

# CYBHI

Children and Youth  
Behavioral Health Initiative



# Quarterly Public Webinar

June 9, 2023



# Welcome and Today's Agenda

Melissa Stafford Jones (CalHHS)



# Agenda

Topic	Time	Sub-topics
<b>Welcome and Today's Agenda</b>	2:00-2:05	<ul style="list-style-type: none"><li>• Welcome from Melissa Stafford Jones (CalHHS)</li></ul>
<b>CYBHI Overview and Key Initiative-Wide Updates</b>	2:05-2:10	<ul style="list-style-type: none"><li>• CYBHI Overview</li><li>• May Mental Health Awareness Month</li><li>• Equity Working Group</li></ul>
<b>Guest Speaker: Bee Curiel</b>	2:10-2:20	<ul style="list-style-type: none"><li>• Mental Health Effects of Anti-Trans Policies and Actions</li></ul>
<b>Workstream Updates</b>	2:20-3:10	<ul style="list-style-type: none"><li>• CA Office of Surgeon General (CA-OSG)</li><li>• California Department of Public Health (CDPH)</li><li>• Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC)</li><li>• Department of Health Care Access and Information (HCAI)</li></ul>
<b>Workstream Deep-Dives</b>	3:10-3:50	<ul style="list-style-type: none"><li>• DHCS – Behavioral Health Virtual Services Platform</li><li>• Kooth, Youth Perspective, Brightline Introduction</li><li>• DHCS – Statewide e-Consult</li></ul>
<b>Q&amp;A / Closing</b>	3:50-4:00	

# CYBHI Overview

Melissa Stafford Jones (CalHHS)



# Governor's Master Plan for Kids' Mental Health

## Governor Newsom Announced Master Plan for Kids' Mental Health August 18, 2022

- \$4.7B so every Californian aged 0-25 has increased access to mental health and substance use supports
- Whole Child, “All of the Above” Approach
- Multi-year, fundamental overhaul to invest in and build needed system infrastructure
- CYBHI at the Core

## Other investments and initiatives in California being implemented in coordination and collaboration:

- \$4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities
- \$5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
- \$1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families.
- State budget investments in school-based behavioral health workforce, such as school counselors.

# What is the CYBHI?

The **Children and Youth Behavioral Health Initiative (CYBHI)** is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.

## The initiative focuses on:

- Promoting mental, emotional and behavioral health and well-being.
- Prevention and providing services to support children and youth well-being.
- Providing services, support and screening to ALL children and youth for emerging and existing needs connected to mental, emotional and behavioral health and substance use
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

Built on a foundation of **equity** and **accessibility**, the CYBHI is designed to **meet young people and families where they are** to create an ecosystem that can help them **when, where and in the way they need it most.**

# CYBHI Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage Architecture	Public Awareness
Wellness Coach Workforce (HCAI)	<u>Trauma-informed Educator Training</u> (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Youth Mental Health Academy (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response Pilots (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					Parent Support Video Series (DHCS)
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

# Initiative-Wide Updates






# May Mental Health Awareness Month

- We all play an important role in raising awareness of children and youth mental health and substance use needs, reducing stigma and sharing information about vital resources and supports.
- During the month:
  - Governor Newsom proclaimed **Children's Mental Health Awareness Week**.
  - **Youth Mental Health Resource Hub** was updated with additional resources for youth, families and teachers. Partners leveraged the **Mental Health Awareness Month Digital Toolkit** to help spread the word.
  - During **Student Mental Health Awareness Week**, CDE and CalHHS partnered to release a **letter and resources** for schools.





## Prioritizing Student Mental Health: Resources for Schools



Support your students' mental health during **Student Mental Health Awareness Week and Mental Health Awareness Month** with these resources for schools. From adverse childhood experience storytelling to suicide prevention toolkits and resiliency programs, these resources can help you further create a nurturing learning environment for your students.

<p><b>CalHOPE Schools Initiative</b></p> <p>The CalHOPE Schools Initiative links three powerful resources together at one easy access point for California educators: A Trusted Space: Redirecting Grief to Growth; Angst: Building Resilience; and Stories of Hope: SHORTS.</p>	<p><b>Center for Resiliency, Hope and Wellness in Schools</b></p> <p>Create nurturing school environments with evidence-based trauma and early intervention strategies.</p>
<p><b>Greater Good Education Program</b></p> <p>Implement social and emotional learning (SEL) programs in schools and classrooms.</p>	<p><b>Teachers and Staff School Well-Being Toolkit</b></p> <p>For teachers and school staff to practice self-care and support the well-being of their school community.</p>
<p><b>Care, Cope, Connect</b></p> <p>Access a guide to support families of young students who may be feeling fear, anxiety, or loss.</p>	<p><b>Healthy Minds, Thriving Kids</b></p> <p>Evidence-based resources to teach your students the mental health skills they need to be ready to learn.</p>
<p><b>Youth Mental Health First Aid Trainings</b></p> <p>Teachers, counselors, and other staff supporting students can learn how to help young people experiencing mental health challenges and how to recognize warning signs.</p>	<p><b>Suicide Prevention   A Toolkit for High Schools</b></p> <p>Learn what to say to someone you know who may be at risk.</p>

Visit the **Children and Youth Mental Health Resource Hub** for more information:  
[www.chhs.ca.gov/youthresources](http://www.chhs.ca.gov/youthresources)



# Placing Equity at the Center

- CYBHI workstreams are incorporating a focus on equity in planning, design and implementation.
- The CYBHI Equity Working Group recently concluded its work with the adoption of an Equity Framework and Toolkit with six key pillars.
  - Building Anti-Racist Multicultural Systems
  - Cultural Responsiveness
  - Targeted Universalism
  - Healing-Centered Approach
  - Training, Learning, and Capacity Building
  - Data-Guided, Inclusive of Community Experience
- Formed a facilitated table to strengthen our efforts and practices for children, youth and family engagement in the ongoing work of the CYBHI.
- Established a CYBHI Evaluation Advisory Group, with a strong focus on centering equity in the goals and process of the evaluation.

# Purpose of Equity Working Group

- CYBHI Equity Working Group advises CalHHS and its Departments on an equity framework for the Initiative and make recommendations for applying the framework to embed equity into the processes, design, planning and implementation of the overall approach to the Initiative and the individual workstreams
- The equity framework will provide strategic direction to build a behavioral health system for children and youth that addresses current inequities
- CYBHI Equity Working Group advises, guides, develops practical applications and recommendations, and helps hold accountable and build capacity of the CYBHI in its effort to center and advance equity in the development and implementation of a reimagined behavioral health ecosystem for children and youth ages 0-25
- The Equity Working Group particularly focused on children, youth and families that face the greatest systemic barriers to wellness and are disproportionately impacted by behavioral health issues, including children and youth of color, LGBTQ+ youth, low-income families, and children and youth from underserved communities
- [Purpose and Description CYBHI Equity Working Group June 2022 \(ca.gov\)](#)

# EWG Members (1/4)

- **Ahmadreza Bahrami**, Public Behavioral Health Division Manager/Equity Services Manager, Fresno County Department of Behavioral Health
- **Artenesha Jackson**, Program Manager, UCSF Benioff Children's Hospital Oakland
- **Christian Jacobs**, Project Policy Analyst, University of California, Office of the President Graduate and Undergraduate Equity Affairs
- **Christine Blake**, Product Owner, Center of Data Insights and Innovation (CDII), California Health and Human Services Agency
- **Constance Mitchell**, DNP, CPNP-PC, Open Door Community Health Center, Sorrel Leaf Healing Center
- **Donielle Prince**, Director of State Initiatives, PACEs Connection
- **Ebony Chambers**, Chief Equity and Partnership Officer, Stanford Sierra Youth and Families
- **Dr. Erik James Escareño**, CEO, Wombat Innovations, LLC
- **Erin Cabezas**, Licensed Clinical Social Worker, Behavior Specialist, Pittsburg Unified School District

# EWG Members (2/4)

- **Ellie Lian**, State President, California Association of Student Councils
- **Greg Wohlman**, Principal, Tahoe Truckee Unified School District
- **Dr. Ivan DeJesus Alvarez**, Bilingual School Psychologist, Santa Barbara County Education Office
- **Imelda Padilla-Frausto**, Research Scientist/Commissioner, UCLA Center for Health Policy Research/LA County Mental Health Department
- **Janice Rooths**, Vice President, Parents Anonymous® Inc.
- **Juan Acosta**, Mental Health Advocate
- **Judith L. Perrigo**, Assistant Professor, UCLA Luskin School of Public Affairs, Department of Social Welfare
- **Kanwarpal Dhaliwal**, Associate Director and Co-Founder, RYSE
- **Kimberly Wayne**, Chief Equity and Inclusion Officer, Seneca Family of Agencies
- **Lishaun Francis**, Director, Behavioral Health, Children Now
- **Liz Harvey**, Founder and CEO, Behavioral Health Outcomes Data Services (BHODS)
- **Marielle A. Reataza**, Executive Director, National Asian Pacific American Families Against Substance Abuse (NAPAFASA)

# EWG Members (3/4)

- **Dr. Martha Dominguez-Brinkley**, Senior Health & Equity Communications Strategist for the Office of Health Equity, California Department of Public Health (CDPH)
- **Mikah Owen**, Senior Director, Clinical and Academic Programs – Health Equity, UCLA-UCSF ACEs Aware Family Resilience Network (UCAAN)
- **Nancy Lam**, Equal Justice Works Fellow, National Health Law Program
- **Dr. Nina Moreno**, Senior Consultant, Seed Collaborative
- **Pamela Riley**, Chief Health Equity Officer, Assistant Deputy Director, Quality & Population Health Management, Department of Health Care Services – California
- **Dr. Robert Byrd**, Acting Deputy Director, LA County Department of Mental Health
- **Sandra Gallardo**, Executive Director, Associated Students, Inc.
- **Sara Bachez**, Deputy Director of External and Governmental Affairs, First 5 California
- **Shirley Yee**, Senior Director of Programs, YR Media
- **Stephanie Houston**, Assistant Superintendent, Innovation & Engagement, San Bernardino County Superintendent of Schools (SBCSS)
- **Vincent Pompei**, Education Consultant
- **Venus Esparza-Whitted**, Associate Governmental Program Analyst (AGPA, California Department of Social Services (CDSS)
- **Zofia Trexler**, California Youth Empowerment Network (CAYEN) Board Member/Peer Self Advocacy Trainer CAYEN/Disability Rights California

