



Children and Youth Behavioral Health Initiative (CYBHI)

May 9, 2022 3:00 – 4:30pm PT

Housekeeping

- All webinar participants will be in listen-only mode.
- Please submit your questions via the chat and DHCS workstream leaders will aim to answer as many as possible.
- DHCS will track and incorporate all questions and feedback.
- If you have additional questions/input, please email us at CYBHI@dhcs.ca.gov

Agenda

May 9th

3:00 – 4:30PM PT

Agenda items	Time
Introduction, mental health awareness month, and videos	~15 mins
Overview of workstream purpose and stakeholder engagement approach	~70 mins
• Behavioral Health Continuum Infrastructure Program	~10 mins
• Student Behavioral Health Incentive Program	~10 mins
• School-Linked Partnership and Capacity Grants Statewide Fee Schedule and Provider Network for School-Linked Services	~10 mins
• CalHOPE Student Services	~10 mins
• Evidence-Based Interventions and Community-Defined Practices	~10 mins
• Behavioral Health Virtual Services and E-Consult Platform	~10 mins
Coverage ambassadors	5 mins

Potential agenda for CYBHI-DHCS monthly public webinar

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Mental health awareness month

May 1 – May 30, 2022

California has a wide variety of culturally competent, prevention and early intervention treatment services that embrace wellness and recovery

Improving access to mental health services

Raising awareness of trauma's impacts on physical, emotional, and mental well-being of children, families, and communities

Sharing resources for youth, families, and community organizations

Amplifying youth-led mental health events and programming



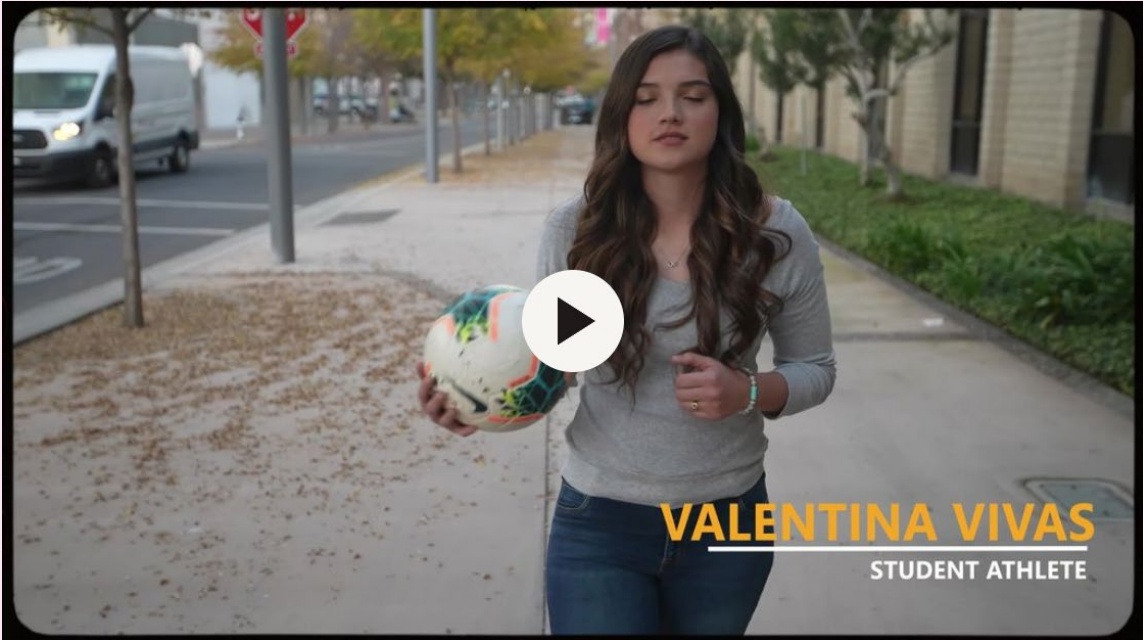
Welcome to Mental Health Awareness Month

Together for Mental Health

- Mental Health America Launched this awareness campaign in what year?
- COVID-19 led to isolation, job uncertainty, housing instability and food insecurity - All increasing stress and anxiety.
- Helped to talk about it
- [CalHOPE Ambassador Rick Springfield](#)



CalHOPE – Youth Voices



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Overview of the Children and Youth Behavioral Health Initiative

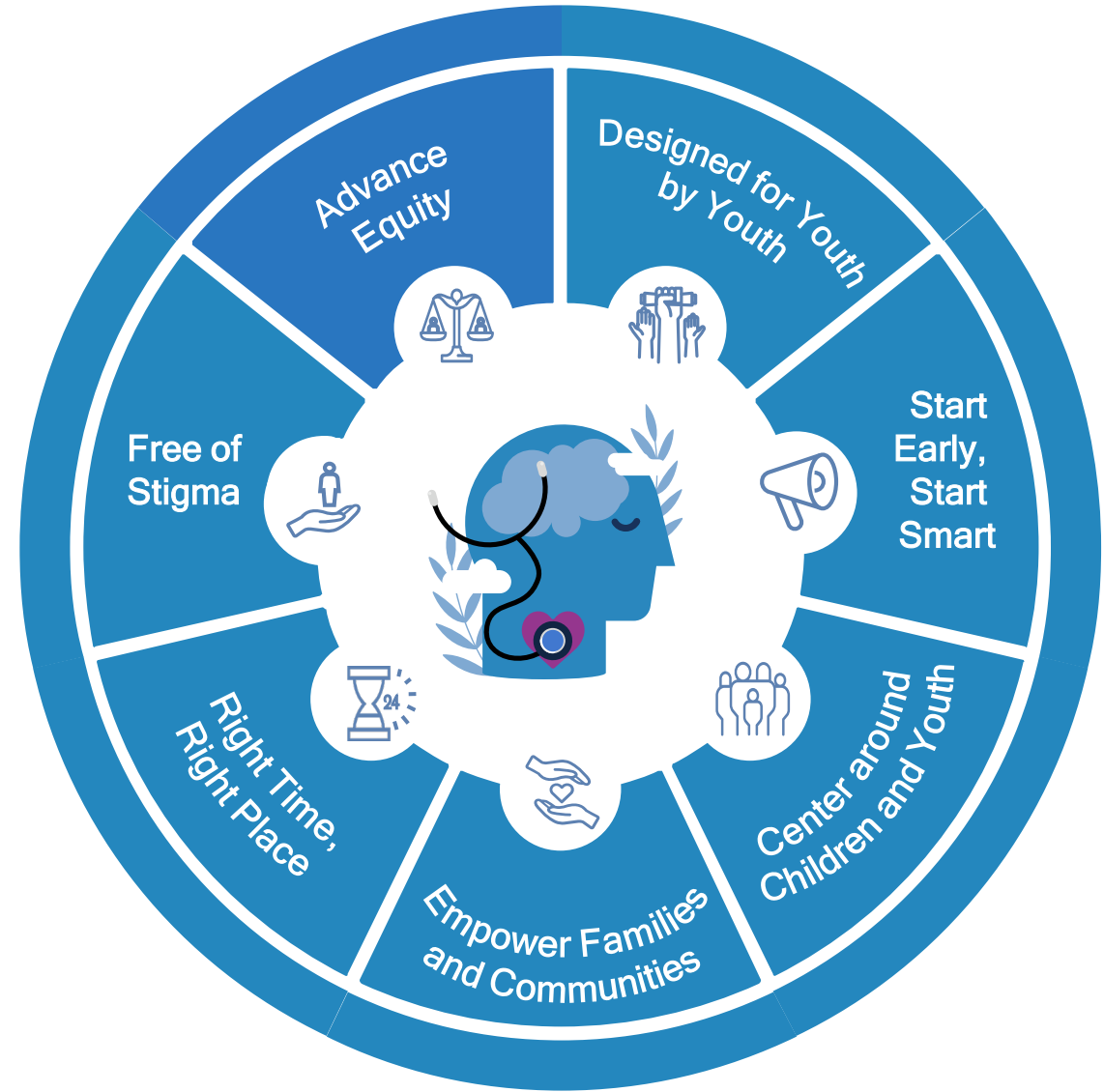
The goal of the **Children and Youth Behavioral Health Initiative** is to address the behavioral health challenges facing children and youth **by reimagining the systems that support behavioral health and wellness for children, youth, and their families**



The initiative will take a **whole system approach** by creating **cross-system partnerships** – involving stakeholders from the various systems that support children and youth behavioral health – to ensure that **the reimagined system is children and youth centered and equity focused**

