

**California Health and Human Services Agency  
Children and Youth Behavioral Health Initiative  
Timeline  
May Revision 2021-22**

### Behavioral Health Service Virtual Platform (DHCS)

Year One:

1. Issue request for proposal (RFP) and secure virtual platform vendor, eConsult service and direct service provider network.
2. Hire behavioral health Subject Matter Experts (SME) or issue an RFP to hire a contractor to do landscape review of current behavioral health app-based services that appeal to children and youth, selecting the best in the field to link to the platform.

Years Two through Five:

1. Build statewide community based organization network for local linkages via virtual platform.
2. Conduct focus groups and testing on iterative drafts of app services.
3. Launch the platform (including eConsult), no sooner than January 1, 2024
4. Conduct continuous quality improvement and build new functionality as additional needs are identified.

### School-Linked Behavioral Health Services: Capacity and Partnership for Health Plans, County Behavioral Health Plans, CBOs, and Schools (DHCS/DMHC)

Year One:

1. Issue RFP and contract for third party administrator (TPA) to administer the grant program, with close DHCS oversight.
2. Develop the application and funding criteria, with a robust stakeholder process.

Years Two through Five:

1. Award grants on a phased-in base to school districts, schools, health plans, counties, tribes and community-based organizations, based on criteria developed through the stakeholder process with attention to racial equity and fair geographic distribution.
2. Build statewide school-linked behavioral health counselor network.
3. Establish statewide fee-schedule for school-linked Behavioral Health services.
4. DMHC issues guidance to commercial health plans and promulgates regulations.

### Develop and Expand Age-Appropriate, Evidence-Based Behavioral Health Programs (Agency/DHCS)

Year One:

1. Agency and DHCS develop the measure and milestone framework for each evidence-based practice model.
2. DHCS secures third-party grant administrator.

Years Two through Five:

1. Issue guidance and requests for proposals.
2. Implement evidence-based practice model projects.

## Building Continuum of Care Infrastructure (DHCS)

Year One:

1. Complete gap and capacity analysis with robust stakeholder input (estimated completion by end of 2021)
2. Secure third party administrator and technical assistance contractor.
3. Develop criteria and issue applications.

Years Two through Five:

1. Award grants to eligible entities
2. Provide technical assistance

## Plan Offered Behavioral Health Services: Implement Dyadic Services as a Medi-Cal Benefit (DHCS)

Year One:

1. Seek stakeholder feedback on the dyadic services benefit.
2. Submit State Plan Amendment to CMS.
3. Implement Dyadic services in Medi-Cal effective July 1, 2022.

## Workforce, Education and Training

### School Behavioral Health Counselor and Behavioral Health Coach Workforce (OSHPD)

Year One:

1. Establish an advisory committee including K-12, higher education, behavioral health and other subject matter experts to develop a multi-year plan to create behavioral health coaches and counselors within five years. The plan will identify gaps where training needs to be developed.
2. With guidance from the advisory committee, complete an assessment of (1) the range of training, certification and licensure needed to support an effective school behavioral health counselor system and (2) the gaps in current training to determine where training needs to be developed.
3. Working with subject matter experts, identify existing training models that can be immediately expanded for the counselors and coaches.
4. Secure an evaluator for behavioral health counselor and coach workforce project.
5. Issue Requests for Information (RFI)/RFPs that:
  - a. Fund existing training models to expand skills now.
  - b. Fund new training models within higher education entities.

#### Years Two through Five:

1. Based on existing training models identified and assessment results, working with higher education partners and contractor identified through RFI/RFP, develop new training models at each level of higher education that can rapidly supply a diverse and skilled workforce.
2. Recruit soon-to-be graduates and provide training to build skills in age-appropriate and culturally and linguistically-proficient services for children and youth. Students will need different levels of intervention, so behavioral health counselors recruited and trained will have various levels of existing knowledge to build upon.
3. Assess impact of investments to date, adjust plan and contracts as needed to meet demand.
4. Continuous review of data on training needs, retention, and student outcomes.
5. With data from the evaluation, work with the advisory committee to develop sustainability and transition plans for model programs that are effective and need to continue.