# EWG Members (4/4)

- **Amanda Chavez**, Interim Behavioral Health Director – Indian Health Council Inc, Valley Center
- **Amanda Lawrence**, Research Scientist, Program Innovation and Evaluation Division – First 5 California
- **Artanisha Jackson**, Program Manager – UCSF Benioff Children’s Hospital Oakland
- **Robert Harris**, Service Employees International Union (SEIU) California
- **Dr. Seciah Aquino**, Deputy Director – Latino Coalition for a Healthy California
- **Steve Zimmer**, Deputy Superintendent – California Department of Education
- **Jessica Holmes**, Chief Deputy Executive Director of the State Board of Education

# Charter of EWG

**To provide advice, guidance, tools and recommendations on embedding and advancing equity in the work of the CYBHI.**

- Develop and help apply a recommended equity framework for the CYBHI, including an Equity Tool.
- Support the use of data to advance equity.
- Serve as thought partner and go-to resource on advancing equity through the work of the CYBHI.



# Summary of Key EWG Activities and Accomplishments

- 5 EWG meetings & 2 optional briefings from August 2022-May 2023
- 24 EWG Committee meetings from October 2022-May 2023
- Development and adoption of an Equity Framework with a Working Definition of Equity, 6 Core Equity Pillars, Toolkit for applying the Framework, and extensive Resource List by pillar
- Provided detailed guidance to CYBHI evaluation partner on CYBHI 5-year outcomes goals, data metrics, approach to quantitative and qualitative evaluation including youth and community engagement
- Provided thought partnership and guidance to two key workstreams
- Creation of a space for candid, vulnerable conversations from multiple experiences and set of deepened relationships for working on equity



# Trans Youth Mental Health

Bee Curiel  
Training Coordinator  
The TransLatin@ Coalition  
they/them/elle

# Workstream Updates

CA Office of Surgeon General (CA-OSG)

California Department of Public Health (CDPH)

Department of Health Care Services (DHCS) and Department of Managed Health Care (DMHC)

Department of Health Care Access and Information (HCAI)



# Office of the California Surgeon General (CA-OSG)

Julie Rooney  
Berit Mansoor



The Children and Youth Behavioral Health Initiative (CYBHI) has allocated the Office of the California Surgeon General **\$1 million to develop a trauma-informed training** for early care and education personnel.

We will be ready to launch  
**June 30th**



# Safe Spaces:

## FOUNDATIONS OF TRAUMA-INFORMED PRACTICE FOR EDUCATIONAL AND CARE SETTINGS

- Goal 1: Provide greater awareness of the impact of stress and trauma on health, development, and learning.
- Goal 2: Provide key mindsets and strategies to respond with trauma-informed principles and help create the conditions for safe and supportive learning environments for everyone.



# Safe Spaces:

Training helps adults recognize and respond to signs of trauma and stress.

- 1: Online
- 2: 2 Hours
- 3: 3 Age Groups
- 4: Self-Paced





# Safe Spaces

## Curriculum:

### SAMPLE LESSON TOPICS

- Identifying Activated Stress Responses
- Understanding Your Role in Promoting Resilience and Healing
- Responding to Students Who Are Stressed
- Regulate, Relate and Reason
- Self-Regulation for Adults: Pause, Notice, Name
- Conditions that Support Well-Being

***The training is designed to engage the learner with examples, strategies and practices that vary according to developmental stage served.***

# STAKEHOLDER ENGAGEMENT

- California AfterSchool Network (CAN)
- California Department of Education
- California Teachers Association
- California Safe Schools For All (part of CDPH)
- CalVolunteers (embedded volunteers in schools)
- Child Care Resource Center
- County Offices of Education
- First Five California
- First Five Association
- Hanna Institute
- Healthy Steps/Zero to Three
- Inner Explorer
- State Board of Education
- California Association of School Counselors



# EXPERT REVIEW PANEL

12 members

Experts in education, teacher training, youth trauma, brain development, mental health, early childhood, child development, educational equity

Youth voice includes one high school student and one college student



# BETA TESTING COMPLETE: More than 200 testers.

1. **Field Partners:** A small but representative group to provide feedback regarding the content, organization, flow, etc. of the module itself.
2. **User Testers:** Provided feedback regarding the functionality of the module (clicks, visual appeal, ease of use, accessibility, etc.).
3. **Soft Launchers:** A large group of testers designed to take the module at once (like a participant) and complete a short survey at the end. Testers were a representative sample of CA early learning/care providers and education personnel.
4. **Expert Review Panel:** Provided feedback on all of the above - both within the alpha module itself as well as at the upcoming Expert Review Panel meeting.
5. **Dr. Nadine Burke Harris:** ACEs pioneer and California's First Surgeon General Dr. Nadine Burke Harris provided feedback on all of the above.

# TESTER FEEDBACK

- 97% of participants strongly agreed or agreed that the **training improved their knowledge base.**
- 99% of participants strongly agreed or agreed that the **material provided useful information for their work.**
- 99% of participants strongly agreed or agreed that the content and objectives **reflected the diversity of early learning and care providers and school personnel in California.**
- 94% of participants strongly agreed or agreed that they **will reference/apply the material regularly for their work.**
- 96% of participants strongly agreed or agreed that they would **recommend the training to a fellow colleague or educational/care personnel.**

# CAMPAIGN LAUNCH & BEYOND

- Press Release and Thunderclap Social Post
- Media and Stakeholder Outreach
- Early Care and School tour
- Fall/Winter 2023 Progress Report

# ACEs and Toxic Stress Campaign Update

Julie Rooney  
Berit Mansoor



# ACES AND TOXIC STRESS CAMPAIGN

**\$24M allocated through Children and Youth Behavioral Health Initiative**

## **CAMPAIGN GOALS:**

- Promote a broad understanding of ACEs, toxic stress, and their impacts.
- Inspire healing and hope among those who have experienced ACEs.
- Provide support to parents and caregivers in raising resilient children and creating positive experiences for them,
- While also supporting older youth with the tools to enhance self care and reduce stress.





# FOCUS ON COMMUNITIES MOST IMPACTED BY ACES:

Economically disadvantaged  
communities

LGBTQ+ communities

Communities of color,  
immigrants, and refugees

Rural communities

Justice and system-involved  
youth



# ADVISORY PANELS INFORM THE CAMPAIGN

- Academic Advisory Panel
- Community Advisory Panel
- Youth Advisory Panel

# ACES AND TOXIC STRESS CAMPAIGN

- **Progress to Date + Upcoming Milestones**
- **May 2023:** In-Person Kickoff Meeting
- **November 2023:** Campaign Soft Launch
- **Spring 2024:** Campaign Launch

# Contacts and Resources

- Questions?
  - Please email: [Julie.Rooney@osg.ca.gov](mailto:Julie.Rooney@osg.ca.gov)
  - Thank you!

# California Department of Public Health (CDPH), Office of Health Equity (OHE)

Ana Bolaños, MSW  
Assistant Deputy Director



# CDPH, OHE Goal

- Develop, implement, and evaluate a public education and change campaign that is co-designed for and by youth to advance equity and raise behavioral health literacy for children, youth, caregivers, and their communities in California.
- To provide public health education campaigns to five priority populations: Black and African Americans, Asians and Pacific Islanders, Latinos, Native Americans, and LGBTQ+, while considering the unique needs of transitional-age youth, persons with disabilities, justice-involved youth, foster care youth, and those living in rural areas.

# Objectives

## Objective 1

Develop campaigns that create awareness without stigma of Mental, Emotional, and Behavioral Health (MEB), including substance use disorders and wellness.

## Objective 2

Partner with community-based organizations to develop culturally, linguistically, and age-appropriate campaigns aimed at reducing stigma and discrimination.

## Objective 3

Partner with children, youth, caregivers, families, and communities to co-design, reflect, and share culturally, linguistically, and age-appropriate campaigns.