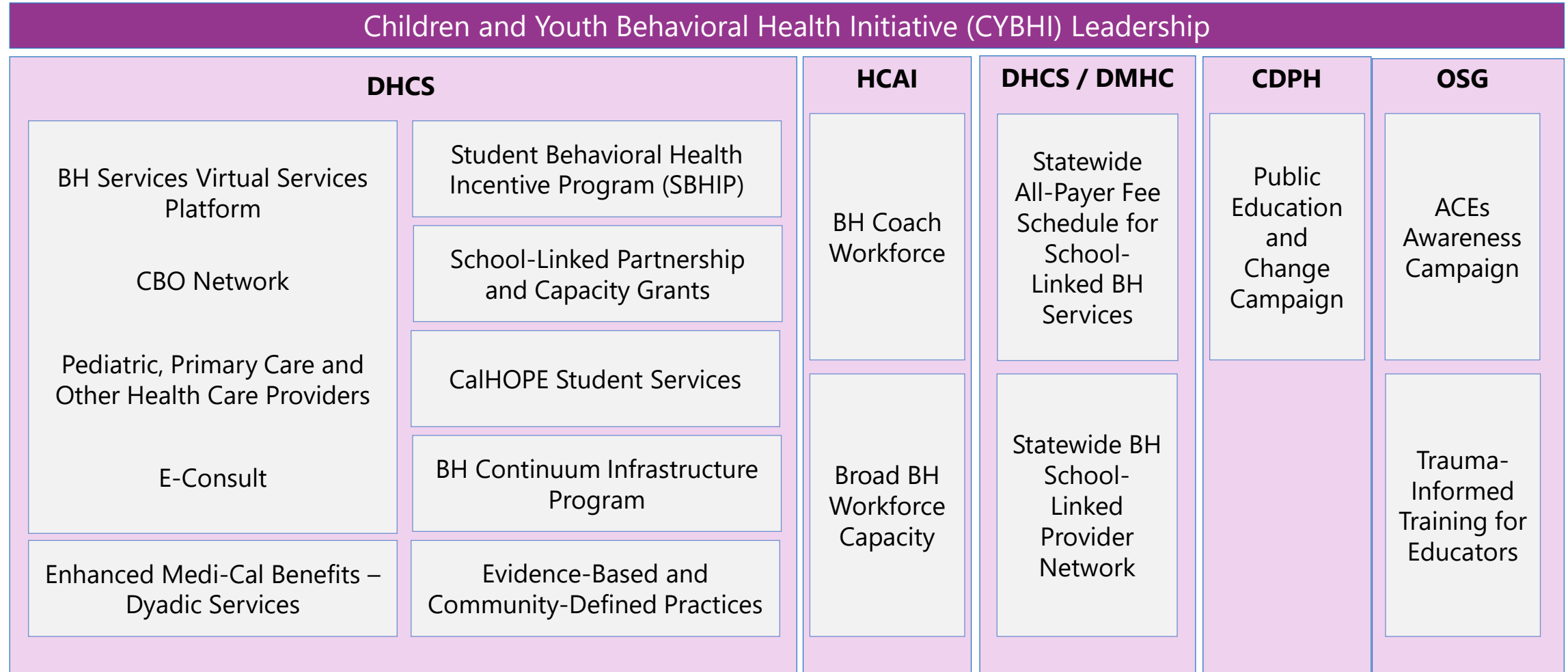
Reimagine behavioral health and emotional wellbeing

for ALL children, youth, and families in California
by delivering equitable, appropriate, timely, and accessible mental health and substance use services and supports from prevention to treatment to recovery in an innovative, up-stream focused, ecosystem

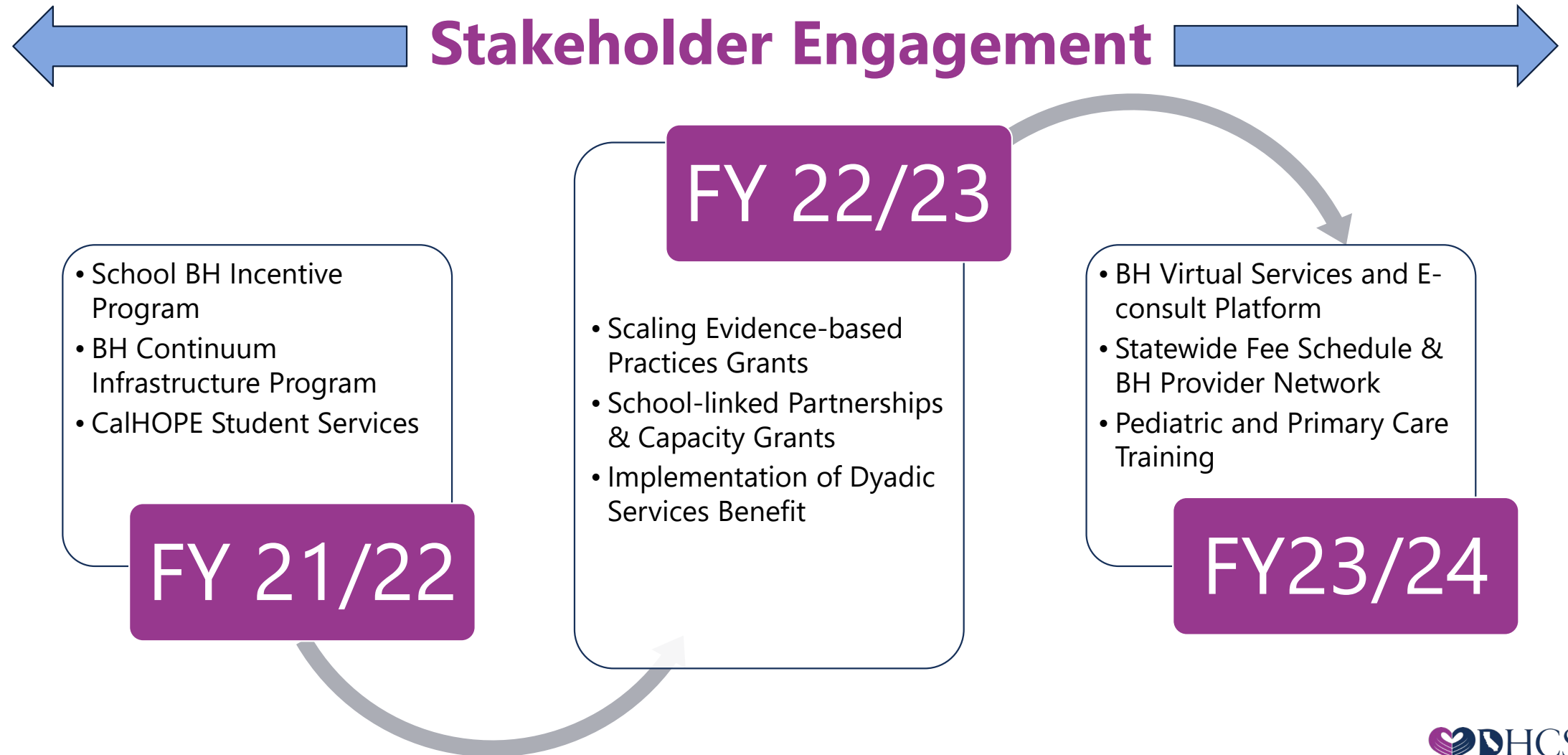


Overview of CYBHI Workstreams

DRAFT as of April 1, 2022



DHCS CYBHI Overview & Work Stream Launch Dates



Potential agenda for CYBHI-DHCS monthly public webinar

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Behavioral Health Continuum Infrastructure Program



Round 4: Children and Youth

This round authorizes \$480.5 million in funding opportunities through competitive grants to qualified entities to construct, acquire and rehabilitate real estate assets for children and youth.

The population for this round are children and youth ages 25 and younger. Applicants must demonstrate that facility expansion will only be for this population.



