

The background features a purple-tinted image of a stethoscope and a line graph with a grid. The graph has a vertical axis on the left with numerical markers at 3, 6, 9, 12, and 15. The text is overlaid on this background.

Medi-Cal Children's Health Advisory Panel (MCHAP) Meeting

September 9, 2021

Webinar Tips

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

Director's Update

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Medi-Cal Rx Update

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Pharmacy Outreach and Education

- » 93% (6,026) of qualified pharmacies are enrolled in Medi-Cal.
- » DHCS Provider Enrollment Division reached out to encourage the other 7% to enroll.
- » Magellan is contacting those pharmacies through December 31 to understand and overcome remaining enrollment barriers.
- » Magellan is refreshing training tools and methods while also driving web portal enrollments (initial enrollments = 1,078).
- » Magellan is partnering with professional associations and employing their outreach/education channels.
- » Pharmacy education starts in September, runs through December, and is purposely adjacent to the January 1, 2022, launch of Medi-Cal Rx.

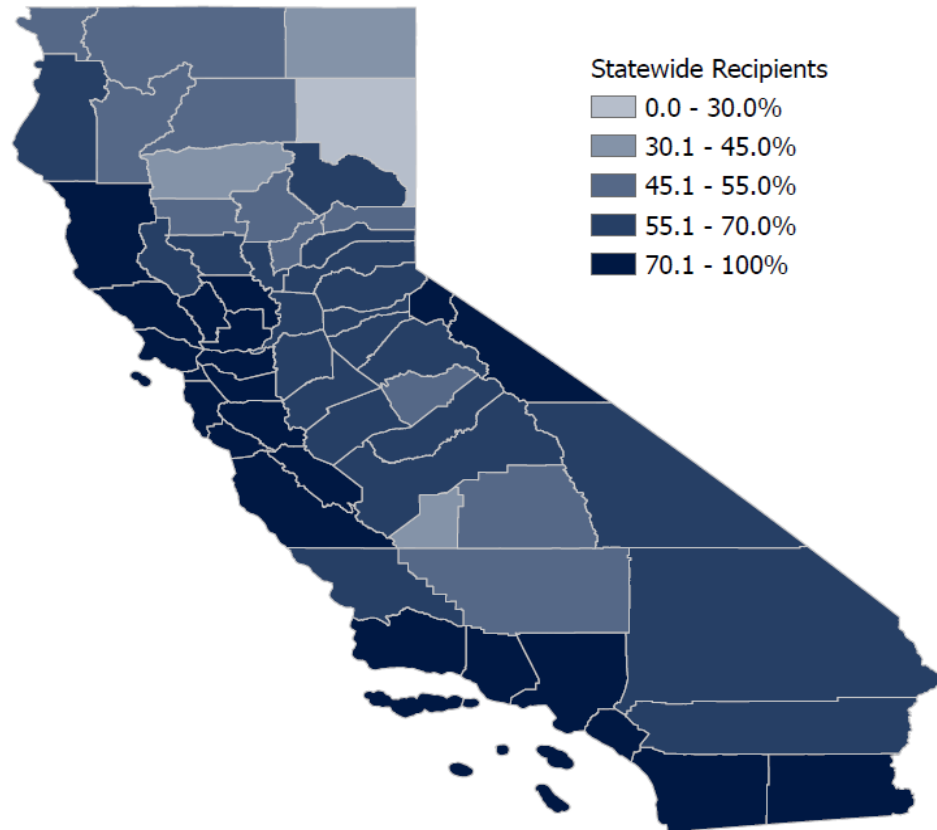
Prescriber Outreach and Education

- » Prescriber interest and engagement has been low during the transition period. (initial web portal enrollment = 1,078)
- » Magellan is refreshing their outreach and education strategies by:
 - » Reaching out to professional associations and managed care plans (MCPs) to characterize their prescribers and discover targeted needs and communication channels.
 - » Ready new outreach and education strategies to engage prescribers in a more targeted manner.
- » Prescriber outreach and education starts in September, runs through December, and is purposely adjacent to the January 1, 2022, launch of Medi-Cal Rx.