# Objective Alignment

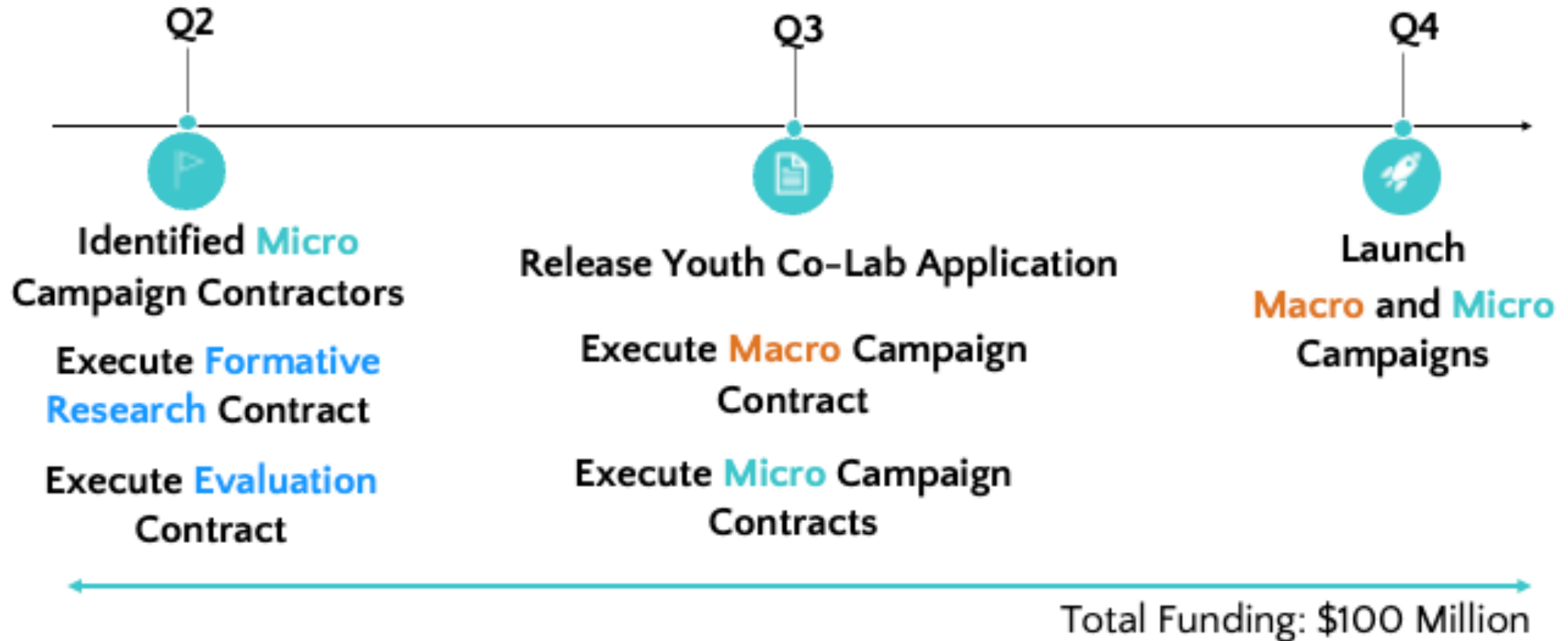
1. Statewide and Local Public Education and Change Campaign
2. Partnership with community-based organizations (CBOs)
3. Partnerships with youth.

1. Contracting with media firm for State (Macro) campaign and CBOs for local (Micro) campaigns
2. Identified 10 out of 39 CBOs to continue stakeholder engagement for the local (Micro) Campaign
3. Establish a Youth Co-Lab





# Timeline and Current Status



# California Department of Public Health (CDPH), Center for Healthy Communities (CHC)

Ana Bolaños, MSW  
Assistant Deputy Director



# CDPH/CHC Youth Suicide Prevention Media and Outreach Campaign

A data-driven, targeted, and community-based youth suicide prevention media and outreach campaign for youth at increased risk of suicide.

## **Media Campaign:** Led by Civilian

Partner with CBOs to engage youth in co-creation and focus on local media markets. Messaging will focus on youth themselves and/or trusted allies (e.g., parents/caregivers, teachers).

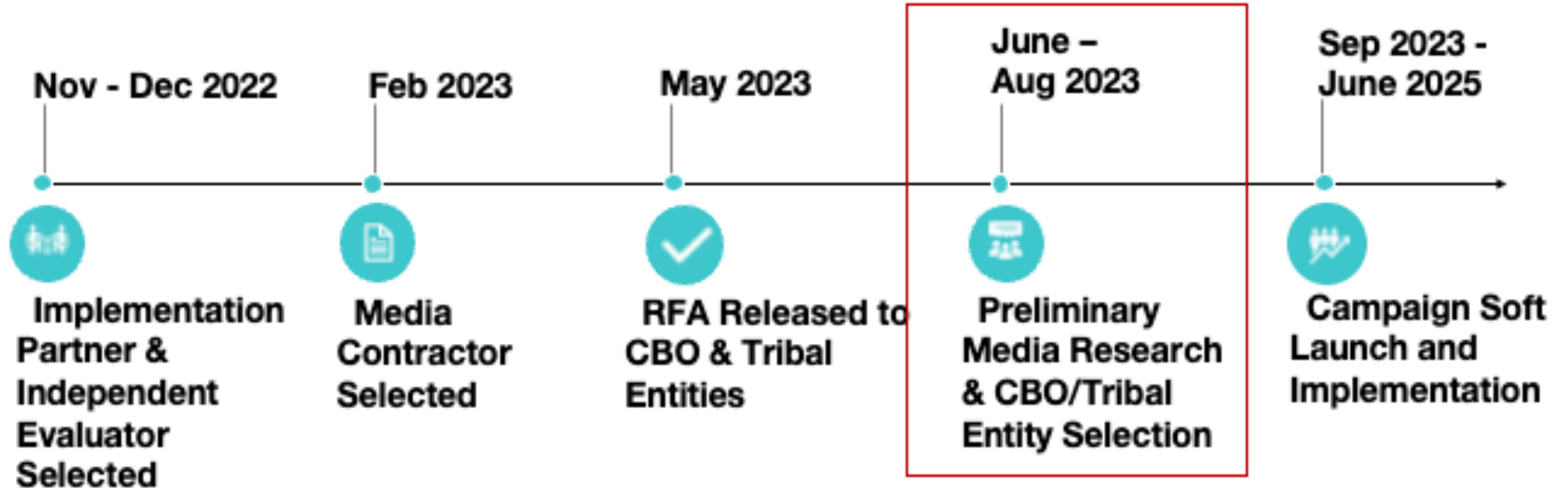
## **CBO Community Projects:** Led by The Center at Sierra Health Foundation

30-50 youth-serving CBOs will be awarded two-year grants ranging from \$150,000 to \$250,000 per year to amplify media efforts and implement evidence-based suicide prevention strategies that build upon campaign messages.

## **External Evaluation:** Led by UCLA

Work across campaign partners to assess the overall impact of the project, provide technical support to CBOs, and identify best practices and replicable efforts for youth suicide prevention.

# CDPH/CHC Youth Suicide Prevention Media and Outreach Campaign *Timeline and Current Status*



# CDPH/CHC Youth Suicide Prevention Media and Outreach Campaign

The pilot program will develop and test models for rapidly reporting and comprehensively responding to youth suicides and suicide attempts at the county level by providing crisis response services and follow-up supports within school and community settings.

Ten high-priority counties selected to participate:

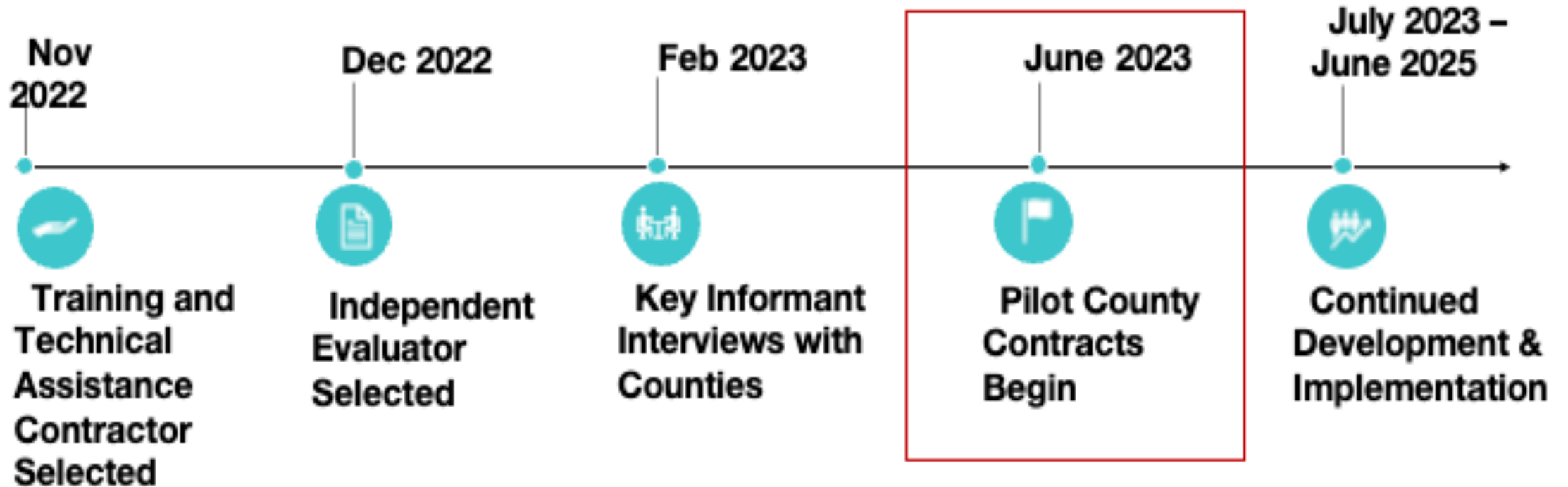
- *Alameda, El Dorado, Humboldt, Kern, Los Angeles, Riverside, Sacramento, San Diego, San Joaquin, and Solano.*

## **Activities to date:**

- Contracts with all ten pilot counties initiated, completion expected June 2023
- UCLA to serve as the independent evaluator for the pilot program
- Center for Applied Research Solutions (CARS) will provide in-depth training and technical assistance to counties.