Stakeholder engagement

Round 4 [Program Update](#) is available



Timing

Request for Application-release in June 2022

Applications Due-August 2022

PRELIMINARY AS OF 4/13/2022

Behavioral Health Continuum Infrastructure Program

Select a relevant workstream
image to go here



Population Served in Behavioral Health Facilities

Perinatal

Children

Transition-age Youth (TAY)

Family-based Services



Project Development Phases

Phase 1: Planning and Pre-Development

Phase 2: Design Development

Phase 3: Shovel Ready

Phase 4: Construction



Match

Tribal entities = 5% match

Counties, cities, and nonprofit providers = 10% match

For-profit providers and/or private organizations = 25% match

Behavioral Health Continuum Infrastructure Program

Type of Facility	Serving children (Birth – 18 years)	Serving transition age youth (TAY; 18 – 25)	Perinatal (pregnant and postpartum women and their children)
Outpatient Services (includes a variety of settings delivering clinical support services, but not overnight residential services)			
Community mental health clinic (outpatient)	X	X	X
Community treatment facility (CTF)	X	X	X
Community wellness centers/prevention centers	X	X	
Outpatient treatment for SUD	X	X	X
School linked health centers	X	X	

Behavioral Health Continuum Infrastructure Program

Residential Clinical Programs (includes a variety of settings primarily focused on delivering clinical services; also provide shelter and support, from overnight to many days, weeks, and months)			
Adolescent residential treatment facilities for youth with SUD	X	X	
Children's crisis residential programs (CCRPs)	X		
Crisis stabilization unit (CSU)	X	X	
Perinatal residential SUD facilities	X	X	X
Psychiatric acute care hospital	X	X	
Psychiatric health facility	X	X	
Short-term residential therapeutic programs (STRTPs)	X		

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SBHIP Summary

- 1. SBHIP Program Overview**
- 2. SBHIP Assessment**
- 3. SBHIP Targeted Interventions and Deliverables**
- 4. SBHIP Payment Methodology/Funding Allocation**



SBHIP Program Overview

» Assembly Bill 133: Section 5961.3

- » The State Department of Health Care Services shall make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics developed pursuant to subdivision (b) associated with targeted interventions that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in schools.

» Intent of Incentive Payments: \$389 million over three-year period (January 1, 2022 – December 31, 2024)

- » Improve coordination of student behavioral health (BH) services
- » Increase preventive and early intervention BH services for TK-12 students
- » Increase non-specialty mental health services on/near school campuses
- » Increase access to BH services on/near school campuses and/or through school-affiliated, BH providers



SBHIP Duration and Sustainability

» SBHIP Design Period (August 2021-December 2021)

- » Stakeholder engagement
- » Develop metrics, interventions, goals
- » Determine payment structures

» SBHIP Implementation Period (January 2022-December 2024)

- » Conduct Needs Assessment/Gap Analysis through partner collaboration
- » Implement targeted interventions (based on identified needs of TK-12 students)
- » MCPs receive payments based on achieved metrics

» Post –SBHIP (January 2025 and beyond)

- » Building upon new BH infrastructure
- » Strengthening relationships through coordination of BH services for TK-12 students
- » Increased support for Medi-Cal payments for BH services in schools



SBHIP Proposed Timeframe and Steps

- » Letter of Intent: January 15th, 2022
 - » MCP indicates intent to participate in SBHIP
- » Partners Form: March 15th, 2022
 - » MCP identifies collaborative SBHIP partners
- » Completed Needs Assessment: December 31st, 2022
 - » MCP submits findings from Needs Assessment
- » *Project Plans: December 31st, 2022
 - » MCP identifies targeted interventions to be implemented
- » Bi-Quarterly Reports: Starting December 2022/June 2023
 - » MCP provides progress updates on intervention implementation
- » Project Outcome Plans: December 31st, 2024
 - » MCP submits findings to evaluate impact of BH intervention
- » SBHIP Operations Close: December 31st, 2024

*Targeted Interventions may be implemented prior to completion of assessment



SBHIP Assessment

» Partnership Assessment Criteria

» LEAs with high density unduplicated pupils:

- » English learners, meet income eligibility, foster youth
- » High density Medi-Cal plan enrollees
- » LEAs with demographic trends identifying specific needs
- » LEAs with interest in SBHIP

» Required to partner with COE, LEAs and other BH stakeholders for development of Needs Assessment

» One (1) Needs Assessment submitted per county

» Must engage with at least 10% of the LEAs in the county



SBHIP Assessment Cont.

» Needs Assessment Goals:

- » First step in planning future BH programming in schools
- » Highlights gaps between existing conditions and desired goals of BH services in schools
- » Informs which efforts to prioritize
- » Helps align behavioral health strategies with student needs so that resources are targeted efficiently
- » Helps foster sustainable, local partnerships through coordinated efforts



SBHIP Targeted Interventions

- » MCPs, in collaboration with SBHIP partners, select targeted interventions (as identified through the Needs Assessment) to implement in particular LEAs
- » Milestones and metrics are required to evaluate each targeted intervention
- » The minimum number of targeted interventions required to be implemented per county is dependent on the level of funding paid to the MCPs
- » A MOU is required for each intervention implemented



SBHIP Targeted Interventions Project Options

1. Behavioral Health Wellness (BHW) Programs
2. Telehealth Infrastructure/Access to Technological Equipment
3. Behavioral Health Screenings and Referrals
4. Suicide Prevention Strategies
5. Substance Use Disorder
6. Building Stronger Partnerships to Increase Access to Medi-Cal Services
7. Culturally Appropriate and Targeted populations
8. Behavioral Health Public Dashboards and Reporting
9. Technical Assistance Support for Contracts
10. Expand Behavioral health Workforce
11. Care Teams
12. IT Enhancements for BH Services
13. Pregnant Students and Teen Parents
14. Parenting and Family Services



SBHIP Targeted Interventions Deliverables

- » Project Plan
 - » Identifies what targeted intervention was selected
 - » Identifies why that targeted intervention was selected
 - » Identifies the impacted population (and LEA characteristics)
 - » Outlines the targeted intervention implementation tasks and project markers
 - » Identifies how targeted intervention will be sustained post SBHIP
- » Bi-Quarterly Reports
 - » Identifies status of targeted intervention implementation
- » Project Outcome Reports
 - » Documents impact of targeted intervention (empirical evidence provided)
 - » Identifies challenges/successes of implementing targeted intervention
 - » Identifies importance of targeted intervention to Medi-Cal beneficiaries
 - » Provides SBHIP project status and long term sustainability plan



SBHIP Payment Methodology/Funding Allocation

- » Two Categories of Funding: Assessment and Targeted Interventions
 - » Assessment Funding: Approximately \$39 million
 - » Assessment allocation considers the LEA count, MCP count, and Medi-Cal member month per plan
 - » Assessment “floor” for each county: \$225,000
 - » Targeted Intervention Funding: Approximately \$350 million
 - » Allocation is based on 50% member months and 50% unduplicated pupil count
 - » Targeted Intervention average “floor” for each county: \$500,000



SBHIP Funding Allocation Cont.

» Funding Milestones

- » DHCS approval of Letter of Intent and Partners Form: 50% of assessment allocation
 - » DHCS approval of Needs Assessment: 50% of assessment allocation
 - » DHCS approval of a Project Plan for each targeted intervention: up to 50% of outcome allocation
 - » DHCS approval of the Project Outcome Report that demonstrates achieved metrics for each targeted intervention: remaining % of outcome allocation
- » Note: Upfront funding for the LOI/Partners Form is considered unearned funds until completion and approval of the assessment. Upfront funding for Project Plans is considered unearned funds until completion and approval of the Project Outcome Report. The upfront funds percentage amount is not indicative of what may be earned for LOI/Partners Form and the Project Plan.

