must meet the following criteria to receive in-reach services:

- » Be part of a **Medicaid or Children's Health Insurance Program (CHIP) eligibility group**; and
- » Meet **one** of the following health care need criteria:
 - » Mental Illness
 - » SUD
 - » Chronic Condition/Significant Clinical Condition
 - » Intellectual or Developmental Disability (I/DD)
 - » Traumatic Brain Injury
 - » HIV/AIDS
 - » Pregnant or Postpartum

Note: *All incarcerated youth are able to receive pre-release services and do not need to demonstrate a health care need*

Medi-Cal Eligible:

- » Adults
- » Parents
- » Youth under age 19
- » Pregnant or postpartum
- » Aged
- » Blind
- » Disabled
- » Current children and youth in foster care
- » Former foster care youth up to age 26

CHIP Eligible:

- » Youth under age 19
- » Pregnant or postpartum

Pre-Release Covered Services

Covered Services:

- » In-reach care management
- » In-reach physical and BH clinical consultation services provided via telehealth or in person, as needed, including via community-based providers
- » Laboratory/radiology
- » Medications, consistent with the full scope of covered outpatient drugs under the Medi-Cal State Plan
- » Medication assisted treatment (MAT)*
- » Services provided within jail/prison for post-release:
 - » Supply of medications, consistent with Medi-Cal clinical policy, for use post-release into the community and/or
 - » Durable medical equipment (DME) for use post-release into the community

**Because medications used for addiction include those that create a high risk of overdose or diversion, the quantity of these medications depends on the timing of the arranged follow-up visit, the particular risk for the patient, and the clinical judgment of the prescriber.*

Providing Access and Transforming Health Supports (PATH) Funding

As part of the 1115 waiver, DHCS is seeking expenditure authority for PATH funding to advance coordination and delivery of quality care and to improve health outcomes for JI individuals.

- » PATH funding will **support capacity building for effective pre-release care for JI populations** and **enable coordination between justice agencies and county behavioral health agencies.**
- » PATH funding will be available to county Sheriff's and probation offices, the California Department of Corrections and Rehabilitation, county social services departments, and county BH agencies.
- » The approved CalAIM 1115 waiver authorizes \$151 million for the PATH JI Capacity Building Program to support collaborative planning and IT investments intended to support implementation of JI pre-release Medi-Cal application and suspension processes.
- » DHCS is currently seeking approval for \$410 million in additional funding for the PATH JI Capacity Building Program to support planning and IT investments specifically related to the provision of pre-release and re-entry services.

DHCS Continues Negotiations with CMS on the JI Component of the 1115 Waiver

CMS Update

- » The initiative to provide pre-release services to individuals in the 90 days prior to release from state prison, county jails, and youth correctional facilities is dependent on CMS approval of DHCS' 1115 waiver request.
- » Negotiations between DHCS and CMS have been ongoing since fall 2021.
- » CMS informed DHCS that the approval of the state's waiver request is are dependent on the following, both of which have not yet occurred:
 - » Submission of a Health and Human Services (HHS) report to Congress; and
 - » Release of a State Medicaid Director Letter on JI1115 waivers.
- » DHCS will provide an update on the status of negotiations as information becomes available.
- » All pre-release service parameters discussed today are subject to change.

Source: 11-W-00193/9, "California CalAIM Demonstration," December 29, 2021, available at

<https://www.dhcs.ca.gov/provgovpart/Documents/CalAIM-1115-Waiver-Approval-Letter-STCs-12-29-21.pdf>.

CalAIM Waiver Medical Loss Ratio (MLR) Requirements

Effective Calendar Year (CY) 2022:

- » Documentation of compliance. DHCS must submit to CMS the MCP-generated MLR reports and documentation of DHCS' compliance review.
- » Oversight of third-party vendor cost reporting. DHCS' review must consider third-party vendor requirements.
- » MLR work plan. On June 29, 2022, DHCS submitted to CMS a work plan to operationalize these requirements.

