California Behavioral Health Planning Council

Systems and Medicaid Committee Agenda

Thursday, October 20, 2022
Courtyard Marriott Midtown
4422 Y Street Sacramento, CA 95817
Ivy Room
8:30 a.m. – 12:00 p.m.

8:30 am **Welcome and Introductions**
Karen Baylor, Chairperson and All Members

8:35 am **Approve June 2022 Draft Meeting Minutes** **Tab 1**
Karen Baylor, Chairperson and All Members

8:40 am **Behavioral Health Updates** **Tab 2**
Ashneek Nanua, SMC staff

8:55 am **Public Comment**

9:00 am **Presentation of Sacramento County Implementation of 988 Suicide Prevention & Crisis Hotline and Crisis Care Continuum** **Tab 3**
Dr. Ryan Quist, Behavioral Health Director, Sacramento County
Dr. Jonathan Porteus, Chief Executive Officer, WellSpace Health

10:45 am **Public Comment**

10:50 am **Break**

11:05 am **Providing Access and Transforming Health (PATH) Supports Presentation** **Tab 4**
Dana Durham, Chief of Managed Care Quality and Monitoring Division (MCQMD), Department of Health Care Services

11:50 am **Public Comment**

11:55 am **Wrap Up/Next Steps**
Karen Baylor, Chairperson and All Members

12:00 pm **Adjourn**

The scheduled times on the agenda are estimates and subject to change.

Systems and Medicaid Committee Members

Karen Baylor, Chairperson Uma Zykofsky, Chair-Elect

Veronica Kelley	Dale Mueller	Catherine Moore
Tony Vartan	Daphne Shaw	Walter Shwe
Noel O'Neill	Celeste Hunter	Marina Rangel

If reasonable accommodations are required, please contact the Council at (916) 701-8211, not less than 10 working days prior to the meeting date.

California Behavioral Health Planning Council

Susan Wilson	Karen Hart	Steve Leoni
Deborah Pitts	Liz Oseguera	Joanna Rodriguez
Vandana Pant	Jessica Grove	Sutep Laohavanich

Committee Staff: Ashneek Nanua, Council Analyst

TAB 1

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, October 20, 2022

Agenda Item: Approve June 2022 Draft Meeting Minutes

Enclosures: June 2022 Draft SMC Meeting Minutes

Background/Description:

Committee members will review the draft meeting minutes for the June 2022 Quarterly Meeting.

Motion: Accept and approve the June 2022 Systems and Medicaid Committee draft meeting minutes.

Systems and Medicaid Committee

Meeting Minutes (DRAFT)
Quarterly Meeting – June 16, 2022

Members Present:

Karen Baylor, Chairperson
Veronica Kelley
Noel O'Neill
Jessica Grove
Javier Moreno
Vandana Pant
Uma Zykofsky, Chair-Elect
Walter Shwe
Susan Wilson
Deborah Pitts
Celeste Hunter
Liz Oseguera
Catherine Moore
Marina Rangel
Daphne Shaw
Tony Vartan
Dale Mueller
Steve Leoni

Staff Present:
Ashneek Nanua, Jane Adcock, Jenny Bayardo

Presenters:
Michelle Cabrera, Ian Teller, Marcus Cannon, Rhyan Miller, Theresa Frausto, Michael Knight, Georgina Yoshioka, Dana Durham, Brian Hansen

Public Attendees:
Theresa Comstock, Diane Shinstock

Meeting Commenced at 8:30 a.m.

Item #1 Approve April 2022 Draft Meeting Minutes

The Systems and Medicaid Committee (SMC) reviewed the April 2022 draft meeting minutes. Susan Wilson motioned approval of the SMC April 2022 meeting minutes. Catherine Moore seconded the motion. Dale Mueller, Deborah Pitts, and Vandana Pant abstained. The motion to approve the minutes passed.

Action/Resolution
The April 2022 SMC Meeting Minutes are approved.

Responsible for Action-Due Date
N/A

Item #2 Behavioral Health Updates

SMC staff provided updates from recent behavioral health policy meetings held by the state. Staff reviewed the following key updates:

- ***DHCS Behavioral Health Stakeholder Advisory Committee May 2022 Meeting:*** DHCS introduced the Medi-Cal Strategy to Support Children and Families which includes a set of 8 key policy initiatives. DHCS then announced a plan to submit a State Plan Amendment (SPA) to establish a new mobile crisis services benefit which will be effective as early as January 2023, provided updates on Enhanced Care Management (ECM) and Community Supports including county implementation timelines based on population type, and delivered a presentation on Providing Access and Transforming Health (PATH) funding. Additionally, DHCS provided an update on CalAIM timeline and noted that the screening and transition tools will undergo pilot testing in Summer 2022 with a go-live date of January 2023.
- ***CalAIM Behavioral Health Workgroup Meeting:*** DHCS presented their Comprehensive Quality Strategy and upcoming Data Dashboard. There was also an overview of CalAIM behavioral health initiatives, mobile crisis services benefit, and the 1115 Institutes for Mental Disease (IMD) Demonstration Waiver which DHCS plans to apply for in Fall 2022.
- ***CalAIM updates based on CA Budget Proposal:*** Governor Newsom's latest budget proposal includes $3.1 billion for CalAIM. Some of this funding will be used to create 100 new staff positions. Approximately $21 million in State General Funds will support the Behavioral Health Quality Incentive Program to provide grants for counties that meet CalAIM milestones. DHCS also requested $64.5 million for the following:
    - A series of ongoing independent assessments of consumer access and satisfaction and impact on health outcomes
    - Expansion of pharmacy coverage for individuals 90 days prior to release from jails or prisons
    - Data sharing authorization guidance which supports data sharing between CalAIM participants and provides use cases to assist stakeholders understand instances where information will be shared
- ***Behavioral Health Taskforce June 2022 Meeting:*** Topics of focus included the 988 Suicide Prevention and Crisis Hotline and crisis care continuum
- ***Behavioral Health Continuum Infrastructure Project (BHCIP):*** DHCS awarded $2.1 billion to construct, acquire, and expand facilities and invest in mobile crisis for behavioral health services in California. DHCS released applications for the fourth round of funding ($420.5 million) to expand the behavioral health continuum and resources for children and youth ages 25 years and younger as well as pregnant and postpartum women.
- ***Peer Support Services:*** Certification is set to begin July 1, 2022 and DHCS changed the definition of peer services to include individuals who have experience with recovery as a family member or caregiver. Behavioral Health

Information Notice (BHIN) 22-026 was released in May 2022 which outlines claiming requirements and requirements for opt-in letter for counties. Counties that did not opt in by May 2022 will be able to opt in 6 months later.

- ***Children and Youth Behavioral Health Initiative (CYBHI):***
  Initiative-wide updates include the following:
  - California Health and Human Services Agency (CalHHS) held focus groups, began discussing CYBHI outcome metrics with health and education partners, and will expand this research through expert interviews. CalHHS plans to hold 7 more community engagement sessions, workgroups on equity, and are doing a landscape analysis of current behavioral health efforts for children and youth in California, as well as a plan to release an RFP to identify evaluation partners.

  DHCS updates for the CYBHI include the following:

  - Selected members for the two Think Tanks: Behavioral Health Virtual Services Platform and Scaling of Evidence-Based Practices (EBPs)
  - Identified Managed Care Plans (MCPs), county offices of education, county behavioral health departments, and local education partners for the Student Behavioral Health Incentive Program
  - Held a statewide listening session to inform school work streams in CYBHI
  - Convened final community of practice meeting and launched a CalHOPE social emotional learning (SEL) website to respond to student SEL needs

SMC staff shared that DHCS is also assisting with the unwinding of the COVID-19 public health emergency through Coverage Ambassadors who are trusted messengers that would reach out to beneficiaries in cultural and linguistically appropriate ways. The ambassadors would be responsible for educating beneficiaries on the actions they need to take in order to maintain coverage and engage community partners with necessary tools to reach beneficiaries. Additionally, the CalBridge Behavioral Health Navigators program is intended to place behavioral navigators in emergency departments which will expand access to behavioral health via navigator services.

Action/Resolution
SMC staff will continue to inform the SMC on statewide activities and initiatives that are relevant to the work of the committee.

Responsible for Action-Due Date
Ashneek Nanua – Ongoing

Item #4 988 Suicide and Prevention Hotline and Crisis Continuum Presentation

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Michelle Cabrera, Executive Director of the County Behavioral Health Directors Association (CBHDA), presented on the upcoming launch of the 988 Suicide Prevention and Crisis Hotline and the Crisis Care Continuum in California. Michelle first provided

the current state of crisis continuum services in the state which includes the National Suicide Prevention Lifeline, time-limited federal grant for CalHOPE crisis counseling, county-optional mobile crisis services, BHCIP, peer services, and limited-funding crisis stabilization and receiving services. The future state of the crisis continuum includes the 988 National Suicide Prevention Lifeline in July 2022, state-funded CalHOPE bridged to the Children and Youth Behavioral Health Initiative (CYBHI) virtual services platform through 2024, statewide mobile crisis services Medi-Cal benefit in 2023, BHCIP funding for youth and crisis infrastructure in 2022-23, Medi-Cal optional benefit for peer support services in July 2022, and potential IMD waiver for Medi-Cal services regarding crisis stabilization and receiving services.