# CDPH/CHC Youth Suicide Prevention Media and Outreach Campaign

## *Timeline and Current Status*



# Department of Managed Health Care (DMHC) & Department of Health Care Services (DHCS)

Amanda Levy (DMHC)

Autumn Boylan (DHCS)



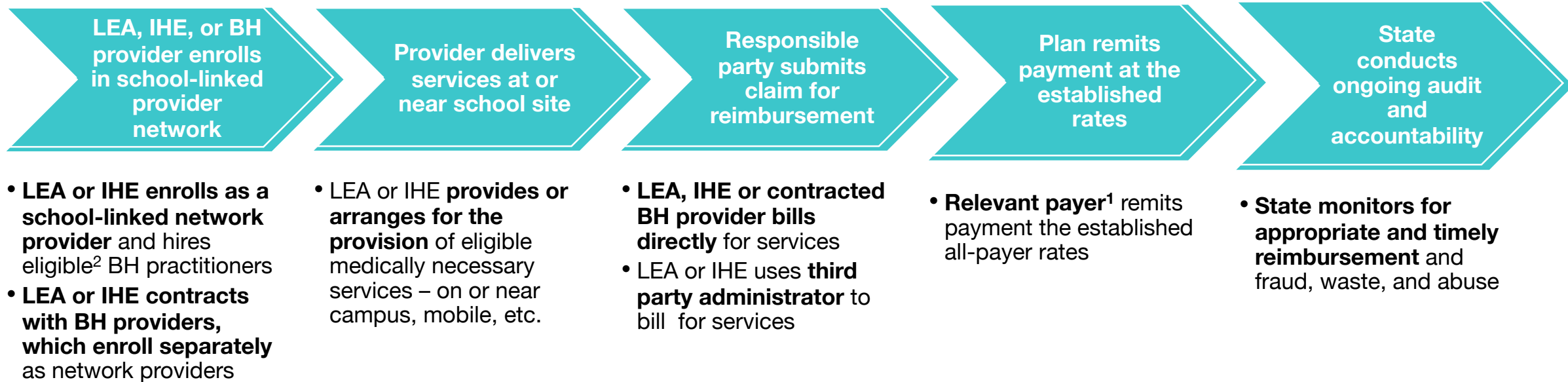
# Statewide All-Payer School-Linked Fee Schedule for Behavioral Health Services

DHCS & DMHC





# The fee schedule will be centered on the LEA or IHE, enabling them seek reimbursement for school-linked BH services



1. E.g., Managed Care Organizations (MCOs), County BH, Commercial plans  
 2. Eligible providers for reimbursement for specific services will be included in the scope of services of the fee schedule.

Source: Welfare and Institution Code, Division 5, Part 7

# Due to the complexity of fee schedule implementation, and based on feedback from key partners, DHCS proposes a phased approach to fee schedule implementation

	2024		2025 +
<b>Preliminary, non-exhaustive</b>	<b>January, Phase 1 - Early Adopters</b>	<b>July, Phase 2 – Select Expansion</b>	<b>January onwards, Phase 3- Rolling Opt-in</b>
<b>Cohort Participants</b> <i>All proposed cohorts include associated commercial plans, MCPs<sup>1</sup> and County BH<sup>2</sup> partners</i>	<b>Small group of LEAs<sup>3</sup> with:</b> <ul style="list-style-type: none"> <li><b>Existing billing infrastructure</b> (e.g., Medi-Cal enrollment, LEA-BOP<sup>4</sup> enrollment, partnership with MCPs<sup>1</sup> who participate in SBHIP<sup>5</sup>)</li> <li><b>Willingness</b> and capacity to participate</li> </ul>	Expansion to <b>additional districts and/or school sites</b> ( <i>process for selecting Phase 2 partners to be discussed</i> )	<b>All LEAs, charter schools, California Schools for the Deaf and California Schools for the Blind - on a rolling opt-in basis</b>  <i>Note: Ongoing opportunities to register / enroll every 6 months</i>

**Note:** Phased implementation approach for IHEs under discussion.

1. Managed Care Plan; 2. Behavioral Health; 3. Local education agency; 4. Local Educational Agency Medi-Cal Billing Option Program; 5. Student Behavioral Health Incentive Program;

# Selection Timeline for Phase 1 Cohort

## Step

## Timeline<sup>5</sup>

**1. Able:** DHCS identifies LEAs<sup>1</sup> across the State with some existing infrastructure (e.g., Medi-Cal enrollment, partnership with MCPs<sup>2</sup> who participate in SBHIP<sup>3</sup>)

May – June 2023

**2. Willing:** LEAs<sup>1</sup> complete a Statement of Interest, demonstrating willingness to be included in the Phase 1 cohort

June 2023

**3. Ready:** Selected LEAs<sup>1</sup> complete an operational readiness checklist, which outlines steps to onboard onto the BH<sup>4</sup> Provider Network

July 2023 – January 2024

1. Local education agency; 2. Managed Care Plan;; 3. Student Behavioral Health Incentive Program; 4. Behavioral Health; 5. Based on OSP leadership input, March 2023

DRAFT AS OF 03/28/23 PRELIMINARY

# Context: Landscape of Local Educational Agencies (LEAs) in California

1. Rounded to nearest five; 2. All numbers rounded nearest 5%; 3. Rounded to nearest million

Source: US Department of Agriculture; California Census; California Department of Education, Data Reporting Office, 2021-2022 California Longitudinal Pupil Achievement Data System (CALPADS) Version 2.0; Enrolled Medi-Cal Fee for Service Providers dataset, California Department of Health and Human Services; DHCS Local Governmental Financing; ; DHCS Schools Based Medi-Cal program; California School-Based Health Alliance, List of California School-Based Health and Wellness Centers,

~1,085

LEAs in California<sup>1</sup>

~80%

of LEAs are in metro counties<sup>2</sup>

~6M

students enrolled in CA's LEAs<sup>3</sup>

~98%

of students live in metro counties

~60%

of students are eligible for Free or Reduce-Priced Meals<sup>2</sup>

~70%

of counties have a Two-Plan Medi-Cal Managed Care model<sup>2</sup>

# Considerations for identifying the TK-12 Phase 1 cohort

*Phase 1 cohort intended to begin utilizing the Fee Schedule in January 2024*

## Phase 1 objectives

**Create opportunities to learn and collect feedback** from Phase 1 partners, revising policies, processes, and guidance based on lessons learned

**Build confidence and interest with effective launch** with Phase 1 LEAs<sup>1</sup> and IHEs<sup>2</sup> who have implemented the Fee Schedule

**Begin expanding access to school-linked behavioral health services** among a diverse set of LEAs and IHEs

## Considerations



**Geography:** Urbanicity, region, etc.



**Coverage:** Free and Reduced-Price Meal (FRPM) participation, Healthy Places Index, student population size, etc.



**Existing billing/reimbursement infrastructure:** Local Educational Agency Medi-Cal Billing Options Program (LEA-BOP) participant, Medi-Cal enrollment status, Student Behavioral Health Incentive Program (SBHIP) Managed Care Plan (MCP) partnerships, etc.



**Existing care delivery infrastructure:** School Based Wellness Centers (SBWC), Medi-Cal managed care models, etc.

***In order to do this, OSP may target including ~15% of students and no more than ~50 LEAs in the Phase 1 cohort<sup>3</sup>***

1. Local Educational Agencies; 2. Institutes of Higher Education ; 3. As decided by OPS Leadership (February – March 2023)

# Statement of Interest – Phase I Cohort

Statement of Interest to be made available to LEAs<sup>1</sup> in ~June 2023

AS OF 03/21/23 PRELIMINARY

## Overview of potential Statement of Interest

<b>Purpose</b>	Gauge the willingness of LEAs <sup>1</sup> to join the Behavioral Health Provider Network in January 2024
<b>Content</b>	Ask potential LEAs <sup>1</sup> to provide information about current school-linked behavioral health services, existing infrastructure (e.g., Medi-Cal enrollment status, data collection processes), administrative capacity, etc.
<b>Potential timeline and next steps</b>	LEAs <sup>1</sup> would have ~1 month to complete forms, with DHCS hosting information sessions, Q&A sessions, etc. DHCS will likely then assess forms for quality and completeness, selecting LEAs <sup>1</sup> to complete the operational readiness checklist and join the Behavioral Health Provider Network ( <i>details to follow</i> )



1. Local Educational Agencies; 2. Currently defined as an LEA which is enrolled in LEA BOP, enrolled in Medi-Cal, and partners with an MCP who participates in SBHIP

# Operational Readiness Review Requirements (*draft*)

Readiness elements within each focus area to be shared with LEAs to verify general readiness, capabilities, and infrastructure prior to Fee Schedule launch

AS OF 03/21/23

PRELIMINARY

Focus Area	Readiness element	Minimum requirement or DHCS discretion?
1A Eligibility for reimbursement	Proof of current or planned Medi-Cal enrollment	Minimum requirement
1B Provider registration	Proof of existing or planned staffing levels	Minimum requirement
	Proof of provider training / licensure / certification (e.g., PPS <sup>1</sup> , clinical licensure)	Minimum requirement
	Memorandum of Understanding between contracted providers and school site ( <i>if applicable</i> )	DHCS discretion
	Proof of existing or planned service offerings	DHCS discretion
	Training for providers on clinical appropriateness of services within the Fee Schedule in a school-linked setting	DHCS discretion
2A Payer-provider partnerships	Agreement to comply with rules of engagement	Minimum requirement
	Training for providers on <u>when</u> to bill to the Fee Schedule compared to existing funding sources (e.g., IDEA funding <sup>2</sup> )	DHCS discretion
	Training for providers on which payer to seek reimbursement from	DHCS discretion
2B Billing infrastructure	Proof of existing or planned billing infrastructure	Minimum requirement
	Training for providers on <u>how</u> to bill the Fee Schedule (e.g., claims documentation, claims complexity, etc.)	Minimum requirement
3A Network maintenance and oversight	Plan for progress reports (e.g., roster & services updates) <sup>2</sup>	Minimum requirement
	Data use agreement and security requirements ( <i>as applicable</i> )	Minimum requirement

**Minimum Requirement:** LEA / IHE must have the capability in place prior to joining the Behavioral Health Provider Network

**DHCS discretion:** DHCS may review these elements to determine whether an LEA / IHE is ready to participate in the Behavioral Health Provider Network

*Note: In building the readiness checklist, it will be important for DHCS to assess estimated time for LEAs to complete each step*

1. Pupil Personnel Services; 2. Individuals with Disabilities Education Act; 3. Cadence of progress reports to be determined by DHCS