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Coverage ambassadors	5 mins

Statewide Fee Schedule and Provider Network for School-Linked Services

PRELIMINARY AS OF 4/20/2022

Objective



By January 1, 2024, DHCS, in collaboration with DMHC, will develop and maintain:

- A school-linked statewide fee schedule for outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site
- A school-linked statewide provider network of at or near school-site behavioral health counselors

Background on Medi-Cal Delivery System

Medi-Cal managed care plans, county BH plans, AND commercial health plans are required to reimburse providers for a predefined set of medically necessary outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site

School-Linked Partnership and Capacity Grants

PRELIMINARY AS OF AS OF 4/13/2022

Workstream Overview



Provides direct grants to support new services to individuals 25 years of age and younger from schools, providers in school, school affiliated CBOs, or school-based health centers

Will support statewide school-linked fee schedule and behavioral health network of providers

Workstream Objective



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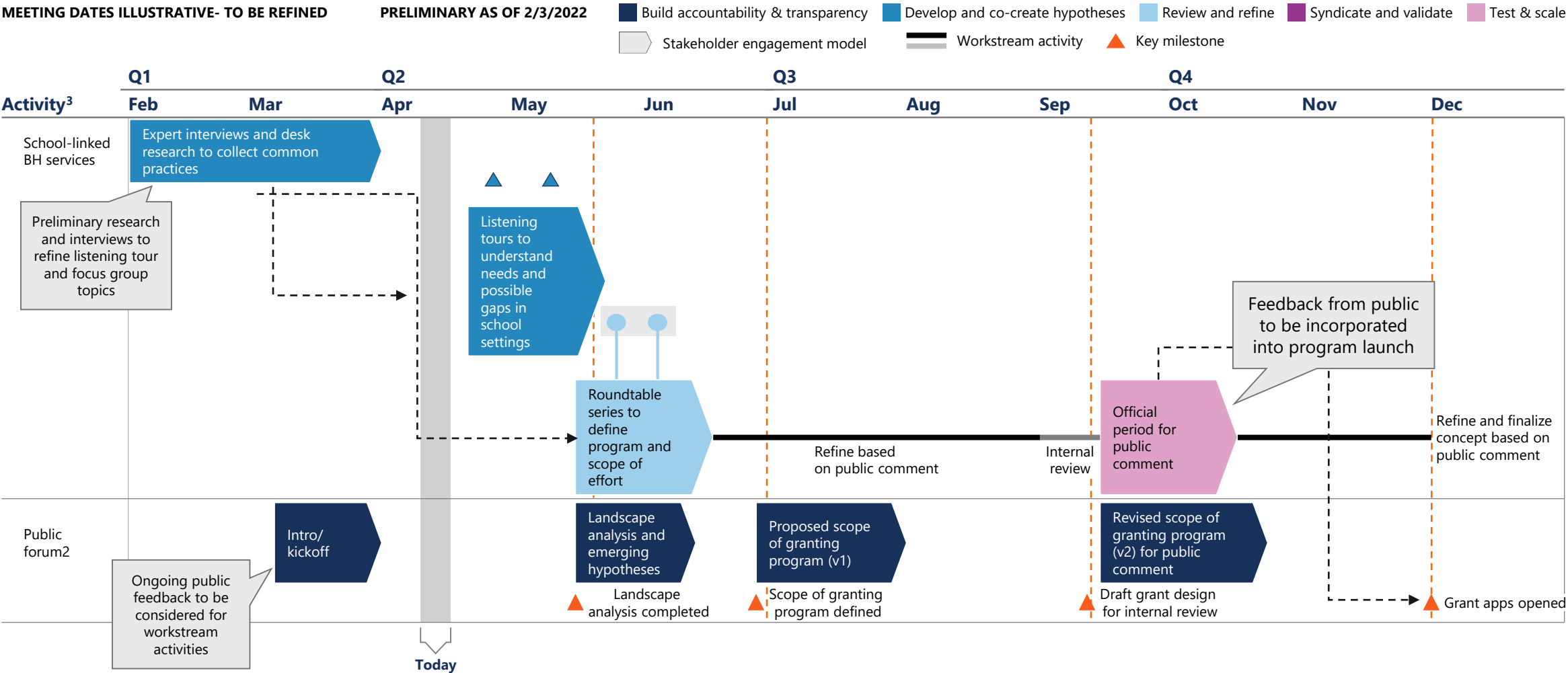
- A school-linked statewide fee schedule for outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site
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Potential Recipients



- LEAs
- Institutions of higher education
- Childcare & preschools
- Health plans
- CBOs
- BH providers
- County BH
- Tribal entities

School-linked capacity and infrastructure grants and statewide fee schedule and provider network for school-linked services¹



1. Timelines subject to DHCS ELT and CalHHS feedback; 2. Public comment activities to be developed and executed by DHCS; 3. All activities to be managed and executed by DHCS

Listening Tours Objective and Participants



Timeline

April 21 – May 31



Description

Collect insights from stakeholders on current state needs, gaps, and priorities



Goals

Understand what various stakeholder partners have implemented to date regarding school-linked behavioral health services

Discuss potential opportunities where grant funding, reimbursement changes, or workforce capacity augmentation and expansion could enable stakeholder partners to increase or enhance the behavioral health service they provide in or near school settings

Stakeholder Groups Involved in DHCS Listening Tours

- Early education organizations/ childcare agencies
- K-12 Local Education Agency (LEAs)
- Higher education institutions
- Community Based Organizations (CBOs) and providers
- Afterschool programs
- School-based mental health workforce and education organizations
- Commercial plans, Medi-Cal, counties
- Tribal communities

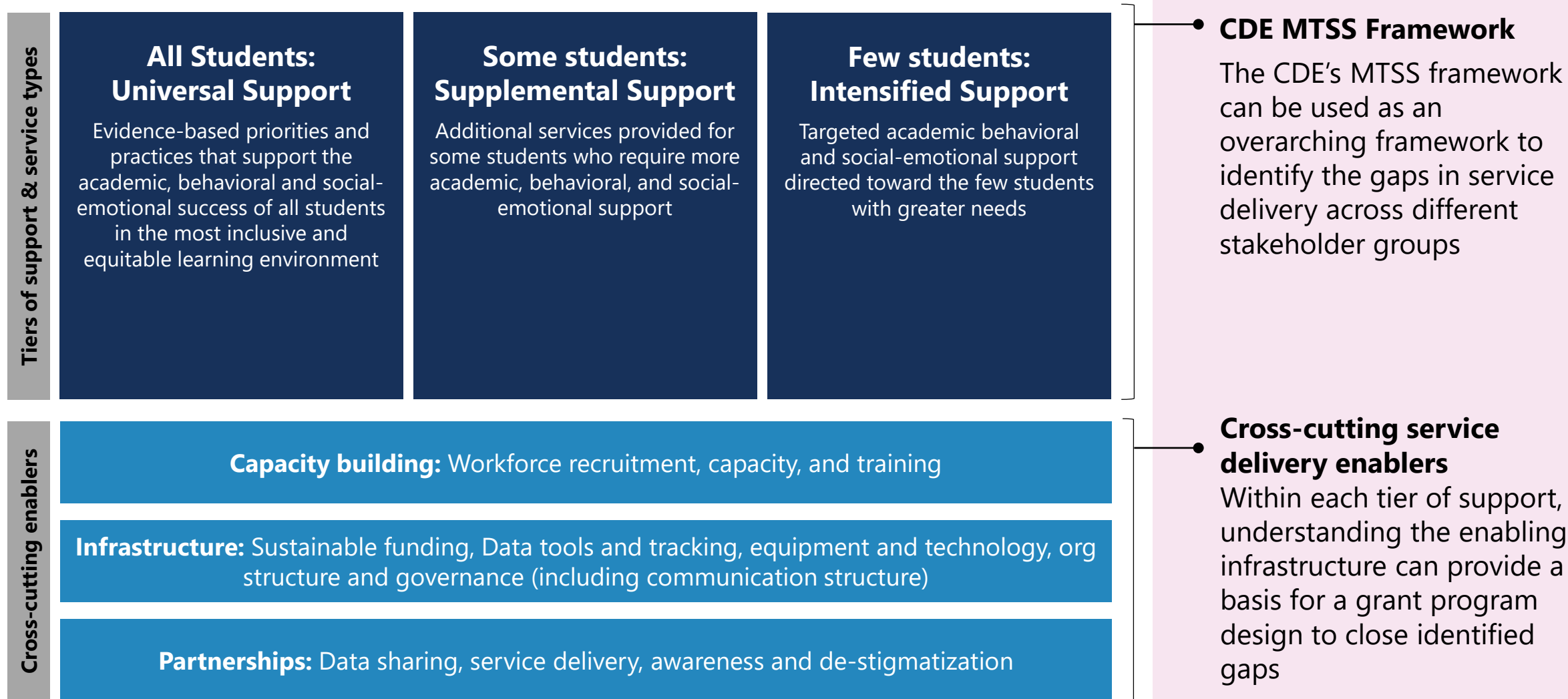
Listening Tour Schedule

	Stakeholder Group	Date	Time (PT)
①	K-12: Session 1	4/21	4 – 7p
②	K-12: Session 2	5/3	4 – 5:30p
③	Higher Ed: Community Colleges	5/5	10 – 11:30a
④	Higher Ed: Universities	5/9	10 – 11:30a
⑤	Commercial Plans & Medi-Cal MCPs	5/11	10 – 11:30a
⑥	County BH Departments	5/13	10 – 11:30a
⑦	Additional listening tours¹	5/26	10 – 11:30a
⑧	Additional listening tours¹	5/31	4 – 5:30p
⑨	Additional listening tours¹	6/7	4 – 5:30p