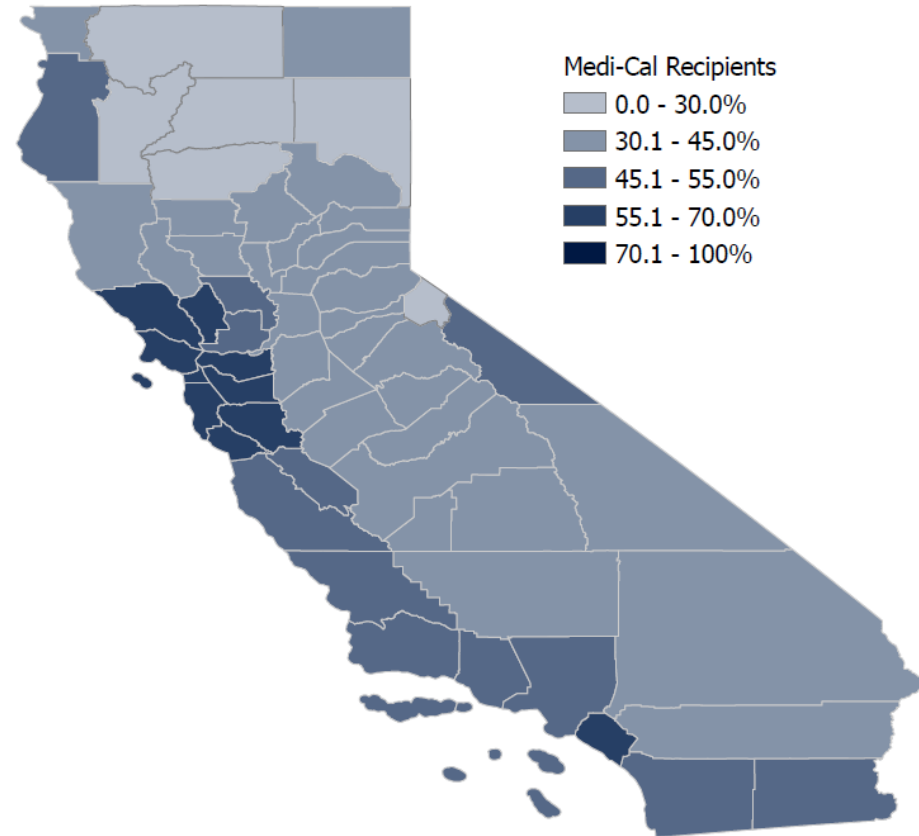
COVID-19 Update

Received at least one dose as of August 22, 2021 Percentage of 12+ years old, by county

All Californians



Medi-Cal Beneficiaries



Note: Medi-Cal beneficiaries are a subset of all Californians. Slides are updated regularly and are available on [DHCS' COVID-19 response page](#).

California Advancing and Innovating Medi-Cal (CalAIM), 1115 and 1915(b) waiver processes updates

CalAIM Behavioral Health Initiatives Timeline Update

Policy	Go-Live Date
Changes to eligibility criteria for SMHS	January 2022
DMC-ODS 2022-2026	January 2022
Documentation redesign for SUD & SMHS	July 2022
Co-occurring treatment	July 2022
No Wrong Door	July 2022
Standard screening & transition tools	January 2023
Payment reform	July 2023



Health Equity Roadmap

Quality and Population Health Management

Health Equity Domains



- Managed Care/FFS (including CCS)
- Dental
- Behavioral Health
- School-Based Services
- HCBS/1915c Delivery Systems
- CaAIM & Quality Strategy
- Alignment with Public Health

Planned Activities

- » Assess recommendations from Sellers Dorsey report in light of conceptual framework.
- » Identify areas of overlap and alignment with existing DHCS efforts, including:
 - » CalAIM
 - » National Committee for Quality Assurance Health Equity requirements
 - » New benefits, including doulas and community health workers
 - » Redesign of cultural competence plans for county mental health plans and Community Mental Health Equity Project
- » With stakeholder engagement, identify gaps in existing efforts and create strategies to address them to further inform the Health Equity Roadmap.