# Support for schools in building Fee Schedule readiness capabilities through school-linked grants

AS OF 03/13/23

PRELIMINARY

Stakeholders have identified **needs in building capabilities to bill to a Fee Schedule**, including<sup>1</sup>

- **Workforce capacity to provide services**, especially those requiring licensed providers
- **Dedicated physical space** for schools to provide services
- **Expertise on managing patient data**, privacy, and consent
- **Sustainable partnerships** with external behavioral health providers

DHCS will disburse \$550M in grants, with a goal to support **capacity, infrastructure, and partnerships** necessary for **Fee Schedule readiness**<sup>2,3</sup>

The school-linked grants program will include:

- **K-12 grants**<sup>4</sup> (~\$400M)
- **Higher education grants**<sup>5</sup> (~\$150M)

Examples of **Fee Schedule readiness expenditures** may include:

- **Interoperable data exchange/collection infrastructure** for the management of BH care
- **Partnership with a third-party claims administrator** to process BH claims
- **Administrative capacity** to facilitate the billing and claims process

(1) Fee Schedule Workgroup session on 12/5/2022; (2) See Children and Youth Behavioral Health Initiative Act, § 5961.4 (a) (1) – (4); refer to the Act for official text; (3) California Health and Human Services Agency; (4) For publicly funded schools, charter schools, California School for the Deaf, California School for the Blind, and Bureau of Indian Education schools; (5) For publicly funded higher education institutions: University of California system, California State University system, and California Community Colleges;

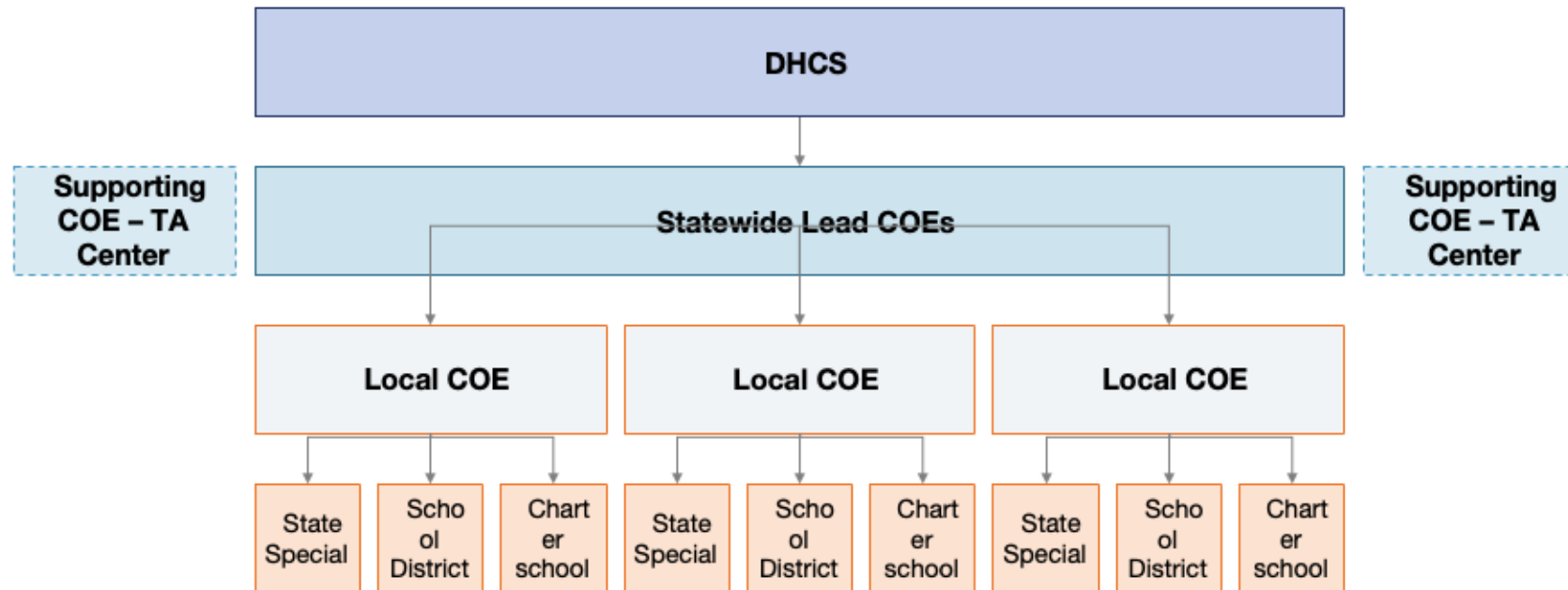


# School-linked grant administration model with COE support

AS OF 03/13/23 PRELIMINARY

→ Flow of grant funds

DHCS seeks to adopt a model that leverages the expertise of a Statewide Lead COE with a small group of other COEs to provide regional TA support



Source: DHCS OSP leadership

# CYBHI Social, Emotional Learning (SEL) Programs Update

## Programs & Implementing Partners

## Role(s) and responsibilities

### CalHOPE Student Support Program

*Contractor:*  
Sacramento County  
Office of Education,  
Term 2/1/2022 -  
6/30/2024,  
\$45 Million

**CalHOPE Social and Emotional Learning (SEL)** includes resources for :

- CA educators to provide training to teachers and school staff in identifying children in mental health distress, providing emotional support and crisis counseling through: *A Trusted Space: Redirecting Grief to Growth, Angst: Building Resilience, and Look at Me Now: Stores of Hope. Communities of Practices* are being implemented through all 58 counties county of education ([CalHOPEsel.org](http://CalHOPEsel.org)).
- A toll-free phone line for students to connect with peer counselors for emotional support.
- Launched in June 2020 and is an ongoing DHCS Initiative.

### Schools for Mindfulness, Resilience and Well-Being Grants

*Contractor:*  
Sacramento County  
Office of Education,  
Anticipated Term  
5/1/2023 - 6/30/2025,  
\$65 Million

**Wellbeing and Mindfulness Programs** aims to:

- Support programs, provided in K-12 school or community-based settings, that teach wellness and mindfulness practices to teachers and students and support schools and community-based programs.
- Support students and schools to form on-campus clubs for mental health and mindfulness, including NAMI on Campus, Bring Change to Mind High School, and Mindfulness Clubs.
- Support schools, districts, and COEs with the adoption of evidence-based tools, resources, and programs that support equitable access to mental health and wellness for students, families and staff. We propose to prioritize this programming support to schools with high numbers of American Indians, refugees, and English Learners.

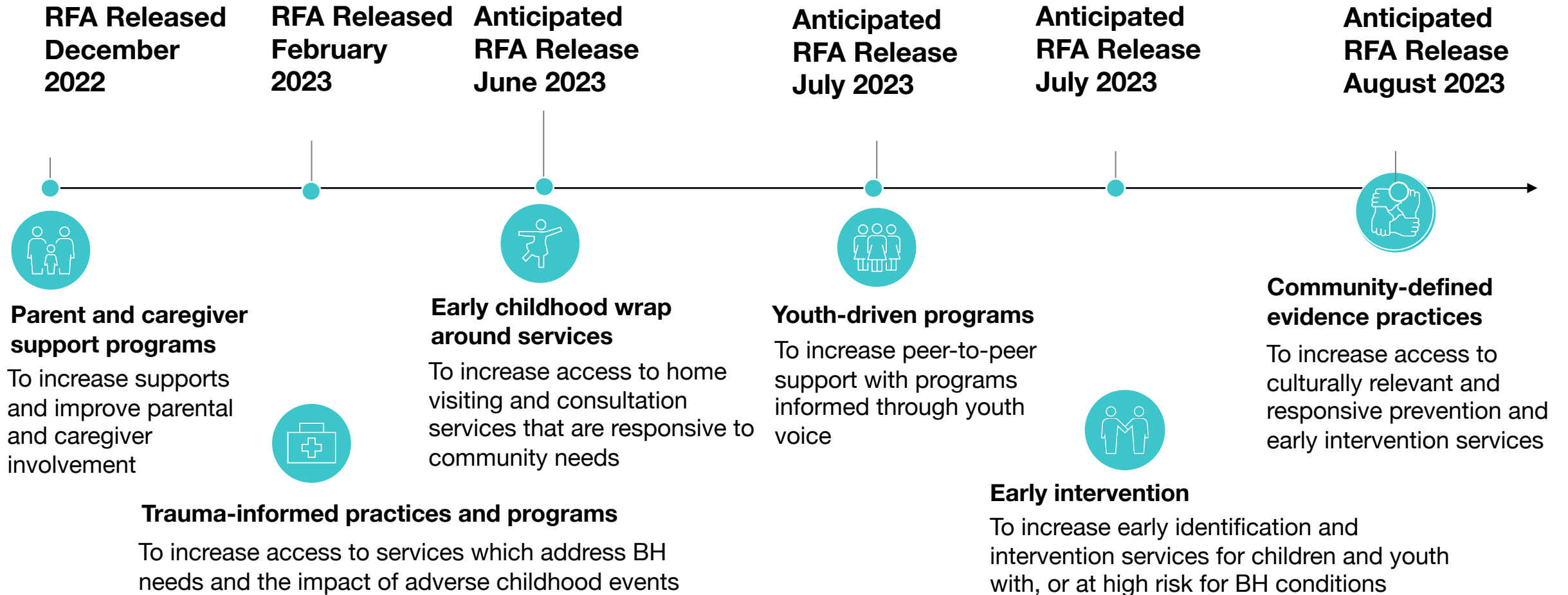
# Scaling Evidence-Based and Community-Defined Evidence Practices

DHCS & DMHC



# DHCS, in partnership with the MHSOAC, is scaling EBPs/CDEPs across six distinct rounds of grant funding

To be implemented in partnership with MHSOAC (as lead)