#### Broad Behavioral Health Workforce Capacity (OSHPD)

##### Year One:

1. OSHPD, with input from subject matter experts, will develop a multi-year plan to build the SUD workforce.
2. OSHPD, in partnership with other agencies, will develop a plan for enhanced training of existing and new staff and behavioral health professionals across a variety of sectors including child welfare, education, and probation on effective behavioral health strategies with justice and system-involved youth.
3. OSHPD, in partnership with other agencies, will develop a plan for earn and learn (apprenticeship) models to build a behavioral health workforce. Areas of focus can include community health workers and psychosocial rehabilitation specialists that serve children, youth, and families.
4. Update existing programs and issue grant opportunities for:
  - a. Expansion of the peer personnel training and placement program to support peer providers for children and youth.
  - b. Expansion of funding opportunities for behavioral health-related scholarship and loan repayment programs.
  - c. Increasing funding to the WET Regional Partnerships to fund recruitment and retention efforts (scholarships, loan repayments, stipends, recruitment incentives, etc.) in their local areas.
  - d. Expansion of the Mini-Grants program to build career awareness for youth and students about behavioral health careers, especially careers that serve children and youth.
  - e. Expansion of psychiatric education capacity program to provide grants to new and expanding psychiatry programs, especially those that provide child and adolescent fellowships.
  - f. Expansion of existing programs to provide loan repayment, scholarships, stipends, etc. for SUD disciplines.
  - g. Expansion of educational capacity for programs to train child and adolescent social workers and child welfare workers.

5. Partner with the UC Irvine/UC Davis Train New Trainers Psychiatric Fellowship program to issue scholarships to providers serving children and youth.
6. Develop and issue RFIs/RFPs for new programs, including:
  - a. Pipeline programs that provide mentorship, and academic, career, and psychosocial support to prepare students from underrepresented and low-income backgrounds for behavioral health careers.

Years Two through Five:

1. Using input from advisory committees established in Year One, develop new funding opportunities for programs that build the SUD workforce, earn and learn programs, and support system and justice-involved youth. For example, this can include:
  - a. New 'train new trainer' model to expand knowledge of existing licensed behavioral health clinicians to provide age-appropriate SUD treatment.
  - b. Establishing new earn-and-learn program that provides tuition support and on-the-job training at a behavioral health provider organization while one attends school or completes training.
  - c. Enhanced training to existing and new staff across a variety of sectors including child welfare, education, and probation on effective behavioral health strategies with justice and system-involved youth.
2. Award grants for new programs and modified existing programs, and begin to implement.
3. With data from the evaluation and contractors, assess impact of investments to date, adjust plan and contracts as need to meet demand.

### Pediatric, Primary Care and Other Healthcare Providers (DHCS)

Year One:

1. Assess areas of greatest need and gaps in education and training.
2. Determine which existing programs could be immediately augmented and expand access.

Years Two through Five:

1. Implement expanded education and training.
2. For areas identified as gaps, develop, pilot and roll out new education and training.
3. Continue the roll out of implementation, collect data on impact, assess for sustainability and transition or end programs.

### Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign (CDPH and OSG)

Year One:

1. Assess lessons learned from Prevention and Early Intervention statewide projects, using best practices to leverage, scale, or innovate successful projects. Assess how to synergize with other social marketing and public education campaign efforts.
2. Landscape analysis of similar efforts in other states.

3. Collaborate with Agency's behavioral health SMEs and youth advisory bodies; develop implementation plan with performance metrics.
4. Office of Health Equity (OHE) will establish SME for the Cultural Campaign; develop implementation plan with performance metrics.
5. OHE selects vendors, execute contracts.
6. OSG selects vendor(s), executes contracts, implements OSG ACEs and toxic stress campaign.
7. Establish partnerships, select vendor(s), conduct planning, and develop curriculum for OSG trauma-informed training for educators.

Years Two through Five:

1. Roll out of statewide behavioral health literacy campaign.
2. Development of culturally specific campaigns by communities.
3. Roll out statewide culturally specific campaigns.
4. Assess and refine all efforts.
5. Collect data to assess campaign impact, refine campaign efforts, assess for sustainability, and transition or end programs.
6. Implement OSG trauma-informed training for educators.

## Oversight, Coordination, Convening, and Evaluation (Agency)

Year One:

1. Launch a stakeholder workgroup, including a coordinated but distinct Youth Advisory Council. The workgroup will convene regularly to review program progress, grantee reports, evaluation findings, and to provide quality improvement guidance throughout the project.
2. Convene behavioral health subject matter experts.
3. Commission an independent evaluator to conduct a multi-year evaluation to identify best and emerging practices and inform future policy and program work.

Years Two through Five:

1. Evaluator collects data and publishes annual interim reports, with a final report at the end of the five years, which will include recommendations for policy and program improvements and sustainability strategies.
2. On-going coordination with participating CHHS departments, as well as, other critical state partners including education and higher education.
3. Regular updates presented to stakeholder workgroup to review progress and provide input.