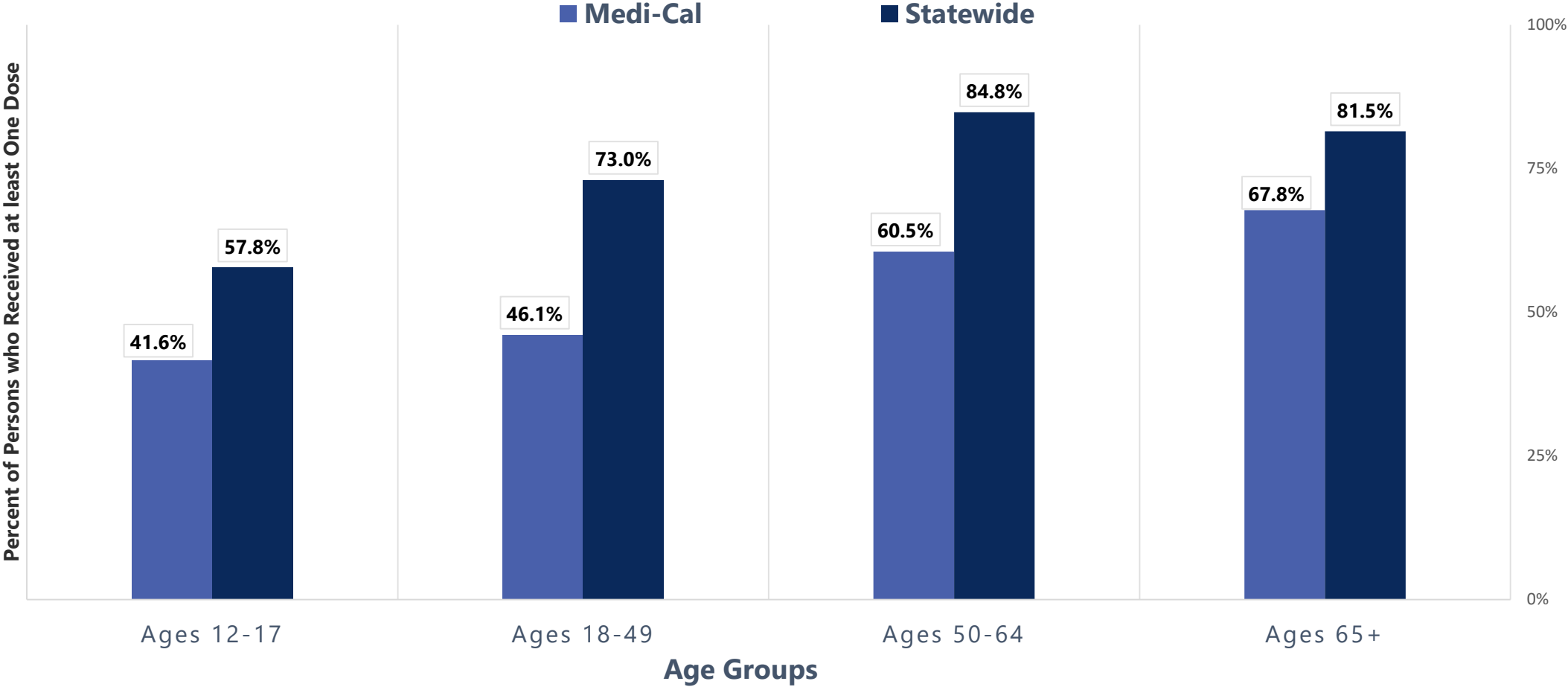
Addressing Equity in COVID-19 Vaccinations

- » Coordination and collaboration with key partners
 - » California Department of Public Health
 - » California Medical Association and California Primary Care Association
 - » California Association of Public Hospitals and health systems
- » Multi-pronged strategy with managed care and home and community-based waiver programs to address vaccination disparities
- » Biweekly data published on the [DHCS COVID-19 webpage](#).