Effective CY 2023:

- » All MCPs, including dental MCPs, that delegate risk to subcontractors must impose equivalent MLR *reporting* requirements on their applicable direct and indirect subcontractors.

Effective No Later Than CY 2025:

- » All MCPs, including dental MCPs, that delegate risk to subcontractors must impose equivalent MLR *remittance* requirements on their applicable direct and indirect subcontractors.

No Sooner Than 2028:

- » DHCS and CMS will effectuate an audit of the MLR data covering CY 2022 through CY 2026.

Entities Subject to CalAIM MLR Requirements

- » Requirements applicable to:
 - » Risk-based plans for which the state receives federal financial participation (FFP)
 - » Fully and partially delegated plans
 - » Other subcontractors, as applicable, that assume delegated risk from the prime MCP and/or fully and partially delegated plans
 - » Other subcontractors, as applicable, that assume delegated risk from subcontractors of the fully and partially delegated plans

Classification of Entities

| Entity Type | Description |
|---------------------------------|--|
| MCPs or “Prime” Plans | Plans that are contracted directly with DHCS to provide Medi-Cal services in a service area. |
| Subcontractor Plans | Plans that assume fully or partially delegated risk from a MCP, or its subcontractor, in a given service area, but are not contracted directly with DHCS to provide Medi-Cal services in that service area. |
| Other Applicable Subcontractors | Subcontractors, except Subcontractor Plans, that assume risk and receive payment from the MCP, or its subcontractor, for services provided beyond their own entity, i.e., services they do not directly deliver to Medi-Cal beneficiaries. This may include Independent Physician Associations (IPA), medical groups, hospital systems, or other entities. |
| Non-Reporting Entities | Direct providers or provider groups, purely administrative subcontractors, and non-applicable subcontractors that <u>do not</u> assume risk for services provided beyond their own entity. |

MLR Work Plan

DHCS submitted the MLR work plan to CMS on June 29, 2022. The work plan will be posted to the DHCS website.

- » Implementation approach
 - Known policy, scope, etc.
 - Future details to be resolved (e.g., materiality thresholds)
- » Key milestones:
 - Landscape analysis of delegation in Medi-Cal
 - MCP contract updates
 - Annual MLR reporting by subcontractors starting in CY 2023
 - Annual MLR remittance by subcontractors starting in CY 2025
 - DHCS review

Current Status and Next Steps

- » Senate Bill 184 (Ch. 44, Stats. 2022)² adopted necessary conforming changes to W&I Code § 14197.2 to align state law with federal requirements.
- » Next steps:
 - » **July – November 2022:** Conduct landscape analysis of Medi-Cal delegation.
 - » **July – December 2022:** Develop draft contract language, allocation standards, and materiality thresholds informed by the landscape analysis.
 - » **August 2022 – January 2023:** Continue engaging CMS and stakeholders on policy, data, timeframes, including CMS comments on the work plan, if any.
 - » **February – June 2023:** Develop APL, standard reporting template/instructions, and FAQs.
 - » **During 2023:** Provide stakeholder education webinars, technical assistance, toolkit, and internet resource page.

2. Available at https://leginfo.legislature.ca.gov/faces/billNavClient.xhtml?bill_id=202120220SB184.

Public Comment

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Upcoming Meeting and Next Steps



Appendix – CYBHI Slides

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Reimagining BH and Emotional Well-Being

- » **For ALL children, youth, and families in California** by delivering equitable, appropriate, timely, and accessible mental health and substance use disorder services and supports in an innovative and upstream oriented continuum of care from prevention to treatment to recovery