1. Open to providers and CBOs, K-12 personnel, school-based education workforce, and afterschool programs

Multi-Tiered System of Support Framework

PRELIMINARY AS OF 4/21/2022



School-Linked Workstreams – Sample Stakeholder Questions

	Listening Tours	Roundtables
Timeline	April - May	May and June
High level questions to answer	<p>What are the current services and benefits offered at your school that are covered under various state programs?</p> <p>What services do you want to offer that are not currently covered?</p> <p>What infrastructure/capacity would you need to scale up or offer those services?</p>	<p>As you hear about emerging priorities for this granting program, what resonates the most?</p> <p>What would it take for this program to impact certain special populations?</p>
Potential stakeholder participant groups <i>(non-exhaustive)</i>	<p>Early education organizations/ childcare agencies</p> <p>K-12 Local Education Agency (LEAs)</p> <p>Higher education institutions</p> <p>Community Based Organizations (CBOs) and providers</p> <p>Afterschool programs and School-based mental health workforce and education organizations</p>	<p>Children, youth, and families</p> <p>Teachers, social workers, and counselors</p> <p>Rural schools</p> <p>Schools for reintegration students</p> <p>Schools and CBOs that work with students with special needs</p> <p>Specific affinity group members or organizations</p> <p>Community colleges</p>

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**Warm hand off to
treatment services**

CalHOPE Support:

Crisis counseling via chat,
phone, virtual, and in-person
Focused on highest-risk communities

CalHOPE Peer Warm Line

CalHOPE Web:

Links to resources, including apps

CalHOPE Media:

Broad and targeted messaging

CalHOPE Layers of Intervention and Support

CalHOPE addresses the stress and anxiety that people may feel due to isolation, health challenges, economic uncertainty, food insecurity and other negative consequences of the COVID-19 pandemic.

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Scale up of evidence-based interventions (EBIs) and community-defined practices (CDPs)



Workstream Overview

With input from stakeholders, DHCS will select a limited number of evidence-based practices (EBPs) to scale throughout the state based on robust evidence for effectiveness, impact on racial equity, and sustainability

Grantees will be required to share standardized data in a statewide behavioral health dashboard

2021 Budget Act includes \$429,000,000 in FY 2022-2023

DHCS will enter into an Interagency Agreement with Mental Health Services Oversight & Accountability Commission (MHSOAC); 10% of total funds earmarked for MHSOAC

xx Date is subject to change



Potential Recipients

- Managed Care Plans
- Commercial Health Plans
- Community Based Organizations
- Behavioral Health Providers
- County Behavioral Health
- Tribal Entities



Key Milestones

- Preliminary scope of granting program defined ~**August 1, 2022**
- Grants open on ~**December 1, 2022**

Defining evidence-based interventions and community-defined practices (EBIs / CDPPs)



Evidence-based interventions

- “Evidence-based interventions are practices or programs that have **peer-reviewed, documented empirical evidence of effectiveness**. Evidence-based interventions use a **continuum of integrated policies, strategies, activities, and services** whose effectiveness has been proven or informed by research and evaluation”¹
- SAMHSA provides a repository of 100+ resources on evidence-based interventions³ The National Adolescent and Young Adult Health Information Center (NAHIC) lists 10+ additional repositories of evidence-based programs for behavioral health.⁴
- **Example:** Coordinated Specialty Care (CSC) for first-episode psychosis



Community-defined practices

- Community-defined evidence practices are the set of **practices that communities have used** and determined by community consensus over time and which **may or may not have been measured empirically but have reached a level of acceptance by the community**²
- Opportunity for DHCS to support impact evaluation and evidence development for CDPPs
- The California Pan-ethnic Health Network (CPEHN) identifies strategies for implementing CDPPs across five population groups: African American, Latino, Native American, Asian and Pacific Islander, and LGBTQ+²
- **Example:** Bienestar’s compassionate, culturally relevant, peer-to-peer program for Latinx LGBTQ+ youth

1. National Center for Healthy Safe Children, "Evidence-based interventions"

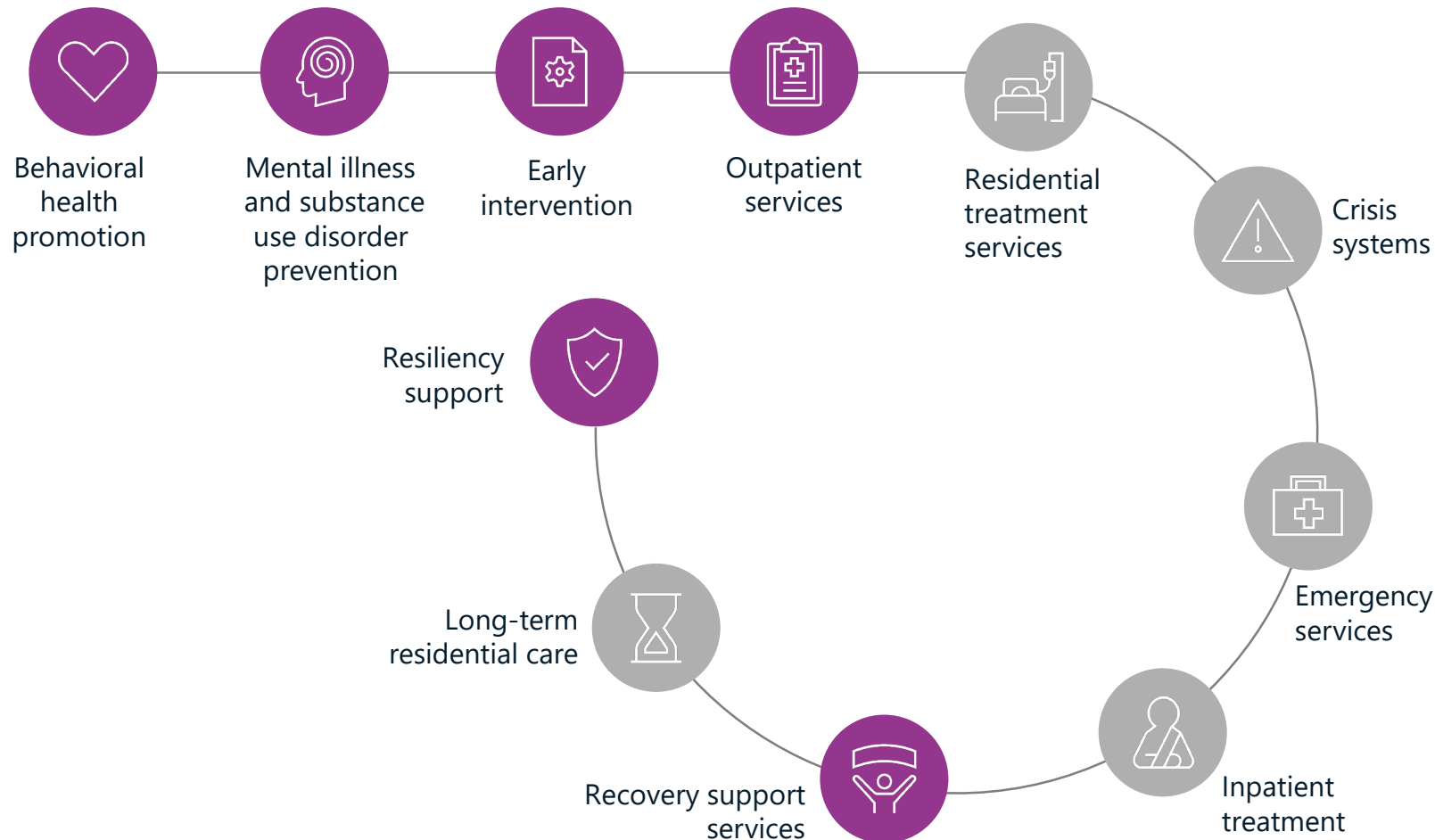
2. California Pan-Ethnic Health Network, "Policy Options for Community-Defined Evidence Practices (CDEPs)"

3. SAMHSA, "Evidence-Based Practices Resource Center": <https://www.samhsa.gov/resource-search/EBI>

4. NAHIC, "A Guide to Evidence-Based Programs for Adolescent Health: Programs, Tools, and More": <https://nahic.ucsf.edu/wp-content/uploads/2014/08/Evidence-Based-Guide.pdf>

The Behavioral Health Continuum of Care












● Identified by DHCS as likely priority continuum of care step



Potential prioritization is focused on upstream promotion, recovery, and resilience to