Michelle shared California's Lifeline history, which was built out with the support of county funding from the Mental Health Services Act (MHSA) Prevention and Early intervention funds. A RAND study (2016) found that there was an over reliance on volunteer staff and need to improve quality improvement, access to chat and text options, technology, and build referrals to other services. Other crisis lines include county behavioral health access lines for information and referrals, 211 support number to connect callers with information about local health and social services, warm lines for non-crisis situations, and 911 to get help from first responders.

There are 13 National Suicide Prevention Lifeline (NSPL) Operators throughout the state, and California has 24-hour NSPL call coverage with an average answer rate of 83%. States with less coverage may roll over calls to areas with more coverage such as California. In 2020, 1 of 8 calls to the NSPL came from California callers.

In 2020, the National Suicide Hotline Designation Act of 2020 passed into law which designates 988 as the National Suicide Prevention Lifeline number effective July 16, 2022. There is a focus on training, technical assistance, and other resources for target populations including LGBTQ youth, American Indian/Alaska Native individuals, and residents of rural communities.

California is currently supporting lifeline call centers with $4.3 million per year in county MHSA funding, $20 million one-time State General Fund investment to build call center capacity for 988 implementation, and $14.48 million SAMHSA grant funding via DHCS to expand and improve workforce, technology platforms, and key performance indicators. The 988 law established fee authority and reporting for state, local, and tribal governments which differs from the way 911 dispatch services are covered. The 988 law covers payment for dispatch services and any direct response personnel or acute mental health crisis outreach and stabilization services that flow from the 988 calls. This allows fees to go beyond the dispatch function. The law requires a report to Congress on the fees being applied to 988 to ensure transparency and accountability related to fee collection.

The federal law does not require action on behalf of states, however, call volume to the NSPL is expected to increase when 988 implementation begins. Legislation is necessary in California to authorize a direct fee surcharge and allowable expenses.

Washington, Colorado, Nevada, and Virginia are other states that have passed a 988 fee to date.

988 in California would establish oversight authority and structure under a new 988 crisis hotline director within the Office of Emergency Services which would create a new state level 988 center designation and requires coordination with 911. The vision is to triage calls between 911 and 988 based on the caller's needs.

The 988 SPCL has implications for the county behavioral health safety net. Over time, counties will need to work with 988 and 911 to link to county behavioral health crisis services. Counties will also be building out a new mobile crisis services benefit. There is also a potential to increase demand for a full range of crisis services. Additionally, there is an opportunity to bring in new revenue streams to support these services.

Michelle Cabrera then shared information about current efforts for mobile crisis services. In 2020, CBHDA developed a behavioral health director survey to learn the current landscape of county behavioral health mobile crisis programs and received responses from 54 of the 58 counties. Survey topics include understanding which counties are currently operating mobile crisis teams, how mobile crisis teams are structured and financed, and degree of law enforcement interaction and collaboration. The survey found that 66% of counties operate mobile crisis services, majority of Californians live in counties with mobile crisis services, 72% of the mobile crisis programs cover the entire county, and the most common dispatch method for mobile crisis is through police or sheriff dispatch. The survey also found that 24-hour coverage has been difficult so the hours of mobile crisis services have been aligned with the demand for these services which is typically 8:00 a.m. – 10:00 p.m.

Regarding financing, there is no statewide benefit or coding for mobile crisis services and there are gaps in billing Medi-Cal and private insurance for these services. Under the Federal American Rescue Plan Act (ARPA) of 2021, states have the option to fund mobile crisis services at a temporary 85% Federal Medical Assistance Percentage (FMAP) within a 5 year window. Beneficiaries must be Medi-Cal eligible, services must be provided outside of a hospital or facility setting, and be available on a 24/7 basis. California plans to apply for this funding. DHCS invested $55 million for competitive Community Crisis Care Mobile Units (CCMU) Grants to plan, create, or expand county mobile crisis units with a priority for services to individuals under age 25. The BHCIP is another grant program that allocates $150 million distributed through DHCS to invest in mobile crisis infrastructure. Additionally, DHCS and CBHDA secured $853,000 from the ARPA Mobile Crisis Planning Grant from CMS to support expansion of mobile crisis services in California. DHCS is also planning to submit a SPA to designate a mobile crisis services benefit to ensure all Medi-Cal members have access to coordinated crisis care 24/7 as early as January 2023.

Michelle Cabrera shared how California intends to move forward with their crisis continuum blueprint. CalHHS will form a stakeholder workgroup to have a dialogue on how California will plan for the long term future of the behavioral health services crisis continuum, how to coordinate across warmlines and peer services, setting statewide

standards across local levels, funding considerations, and what changes may need to be made in state law.

Michelle presented key considerations of 988:

988 is not an alternative to law enforcement response

- 988 centers will need support to meet the increasing demand for services
- There is a need to build out mobile crisis services as well as crisis receiving and stabilization and throughput services
    - Gaps in private insurance means that more resources are needed to ensure private insurance clients may receive services
    - There are gaps in Medi-Cal reimbursement for crisis services because reimbursement is limited to 23 hours
- Building out the behavioral health crisis continuum will take time due to workforce and infrastructure development

Q & A:

Dale Mueller asked what languages will be available for 988 callers in California. Michelle stated that there are four language lines in California with Spanish as a nationally-accredited lifeline but more discussions on language availability need to occur in the stakeholder process.

Walter Shwe asked what entity is responsible for paying the fees for the phone call. Michelle Cabrera stated that the phone users pay the fee which is 30 cents. The surcharge only pays for the 911 dispatch service but there is no limit for how high the fee is for services beyond the dispatch calling fee. Michelle shared that Telecom is trying to limit this so that it does not result in higher phone fees.

Deborah Pitts expressed appreciation for Michelle's comments that more needs to be done to build out and support mobile crisis services and asked her to expand her comments on this issue. Michelle stated that there is a significant gap to bridge with mobile crisis services where mobile crisis is available to people 24/7 which involves funding for workforce and infrastructure. The state and public policy community will need to discuss how to bridge the gaps in sustainable ongoing funding to attract people to this field-based work.

Uma Zykofsky stated that a lot of demand is from privately-insured individuals and asked about the impact of mobile crisis services on parity and how the benefit is built into CalAIM. She stated that public education and outreach needs to be done for individuals coming out of universities. Michelle Cabrera stated that parity law does not take us all the way where we need to be but what would be helpful is following the design of the Children and Youth Behavioral Health Initiative that would apply services to both the private and public systems. For CalAIM, the state will pick up the non-federal share of funding so counties will need to be timely network adequacy standards defined by the state. Regarding workforce, Michelle agreed with Uma's comment that the public workforce is changing and evolving. CBHDA has stated that curricula is needed in

higher education to train individuals to work in the public behavioral health system rather than solely private practice.

Javier Moreno asked how there will be an increase in demand and calls to crisis services. He also commented that the 30 cent fee increase on a phone bill may have an impact on people with fixed incomes and asked if there is a way to leverage existing funding streams to support this effort. He stated that we need to be sensitive to the vulnerable populations that we are trying to protect. Michelle Cabrera shared that much of this demand is coming from media messaging that 988 is a replacement for 911 which is not accurate so there may be calls to 988 that should have been directed to 911. There will also need to be additional workforce and volunteers to address the new type of calls coming to 988. Michelle stated that we need a better public marketing campaign in California to understand what 988 is. Regarding the phone surcharge, Michelle stated that Telecom has a national strategy to lower the 40 cent surcharge cap. The challenge is that the state will need to be willing to invest more to make up for the gaps. Arizona covers call centers, mobile crisis, and brief encounters regardless of payer. This is possible in California but it will cost more as it is a larger state.

Susan Wilson stated that she was involved in the implementation of the 211 phone line. She expressed that 211 is not everywhere because the Federal Communications Commission (FCC) has not put money in the Telecom system or in every county. However, 211 phones are answered 24/7, in multiple languages due to the language interpretation system, and individuals are referred to concrete supports such as food and shelter. Susan stated that there should be a better way to interface 211, 988, and 911. Michelle Cabrera encouraged Council members to bring these ideas to the blueprint development process.

Catherine Moore stated that Medi-Cal members have a per-member per-month (PMPM) cost which is a fixed amount. She stated that this PMPM principle may be applied to the 988 system and that there needs to be some sort of equity.

Steve Leoni stated that he would like to see a number that is easy to remember and use as 988 for warm lines. Michelle stated that the proper investments and training for 988 could allow 988 to take the function of a warm line. She expressed that the goal is not to send someone to the emergency department or treat it as a crisis but rather meet people where they are in the moment. Michelle stated that the CalHOPE platform is also an avenue for this. It is important to take the SAMHSA toolkit and model legislation but iterate on it based on the knowledge and expertise we have in California.

Liz Oseguera asked about the education and outreach efforts for 988 such as working with police. Liz also asked if there are efforts on how messaging should work from the media and if the state or CBOs have a role. Michelle referred committee members to the National Suicide Prevention Line Toolkit from SAMHSA to understand the core messaging from a national standpoint. She stated that the law enforcement conversations need to occur when we understand what the plan is for California.