# Scaling Evidence-Based and Community-Defined Evidence Practices

- Round 1 (Parent/Caregiver Support and Training Programs)
  - DHCS received 272 valid, non-duplicated responses to the SurveyMonkey application totaling \$134M in funding requests (a total of \$30M is available for grants for this round of funding)
  - Funding requests by practice model:
    - 12.5% of applications included a funding request to scale Healthy Steps
    - 12.5% of applications included a funding request to scale Incredible Years
    - 19% of applications included a funding request to scale Parent-Child Interaction Therapy
    - 40% of applications included a funding request to scale Positive Parenting Program (Triple P)
    - 45% of applications included a funding request to scale other practices
  - DHCS anticipates making award announcements in June 2023

*Note: Some applications included requests to fund more than one practice model*

# Scaling Trauma-Informed Care (1/2)

- Round 2 (Trauma-Informed Programs and Practices)
  - DHCS received 407 valid, non-duplicated responses to the SurveyMonkey application totaling \$239M in funding requests (a total of \$100M is available for grants for this round of funding)
  - Funding requests by practice model:
    - 2% of applications included a funding request to scale Attachment and Biobehavioral Catch-Up
    - 10% of applications included a funding request to scale Child Parent Psychotherapy
    - 14% of applications included a funding request to scale Cognitive Behavioral Interventions for Trauma in Schools
    - 11.3% of applications included a funding request to scale Dialectical Behavioral Therapy
    - 3% of applications included a funding request to scale Family Centered Treatment

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## Scaling Trauma-Informed Care (2/2)

- Round 2 (Trauma-Informed Programs and Practices)
  - Funding requests by practice model continued:
    - 3% of applications included a funding request to scale Functional Family Therapy
    - 7.1% of applications included a funding request to scale Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems
    - 26% of applications included a funding request to scale Trauma-Focused Cognitive Behavioral Therapy
    - 1% of applications included a funding request to scale Multisystemic Therapy
    - 0% of applications included a funding request to scale Crossover Youth Practice Model
    - 20% of applications included a funding request to scale other practices
  - DHCS anticipates making award announcements by July 31, 2023



# Scaling Evidence-Based and Community-Defined Evidence Practices

- Round 3 (Early Childhood Wraparound Practices and Programs) - DHCS anticipates release in June 2023.
- DHCS is working with the Mental Health Services Oversight and Accountability Commission (MHSOAC) to release RFAs for Rounds 4 (Youth Driven Programs) and Round 5 (Early Intervention Programs) – anticipated in July 2023
- Round 6 (Community-Defined Evidence Practices) – DHCS anticipates release in August 2023.

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# Department of Health Care Access and Information (HCAI)

Caryn Rizell



# Wellness Coach Workforce (HCAI)

## Upcoming work

### Summer/Fall 2023, Marketing

HCAI will launch a statewide marketing and outreach campaign to highlight opportunities and resources related to Wellness Coaches.

### Late 2023, Certification

HCAI plans to launch the certification portal.

### Early 2024, Grants

HCAI anticipates opening an employer support grant funding opportunity.

### 2024, Training/Scholarships

HCAI-approved CSU and CCC programs will offer Wellness Coach training. HCAI will offer scholarship opportunities.

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## Upcoming engagement opportunities

Subscribe to our monthly workforce programs update for ongoing information on our activities.

To subscribe, please visit [hcai.ca.gov/mailling-list/](https://hcai.ca.gov/mailling-list/)

# Broad Behavioral Health Workforce Capacity (HCAI)

## Accomplishments since February 2023

### March 2023

- Awarded Community Based Organization Behavioral Health Workforce Grant
- Awarded \$33.7 M grant for Social Work Stipends and Fellowships to Support Nearly 900 Individuals Working to Become Licensed Social Workers
- Awarded \$59.4M for Social Work Education Capacity Expansion Grant awards to 23 universities

### May 2023

- Launched Behavioral Health Scholarship Program (BHSP) program
- Awarded \$23M to 6 organizations for Substance Use Disorder: Earn and Learn Program

---

## Ongoing and Upcoming Work

### August 2023

- Launch Health Professions Pathway Program grant application
  - Will include support for justice and system involved youth



# HCAI Program Highlight: Community-Based Organization Behavioral Health Workforce Grant Program

- **Purpose:** Fund Community-Based Organizations to recruit and retain behavioral health workforce. The program funds scholarships, stipends and loan repayments as well as hiring and retention bonuses. The program supports CBOs in 32 counties.
- In March 2023, HCAI announced \$117.7M in grant awards to 134 CBOs [here](#).

# HCAI Program Highlight: Substance Use Disorder Earn and Learn Grant

- **Purpose:** Funds Substance Use Disorder Earn and Learn organizations to provide education and paid job experience for students earning their Substance Use Disorder certification.
- In May 2023, HCAI announced over \$23M in grant awards [here](#). HCAI anticipates that these awards will provide education and paid job experience for 475 SUD counselors.

# Contacts and Resources

Thank you!

For further questions, contact:  
[CYBHI@hcai.ca.gov](mailto:CYBHI@hcai.ca.gov)

Interested in subscribing to our mailing list?  
[hcai.ca.gov/ mailing-list/](http://hcai.ca.gov/ mailing-list/)

# Deep Dive Presentations

DHCS – BH Services Platform  
DHCS – E-Consult



# Behavioral Health Virtual Services Platform(s)

DHCS



# DHCS' "North Star" Vision for the Behavioral Health Virtual Services Youth Platform(s)

- The Platform "north star" aspires to provide 1:1 coaching, self-guided behavioral health tools, pre-moderated and safe peer-to-peer connections, and the ability to connect California's youth (ages 0-25) and their families with local resources
- The vision for the Platform was created with the collaboration of 200+ youth, including those representing highly impacted populations (e.g., tribal, rural, minority communities), and 30+ cross-sector industry experts
- Multiple vendors may ultimately contribute to delivering the platform requiring integration and branding to facilitate a seamless user experience
- DHCS made an announcement (03/15) of the primary vendor, Kooth

# Youth and Expert input helped refine the vision of BH platform capabilities

Capability	Working description
1. Get on-platform BH care	<b>Affordable multimodal</b> one-on-one session(s) with a BH professional providing live BH services
2. Learn about BH	<b>Engaging, age-tailored, searchable informational material for a range of BH and wellness needs</b> , potentially curated based on community, user input
3. Assess and manage your BH	Self-assessments and other activities to <b>help identify and manage BH, find resources</b> , and optionally <b>track and share BH over time</b>
4. Connect with off-platform services	<b>Self-service tool with live assistance option that helps connect children and youth to off-platform BH service options</b> (potentially including counties, schools, affiliated CBO network, health plan providers)
5. onnect with other youth	<b>Moderated forums, programs, and events</b> to connect with other youth and “tell your story”, provide encouragement, and/or get support

# Different age groups have different needs for platform services

**Access:** Adolescents, teens and young adults see greater value in **independent access** to services as it instills a sense of psychological safety<sup>1</sup>

**Usability:** Adolescents, teens and young adults are **less likely to be engaged in a user experience that is targeted for younger children** (e.g., “I don’t want to come to the platform and for it look like it was made for little kids – it should be different by age group”)<sup>2</sup>

**Care delivery:** On-platform care for Adolescents, teens and young adults is better delivered in an **independent & anonymous manner**, while a family-centric approach that includes parents/caregivers is more effective for younger children<sup>3</sup>

**Regulatory:** Youth over the age of 12 are **not required to provide consent for non-clinical services**, while consent from parent/caregiver must be provided through specific workflows for younger children<sup>4</sup>

**Offering:** Older youth’s **most prominent behavioral health challenges** (e.g., SUD, Anxiety, Depression), may **differ** from the challenges younger children face (e.g., ADHD, ADD)<sup>5</sup> although there is mounting evidence<sup>6</sup> that children as young as 8 are increasingly at-risk of developing anxiety disorders

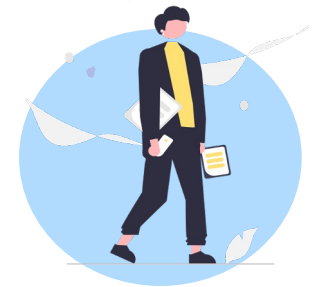
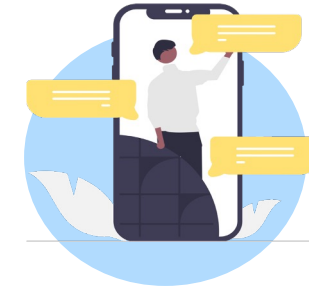
Source: (1) [Systematic Reviews](#); (2) [JAMA Network](#); (3) [Under-diagnosis of ADHD](#); (4) [Expert Review of Neurotherapeutics](#); (5) [Juvenile delinquency: Prevention, assessment, and intervention](#); (6) [Depression and Anxiety](#); (7) [SAMSHA TEDS Report](#); (8) [Pew Research Survey Mar 19-24, 2020](#)



# DHCS is considering a two-vendor solution to meet the unique needs of children/youth across age groups



## AGES 0-12



## AGES 13-25

### Illustrative user experience

The **parent/caregiver** downloads app to access resources **for parents** as well as coaching, assessments and activities they can **access with their child side by side**

When the **youth** is 13, they receive a notification that they can access a separate platform just for youth where they can engage coaches, play games, and connect with peers without their parents/caregiver.