- Address behavioral health *before* children and youth have high needs
- Complement other efforts already under way
- Enable efforts that are feasible for DHCS to sustain and scale

Examples: EBI/CDP categories across the continuum of care

Continuum of Care step		Example categories of EBIs / CDPPs (non-exhaustive)	Continuum of Care step		Example categories of EBIs / CDPPs (non-exhaustive)
A	Behavioral health promotion		E	Residential treatment services	 Community-based rehabilitative residential treatment Perinatal residential treatment Residential treatment for eating disorders
B	Mental illness and substance use disorder prevention		F	Crisis systems	 Crisis call centers Mobile crisis Crisis receiving and stabilization facilities In-home crisis stabilization
C	Early intervention		G	Emergency services	 Screening in emergency departments Specialized, integrated ED care teams
D	Outpatient services		H	Inpatient treatment	 Discharge interventions
			I	Recovery support services	 Wraparound services, including employment/education/housing support
			J	Long-term residential care	 Behavioral health integration with child welfare, juvenile justice, foster care and/or other community services
			K	Resiliency support	 Recovery campuses Mutual and peer support groups

Note: Certain EBIs/CDPPs may be applicable across multiple points on the continuum of care
EBIs / CDPPs across the continuum of care to include programs / models focused on specific and disproportionately impacted communities

Workstream goals

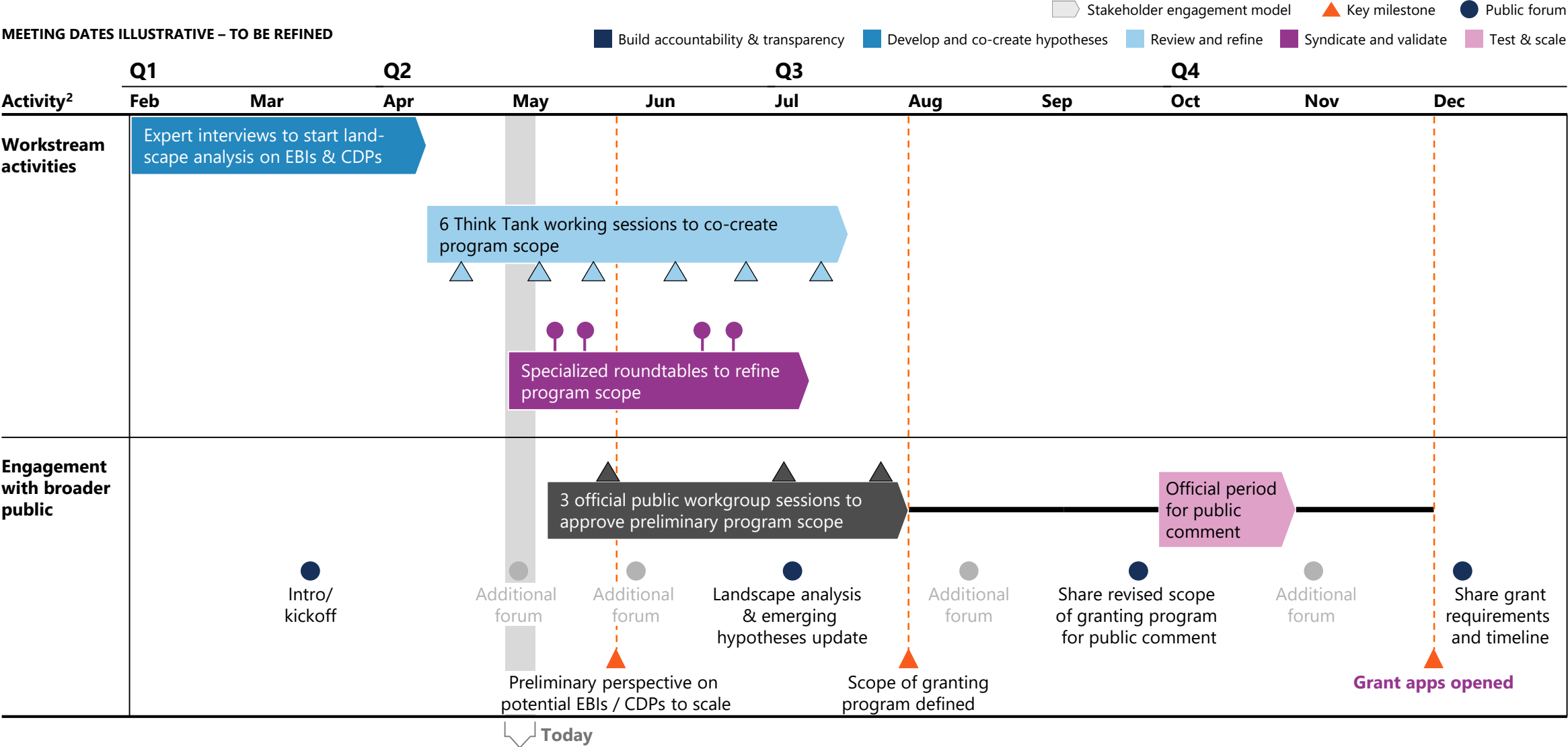


The goal for the EBI & CDP workstream is to select an **appropriate set of practices to scale with the allocated funding by the end of the year**

The aim is to be **solution-oriented** and **aligned with our guiding principles** as we select practices that are **within our span of control** and **can influence as a workstream – practices that:**

- Have meaningful impact on outcomes for children and youth
- Have demonstrated impact within the communities we want to reach, or can be adapted to do so
- Are scalable
- Are appropriate to scale
- Can be implemented with fidelity (e.g., support for codification, tech support)
- Are sustainable

Stakeholder engagement plan for scale up of EBIs and CDP's¹



Overview of EBI / CDP Think Tank and Stakeholder Workgroup



Think tank

Goal: To convene stakeholders to provide input and information to guide DHCS program design and decision-making with regards to the cataloguing, identifying, and scaling implementation of key EBIs and CDPs

Who: Experts from academia, government, and industry, as well as youth and relevant community members. Membership has been finalized



Schedule of EBI / CDP Think Tank sessions

Session 1: Wednesday, April 20th 1:30-3pm (virtual)

Session 2: Friday, May 6th 12-5pm

Session 3: Tuesday, May 17th 12-5pm

Session 4: Friday, June 3rd 12-5pm

Session 5: Wednesday, June 22nd 12-4pm

Session 6: Wednesday, July 6th 12-5pm

1. Grantees must share standardized data as per CYBHI legislation section 5961.5

Source: California Health and Human Services Agency, DHCS



Stakeholder Workgroup

Goal: To support DHCS to refine their perspectives and hypotheses on potential EBIs/CDPs to scale based on criteria such as robustness of the evidence base, impact on racial equity, and sustainability

Who: Public representation from multiple stakeholder groups who meet virtually to provide feedback on the preliminary program scope



Schedule of EBI / CDP Workgroup

Session 1: Friday, May 27th 10am-12pm

Session 2: Thursday, June 30th 10am-12pm

Session 3: Thursday, July 21st 2-4pm

Call for Applications

Applications were due on **May 4, 2022**. Notifications will be made to selected workgroup members as soon as possible.

EBI & CDP Think Tank Members

Rotating Youth

Steve Adelsheim, MD

Stanford Dept. of Psychiatry

Sergio Aguilar-Gaxiola, MD, PhD

UC Davis Health

Josefina Alvarado Mena, JD

Safe Passages

William Arroyo, MD

Mental Health Policy Consulting

Melissa Brymer, PhD, PsyD

UCLA, National Center for Child Traumatic Stress

Kenna Chic

California Health Care Foundation

Melinda Cordero-Barzaga

Vision y Compromiso

Sarah Crow, MPP

First 5 Association

Lishaun Francis, MPP

Children Now

Anne L. Glowinski,

MD, MPE

UCSF

Carolyn Gray

Santa Clara County Office of Education

Melissa Hannah

United Parents

Susanne Hempel, PhD

University of Southern California

Percy Howard, LCSW

California Institute for Behavioral Health Solutions

Heather Huszti, PhD

Children's Hospital of Orange County

Kathleen King

Healthier Kids Foundation

Rozlyn Kwong

Sycamores

Kim Lewis, JD

National Health Law Program

Tara Niendam, PhD

UC Davis Health – Department of Psychiatry

Sarah Paulsen

Anthem, Inc

Maryjane Puffer, BSN, MPA

The Los Angeles Trust for Children's Health

Antonia Rios

Parents Anonymous, Inc

Adrienne Shilton

California Alliance of Child and Family Services

Leena Singh, DrPH MPH

UCAAN

Brandon Staglin

One Mind

Christine C. Tolbert

State Council on Developmental Disabilities

Sabrina Ullah, LCSW

HealthRIGHT 360

Angela M. Vazquez

The Children's Partnership

Poshi Walker, MSW

Cal Voices

Kenneth B. Wells, MD, MPH

UCLA Semel Institute

Carolina Valle

CA Pan Ethnic Health Network

Potential agenda for CYBHI-DHCS monthly public webinar

May 9th
3:00 – 4:30PM PT

Agenda items	Time
Introduction, mental health awareness month, and videos	~15 mins
Overview of workstream purpose and stakeholder engagement approach	~70 mins
• Behavioral Health Continuum Infrastructure Program	~12 mins
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• School-Linked Partnership and Capacity Grants Statewide Fee Schedule and Provider Network for School-Linked Services	~12 mins
• CalHOPE Student Services	~12 mins
• Evidence-Based Interventions and Community-Defined Practices	~12 mins
• Behavioral Health Virtual Services and E-Consult Platform	~12 mins
Coverage ambassadors	5 mins