Action/Resolution

N/A
Responsible for Action-Due Date
N/A

Item #5 Local Perspectives on Enhanced Care Management (ECM) And Community Supports Implementation

A panel of small, medium, and large county representatives presented to the committee on the successes, challenges, implications, and policy considerations regarding the implementation of Enhanced Care Management (ECM) and Community Supports (CS) under the CalAIM Initiative. Committee member and Orange County Director of Behavioral Health, Veronica Kelley, first summarized the CalAIM behavioral health initiatives that Managed Care Plans are responsible for, including ECM/CS as well as the CalAIM initiatives that counties are responsible for, and the implementation timeline for each initiative. The behavioral health policy changes brought forth by CalAIM will impact funding by allowing reimbursement for services prior to assessment and diagnosis, removes access barriers for behavioral health services, simplifies and streamlines documentation to prioritize client care, and improves referral and coordination of non-duplicated services between county MHPs and Medi-Cal MCPs.

Ian Kemmler, Director of Quality Improvement Services and Management for Orange County, presented on Orange County's efforts for ECM services. Ian shared that ECM is an additional benefit to the existing case management services provided in the mental health and substance use disorder programs. There is a lead care manager responsible for coordinating the client's service and links them to community and social services to add a layer of support to clients. Orange County's Behavioral Health Department had to enter into contracts with MCPs to provide ECM and are using a PMPM set rate. Mental Health and Recovery Services, Correctional Health Services, Public Health Services, and Medical Health Services are all able to provide this service which requires a coordinated effort. Ian shared that it has been a challenge to design a way to share information and the county is looking into the difficulties of sending one bill across the various agencies providing the ECM service. Orange County has weekly meetings with service areas, MCPs, and health plans to discuss the challenges of implementation.

Orange County has a referral process and a new benefit letter was sent to beneficiaries from the Quality Improvement Department. The Quality Improvement Department will also receive the Authorization from the Health Plan, are responsible for tracking authorizations and telling patients when reauthorizations are needed, and send authorizations to the provider. Individuals must be reauthorized every six months. Additionally, retroactive authorization will be requested to cover the date the provider reviewed the ECM benefit with the beneficiary as well as the Health Needs Assessment and referral forms. Each ECM team includes a service chief/program director,

behavioral health nurse, mental health specialist, and a backup individual as service chief for timely data submission.

Orange County had to adjust billing codes and create new consent forms for data sharing. The billing change has opened the conversation to strengthen current case management services and documentation. A care plan is required for ECM services as well. Beneficiaries who have met the standards of meeting care plan goals, readiness to transition to a lower level of care, no longer wishing to receive ECM, or if the clinician has not been able to connect with the member after multiple attempts would be dis-enrolled from services. Disenrollment involves notifying the Quality Improvement team, health plan, and CalOptima and document this change in the beneficiary's chart.

Veronica Kelley introduced Marcus Cannon, Deputy Director of Forensics for Riverside University Health System (RUHS), who presented to the committee on ECM and Community Supports. Veronica asked the committee to pay attention to the differences in implementation between Riverside and San Bernardino County despite having the same two Managed Care Plans (Inland Empire Health Plan and Molina Health Plan).

Marcus shared that RUHS has launched 11 ECM teams at Community Health Centers (CHC)/Federally Qualified Health Centers with a primary care focus, 4 ECM teams at behavioral health clinics, and a plan to launch 8 more behavioral health-focused ECM teams. Patients are referred by the MCP directly by contracting MCP member services or contracting a RUHS behavioral health clinic. RUHS-BH has also contracted with the MCP as the administrative entity to provide 6 Community Supports benefits: Housing Transition Navigation Services, Housing Deposits, Housing Tenancy and Sustaining Services, Short-term Post-Hospitalization Housing, Recuperative Care, and Sobering Centers.

The positive impact of ECM and CS are improved coordination, fiscal sustainability, and the potential to act as a catalyst for system expansion. Challenges include patient attribution, meeting staffing needs due to a shortage of entry-level paraprofessionals and licensed clinicians, IT challenges such as having multiple electronic health records (EHRs) and multiple MCP systems that have separate billing, referral, and care coordination systems. Early successes include better connection to primary and specialty care, data access improving treatment, and sobering centers increasing access to services, decreasing wait times, decreasing recidivism, and improving public safety. Marcus shared stories and examples of early successes, such as individuals who did not see a primary care physician in over 10 years who were then able to access primary care due to better data access.

Dr. Theresa Frausto, Chief Psychiatric Officer for San Bernardino County of Behavioral Health, presented to the committee on ECM services in San Bernardino County. San Bernardino worked with Inland Empire Health Plan (IEHP) in 2016 to create an integrated and completed case management program that merged physical health and mental health case management services and found that all metrics measured had improved. ECM went live in January 2022 with 250 clients who transitioned from the Health Homes Program with 20-30 staff. Challenges of ECM implementation include

recruitment and hiring of nursing care and there are limited-term contract positions versus regular county positions. Theresa shared stories of patients with repeat visits to the Emergency Room who now have extra supports due to data sharing and ECM. She expressed that working with IEHP has been phenomenal, as well as the training to providers and ECM staff.

Michael Knight, Assistant Director of Behavioral Health for San Bernardino County, presented to the committee on Community Supports services in San Bernardino County. He shared that Community Supports in the county started in the newly-created Community Revitalization Department which will oversee many homeless response services that exist in the county. He indicated that the referral will be made from IEHP to the Community Revitalization Department and then to the Department of Behavioral Health, who will then make contact with the individual in one business day. San Bernardino County will be providing Housing Transition and Navigation Services, Housing Deposits, and Housing Tenancy and Sustaining Services for Community Supports. The Homeless Outreach and Support Team (HOST) is funded through MHSA which had to pull back solely to do navigation services which can do other homeless support services that they were not able to do prior.

The strengths of CS in San Bernardino County include the role of Community Revitalization to coordinate all homeless services, working with subject matter experts who are transitioning clients to housing, and the nimble EHR which allows flexibility to meet the changing reporting needs. The county is looking to have information sharing via a Health Information Exchange (HIE) which has not been done before. Challenges include staffing shortages and finalizing the workflow due to the evolution of Community Supports.

<u>Q & A:</u>

Uma Zykofsky repeated the statement that there is a $510 rate per member for 3 hours of ECM services provided in Orange County with 4 departments listed. Uma asked if each department must meet the 3 hours or if it is collective. Orange County representatives indicated that the $510 would be split between all departments.

Vandana Pant asked if counties collaborate with each other on best practices and challenges. Veronica Kelley stated that CBHDA has a workgroup that specific to ECM/CS, however, ECM/CS services are under MCPs so not all counties are working with MCPs for the delivery of these services.

Deborah Pitts expressed concerns regarding overlap and coordination of case management services. Marcus Cannon expressed the need for a case management workforce that can make a living wage as a discipline that requires multiple years to build the knowledge base of community resources, multidisciplinary team, etc. and it is difficult for people to do that with an entry-level case management workforce with high turnover.

Marina Rangel stated that counties are often not able to place the reentry population and asked how Managed Care Plans would address this issue. Marcus Cannon stated that if the individual does not have a housing voucher, they may not be able to access these services and there are challenges to address across all clients. Veronica Kelley stated that counties are working to build throughput services and utilizing non Medi-Cal funding streams to house individuals.

Action/Resolution

N/A

Responsible for Action-Due Date

N/A

Item #6 Providing Access and Transforming Health (PATH) Supports Presentation

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Dana Durham, DHCS Managed Care Quality and Monitoring Division, and Brian Hansen, Policy Advisor at DHCS Director's Office, presented a high-level overview of PATH funding intended to support the CalAIM Initiative. DHCS received $1.8 billion for PATH to maintain, build, and scale the infrastructure and capacity necessary to successfully implement key features of CalAIM, including ECM, Community Supports, and CalAIM's justice-involved capacity building program. DHCS will hire a third-party administrator for the PATH Program.

There are 4 initiatives for PATH to support ECM and CS:

1) Help transition the Whole Person Care (WPC) pilots and Health Homes Program to ECM/CS via MCPs
2) Assist with technical assistance needed to ECM/CS providers
3) Collaborative planning and implementation to ensure that all interested parties in the community can express the community needs and be on the same page
4) Capacity and Infrastructure transition, expansion, and development (CITED) to ensure that counties, CBOs, etc. have the infrastructure needed for CalAIM implementation

In January 2023, DHCS is implementing a statewide mandate for prisons, county jails, and youth correctional facilities to have Medi-Cal application and enrollment prior to release from incarceration in order to ensure Medi-Cal coverage is in place when the individual is released into the community. No federal approval is needed for this initiative.

The second CalAIM justice-involved initiative is 90-day pre-release services, which involves a targeted set of Medicaid funded services available to individuals 90 days prior to release from incarceration. The individual would need to have a qualifying

behavioral health condition and no criteria for youth to access these services. Services will involve to assess WPC needs, stabilizing conditions, warm-handoffs, medications including medication-assisted treatment and psychotropic medications, and provide medications upon release with a transition plan to community behavioral health providers as well as transition to ECM and CS. Services DHCS is still seeking approval from CMS to implement this initiative and expect implementation in January 2023. All PATH funding is federal and state general funds so local matches will not be required by entities.