Overview of CYBHI Workstreams - DHCS

- » BH Virtual Services Platform
 - » Community-Based Organization (CBO) Network (e.g., Indian Health CBOs and/or Urban Indian Organizations)
 - » Pediatric, Primary Care, and Other Health Care Providers
 - » e-Consult
- » Enhanced Medi-Cal Benefits – Dyadic Services
- » BH Continuum Infrastructure Program
- » Scaling Evidence-Based and Community-Defined Practices
- » Statewide All-Payer Fee Schedule for School-Linked BH Services (DHCS/DMHC)
- » Statewide BH School-Linked Provider Network
- » School-Linked Partnership and Capacity Grants
- » Student Behavioral Health Incentive Program (SBHIP)
- » CalHOPE Student Services

Overview of CYBHI Workstreams – HCAI, CDPH, OSG

HCAI

- » BH Coach Workforce
- » Broad BH Workforce Capacity

CDPH

- » Public Education and Change Campaign

OSG

- » ACEs Aware Campaign
- » Trauma-Informed Training for Educators

CYF Example Organizations

- » Parent Anonymous / Raising the Future
- » Yo! California, Youth Organization California
- » California Youth Empowerment Network (CAYEN)
- » Youth Forward
- » Foundation for California Community Colleges
- » Yo! Disabled and Proud
- » Parent Voices
- » First 5 Monterey

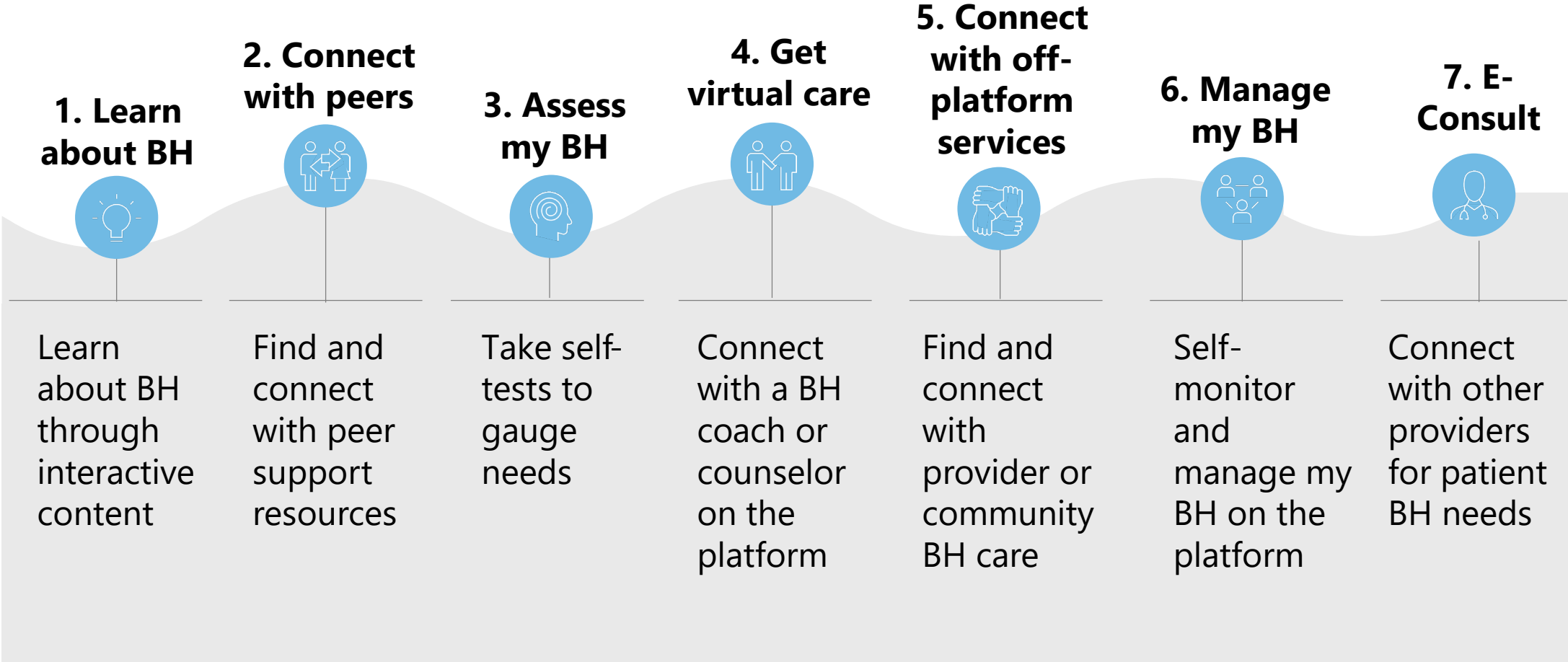
Overview of BH Virtual Services and E-Consult Platform Think Tank