Workstream: BH Virtual Services and E- Consult Platform

xx Date is subject to change



Workstream Overview

Build and drive adoption of the Behavioral Health Virtual Services Platform for all children, youth and families in California

Support delivery of equitable, appropriate, and timely behavioral health services from prevention to treatment to recovery

Provide an E-Consult platform for pediatric and primary care providers to E-Consult with BH providers

Solicit input from Think Tank members to advise DHCS on the functionality and operationalization of the platform

2021 Budget Act includes \$230,000,000 in FY 2022-2023



Potential Recipients

- Children and youth
- Parents and caregivers
- Educators
- Pediatricians and primary care physicians (E-Consult)




Key Milestones

- Solicitation of services: **Q4, 2022**
- User engagement sessions: **Timeline TBD**
- Platform launch: **January 1, 2024**


Vision statement and guiding principles for BH Virtual Services and E-Consult Platform









Vision

Build and drive adoption of a Behavioral Health Virtual Services and E-Consult Platform for all children, youth and families in California that supports delivery of equitable, appropriate, and timely behavioral health services from prevention to treatment to recovery



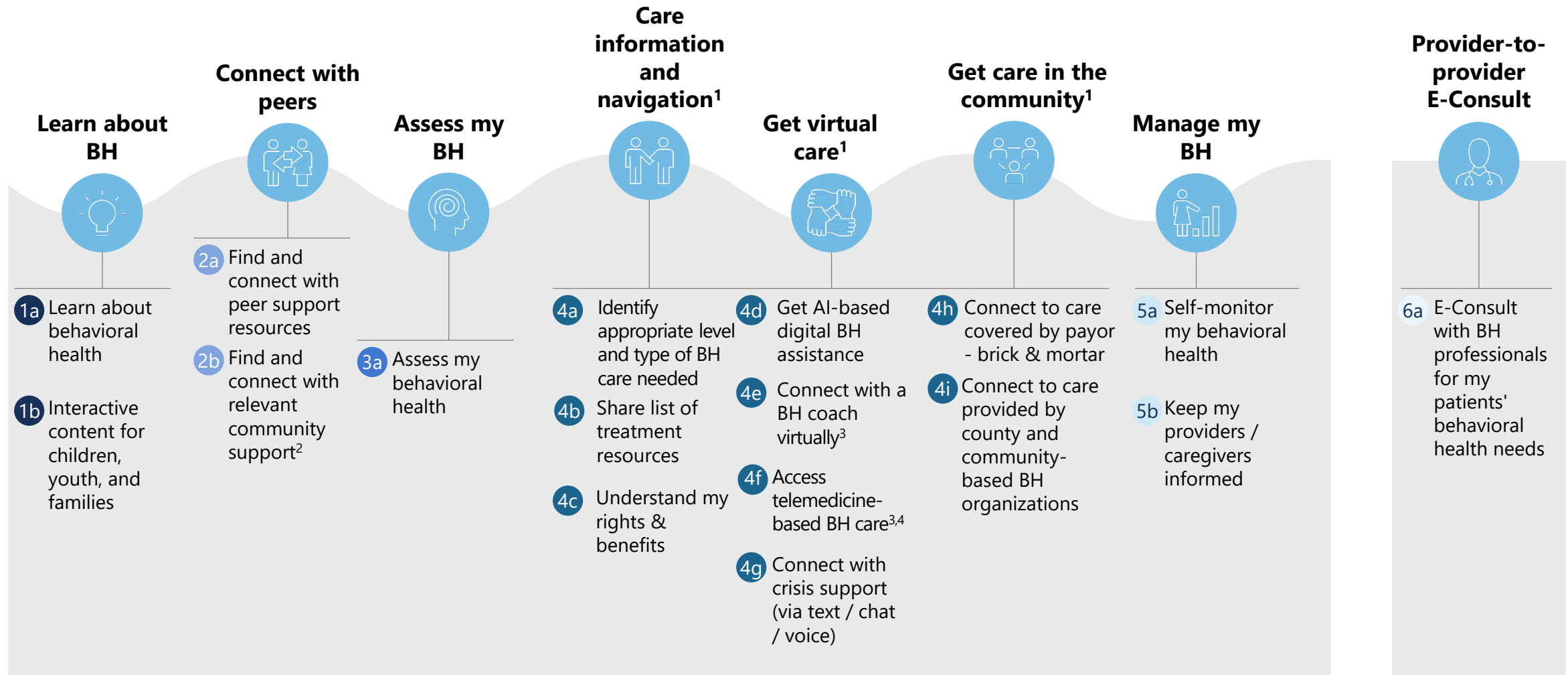
Guiding principles



 <p>Maximize impact on behavioral health for all children and youth in California (regardless of type of coverage) through improved access, quality, affordability and experience</p>	 <p>Enable delivery of the most effective and least resource-intensive treatment pathway (e.g., for young people that may not need individual counseling)</p>
 <p>Drive broad and inclusive adoption of BH Virtual Services and E-Consult Platform across California for children & youth and other relevant users (e.g., pediatricians)</p>	 <p>Focus on health equity by facilitating deeper connection between children, youth and families and community-based care</p>
 <p>Streamline access to the platform and integrate across the BH care delivery system</p>	 <p>Prioritize privacy; ensure platform is compliant with all necessary privacy, security and interoperability regulations</p>
 <p>Destigmatize seeking help for behavioral health needs</p>	 <p>Enable clinicians to better support their patients through E-Consults</p>

BH Virtual Services and E-Consult Platform capabilities for consideration

Platform capabilities for consideration



1. Part of 'Find and get BH care' capability

2. Community organizations based on my identity / affiliation

3. May include scheduling care

4. Connect with therapist, psychologist, or psychiatrist virtually

Capabilities to consider for BH Virtual Services and E-Consult Platform (1/3)

Capability group	Capabilities	Description
1 Learn about BH	1a Learn about behavioral health	Educational content (e.g., testimonials, videos, podcasts, informational documents) on behavioral health and related topics (e.g., sexual orientation, mental health, gender identity, suicide, anxiety, depression, bullying, relationships, emotions, eating disorders, substance use, food, housing, or job insecurity) for children, youth, families, caregivers, educators, or providers
2 Assess my BH	1b Interactive content for children, youth, and families	Educational content on behavioral health topics (e.g., signs of a panic attack) communicated through interactive content (e.g., video games, AI-based quizzes and chats)
3 Connect with peers		
4.1 Care information and navigation	2a Assess my behavioral health	Screeners to assess behavioral health status via self assessment (e.g., user survey tailored by age group); potential to augment assessment via data outside of self-assessment (e.g., claims data, location of children / youth in low HPI quartile regions)
4.2 Get virtual care	3a Find and connect with peer resources	Tool to search and connect with relevant peer resources
4.3 Get care in the community	3b Find and connect with relevant community support	Tool to search and connect with in-person or virtual community organizations based on my identity / affiliation (e.g., interest / affinity groups, afterschool programs)
5 Manage my BH	4a Identify appropriate level and type of BH care needed	Tool to identify potential levels (e.g., low acuity) and appropriate type of care needed based on patient needs (e.g., peer group, BH coach, psychiatrist)
6 Provider-to-provider E-Consult	4b Share list of treatment resources	

Capabilities to consider for BH Virtual Services and E-Consult Platform (2/3)