PATH funding for the justice-involved capacity building program includes two rounds:

1) Pre-release Medi-Cal enrollment and suspension **planning** support
    - *Small grants to correctional agencies such as Sheriff's Offices, Probation, and CA Department of Corrections and Rehabilitation to support collaborative planning efforts. Efforts include identifying processes, protocols, and IT modifications needed to implement pre-release Medi-Cal enrollment and suspension services. The application window is June-July 2022.*
2) Pre-release Medi-Cal enrollment and suspension **implementation** support
    - *Grants to support correctional agencies to support implementation of processes, protocols, and IT systems to implement the pre-release Medi-Cal enrollment and suspension processes. The application window is July-December 2022.*

Action/Resolution

The SMC will invite DHCS representatives to a future quarterly meeting to allow the opportunity to have a more in-depth presentation on PATH funding.

Responsible for Action-Due Date

Ashneek Nanua – October 2022

Meeting Adjourned at 12:00 p.m.

Tab 2

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, October 20, 2022

Agenda Item: Behavioral Health Updates

Enclosures: 2021-2022 CalAIM Behavioral Health Information Notices FAQs

How This Agenda Item Relates to Council Mission

To review, evaluate and advocate for an accessible and effective behavioral health system.

This agenda item provides committee members with information about the activities of advocates and stakeholders involved in developing behavioral health policies for California's most vulnerable populations. The SMC will use this information to stay up-to-date with current initiatives and plan future activities to advocate for policies that improve access to high-quality health care in California's public behavioral health system (PBHS).

Background/Description:

Systems and Medicaid Committee staff will provide a high-level update on current activities, initiatives, and efforts towards transforming the PBHS in California to better serve individuals with behavioral health conditions. Committee members will use this information for the ongoing effort to track various behavioral health policy meetings, engage in advocacy and make recommendations to the state for Medi-Cal beneficiaries with serious mental illness and substance use disorders.

Updates for various stakeholder meetings are provided below. *Please note that this list is not inclusive of all behavioral health policy meetings.*

Behavioral Health Stakeholder Advisory Committee (BH-SAC)

The Behavioral Health Stakeholder Advisory Committee (BH-SAC) was created as part of the ongoing DHCS effort to integrate behavioral health with the rest of the health care system, and incorporates existing groups that have advised DHCS on behavioral health topics. Following the model of the Stakeholder Advisory Committee, the BH-SAC advises the DHCS Director on the behavioral health components of the Medi-Cal program as well as behavioral health policy.

Updates: DHCS Director, Michelle Baass, provided updates on Care Courts, the approved DHCS Budget for 2022-2023, Consumer Advisory Committee, and COVID-19 vaccine program. She indicated that housing is a key to the Care Court model and the legislation authorizes housing resources at the state and county level with DHCS administering $1.5 billion for the Behavioral Health Bridge Housing Program. If the bill

passes, legislation, the first cohort of counties will implement Care Courts in 2023 with a second cohort of counties to implement the program in 2024.

Highlights regarding the 2022-2023 DHCS Budget Act is located on the DHCS website.

DHCS will aim to hold the first Consumer Advisory Committee Meeting prior to the end of 2022.

The COVID-19 Vaccine Incentive Program includes $50 million for a vaccine response plan, $100 million for direct member incentives which includes gift cards up to $50 for members after vaccination, and $200 million for MCP payments tied to 3 intermediate outcomes and 7 vaccine uptake measures.

After the Director's update, Rene Mollow, Deputy Director of Health Care Benefits and Eligibility, provided an update on the Community Health Worker Medi-Cal Benefit. An All-Plan-Letter went out for comment due in July 2022 and DHCS has submitted a State Plan Amendment 22-0001 to the Centers for Medicare and Medicaid Services in April 2022. DHCS anticipates SPA approval shortly. The CHW Benefit is available in Managed Care and Fee-For-Service systems. Committee members expressed concerns of this benefit not existing in the Specialty Mental Health Services System considering the CHWs will work alongside Peer Support Specialists and currently MHSA dollars are being used for CHWs/Promotoras doing health promotion work in the community.

DHCS provided an update on the Medi-Cal Expansion of Adults Ages 50 Years and Older effective May 1, 2022. 247,522 individuals who were on restricted scope Medi-Cal transitioned full-scope Medi-Cal in a Managed Care Plan on July 1, 2022. Committee members asked about outreach efforts for individuals who are not enrolled in Medi-Cal. Rene Mollow indicated that there is no formal outreach for individuals who are eligible but not enrolled in Medi-Cal but are leveraging health enrollment navigators in the community to educate people about this coverage option.

There was an update on the Children and Youth Behavioral Health Initiative that DHCS is responsible for, including the behavioral health virtual services platform, statewide all-payer fee schedule, and behavioral health provider network. The most current updates are provided under the CYBHI section below.

Tyler Sadwith, Deputy Director of Behavioral Health, provided an update on the behavioral health components of the CalAIM Initiative. He stated that the No Wrong Door (NWD) Policy went into effect on July 1, 2022 which is will work in tandem with other behavioral health initiatives such as statewide screening and transition tools which are set to go live in January 2023. DHCS released BHIN 22-011 and an All Plan Letter 22-005 regarding the No Wrong Door Policy. Performance monitoring for NWD will occur 0-3 months after the go-live date as well as 6-12 months into the implementation period. The first three months of monitoring will include document submission and review, feedback through the NWD dedicated mailbox, and feedback through technical

assistance and stakeholder webinars. Evaluation after 6-12 months will involve integration with SMHS access criteria and screening/transition tools, focus groups and interviews, beneficiary satisfaction surveys, and plan reporting data on grievances and appeals.

Tyler reviewed the justice-involved components of CalAIM. The 2022 justice package consists of the Justice-Involved Advisory Group and PATH supports, while the 2023 justice package will focus on mandatory Medi-Cal application process upon release from county jails and juvenile facilities, services for eligible justice-involved populations 90 day pre-release services (still under negotiations with CMS), and coordinated reentry efforts such as behavioral health warm hand-offs to plans and counties, Enhanced Care Management, and Community Supports.

July 2022 SAC/BH-SAC Presentation Slides

Next meeting date: October 20, 2022 at 9:30 a.m. - 1:30 p.m.

CalAIM Behavioral Health Workgroup

Updates: The Department of Health Care Services provided updates for several benefits under the CalAIM Initiative. DHCS first provided an overview of the Medi-Cal Mobile Crisis Services Benefit covered in the Specialty Mental Health Services (SMHS), Drug Medi-Cal Organized Delivery System (DMC-ODS), and Drug Medi-Cal systems. This Benefit will add qualifying community-based mobile crisis intervention services as a new Medi-Cal benefit which will ensure beneficiaries have access to 24/7 coordinated crisis care, effective as soon as January 2023. DHCS reviewed the proposed design of the Medi-Cal Mobile Crisis Services Benefit including team requirements, provider qualifications, core service components, timeliness standards, and training standards. The department released a draft State Plan Amendment (SPA) for stakeholder comments in August 2022 and aim to submit the SPA to the Centers for Medicare and Medicaid Services in October 2022. Additional details will be provided in an upcoming Behavioral Health Information Notice (BHIN) in December 2022 and training and technical assistance will be initiated at this this time. DHCS provided the following discussions questions for stakeholder feedback:

- What recommendations do stakeholders have on how to approach the role of law enforcement in mobile crisis services?
- What key metrics should mobile crisis teams report, recognizing the administrative lift?
- What recommendations do stakeholders have to ensure teams are equipped to appropriately respond to the distinct clinical and cultural needs of beneficiaries experiencing a behavioral health crisis?

The Acting Chief of the Medi-Cal Behavioral Health Division, Ivan Bhardwaj, provided updates on the standardized screening and transition tools for adults and youth, peer

support services and certification, No Wrong Door Policy, and updated requirements for MOUs between Medi-Cal Managed Care Plans (MCPs) and County Mental Health Plans (MHPs). The screening and transition tools will go live on January 1, 2023 and will be utilized by MCPs and MHPs. DHCS is in the process of developing the adult tools and will update and release final guidance and tools in Fall 2022 based on stakeholder feedback. Field testing for the tools begin in September 2022. The department will provide technical assistance in Winter 2022 prior to the go-live date. For the youth tools, DHCS piloted the tools in Summer 2022 and will revise the tools in Fall 2022 followed by a public comment period for the youth BHIN and All Plan Letter. DHCS will update and release final guidance and tools in Winter 2022 based on stakeholder feedback and provide technical assistance at this time.

Ivan indicated that 48 counties are participating in the Peer Support Services and Certification Medi-Cal Benefit with CalMHSA as the certifying entity. Counties may select different entities for each fiscal year.

DHCS hosted two technical assistance webinars for the No Wrong Door Policy. In response to stakeholder feedback, DHCS issued guidance that walks through several NWD implementation scenarios. Guidance for the implementation scenarios will be available on the CalAIM BH webpage.

Ivan stated that revisions to the Memorandum of Understand (MOU) requirements between Medi-Cal MCPs and MHPs are under development. The updates reflect CalAIM policy initiatives and recent fuidance that impacts the coordination between MCPs and MHPs.