- » **Goal:** To convene stakeholders to provide input and information to guide DHCS' design and decision-making to determine capabilities offered on the BH Virtual Services and e-Consult Platform and factors to operationalize and drive adoption for the platform amongst children and youth.
- » **Who:** Experts from academia, providers, nonprofits and industry, as well as youth and relevant community members. Membership has been finalized
- » Schedule BH Virtual Services and e-Consult Platform Think Tank sessions:
 - » Session 1 – 5: Completed
 - » Session 6: Thursday , July 14, 10 a.m. – 4 p.m.
 - » Session 7: Thursday , July 28, 10 a.m. – 4 p.m.
 - » Session 8: TBD, September
- » Roster for the Think Tank is posted on [DHCS' CYBHI webpage](#).

BH Virtual Services Platform - Leveraging CalHOPE

- » CalHOPE provides various capabilities that could be tailored to children and youth:
 - » 'Together for Wellness' provides informational material, including **some child and youth specific resources.**
 - » 'CalHOPE Warmline', 'CalConnect', and 'Redline' provide select **peer resources and culturally-based community support.**
 - » **UCLA, in partnership with CalConnect,** performed a select number of user assessments.
 - » 'CalHOPE Warmline', 'CalConnect', and 'Redline' provide select **live peer sessions.**
 - » CalHOPE includes **links to community resources** to help navigate off-platform services.

BH Virtual Services and E-Consult Platform Capabilities for Consideration



Potential User Journeys – BH Virtual Services Platform

1 BH promotion & prevention

Empower me with **digital self-service tools** on the platform.
Information about and access to self-serve websites or mobile applications such as Headspace.

2 BH literacy & support

Enable me to pursue **virtual live support through the platform.**

Sessions with peers, coaches, and/or support specialists.

3 Care navigation and referrals

Facilitate **warm hand-offs** to **off-platform providers** for me.

Connection to BH care provider(s) based on needs.