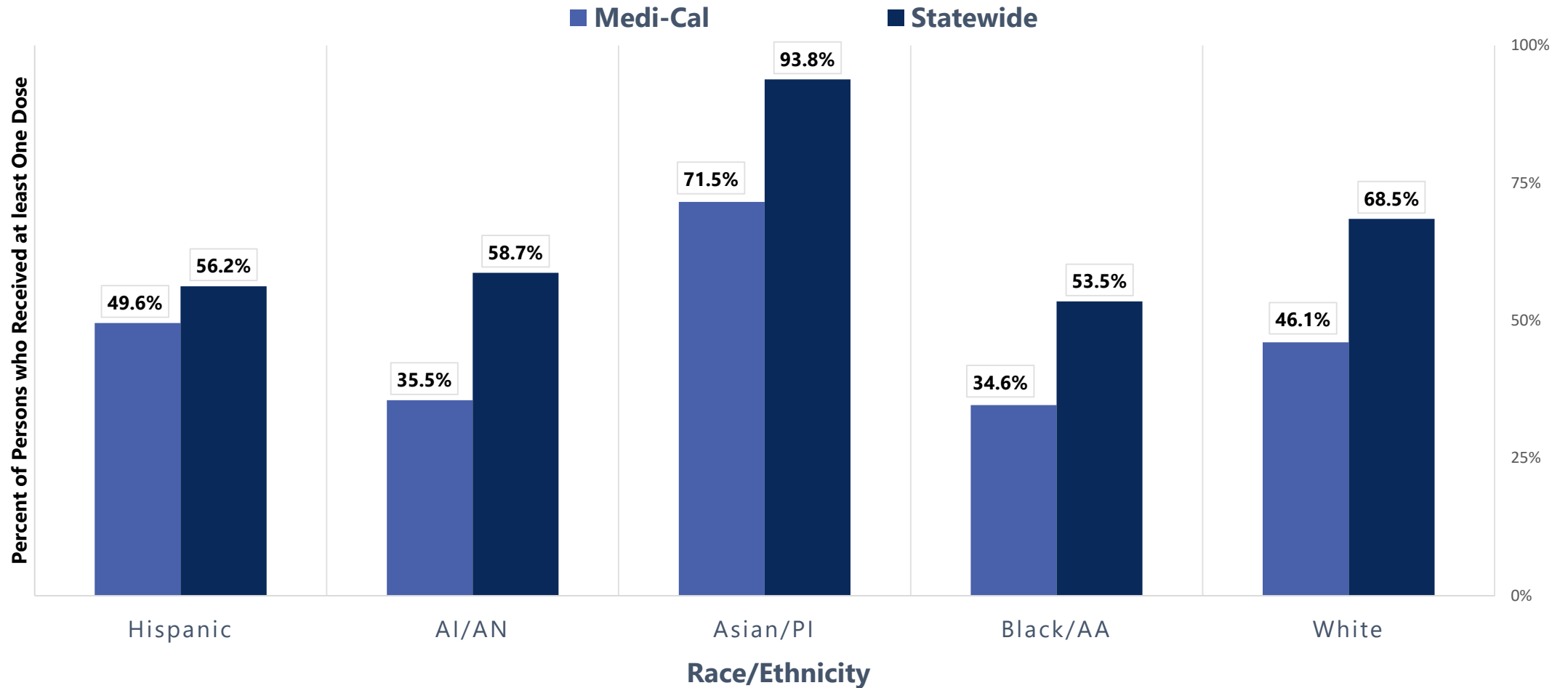
Medi-Cal COVID-19 Vaccination Incentive Program

