California Behavioral Health Planning Council
Advocacy • Evaluation • Inclusion

California Behavioral Health Planning Council Excerpt of: fornia Health and Human Services Agency (CHHS) Children and Youth Behavioral Health Initiative (May Revision 2021-22)

Proposal: Transform California's children and youth behavioral health (BH) system into a world-class, innovative, up-stream focused, ecosystem where all children and youth (ages 0-25) are routinely screened, supported and served for emerging and existing BH needs. Services are statewide, evidence based, culturally competent, and equity focused. This proposal includes funding of $4 billion over five years, including $2.3 billion one-time and $300 million General Fund and certain federal matching funds ongoing starting in 2022-23. $50 million of the $4 billion will be given to CHHS to coordinate efforts for this proposal including evaluations and consultation with subject matter experts.

High-Level Summary of Each Component of the Behavioral Health Initiative (BHI):

Behavioral Health Service Platform:

In this $680 million proposal, the California Health and Human Services Agency (CHHS) proposes to leverage the brand and presence of CalHOPE to build out a behavioral health service virtual platform integrated with interactive education and therapy, self-monitoring tools, and automatic, evidence based screenings and assessments which feed into a tiered system of care. The California Department of Health Care Services (DHCS), as the lead entity, would issue an RFP for a vendor to launch and manage a robust platform just for children, youth and their families with linkage to CalHOPE resources. The goal is a population health model to deliver and monitor behavioral health treatment so the least resource-intensive treatment is available to youth who may not need counseling but need help managing stress and building resilience.

Young people with more significant needs would be guided to peers or coaches who can deliver more personal services. Those who may need clinical services for mental health and/or substance use disorders would be guided to their health plan to set up assessment visits, allowing ongoing continuity relationships with licensed clinicians through telehealth or in-person.

In addition, the platform would develop strategies and tools to help people navigate and access help regardless of payer source, and would explore ways technology can support locating available services and supports, including to address unmet needs (such as food or housing insecurity) that can lead to anxiety, stress and trauma.

School-Linked Behavioral Health Services: Capacity/Infrastructure for Health Plans, County Mental Health Plans, Community Based Organizations (CBOs), and Schools

This proposal would add $550 million to the Governor's Budget $400 million School Behavioral Health proposal, creating a $950 million program to ensure a robust system of school-linked behavioral health prevention and services available to all students and families. This proposal seeks to build infrastructure supporting ongoing behavioral health prevention and treatment services on or near school campuses by expanding access to behavioral health schools counselors, peer supports, and coaches, as well as

building a statewide community-based organization network to connect health plans, counties, CBOs, and schools via data sharing systems. The funding would allow direct incentive payments to counties, tribal entities, schools, local education agencies, school districts, health care service plans, Medi-Cal Managed Care Plans, community-based organizations, and behavioral health providers. DHCS will act as the lead entity on this proposal. Please refer to Page 8 of the BHI Memo for examples of how entities may use their funding allocations.

Develop and Scale-up Age-Appropriate Behavioral Health Evidence Based Programs

The goal of this $430 million proposal is to spread evidence-based interventions proven to improve outcomes for children and youth with or at high risk for mental health conditions, with a focus on young people experiencing their first episode of psychosis or developing a substance use disorder. CHHS will assist the lead entity, DHCS, with selecting a limited number of evidence-based practices (EBPs) to scale throughout the state based on robust evidence for effectiveness, impact on racial equity, and sustainability. The proposal would issue the funding through grants to counties, tribal entities, commercial plans, Managed Care Plans, community-based organizations, and behavioral health providers to support implementation of these EBPs and programs for children and youth. Grants for county behavioral health departments would be administered through DHCS' Behavioral Health Quality Improvement Project (BHQIP). Grantees would be required to share standardized data in a statewide behavioral health dashboard.

The projects can evolve over the course of 5 years, based on learnings in early years. Probable funding priorities include first episode psychosis programs, efforts focused on disproportionately impacted communities and where language and other cultural features are needed to enhance effectiveness and penetration rates, youth drop-in wellness centers, intensive outpatient programs for youth to address alternatives to out-of-home placements, and prevention and early intervention services for youth.