Tyler Sadwith, Deputy Director of Behavioral Health, provided an update on the data sharing and technical assistance efforts for CalAIM. He indicated that DHCS released guidance to help CalAIM participants understand what data will be shared as well as use cases on behavioral health and patient confidentiality requirements. Guidance was released in April 2022. A universal data sharing authorization/consent management form is current under development to create a standardized process for data sharing authorization and consent management across CalAIM Initiatives. DHCS will pilot the form prior to implementation. Tyler then reviewed stakeholder feedback and potential approaches for technical assistance.

DHCS then shared their Population Health Management (PHM) Framework to be used by MCPs and their networks and partners in order to be responsive to individual member needs for physical and behavioral health, as well as social drivers of health. Each MCP will have a PHM program in January 2023 which will evolve over time to support more integration across delivery systems. DHCS provided an overview of capabilities of PHM services such as integrating existing data from DHCS and other sources, enable key PHM functions and services, and providing access to integrated PHM data. The framework will involve gathering member information via screenings and claims/encounter data, risk stratification/segmentation, and providing services and

supports via care management and transitional care services. DHCS provided member vignettes on how the PHM Framework would work.

For more information, please visit the CalAIM Behavioral Health Workgroup Webpage.

Next meeting date: TBD

State of Reform - CalAIM Lessons Learned

State of Reform is a national organization focused on bridging the gap between health care and policy that governs it by engaging stakeholders from each of the disparate state health care systems and discussing how to improve the health care system. The goal of State of Reform is to be a platform for stakeholders to share their unique perspectives from their work in health care, provide a safe space for these voices to come together, and collaborate to foster meaningful, lasting reform in the health policy sector. State of Reform holds conferences and sends out monthly/bi-weekly health policy newsletters covering state-specific topics.

Updates: The State of Reform held a webinar in August 2022 to discuss lessons learned thus far in the implementation of the CalAIM Initiative. Martha Santana-Chin, Medi-Cal President at Health Net, Katherine Bailey, CEO at the San Diego Wellness Collaborative, and Robert Jones, Founder & CEO at Roots Food Group shared their experiences of CalAIM implementation. Martha Santana-Chin shared that best practices for Community Supports include a focus on health equity. Health Net developed structures and processes to support health equity such as collecting data on race/ethnicity indicators and ensuring that hiring reflects communities being served. Other best practices include extensive collaboration between health plans and local partners to build a robust and responsive provider network, leveraging local partnerships and investments in CBOs, and making informed decisions based on community input on local needs. Recommendations include extensive collaboration between plan partners and providers, a foundational need for operational support and funding for local providers for capacity, training, and workforce development, and prioritizing the essential role of timely and complete data sharing to assess community needs and tailor provider networks and services to those needs.

Key considerations from the San Diego Wellness Collaborative include breaking down silos in systems and aligning multiple systems of care, creating a common vision among health plans, CBOs, and providers, and creating shared workflows and data to make better decisions at a program level. The Managed Care Plans in San Diego County allowed San Diego Wellness Collaborative to do subcontracts in ECM and Community Supports which includes a shared network approach. This approach is beneficial as it allowed partners to focus on service delivery and client engagement rather than learning new Medi-Cal billing and new HIPAA rules/requirements. The challenges include new partnerships between health plans and CBOs because relationship-building

and mutuality of interests takes time and a willingness to learn from one another. Katherine Bailey stated that “While many CBOs had community engagement-type relationships with the health plans, they didn’t have contractual and business relationships.”

Robert Jones from Roots Food Group shared the positive outcomes and health benefits of medically-tailored meals (MTM) as it relates to the cost of health care. There was a 32% net healthcare cost savings, 63% reduced hospitalizations, and 50% increase in medication adherence. Robert emphasized how eating the right foods for 2 meals a day for 12 weeks with nutritional counseling can improve the health of 60-70% of the Medicaid population. He shared the difficulty in addressing social, cultural, and geographic inequities on a fee-for-service model. The culture is shifting as health care embraces food as medicine.

The article linked below summarizes the presentations delivered during webinar including best practices, challenges, and key considerations of Enhanced Care Management and Community Supports, as well as the impact of medically-tailored meals. The video recording is linked below for your convenience.

5 Slides: Lessons Learned from CalAIM Implementation

Lessons Learned Through CalAIM Implementation Video Recording

CalAIM Data Exchange Framework

In July 2022, CalHHS finalized its new Data Exchange Framework that will govern the exchange of health information between the state and many local entities participating in CalAIM beginning in 2024.

California Health and Human Services Agency (CalHHS) Behavioral Health Taskforce

The California Health and Human Services (CalHHS) Agency announced Governor Newsom’s Behavioral Health Taskforce to address urgent mental health and substance use disorder needs across California. The Taskforce consists of stakeholders including individuals with lived experience, family members, advocates, providers, health plans, counties, and state agency leaders. The mission of the task force is to develop recommendations for the Governor about how California can provide timely access to high-quality behavioral health care for all.

Updates: The September 2022 Behavioral Health Taskforce Meeting included three lived experience individuals sharing their perspectives on crisis prevention and response as it relates to suicide followed by an update from Stephanie Welch, CalHHS Secretary of Behavioral Health, on planning efforts for the behavioral health crisis care continuum blueprint and roadmap. This update was a recap of the Crisis Care

Continuum Plan Lunch and Learn held on August 31, 2022 (see update below). Meeting attendees then had the opportunity to discuss their thoughts and recommendations to inform the crisis care continuum planning efforts in breakout sessions.

Melissa Stafford Jones, Director of the Children and Youth Behavioral Health Initiative, shared initiative-wide updates of the CYBHI during the Taskforce meeting. She indicate that CalHHS is in the process of developing a robust plan with clear accountability for design and delivery of services as well as designing the future state of services for children and youth.

Since June 2022, CYBHI has made progress on the following items:

- Established an Equity Working Group that conducted its first meeting in August 2022 and will hold their next meeting in October 2022
- Completed 37 focus groups with youth and caregivers with a plan to conduct an additional 7 focus groups and 20 interviews
- Completed phase 1 of research, including 100 subject matter expert interviews to inform the design of the CYBHI
- Published a Back-to-School Mental Health Resource Guide for youth, parents, families, and educators, with a plan to set up a specific webpage on youth suicide prevention resources

Michael Lombardo, Placer County Office of Education, introduced the draft CYBHI Ecosystem Working Paper. This document was created in tandem with Breaking Barriers California to inform how to implement and develop the CYBHI in a way that contributes towards building capacity of the system to be coordinated across work-streams and equity-centered. The paper seeks to help individuals understand the system's current state, challenges, and opportunities to improve the system for children, families, and stakeholders. The recommendations within the report were informed by youth and family member input sessions, advisory group meetings with youth and caregivers and state agencies, and over 100 expert interviews across various fields in over 20 counties across California.

Mr. Lombardo presented four emerging insights for the current children/youth behavioral health system (underserved families, functionally inadequate, missing key resources, and structurally siloed), as well as three integrative elements for a redefined system based on function and process outcomes, structure and organizational resources, and vision, mindset and culture. Each element includes objectives and functional needs. In the working paper. Next steps include incorporating the BH Taskforce's feedback to shape the recommendations and release the Working Paper to support dialogue needed to ignite necessary systematic changes.

Behavioral Health Taskforce Members had the opportunity to share topics that they believe should be elevated in future conversations, such as the following:

- Making SUD a priority

- Identifying how community schools intersect with the CYBHI as this is where the work will happen
- Debrief on how the Care Courts Program was developed, where the peer voice was in the development, and implications of this program in relation to other major initiatives in the Governor's Office
- Governor's mandating work on equity and identifying ways for the Taskforce to address racial disparities

September 2022 Behavioral Health Taskforce Presentation

Please visit the Behavioral Health Taskforce Webpage for additional information.

Next meeting date: December 13, 2022

Lunch & Learn: Crisis Care Continuum Plan

On August 31, 2022, CalHHS held a webinar on the crisis care continuum plan in preparation for the September 2022 Behavioral Health Taskforce Meeting. The webinar covered the current landscape of crisis care continuum services in California as well as areas where gaps exist and require additional research and planning. The Deputy Secretary of Behavioral Health at CalHHS, Stephanie Welch, also shared preliminary insights and themes on work done in the last month to assess crisis services in California in comparison to national models and best practices.

The role of CalHHS for the crisis continuum is to develop a plan to support connections between prevention efforts such as hotlines and Peer Support Specialists, 988 crisis call centers, mobile crisis response at the local level, crisis receiving facilities, and long term crisis residential services. The crisis continuum plan will also articulate statewide minimum standards and metrics, define models of how these services may be implemented locally, and identify approaches to reach major milestones including defining legislative authority, funding, and timing of capacity-building efforts. CalHHS is aiming to complete a blueprint for the plan by the end of 2022.

Since June 2022, CalHHS looked at:

- Current state of crisis care services
- Collation and comparison to national best practices
- Potential approach to future state minimum standards

Current efforts include seeking stakeholder input from diverse perspectives on the behavioral health crisis system including state agencies, local jurisdictions, providers, consumers, caregivers, family members, and focus on underserved communities such as BIPOC, LGBTQ, and youth.