- » Designed to close the gap between Medi-Cal member vaccination rates and state averages, especially among communities of color, homebound populations, adults with multiple chronic conditions, and youth returning to school.
- » \$350 million for the incentive period of September 1, 2021, through February 2022 for most managed care plans (MCPs).
 - » \$100 million for beneficiary gift cards (\$50/beneficiary)
 - » \$250 million process and outcome measures for addressing vaccination

Comparing Medi-Cal Beneficiaries to all Californians Received at least one dose as of August 22, 2021



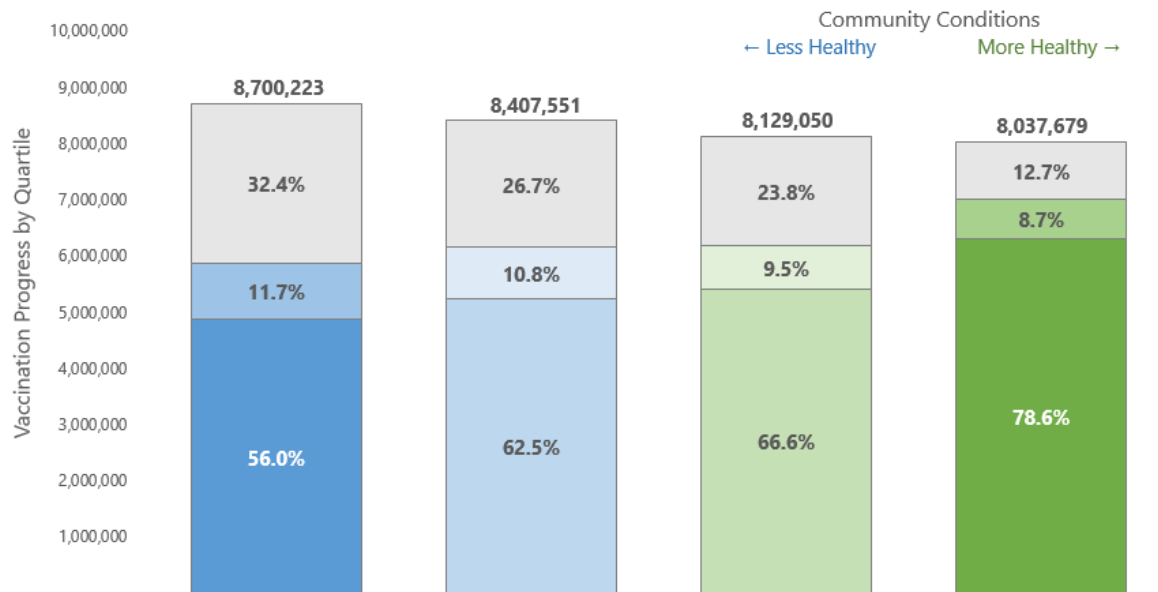
Comparing Medi-Cal Beneficiaries to all Californians Received at least one dose as of August 22, 2021



COVID-19 Vaccination Status as of August 22, 2021 CA vs. Medi-Cal - by Community Conditions