Building Continuum of Care Infrastructure

With a funding allocation of $245 million, this proposal seeks to ensure that youth can access the care they need without delay and without having to leave their home county, wherever possible, by building up sites where they can receive mental health and substance use disorder services and care. DHCS, as the lead entity, would issue grants to counties, tribal entities, non-profit entities, for-profit entities, and other entities through an RFP process to add child/adolescent beds to existing facilities, or to set up new facilities or new crisis mobile services. A strong focus would be on offering social model, residential settings as an alternative to institutional settings, and providing crisis stabilization and crisis residential services in a home-like setting. The goal is to decrease the trauma of the experience and allow youth to build skills that are transferable to community living. This builds on the System of Care (AB 2083, 2018) work and focus on linkages to ongoing community based supports.

Enhance Medi-Cal Benefits

This $800 million proposal is based on the HealthySteps Model of Care, which has been proven to improve access to preventive care for children, rates of immunization completion, coordination of care, child social-emotional health and safety, and developmentally appropriate parenting and maternal mental health. The lead entity, DHCS, would add Dyadic Behavioral Health Visits as a Medi-Cal benefit as well as slight modifications to existing benefits, including but not limited to: Case Management Services, Psychiatric Diagnostic Evaluation, Caregiver Depression Screening, and Family Therapy.

Through this care model, mental health professionals would be available to address developmental and behavioral health concerns as soon as they are identified. Additionally, dyadic services delivers health care to the child in the context of the caregiver and family so that families are screened for behavioral health problems, interpersonal safety, tobacco and substance misuse and social determinants of health such as food insecurity and housing instability. Families who are given referrals will receive follow-ups after services are delivered.

Workforce Education and Training:

This section is divided into workforce strategies that would result in increased numbers of capable and diverse providers, and education and training strategies that focus on providing more resources for natural “helpers” to support the mental health and wellness of children and youth.

School BH Counselor and BH Coach Workforce

The Office of Statewide Health Planning and Development (OSHPD), in partnership with subject matter experts in education and behavioral health, will develop a multi-year plan that will launch and implement a school behavioral health counselor system where students statewide can receive in-person and/or virtual one-on-one and group supports. Much of the work counselors and coaches will be doing is virtual and kids will have choice in how, where, and when they receive services. The goal of this $430 million proposal is to produce up to 10,000 culturally and linguistically proficient counselors and coaches to serve school and college age children and youth within 5 years.

Broad BH Workforce Capacity

Historically, the majority of OSHPD investments in workforce, education, and training have been limited to a mental health focus because the funding source was the Mental Health Services Act (MHSA). This $430 million proposal builds upon existing efforts underway at OSHPD to invest in the diversity and range of behavioral health providers needed. Investments will support staff with age appropriate skill sets and cultural and linguistic proficiencies, including a focus on SUD counselors and providers, working with families, and treating complex co-occurring mental health and substance use disorders. Examples of workforce training programs and models are provided on Page 12 of the BHI Memo.

Pediatric, Primary Care and Other Healthcare Providers

This proposal provides the opportunity for primary care and other health care providers to access cultural proficient education and training on behavioral health and suicide prevention. DHCS will be the lead entity responsible for administering this $165 million proposal. A core part of the strategy will be to build out a statewide eConsult/eReferral service with the requisite professional workforce to support the service to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to manage behavioral health conditions for patients in their practices.

Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign

Using MHSA funds in 2011-2012, the counties through CalMHSA implemented over 30 different programs and 2 social marketing campaigns to prevent suicide, reduce stigma and discrimination and improve student mental health, known as the Prevention and Early Intervention (PEI) Statewide Projects. In 2016, RAND Corporation assessed and documented the favorable impact of these efforts including an analysis of the costs that could be saved by preventing the negative outcomes associated with not receiving behavioral health care until a crisis. With a funding allocation of $125 million, the Office of Surgeon General (OSG) in partnership with the California Department of Public Health (CDPH) will lead efforts to utilize lessons learned from RAND's studies to guide a campaign that will take a strategic and effective public health approach to behavioral health. The campaign will have four components:

1. *General Public Acceptance and Awareness* – Raise Behavioral Health Literacy, Increase Help Seeking Behavioral Health
2. *ACEs and Toxic Stress* – Raise awareness about prevention, recognizing the signs and self-care strategies
3. *Culturally Specific Campaigns* – Led by Office of Health Equity in partnership with community leaders, build on existing or promising local efforts
4. *Youth Empowerment* – Create local youth-led behavioral health focused engagement and education efforts that use social media and other popular apps and programs to create positive messaging by youth, for youth