The youth has the option to utilize the same login and **pre-loading their account with data from previous assessments/trackers/questionnaires**

The youth continues using the application into young adulthood

# DHCS engaged in a multi-step process to identify the best-in-class vendors to deliver California's BH Virtual Services Platform(s)

## Market Scan

**450+**

Vendors identified through market scan and invited to Request for information (RFI)

## Children & Youth Research

**200+**

Children and youth

**28+**

Focus groups and 1:1 interviews

## Think Tank Workshops

**32**

Participants

**8**

Think Tank Sessions

## Vendor Engagement

**82**

Vendors submitted response to RFI

**3**

Vendors identified and vetted, including:

- 2 children/youth virtual services platform vendors
- 1 e-Consult vendor

**17**

Vendors invited to "Demo Days"

# We utilized a three-part vendor-selection process to select a leading vendor partner

*Proof of Concept (POC) period in January 2023*



## A. Written proposal

Comprehensive written proposal responses shared by vendors were used to **evaluate long-term partnership**, including proposed delivery of behavioral health virtual services platform capabilities, associated timelines, and pricing approach



## B. Vendor existing platform

DHCS conducted focus group testing with 25+ C&Y to understand how well each platform currently tailors to the youth



## C. Vendor custom mobile application

DHCS conducted focus group testing with 25+ C&Y to understand how well each vendor can tailor platforms to meet specific needs that may arise, if one is selected

### Throughout this process, DHCS regularly engaged with:

- Children & youth to obtain direct feedback (e.g., ease of use, quality/relevance of content, visual appeal, functionality) about each vendor's offerings
- Vendors through weekly progress review meetings

# Vendor Selection Criteria Summary



## Business services

Can the DHCS-identified leading vendor **meet demand of CA children and youth** (C&Y) and scale as required (e.g., provide services such as availability of BH coaches, peer to peer learning) ?



## Youth Input

Did the vendor's prototype **test well with youth** across age groups? How likely are youth to use the app based on focus group/survey feedback?



## Look & feel

Can the DHCS-identified leading vendor **tailor their existing platforms to represent the lived experiences of CA C&Y** while also ensuring a **modern youth-friendly interface** that drives platform usage?



## Platform flexibility

Does DHCS-identified leading vendors' platform have **technical flexibility to integrate with other partners** that can support in meeting C&Y needs (e.g., CalHope Connect)?



## Potential cost

Is the vendor's **cost proposal within DHCS budget**?

Based on our assessment, DHCS selected Kooth as primary vendor to deliver a digital BH platform for youth and young adults, ages 13-25.

DHCS selected Brightline to expand the solution to children, ages 0-12, and parents/caregivers.

# Introduction: Kooth

Tina Sanders, Vice President of Customer Success



# **Kooth: a global leader in digital behavioral health**

- Established with the goal of increasing access to care and breaking down stigma
- Over 20 years of experience partnering with healthcare & government agencies
- ~9 million youth (ages 10-25) have access
- Research-based, person-centered
  - Users are at the heart of our mission and decision-making
  - We work closely with diverse array of US young people to influence design of app available late 2023
  - Constantly monitoring effectiveness & adapting to meet the changing needs of users

# Youth and adolescents self-determine the support they want and need in a safe space.

- Self
- Content and Community
- Virtual Support



# We learned what California youth want and need



## Starting point

13-25, mixed socioeconomics, common mental health issues



# We learned what California youth want and need



## Starting point:

13-25, mixed socioeconomics, common mental health issues

What: Information, Relate to others, Tools

When: In the evenings, Habitually, When feeling something

Why: Chronic stresses, Acute issues, Know what to expect, Positive intention as well as support when in negative mindset, Self-betterment

Who: Expert users, New to mental wellbeing, Students, Workers, Parents

# Safety

## Pre-moderation

All user-submitted content is moderated by the Kooth team who is trained to identify & respond to risk.

## Effective safety protocols

Our experienced teams are skilled at supporting users & de-escalating risk but also know when to take immediate action to keep users and others safe.

## Strong relationships

Kooth partners with service providers, organizations, government agencies and others to ensure users are connected to the resources and support they need.

**To grow usage, our goal is to become embedded within communities**

**To scale our digital reach, we provide partners with ready-to-use assets for campaigns, social media, and national events**

**An engagement team with digital support enables us to build trusted relationships locally and statewide**

Engagement & Promotion

Social + Digital + Experiential

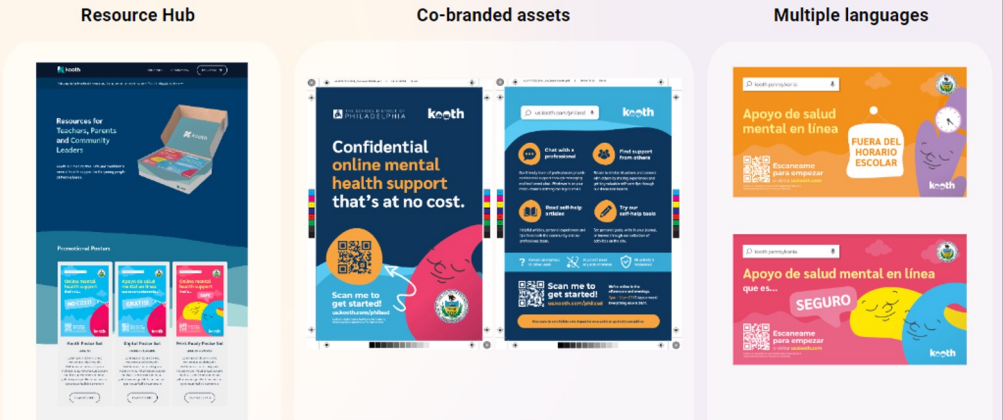
Integrated approach

Communities

Healthcare

Workplace

Education



Off platform services

Crisis support

# Fully supporting today's youth and young adults requires creative, collective solutions...

*That's why Kooth's model involves partnering with organizations like DHCS & others to strengthen support systems & work toward collaborative solutions.*



*When a need is identified, Kooth refers users to community supports, service providers, specialists, emergency care etc.*



*Service providers, community groups etc. point users to Kooth as a personal resource for behavioral health support.*



# Youth Perspective

Sriya Chilla, Mind-2-Mind Initiative Co-founder



# Introduction: Brightline

Amrita Sehgal

Vice President, Business Operations and Growth Initiatives





**Honored to be DHCS' partner in providing  
mental health support for children 12 and  
under in CA**



**Virtual mental health care for kids & families**

## Brightline Overview

**Founded in Palo Alto, CA** in October 2019  
by health care  
entrepreneurs Naomi  
Allen and Giovanni  
Colella, MD

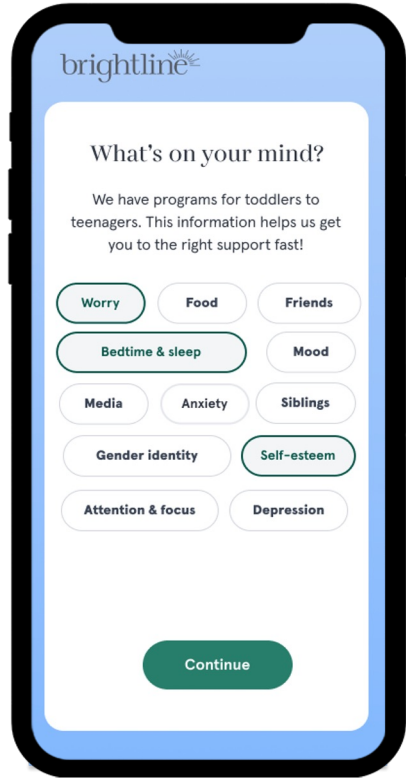
Designed to **address the pediatric behavioral health crisis** and challenges across access, affordability, quality, and stigma

For the State of CA, we will provide **virtual coaching and tailored resources** for children 12 and under and their families

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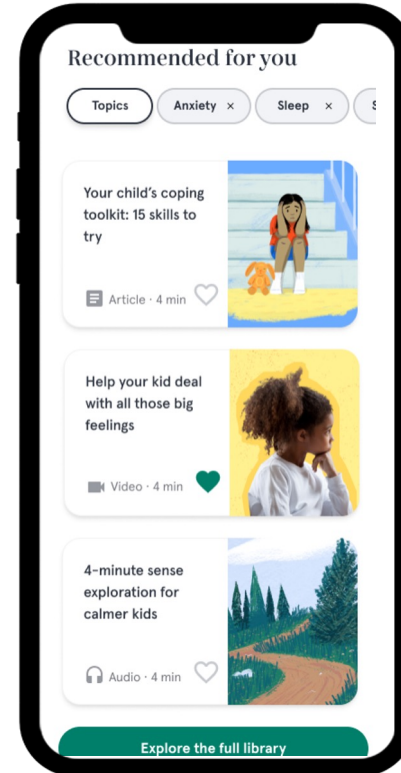
# Mental health support powered by people, amplified by technology



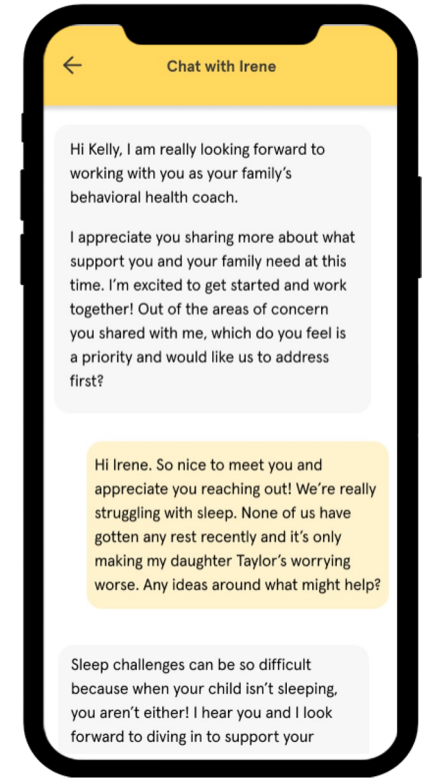
Upfront needs assessment



Live sessions with dedicated expert coach



Tailored content recommendations



Coach chat for questions & guidance

**“I've been looking for help for my 10 year old daughter for months and months and struggled to find someone that she could open up to. Since starting with Brightline, my daughter's shift toward positivity has had a tremendous impact on the whole family! It really feels miraculous.”**

***Brightline Parent***

# **We are excited to get started!**

Questions or looking to connect?