All Californians

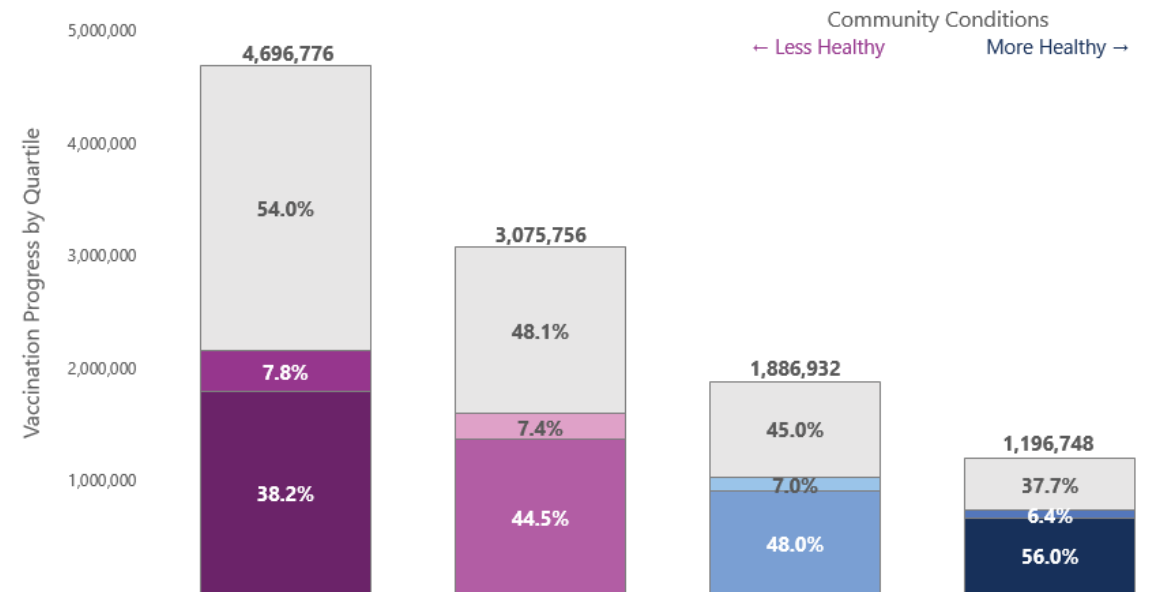
Vaccination Status by Group - California Population



	Quartile 1	Quartile 2	Quartile 3	Quartile 4
Not Yet Vaccinated	2,815,975	2,247,000	1,936,098	1,022,296
Partially Vaccinated	1,013,710	908,820	775,261	698,281
Fully Vaccinated	4,870,538	5,251,731	5,417,691	6,317,102

Medi-Cal Beneficiaries

Vaccination Status by Group - Medi-Cal Population



	Quartile 1	Quartile 2	Quartile 3	Quartile 4
Not Yet Vaccinated	2,537,323	1,478,917	848,885	450,941
Partially Vaccinated	364,667	228,953	131,446	76,183
Fully Vaccinated	1,794,786	1,367,886	906,601	669,624

Addressing Equity in the Medi-Cal MCP Procurement

- » Required MCPs to have a Health Equity Officer and Quality Improvement & Health Equity Committee.
- » Broadened “Cultural Competency Training” to address health equity concepts and renamed as “Diversity, Equity and Inclusion Training”.
- » Updated annual “Quality Improvement Annual Report” and “External Quality Review” to include health equity activities and findings.
- » Required MCPs to have policies and procedures for data sharing with third-party entities and county programs for bidirectional exchange of member information and data.
- » Required MCPs to have an infrastructure in place to coordinate with health and social services to provide members with the appropriate level of case management across the continuum of care.

Addressing Equity in Medi-Cal Benefits

- » Postpartum expansion: Full-scope benefits available for 12 months postpartum
- » New benefits to promote better health
- » New benefits to improve patient care

New Benefits for 2022

- » New benefits to promote better health:
 - » Community Health Worker (CHW) Services
 - » Asthma Prevention Services
 - » Doula Services
- » Benefits will be available in managed care and fee-for-service.

New Benefits for 2022 (continued)

- » Adding new benefits under the “Preventive Services” option.
- » Stakeholder feedback will inform development of the benefits.
- » Stakeholder processes will be ongoing in fall 2021.

New Benefits for 2022 (continued)

- » New benefits to improve patient care:
 - » Remote patient monitoring
 - » Continuous Glucose Monitors for Type I diabetes
- » Benefits will improve monitoring of chronic conditions.

Discussion



Children and Youth Behavioral Health Initiative

**Jacey Cooper, State Medicaid Director,
Chief Deputy Director**

Goal

- » Transform California's children and youth behavioral health (BH) system into a world-class, innovative, up-stream focused, ecosystem where ALL children and young adults are routinely screened, supported, and served for emerging behavioral health needs.