Preliminary takeaways include the following:

- Many local and statewide efforts to crisis care exist but there is room for improvement on coordination between preventing, responding, and stabilizing crisis services
- There is geographic variation in availability of services particularly for county-run warm lines
- California meets readiness standards for 988 but there are opportunities to ensure coordination across call lines

Opportunities for improvements transitions across levels of crisis care include the following:

- **Preventing crisis:** there is currently no unified database of statewide and local resources for use by call lines which presents the opportunity to coordinate between county/local crisis lines
- **Responding to crisis:** there is no current policy on interoperability between 911 and 988, each public safety answering point (PSAP) system has its own suicide risk assessment, and gaps exist in referrals tocare from hotlines
- **Stabilizing crisis:** there is a lack of available stabilization services following an initial crisis and crisis stabilization units serve people more than 23 hours due to capacity constraints in other services

Regarding the availability of crisis services by county, a DHCS report (2022) assessing the continuum of care for behavioral health services in CA found that estimates of county-level demand for crisis services are based on a population average demand for in-person services which does not adjust for differences across sub-populations and geographies or variation of time. These estimations are based on a survey of county behavioral health directors and DHCS licensure data. The report indicates the following regarding capacity:

- 37 of 44 counties with mobile crisis teams have sufficient intervention capacity
- 16 of 33 counties with crisis stabilization units have sufficient crisis stabilization capacity
- 9 of 28 counties with crisis residential treatment programs (CRTP) have sufficient crisis residential treatment capacity

Stephanie Welch then reviewed the landscape of hotlines and warm lines available to Californians on a national, statewide, and county/local level. She indicated that the 13 CA Lifeline Centers largely meet 988 readiness metrics outlined in the National Association of State Mental Health Program Directors (NASMHPD) self-assessment with an in-state call answer rate of 85-90% with variation across counties. Efforts are underway to prepare for projected increases in call volume such as applications submitted from 3 additional CA contract centers to join the Lifeline network, $20 million from DHCS awarded for capacity and infrastructure including $8.5 million FY 2022-23 for crisis line capacity, $5 million technology budget grant to CA Office of Emergency Services (CalOES), and $14.4 million submitted for a SAMHSA grant application.

The CalHOPE Program offers outreach, counseling, and support services to those at risk of experiencing a behavioral health crisis. There is an opportunity to establish clear standarrds governing hand-offs between CalHOPE, 911, and 988 hotlines. The goal is to have Californians call CalHOPE before needing 988 and connect individuals to the most appropriate resource.

California's performance against national standards for crisis systems includes the following:

- Existing national guidance documents focus on responding and stabilizing crisis. CA may consider prioritizing preventing crisis in the context of ongoing public health initiatives
- As compared to the national guidance documents, CA meets expectations for hotlines but there are inconsistencies for other crisis services operated at the county level
- Warm lines, co-response models, and in home crisis stabilization do not have national guidance documents or are not included in the analysis of minimum expectations from SAMHSA, essential functions, and example recommendations. ***This is an area that CalHHS is seeking help with*

Stephanie Welch presented potential approaches to establish future minimum standards for preventing, responding to, and stabilizing crisis:

- **Prevention:** access to peer-based warmlines, community-based behavioral health services, and exposure to digital apothecary
- **Crisis response:** real-time coordination of crisis and outgoing services, triage and screening/initial assessment for suicidality, counseling and de-escalation of crisis, family and individual psycho-education, exposure to peer and family support, coordination with medical and behavioral health services, and crisis planning and follow-ups
- **Stabilizing crisis:** evaluation of needs and strengths, continued monitoring of care, crisis service discharge planning, and linkage to ongoing care

You may learn more about the current state of the crisis care continuum from the Video Recording.

Children and Youth Behavioral Health Initiative (CYBHI)

The Children and Youth Behavioral Health Initiative was announced in July 2021 with a $4.4B investment to enhance, expand and redesign the systems that support behavioral health for children and youth. The goal of the Children and Youth Behavioral Health Initiative is to reimagine mental health and emotional well-being for ALL children, youth, and families in California by delivering equitable, appropriate, timely and accessible behavioral health services and supports. The CYBHI comprises multiple workstreams

led by five departments and offices of CalHHS – Department of Health Care Services, Department of Health Care Access and Information, Department of Managed Health Care, California Department of Public Health, and Office of the Surgeon General.

August 2022 CalHHS CYBHI Update:

Initiative-wide Update

Detailed information on the initiative-wide work can be viewed through the July 15 webinar. CalHHS created an Equity Working Group to develop and apply an equity framework for the CYBHI, support the use of data to advance health equity, and serve as a resource on advancing equity in the CYBHI work-streams.

CYBHI released a Request for Proposal to support the evaluation and assessment of progress towards the overall goals and outcomes of the initiative. The RFP was due on September 9, 2022.

Stakeholder engagement: The past 6 months were focused on building awareness of the CYBHI and its goals, understanding the needs of children/youth, families, and partners in education and health care sectors, and defining outcomes and how to measure the success of the initiative. The next 6 months are focused on soliciting targeting inputs and work-stream design, building ongoing relationships for continued engagement, and sharing regular updates on priorities, accomplishments, and plans across work-streams. In Fall/Winter 2022-23, CalHHS plans to expand the children/youth and family engagement network and hold cross-sector, cross-agency, and community working sessions to explore opportunities to collaborate with ongoing behavioral health efforts.

The 2022-2023 State Budget includes additional investments for children and youth including the following:

- Children and Youth Wellbeing, Resilience, Parent Support Programs Grant Program (DHCS - $75 million)
- Parent Support and Training Videos (DHCS- $15 million)
- Leverage Emerging Technologies to Develop Next Generation Digital Supports (DHCS- $25 million)
- Youth Peer-to-Peer Support Program Development and Promotion (DHCS- $10 million)
- Children and Youth Suicide Prevention Grants and Outreach Campaign (CDPH- $40 million)
- Youth Suicide Reporting and Crisis Response Pilot Program (CDPH - $50 million)
- Early Talents Workforce Development Pipeline Program (HCAI- $25 million)

CYBHI Work-stream Updates

Department of Health Care Access and Information (HCAI):

HCAI is focused on building the behavioral health workforce capacity that is culturally and linguistically proficient, expand training capacity, and provide financial support to existing and future behavioral health professionals. HCAI expanded two loan repayment programs to support psychiatrists and behavioral health providers with licenses or certifications, and two scholarship programs to help professionals (SUD counselors, social work, family therapists, psychiatric nurse practitioners and others) address student-loan debt. HCAI also awarded $11.5 million for the Peer Personnel Training and Placement Program.

HCAI is also assisting with efforts to create and support a behavioral health coach workforce as well as develop a behavioral health career ladder leading to Master's level and licensed professionals. The BH coach training and curriculum development will occur September through December 2022. The BH coach role is designed to be an additional opportunity in the career ladder, bridging the gap between no training and Master's level training. BH Coaches may move laterally into peer support and SUD counselor roles and vice versa and/or earn further education/training to advance to other practitioner roles. HCAI will receive a total of $360 million to support CYBHI.

California Department of Public Health (CDPH)

The CDPH work-stream objectives are to develop public education change campaigns for youth that are co-designed by youth and to develop culturally-specific public education change campaigns to increase behavioral health literacy and decrease stigma. CDPH will receive a total of $100 million to move forward these efforts.

CDPH conducted working and focus groups in August through September 2022 to understand how CDPH's work stream can help meet community behavioral health needs. In September through December 2022, CDPH plans to convene a youth advisory council to shape the core messaging of the campaign.

California Office of Surgeon General (CA-OSG)

CA-OSG was given $24 million for the Adverse Childhood Experiences (ACEs) and Toxic Stress public awareness campaign which is scheduled to award its proposal evaluation contract in October 2022. CA-OSG also aims to develop healthcare provider awareness presentation in advance of the campaign launch to ensure adequate knowledge on ACEs, educate on accessing the free online ACEs Aware training, and inform on the expanded coverage of ACEs screenings.

CA-OSG signed a contract with WestED to develop training models to be used for trauma-informed training for educations. A review panel of subject matter experts will be created to generate and respond to training content, and additional interviews will be conducted with experts to inform the department's work.

Department of Health Care Services (DHCS)

DHCS reviewed the Governor's 2022-2023 Budget Act pertaining to children and youth which includes the following:

- $194 million ($94 State General Fund) for the Student Behavioral Health Incentive Program
- $100 million GF for school behavioral health partnerships and capacity
- $4 million GF for CalHOPE Student Support
- $120.5 milion GF in grants to support wellness and build resilience for children, youth, and parents

Regarding the CYBHI, children and youth identified 5 key user experience drivers for the virtual behavioral health services platform:

1) Seamless personalization (ability to understand individual needs)
2) Supportive empowerment (empowering kids to take control of their own journey)
3) Genuine relationship-building (helping kids build a connection with other kids)
4) Transparency and protection (making kids feel safe – data, anonymity, etc)
5) Inclusive and equitable (kids feeling representing and appropriately supported on the platform, having language of choice, and supporting overall accessibility)

The Behavioral Health Virtual Services Platform Think Tank sessions have done a deep dive on the platform capabilities by gathering input on the type of services offered on the platform and how to operationalize these capabilities. In September 2022, the Think Tank plans to discuss learnings on improving equity access across communities and hold small focus groups on e-consult, program evaluation, and role of parent/caregiver. Youth and experts helped refine the following potential BH platform capabilities:

1) Get on-platform behavioral health care via multi-modal one on one sessions with a live behavioral health professional
2) Engaging, age-tailored, searchable information materials for a range of behavioral health and wellness needs
3) Self-assessments and other activities to help identify and manage BH
4) Self-service tools with live assistance to help connect children to off-platform services
5) Moderated forums and events to connect youth with other youth
6) E-consult tool for primary care providers to improve behavioral health skill set through support and consulting with BH specialists and resources

DHCS is in the process of securing a vendor for the BH virtual services platform. As of August 2022, the department received 82 vendor responses to the RFI released in July 2022.