Amrita Sehgal

VP, Business Operations & Growth Initiatives

[asehgal@hellobrightline.com](mailto:asehgal@hellobrightline.com)

[www.hellobrightline.com](http://www.hellobrightline.com)

# Statewide e-Consult Solution

DHCS



# Need for Pediatric Behavioral Health Consultation

Youth behavioral health conditions are prevalent in California and increasing in complexity and acuity, yet up to 80% of children and youth do not access care<sup>1</sup>

Many children first present to primary care with behavioral health needs<sup>1</sup>

Primary care providers (PCPs) are well-positioned to initially address mental health needs, but may lack sufficient training, skills and/or confidence to address these concerns<sup>2</sup>

Integrated care models, including eConsults & child psychiatry access programs, may increase mental health care access, yet ongoing barriers exist, including time & billing constraints, stigma, culture, and lack of health system buy-in<sup>2</sup>

## How UCSF Child and Adolescent Psychiatry Portal and Department of Health Care Services look to partner

### Technology-enabled clinical services for PCPs



- Launch Asynchronous eConsult & Warm Line services for PCPs to access Child and Adolescent Psychiatrists and other behavioral health experts, available state-wide, by Jan 1, 2024

- Initially target outreach and enrollment with current program utilizers and program champions, high-need providers, and school-based health centers

### Healthcare workforce enhancement and capability-building



- On-the-job education and training for PCPs with clinical services: providers may become more confident and capable to address BH conditions in children and youth

### Innovative and scalable care delivery



- Develop a national model for transforming primary care-delivered BH at scale

### Meaningful impact in the lives of children and families



- Deliver impact at individual patient level: e.g., decreased utilization of emergency departments as primary BH access

### Improving population health

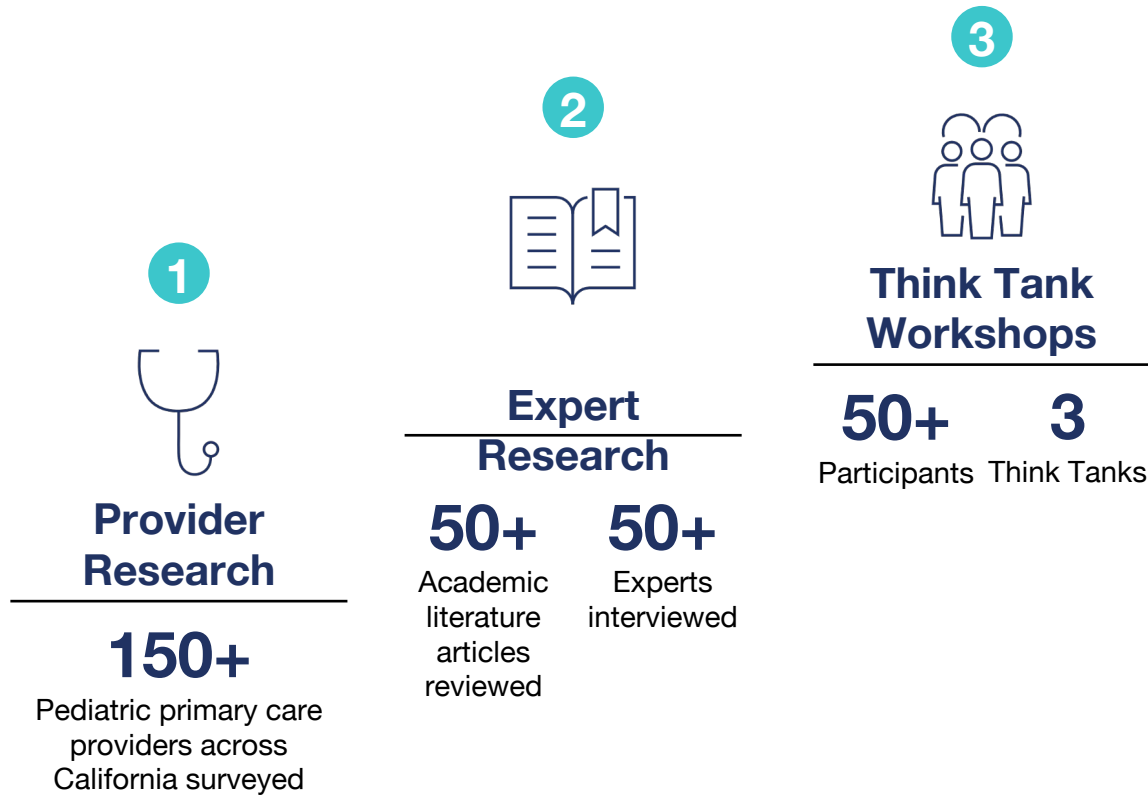


- Deliver impact for providers and patients at the population level: e.g., more BH diagnosis codes utilized by PCPs; increased access to timely, evidence-based, accessible, & appropriate pediatric mental & developmental healthcare.

1. [American Academy of Child and Adolescent Psychiatry](#)  
2. [American Psychiatric Association](#)

# Sources of insight and key themes

## Provider and stakeholder engagement and research . . .



\*Given introduction of new stakeholders (patients and families), deemed out of scope for V1; 1. *Academic Pediatrics*, 2017; 2. Think Tanks #1-#3, expert interviews with AAP, Expert interviews, Q1 2023, and PCP Survey (N=153)

## . . . highlighted themes to consider for state-wide pediatric behavioral health consultation service

- **Extensive early engagement may be required to build PCP confidence in managing behavioral health (BH) needs**, e.g., pediatricians do not commonly inquire about, treat, or refer five of the most common behavioral, learning, and mental health conditions, except for attention deficit and hyperactivity disorder<sup>1</sup>
- **Set of complementary BH consultation services may drive engagement with asynchronous eConsults**, e.g., Warm Line, Telehealth Consultation<sup>\*1</sup>, Care Coordination
- **Near real-time provider onboarding to program with verifiable provider identification<sup>1</sup> and ability to integrate notes into electronic health records may increase adoption & utilization**, e.g., ~30% of enrolled providers have utilized services in the last year
- **Providing pathways for patients to receive direct evaluation and / or longitudinal BH treatment is a critical PCP need**, e.g., more accessible referral pathways, warm handoffs to community-based care navigation, and bridge care coordination for complex patients<sup>2</sup>
- **Provider reimbursement and / or incentives are critical facilitators for engagement**, e.g., reimbursement at parity across locations and payors; quality metrics incorporated into managed care incentives<sup>2</sup>

# Potential “North Star” journey for Pediatric Behavioral Health Consultation Services

Partially available with current UCSF CAPP services

DRAFT AS OF 04/27/2023

1. Provider Outreach	2. Program Enrollment	3. Triage	4. Consultation	5. Reimbursement and Program Evaluation
<p>Practice/PCPs can utilize portal to access materials &amp; learn when to use services and types of questions they could ask</p> <p>PCP can sign-up to attend live sessions to learn more &amp; ask questions</p>	<p>Practice/PCP are onboarded to clinical services by creating an account; Patient/panel data is imported via HIE1 and aggregated to provide insights about PCP’s patient base to consultant</p>	<p>PCP uses EHR2 credentials to log into portal when needing consult support</p> <p>PCP indicates interaction preferences (e.g., Warm Line, eConsult)</p>	<p>For all online consult requests, portal: Supports PCP to refine question &amp; curates additional resources</p> <p>Allows PCPs to link patient’s case to a specialists</p>	
<p>A. For eConsults</p> <ul style="list-style-type: none"> <li>• PCP submits question via portal; question is routed to appropriate consultant based on need(s): i.e. specialty, time-sensitivity</li> <li>• Consultant reviews patient information imported, e.g., via HIE</li> <li>• Responses available in portal with option for PCP to upload, e.g., to EHR (automation possible for providers in enrolled practices)</li> <li>• Historic responses stored in portal for reference in chart format</li> </ul>	<p>B. For Warm Line</p> <ul style="list-style-type: none"> <li>• PCP submits question via portal; question is routed to appropriate consultant based on need(s): i.e. specialty, time-sensitivity</li> <li>• Consultant can review call history and practice information by collecting PCP identifier</li> </ul>	<p>PCP submits for reimbursement, e.g., via extended time or store-and-forward codes; patients are not billed</p>	<p>Data &amp; advanced analytics are used to:</p> <ul style="list-style-type: none"> <li>Understand PCP feedback and engagement patterns</li> <li>Track enrollment, utilization, ‘types of questions’ asked, and long-term impact of program</li> <li>Analyze historic responses for ongoing consultant training &amp; provider education</li> </ul>	

1. Health information exchange  
Source: Think Tank #2 ideation session 2023, PCP survey (N=153), Expert interviews from analog programs, DHCS working session

2. Electronic health record

# Contacts and Resources

- Questions?
- Contact DHCS: [CYBHI@dhcs.ca.gov](mailto:CYBHI@dhcs.ca.gov)
- THANK YOU!

# Q&A





# Additional resources and updates

**Quarterly Public Webinar, June 9, 2022, 2 pm – 4 pm**

**Quarterly Public Webinar, February 1<sup>st</sup>, 2022, 2 pm – 4 pm, [Recording](#) and [Slides](#)**

**Quarterly Public Webinar, October 20<sup>th</sup>, 2022, 2 pm – 4 pm, [Recording](#) and [Slides](#)**

**Quarterly Public Quarterly Webinar on July 15, 2022: [presentation materials](#) and [video recording](#)**

**[May 2023 CYBHI Update](#)**

**[April 2023 CYBHI Update](#)**

**[March 2023 CYBHI Update](#)**

**[February 2023 CYBHI Update](#)**