Children and Youth BH Initiative

- » ALL of Californian's children and youth will receive early and routine, evidence-based, culturally responsive, equity-focused behavioral health screenings.
- » More than \$4 billion in total funds invested over the next five years.
- » Those with service needs receive access to readily available virtual and interactive tools.
- » When virtual tools are not enough, timely services are made available through telehealth and in person.
- » The program will be statewide for ALL children and youth, regardless of insurance type or status.

Why?

- » Early Intervention: Serving young people and doing it well pays off.
 - » Half of all lifetime cases of diagnosable mental illnesses begin by age 14
 - » Three-fourths of all lifetime cases of diagnosable mental illness begin by age 25
- » State's children's BH system is inadequate to meet current needs.
 - » Too little focus on prevention
 - » Too few programs
 - » Too few BH professionals
 - » Too few crisis and emergency services
 - » Too few acute care services and beds
- » The most glaring BH challenges are borne inequitably by communities of color, low-income communities, LGBTQ+ communities, and in places where adverse childhood experiences (ACEs) are widespread.

COVID Intensified Need to Address Inadequacies

- » Children's BH-related emergency department visits increased significantly due to COVID-19.
- » A Kaiser Family Foundation report found that of Americans between ages 18-24:
 - » 56% reported symptoms of anxiety and depression
 - » 25% described an increase or onset of substance use
 - » 26% reported serious thoughts of suicide
- » Children's BH conditions are anticipated to grow and intensify due to the pandemic, including untreated anxiety, depression, psychosis, and new substance use disorders.

Key components

- » BH Service Virtual Platform and e-consult
 - » Direct service and CBO network
 - » Defined list of services and fee schedule
- » Training for pediatric, primary care, and other health care providers
- » School BH capacity grants to expand services and programs
- » BH evidence-based programs: spread and scale
- » BH continuum of care infrastructure
- » Dyadic care (integrating BH and medical services)
- » Expanding BH workforce capacity
- » Public education and change campaign

Key Components: Virtual Services Platform

- » Multi-year development: first year focused on research, planning, and convening subject matter experts and stakeholders.
- » A **new statewide virtual platform**: screening, tools and supports, and initial care for ALL young people through age 25 and their caregivers.
 - » Portal is a **universal point of entry**
 - » **Tiered model**: most effective, least resource-intensive treatment is delivered first and then referrals to plans for higher level of services.
 - » Statewide **eConsult/eReferral service** to allow primary care pediatric and family practice providers to receive asynchronous support and consultation to better manage BH conditions.
 - » **Navigation tools** to guide step-by-step access to help regardless of pay source, support locating available services and supports.

Key components: Programs and workforce

- » **Evidence-based practices:** Support scale and spread of interventions proven to improve outcomes for children and youth with or at high risk for BH conditions
- » **School behavioral health capacity grants:** Support to build and expand behavioral health services in schools through health plans, counties, community-based organizations, providers.
- » **Workforce:** Expand available workforce to include new school BH counselors and coaches, and build new training opportunities and pipelines for other BH professionals.

Key Components (continued)

- » Build new **mental health and SUD infrastructure: beds and facilities**: includes social model and residential settings, crisis stabilization and crisis residential services in a home-like settings, Wellness Centers and services for children and youth.
- » Implement **dyadic services** in Medi-Cal: integrating BH screening and services into medical care.
- » Statewide **education and awareness campaign** to raise the BH literacy of all Californians to normalize and support prevention and early intervention. Develop a public awareness campaign on ACEs and toxic stress.
- » Initiative-wide independent **evaluator** for all program components to identify best and innovative practices and inform future policy and program work.

Addressing Behavioral Health for ALL California's Children and Youth is Vital to California's Recovery

Questions and discussion



Behavioral Health and Medi-Cal in Schools

Daniel Lee, Psy.D, CSP
Deputy Superintendent of Equity

CALIFORNIA DEPARTMENT OF EDUCATION
Tony Thurmond, State Superintendent of Public Instruction

School-Based Services

- Schools are essential to systemically address the social, emotional, and behavioral health needs of children.
- There is a growing body of research proving that social and emotional learning (SEL) is fundamental to academic success.
- The provision of physical and mental health services, as well as integrated care interventions, is critical to pursuing equity and supporting vulnerable student populations.