DHCS is also tasked with developing a statewide all-payer fee schedule which involves defining a set of providers for school-linked services eligible for reimbursement. The school will provide or arrange eligible medically necessary services and the Lead

Education Agency (LEA) and/or third-party will bill for services with Medi-Cal and commercial plans as the payers of services. The state will monitor for appropriate and timely reimbursement as well as fraud, waste, and abuse.

There is $550 million in funding to improve behavioral health services for California students. This funding will be prioritized to support the institutional readiness for the fee schedule such as infrastructure that provides the mechanisms and technology to regulate billing and reimbursement for BH services at or near school sites, capacity for staff to manage billing and reimbursement processes, and partnerships with organizations that facilitate efficiency in billing and reimbursement for schools. Additional funding availability will be allocated to school-based behavioral health programs for infrastructure (tools and space for delivery), capacity for increased provider availability and supports, and partnerships that can advance the delivery of high-quality behavioral health services to students. The grants will be distributed in 3 rounds:

1) Higher-education institutions in November 2022-January 2023
2) K-12 schools readiness preparation for billing in January – April 2023
3) K-12 schools (capacity, infrastructure, and partnerships) in April – July 2023

DHCS has a Think Tank and held public workgroup sessions between April and August 2022 regarding the evidence-based and community-defined practices portion of the CYBHI. There will be round table discussions with specific stakeholder groups (tribal entities, justice-involved youth, etc.) through September 2022 along with a Think Tank session to discuss grant rounds and implementation considerations. There will be a public workgroup in early October 2022 to discuss grants and implementation as well. Thus far, stakeholders identified the following EBPs and community-defined programs/practices to drive key outcomes:

- Increase protective factors against suicidal ideation, substance misuse, and measure improvements in reported well-being for children/youth and caregivers
- Build incremental capacity and access in selected EBP/CDP services including non-clinical settings
- Support codification of practices that can be adapted on populations of focus

The EBP/CDP work stream will focus on funding practices in the continuum of care. This involves early intervention of behavioral health challenges to reduce reliance on intensive services, ensure early childhood wraparound services to reduce ACEs and improve child and caregiver interactions, and have community, peer, and school-based prevention and promotion programs in non-clinical settings to focus on increasing well-being and decreasing MH challenges for children and youth.

July 15 CalHHS CYBHI Update Webinar Slides

CYBHI CalHHS August 2022 Stakeholder Update

Governor's Master Plan for Kids' Mental Health

Governor Newsom announcement a $4.7 billion investment for the Master Plan for Kids' Mental Health to ensure every Californian ages 25 and younger has expanded access to mental health and SUD supports. This investment is be used to boost coverage options and ensure all children/youth are routinely screened, supported, and served.

The Master Plan aims to achieve universal access to MH/SUD supports, builds on infrastructure and workforce that California needs to address this crisis, and create a pipeline to hire or train upwards of 40,000 behavioral health specialists and school counselors to serve California's youth, on top of brick-and-mortar facilities and digital platforms to expand access to these critical services.

Behavioral Health Continuum Infrastructure Program (BHCIP)

The Behavioral Health Continuum Infrastructure Program (BHCIP) provides the Department of Health Care Services (DHCS) funding to award competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets or to invest in mobile crisis infrastructure to expand the community continuum of behavioral health treatment resources. A portion of the funding is available for increased infrastructure targeted to children and youth 25 years of age and younger.

Updates: Applications for Round 4 of the BHCIP grants for children and youth ($420.5 million) closed on August 31, 2022. DHCS is preparing for Round 5 which will provide $480 million for crisis-focused behavioral health infrastructure projects.

Please visit the BHCIP Webpage for additional information and updates.

Council on Criminal Justice and Behavioral Health (CCJBH)

CCJBH is a 12-member council chaired by the secretary of CDCR and comprised of representatives from the Department of State Hospitals (DSH), the Department of Health Care Services (DHCS), and appointed experts from criminal justice and behavioral health fields. The council is tasked with several statutory goals including: investigating, identifying, and promoting cost-effective strategies that prevent adults and juveniles with behavioral health needs from becoming incarcerated; identifying incentives for state and local justice and health programs to adopt such approaches; reporting activities to the legislature; and providing recommendations for improving the cost-effectiveness of existing behavioral health and criminal justice programs.

Updates: The Department of Health Care Access and Information (HCAI) gave an update on their work, followed by a presentation by Dr. Geoff Twitchell and Council member Mack Jenkins on criminal justice and behavioral health. The presentation outlined the results of San Diego's Interprofessional Collaborative Practice Learning Academy and Curriculum for Mental Health Providers Working with the Justice Involved.

July 29 CCJBH Full Council Meeting Presentation Slides

Please visit the CCJBH webpage for more information.

Next meeting date: October 28, 2022 at 2:00-4:30 p.m.

CCJBH Diversion and Reentry Workgroup

The Diversion and Reentry Workgroup is a subset of the Council on Criminal Justice and Behavioral Health. This workgroup is specifically tasked with strategizing ways to reduce recidivism and improve the transition for individuals with behavioral health conditions leaving jails and prisons into the community.

Updates: With the passage of CARE Court and its inclusion in the enacted budget, CCJBH focused on informing Council member Advisors on CARE Court and discussed optimal implementation strategies. Additionally, the workgroup featured a presentation from the Department of State Hospitals on the Governor's 2022-23 Final Budget related to the Incompetent to Stand Trial (IST) Workgroup Solutions, followed by Council Advisors and participant discussion on best practices for implementation.

July 15 Diversion and Reentry Workgroup Presentation Slides

CCJBH Juvenile Justice Workgroup

Updates: The Juvenile Justice Workgroup focused on optimizing educational success for justice-involved youth, many of whom have behavioral health needs. The presentation featured perspectives from a local administrator and a legal advocate, with a state or county-level education representative and probation representative invited. A panel discussion with Council Advisors and participants followed the presentation with the following guided questions:

- *What is the correlation between early academic/ social emotional challenges (e.g., chronic truancy, disengagement, discipline, suspension, expulsion) and chronic delinquency?*
- *How can early academic/social emotional challenges be assessed and monitored to prevent justice-involvement? Who should be doing this, how can it be successfully implemented, and what are the appropriate referral pathways?*
- *What are the best practices to facilitate the re-enrollment of probation-involved youth back into their school districts and productively engage them in their education and ensure credits transfer, and graduation requirements (e.g. qualifying for AB 2306) are addressed?*
- *What are barriers that might impede academic success for at-promise youth, and what are strategies to address or remove them?*
- *What strategies can be employed to strengthen implementation of current laws/education codes related to at-promise and justice-involved youth?*

July 15 Juvenile Justice Workgroup Presentation Slides

Next meeting date: *TBD*

TAB 3

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, October 20, 2022

Agenda Item: Presentation of Sacramento County Implementation of 988 Suicide Prevention & Crisis Hotline and Crisis Care Continuum

Enclosures: *Presentation materials will be provided closer to the meeting date.*

DHCS News Release: California Dedicates $20 million to Support New Mental Health "988" Crisis Hotline
Assembly Bill 988 Bill Text

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with information regarding local implementation efforts and impact of the 988 Suicide Prevention and Crisis Hotline as well as efforts to build out the crisis care continuum in Sacramento County. Committee members will utilize this information to participate in crisis continuum planning efforts and advocate best practices for timely access and coordination of care for individuals in crisis who utilize the hotline and the public behavioral health system.

Background/Description:
The Department of Health Care Services (DHCS) is investing $20 million in California's network of emergency call centers to support the launch of a new 988 Suicide Prevention and Crisis Hotline, which is an alternative to 911 for people seeking help during a mental health crisis. Assembly Bill 988 requires 988 centers, as defined, to provide a person experiencing a behavioral health crisis with access to a trained counselor by call, by July 16, 2022, and provide access to a trained counselor by call, text, and chat by January 1, 2027.

Dr. Ryan Quist, Director of Behavioral Health in Sacramento County, and Dr. Jonathan Porteus, Chief Executive Officer of WellSpace Health, will present on local implementation efforts for the 988 Suicide Prevention and Crisis Hotline as well as the implications of capacity-building, financing, and planning efforts needed to improve California's crisis care continuum.

Committee members will utilize this information to stay informed about current efforts to serve populations with SMI/SED and substance use disorders and advocate needs and best practices to the California Health and Human Services Agency's planning efforts to build a robust and responsive continuum of care for individuals served by the public behavioral health system.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the meeting materials.