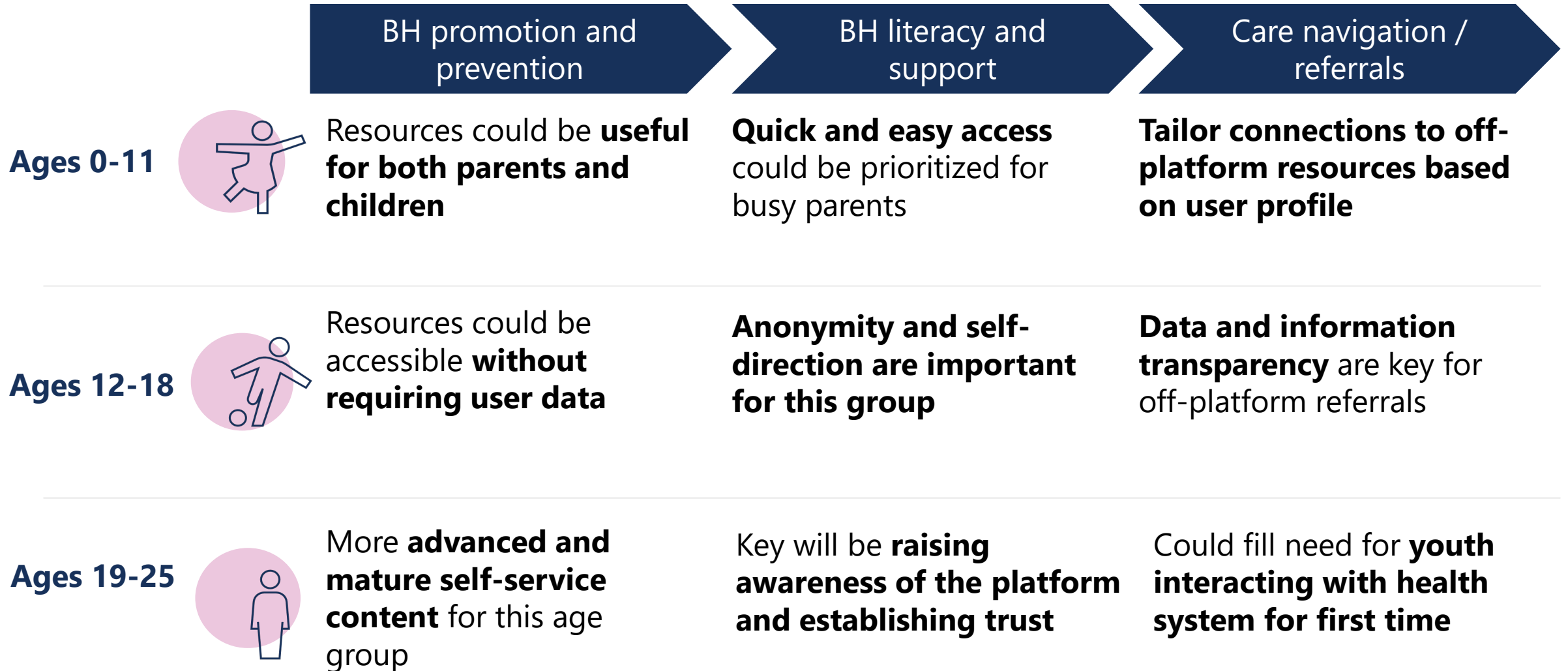
4 Crisis

Connect me with **emergency support** when I am in **danger** or in need of **immediate attention.**

* Learn

Help me **discover, navigate,** and **use the platform** to learn about BH and services.

Components of the user journeys – select insights from Think Tanks



School-linked Capacity and Infrastructure Grants/ Statewide Fee Schedule and Provider Network for School-Linked Services

Key Activities



Conduct **expert interviews and research** to collect common practices.

Conduct **listening tours with educational partners, other stakeholders, and youth** to understand current landscape of school-based BH services and gaps.

Draft preliminary grants for select early initiatives to share for public comment and refinement.

Conduct **roundtables to pressure test** and refine preliminary grants.

Open grant applications for select early initiatives.

Preliminary Timing



Q1 2022

Q2 2022

Q2 – Q3 2022

Q3 2022

Q4 2022 – Q1 2023

Overview of EBP / CDP Think Tank

- » **Goal:** To convene stakeholders to provide input and information to guide DHCS program design and decision-making regarding the cataloguing, identifying, and scaling implementation of key EBPs and CDPs.
- » **Who:** Experts from academia, government, and industry, as well as youth and relevant community members. Membership has been finalized.

Overview of EBP / CDP Stakeholder Workgroup

- » **Goal:** To support DHCS to refine their perspectives and hypotheses on potential EBPs/CDPs to scale based on criteria, such as robustness of the evidence base, impact on racial equity, and sustainability.
- » **Who:** Public representation from multiple stakeholder groups who meet virtually to provide feedback on the preliminary program scope.
- » Schedule of EBP / CDP Workgroup
 - » Session 3: Friday, July 29, 2-4 p.m.
- » Rosters for the Think Tank and workgroup are posted on DHCS' [CYBHI webpage](#).