Implementation Challenges for School-Based Behavioral Health

- Siloed health and education systems
- Differing terminology and service eligibility thresholds
- Different staffing structures for service providers (e.g., licensing/credentialing requirements)
- Complexity of Medicaid requirements and audit risk
- Lack of available resources, technical assistance, and model programs

Building Equitable Child Serving Systems

- Whole child approach to wellness and education by improving child serving systems to maximize partnerships and integrate services.
- Several recent statewide initiatives seek to incentivize cross-agency collaboration, overcome implementation challenges, and leverage available funding (including Medi-Cal).

California's Children and Youth Behavioral Health Initiative

- More than \$3 billion over the next few years to transform California's behavioral health system for children into an innovative and **prevention-focused** system.
- The initiative includes school-linked partnership, capacity, and infrastructure grants to support behavioral health services in schools and school-linked settings.

Mental Health Student Services Act of 2019

- The 2019 Budget provided \$75 million to establish additional mental health partnerships between county mental health or behavioral health departments and local education entities.
- Incentivizes partnerships between behavioral health departments and education entities to increase access to mental health services in locations that are easily accessible to students and their families.
- Grants administered by the Mental Health Services Oversight and Accountability Commission

Community Schools Partnership Act

- The Budget provided \$2.8 billion for the California Department of Education (CDE) to administer the California Community Schools Partnership Act.
- Funding will serve to expand the statewide infrastructure to support community schools, which partner with families and communities to meet students' health, academic, and social emotional needs.
- Community schools offer integrated health, mental health, and social services alongside high-quality, supportive instruction.

Senate Bill 75 (Chapter 51, Statutes of 2019)

- Charged the CDE, in collaboration with the California Department of Health Care Services (DHCS), to convene a work group to identify barriers to local educational agency (LEA) access to federal Medicaid reimbursement for student health services and recommend improvements.
- Work began in early 2020 with an interim report published in October 2020.
- Final report with recommendations is due to the Legislature and Department of Finance on October 1, 2021.

Senate Bill 75: Preliminary Recommendations

Preliminary workgroup recommendations addressed:

- Increased state agency collaboration
- Increased training and guidance for local agencies
- Establishing school-based demonstration sites
- Increased audit support for school-based Medi-Cal programs
- Student access to preventive services

2021 Budget: Office of School-Based Health

Establishes an office of school-based health at the CDE:

- The office will assist LEAs with information on, and participation in, several school-based health and Medi-Cal programs.
- The office will advise on opportunities for effective coordination between health and education systems to advance school-based health programs, and on strategies to leverage school-based Medi-Cal programs.
- The office will include a state school nurse consultant.

2021 Budget: School Health Demonstration Project

- Provided \$5 million for a pilot project to expand comprehensive health and mental health services to public school pupils.
- Provide training and technical assistance on the requirements for health care provider participation in the Medi-Cal Program to enable LEAs to participate in, contract with, and conduct billing and claiming in the Medi-Cal Program.
- Three organizations will be selected to serve as technical assistance teams for purposes of the pilot project.

2021 Budget: Medi-Cal Billing Guidance

- Provided \$250,000 for an LEA to offer guidance around Medi-Cal billing and increase capacity of LEAs to successfully submit claims through the Local Educational Agency Medi-Cal Billing Option Program (LEABOP).
- Provided the CDE a position to serve as a Medi-Cal billing coordinator and liaison to the DHCS.

California Department of Education Initiatives

The CDE is currently expanding its capacity for bringing whole child supports to students in additional ways:

- Promoting Transformative SEL competencies
- Universal Transitional Kindergarten
- Expanded Learning
- Increased access to and quality of school meals

Contact Information

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EquityBranch@cde.ca.gov

Thank you



Member Updates and Follow-Up

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Public Comment

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Upcoming Meeting and Next Steps

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