Presenter Biographies

Ryan Quist, Ph.D., Director of Behavioral Health, Sacramento County
Ryan Quist, Ph.D., is the Behavioral Health Director in Sacramento County. His work in Behavioral Health started in Riverside County Behavioral Health where he worked in various roles.
He remains very active in Statewide advocacy on Behavioral Health topics and was elected by other Behavioral Health Directors as Vice President for the County Behavioral Health Directors Association (CBHDA). He co-chairs the CBHDA Medi-Cal Policy Committee.

In Sacramento County, his focus is on mental health and substance abuse services for the homeless population, criminal justice population, and bolstering the crisis continuum of care to prevent psychiatric hospitalizations. For children's services, he is dedicated to promoting field-based and school-based services and collaborating to support the foster youth and probation populations.

Jonathan Porteus, Ph.D., Chief Executive Officer, WellSpace Health
Dr. Jonathan Porteus, a Licensed Clinical Psychologist and CEO of WellSpace Health, has had the privilege to serve others as a clinician, clinical program developer, educator, and community leader throughout his career. In his role as CEO of WellSpace Health, a regional community health system, Dr. Porteus leads a team of more than 1,000 healthcare professionals who provide medical, dental, and behavioral health care to approximately 1,400 people per day, all of whom live in poverty or are from underserved communities, including thousands of people who are experiencing homelessness. As the leader of the second largest 988 Suicide Prevention Crisis Center in California, Dr. Porteus' team answers 92,000 talk/text/chat engagements per year with an expected tripling of engagement in the next few years. Prior to leading WellSpace Health, Dr. Porteus was a tenured professor at Sacramento State for three decades and as a clinical expert, created a trauma-informed initial assessment for the New York State Office of Mental Health and built the Outpatient Drug Treatment system for the Republic of Vietnam. Dr. Porteus is on the Board of Directors for the California Primary Care Association, Central Valley Health Network (past Chair), Sacramento Steps Forward, the Sacramento County Health Authority Commission, and is a Member, of the California Department of Health Care Services Behavioral Health Stakeholder Advisory Committee.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the meeting materials.

TAB 4

California Behavioral Health Planning Council
Systems and Medicaid Committee
Thursday, October 20, 2022

Agenda Item: Providing Access and Transforming Health (PATH) Supports Presentation

Enclosures: *Presentation materials will be provided closer to the meeting date.*
DHCS Article - CalAIM Corner: A PATH to Reform
CalAIM FAQ: Providing Access and Transforming Health (PATH) Supports
PATH Initiative Webpage

How This Agenda Item Relates to Council Mission
To review, evaluate and advocate for an accessible and effective behavioral health system.

The purpose of this agenda item is to provide the SMC with an overview of Providing Access and Transforming Health (PATH) funding aimed to support the CalAIM Initiative under the Department of Health Care Services (DHCS). Committee members will utilize this information to provide recommendations on how to improve coordination, access, and quality of care of these services to individuals with serious mental illness (SMI) and substance use disorders (SUD).

Background/Description:

The California Advancing and Innovating Medi-Cal (CalAIM) Initiative aims to expand access and improve quality of care for individuals receiving services in California's public behavioral health system. There is funding needed to support the capacity building, infrastructure development, interventions, and services to complement and ensure access to the array of services and benefits that are part of the CalAIM Initiative. PATH is a five-year, $1.85 billion initiative to build up the capacity and infrastructure of on-the-ground partners, such as community-based organizations (CBOs), public hospitals, county agencies, tribes, and others, to successfully participate in the Medi-Cal delivery system as California widely implements the following proposals:

- Enhanced Care Management and Community Supports
- Justice-Involved Behavioral Health Population

The Department of Health Care Services will present an overview of PATH Supports to the SMC as it pertains to the CalAIM Enhanced Care Management and Community Supports Benefits as well as services for justice-involved, behavioral health populations who are re-entering into the community after incarceration. Committee members will have the opportunity to ask questions in order to have an understanding of this funding source and will engage DHCS with recommendations as appropriate.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

Presenter Biography

Dana Durham, Chief, Managed Care Quality and Monitoring Division (MCQMD), CA Department of Health Care Services:

Ms. Durham has over 12 years of State of California experience. Ms. Durham was previously the chief of the Quality and Medical Policy Branch, MCQMD. In this role, Ms. Durham had operational oversight of planning, organizing, and establishing medical standards and program policies, regulations, and procedures relating to Managed Care Plans (MCP). Ms. Durham has also been involved in the work of numerous programs, such as, Health Homes Program, Whole Person Care program, Cal MediConnect, and California Advancing and Innovating Medi-Cal (CalAIM). Ms. Durham earned a Bachelor's Degree in Sociology from Baylor University in Texas, and a Master's Degree in Religion from Yale University.

Please contact SMC staff at Ashneek.Nanua@cbhpc.dhcs.ca.gov for copies of the presentation materials.

CalAIM Corner: A PATH to Reform

Callison, Jeffrey@DHCS
Assistant Deputy Director, Office of Communications

DHCS' historic transformation of Medi-Cal is underway. Managed care plans, providers, counties, and others are already implementing the early phases of California Advancing and Innovating Medi-Cal (CalAIM). However, this vital work requires many resources, and a key part of CalAIM called Providing Access and Transforming Health (PATH) will help.

PATH supports California's efforts to build, maintain, and scale the capacity necessary to implement CalAIM. It is a five-year, $1.85 billion initiative to help fund community-based organizations (CBOs), public hospitals, county agencies, Medi-Cal Tribal and Designees of Indian Health Programs, and others to successfully participate in Medi-Cal and serve members. There is a particular focus on historically under-resourced organizations, which helps advance health equity and address social drivers of health. PATH consists of two aligned programs: 1) Support for Enhanced Care Management and Community Supports, and 2) Justice-Involved Planning and Implementation.

To learn more about PATH, we spoke with Susan Philip, Deputy Director of DHCS' Health Care Delivery Systems.

How does PATH help to implement CalAIM?

PATH provides critical funding to community-based providers to enable them to participate in Medi-Cal—often for the first time. It can serve as a bridge between Medi-Cal managed care plans on one hand and CBOs, county agencies, public hospitals, tribes, and other community providers on the other. PATH will help them work collaboratively to expand access to care statewide in a more sustainable way that ensures the delivery of services and benefits at the community level.

How will PATH support CalAIM's vision for health equity?

PATH is designed to address health equity and social drivers of health. It provides funds for CBOs, county agencies, public hospitals, Tribes, and other community providers to deliver support services within their own geographic areas. PATH will help them provide Enhanced Care Management and Community Supports by supporting collaborative planning and expanding their capacity and culturally competent expertise to serve their community most effectively. PATH's justice-involved component also promotes health equity since incarcerated people are historically underserved.

A key initiative of PATH is funding for programs to support justice-involved adults and youth. How does PATH help that critical work?

Starting in 2023, PATH funding will support correctional agencies, county social services and behavioral health departments, managed care plans, and others as they identify and enroll adults and youth who are eligible for Medi-Cal before their release from incarceration. The goal is to help them maintain access to needed health services as they re-enter their community.

Who is eligible to apply for PATH funds? Who is ineligible?

PATH will fund CBOs, county agencies, public hospitals, tribes, and other community providers that provide Enhanced Care Management and Community Supports. PATH will also fund correctional agencies, county social services departments, county behavioral health agencies, and other to help with Medi-Cal enrollment for justice-involved adults and youth.

Medi-Cal managed care plans are not eligible for PATH funds, but have access to other funding sources to support their implementation of CalAIM, such as through the Incentive Payment Program.

How does PATH support CalAIM's Enhanced Care Management and Community Supports initiatives?

PATH helps providers build the capacity and infrastructure necessary to partner with managed care plans and serve people with complex health and social needs using the Enhanced Care Management and Community Supports' whole-person, community-based approach. PATH does this through four integrated initiatives: 1) supporting the smooth transition of member services from Whole Person Care pilots into managed care coverage; 2) providing technical assistance to local providers; 3) supporting local collaborative planning and implementation in communities implementing CalAIM initiatives; and 4) broadening capacity of providers who offer Enhanced Care Management and Community Support services.

How will PATH funds support community providers who participate in CalAIM?

Community providers that have not previously worked with a Medi-Cal managed care plan will have access to an online technical assistance marketplace that provides training resources, tools, and customized support services. In addition, the Collaborative Planning and Implementation initiative will bring various partners to the table and facilitate the development of a plan to address common goals.

Community providers can apply for funding to support various activities, including hiring of staff needed to provide Enhanced Care Management or Community Supports; purchasing a billing system; developing analytic capabilities; and participating in data exchanges so they can partner with plans to ensure care is accessible and coordinated for members. Providers will also be eligible for funding to support the delivery of Enhanced Care Management and Community Supports, such as by purchasing a new refrigerator to store medically tailored meals.

What is the best way to stay up to date on PATH?

The CalAIM website has many tools and resources, including links to Enhanced Care Management, Community Supports, and PATH funding resources.

Information about upcoming webinar registration is available, as well as links to presentation slides from previous webinars. Later this year, DHCS will launch a new website for the marketplace that organizations will be able to utilize and access tools and resources related to the PATH initiative. You can also follow CalAIM on Twitter and Facebook.