Capability group	Capabilities	Description
1 Learn about BH	4c Understand my rights & benefits	Tool to understand patient rights and health insurance coverage (or lack thereof) for relevant services and direct to appropriate contacts for further questions about coverage
2 Assess my BH	4d Get AI-based digital BH assistance	AI-based tool to provide automated cognitive behavioral therapy (iCBT) and point to appropriate resources
3 Connect with peers	4e Connect with a BH coach / peer virtually	Tool to connect live with behavioral health coach / peer and manage billing for services
4.1 Care information and navigation	4f Access telemedicine-based BH care	Tool to connect children, youth and their families (e.g., website referral) with psychologist / therapist for virtual clinical services and manage billing for services
4.2 Get virtual care		
4.3 Get care in the community	4g Connect with crisis support (via text / chat / voice)	Tool to refer out to a service or website providing crisis support services (e.g., hotline, drop-in centers)
5 Manage my BH		
6 Provider-to-provider E-Consult		

Capabilities to consider for BH Virtual Services and E-Consult Platform (3/3)

Capability group	Capabilities	Description
1 Learn about BH	4h Connect to care covered by payor	Tool to identify potential providers tailored to the specific patient need (e.g., BH condition, location preferences, virtual / in-person needs) based on coverage (e.g., providers that are accepting new patients and work with user plans, commercial plans, county behavioral health services, managed care organizations)
2 Assess my BH	4i Connect to care provided by county and community-based BH organizations	Tool to identify and provide warm hand-offs to county behavioral health services, community mental health centers or school-based health centers based on the specific patient need (e.g., BH condition, geography)
3 Connect with peers		
4.1 Care information and navigation	5a Self-monitor my behavioral health	Tool to enable children / youth to monitor their behavioral health on a regular basis (e.g., manual entry, ingestion / integration with external data such as sleep monitors)
4.2 Get virtual care	5b Keep my providers / caregivers informed of my behavioral health	Tool to provide caregivers (e.g., parents) and providers information of behavioral health status and actions taken
4.3 Get care in the community		
5 Manage my BH	6a E-Consult with BH professionals for my patients' behavioral health needs	Tool for pediatric and family practice providers to consult with BH professionals virtually to manage behavioral health conditions of their patients (i.e., children and youth) and provide ongoing practice-focused training and education
6 Provider-to-provider E-Consult		

Informational results of market scan across ~450 digital BH platforms and programs¹

All platforms or programs 0% 100%
For subset of platforms or programs 0% 100%

Takeaways

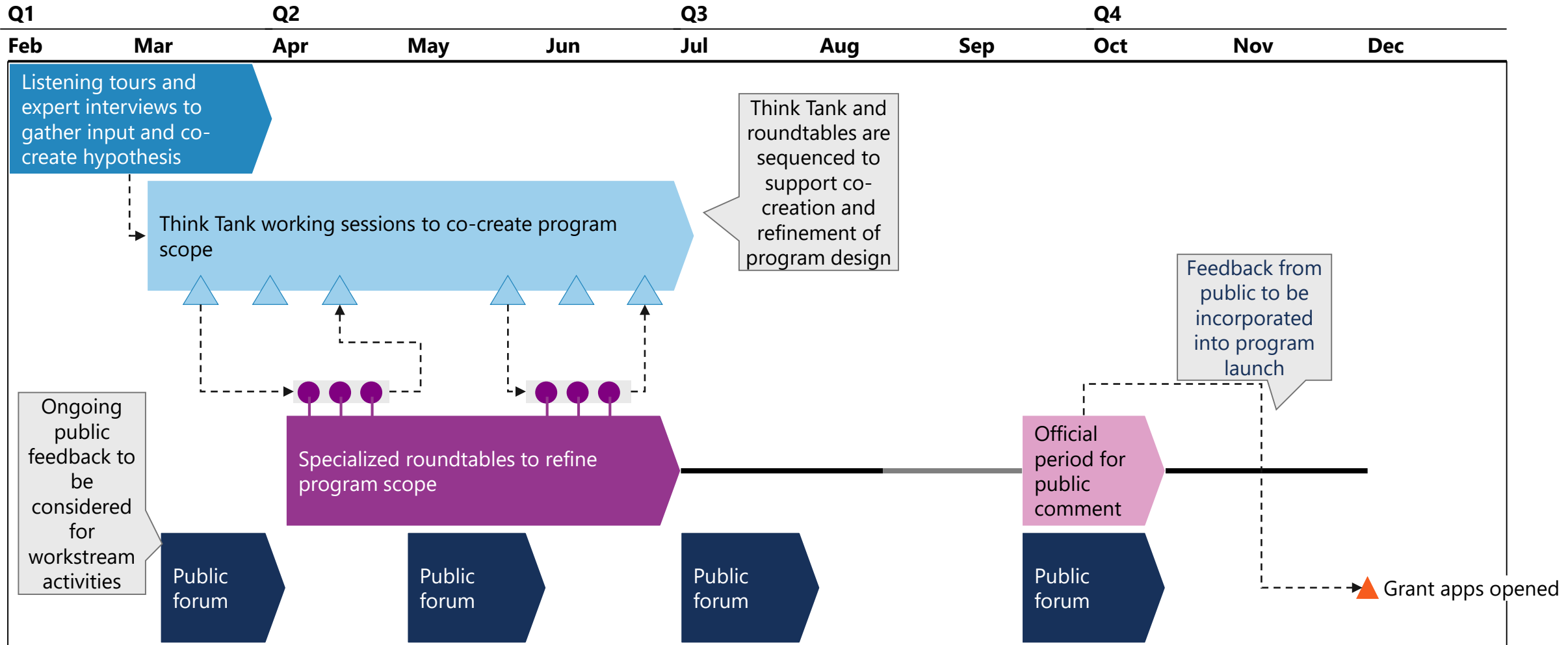
- No BH program or platform address all capabilities with fewer than ten providing half of the potential capabilities
- Programs tend to provide broader set of core capabilities (e.g., educational material, assessment of BH need)
- Platforms tend to provide a narrower set of capabilities with a focus on specific functionality and have a higher propensity for innovation (e.g., AI-based treatment)
- BH Virtual Services and E-Consult Platform may require working with multiple existing programs / platforms
- There are existing programs that cover the majority of E-Consult needs

		Platforms				Programs		
Capability group	Capabilities ²	Platform totals (out of 422)	For child & youth (out of 47)	For adults supporting children & youth (out of 9)	For general public (out of 366)	Program totals (out of 21)	For child & youth (out of 4)	For general public (out of 17)
1 Learn about BH	1a Learn about BH	76%	83%	67%	74%	100%	100%	100%
	1b Interactive content for children, youth, and families	26%	57%	44%	21%	24%	50%	18%
	2a Assess my BH	32%	30%	56%	30%	48%	50%	47%
2 Assess my BH	3a Connect with peer support resources	17%	11%	11%	18%	67%	100%	59%
	3b Connect with relevant community support	7%	11%	11%	7%	52%	100%	41%
	4a Identify appropriate level and type of BH care needed	16%	15%	33%	15%	14%	0%	18%
3 Connect with peers	4c Understand my rights and benefits	12%	2%	22%	13%	10%	0%	12%
	4d Get AI-based digital BH assistance	18%	19%	11%	18%	0%	0%	0%
	4e Connect with a BH coach / peer virtually	17%	19%	11%	15%	5%	0%	6%
4 Help me find and get BH care ³	4f Access telemedicine-based BH care	31%	21%	78%	30%	14%	0%	18%
	4g Connect with crisis support	8%	21%	22%	4%	100%	100%	100%
	4h Connect to care covered by payor	17%	17%	22%	17%	33%	0%	41%
5 Manage my BH	4i Connect to care provided by community-based BH organizations	4%	11%	11%	3%	38%	75%	29%
	5a Self-monitor my BH	44%	43%	44%	44%	10%	0%	12%
	5b Keep my providers/caregivers informed	18%	36%	33%	15%	0%	0%	0%
6 Provider-to-provider E-Consult	6a E-Consult with BH professionals for my patients' behavioral health needs	5%	6%	11%	4%	0%	0%	0%

1. Market scan of BH platforms does not replace a robust RFI process that DHCS / state may use to solicit market input
2. Includes subset of Level 2 capabilities (excluding 4b: Share list of treatment resources); Mapping for remaining capabilities is in progress
3. Includes Level 1 capabilities: Care information and coverage, Get virtual care, Get care in the community
4. Connect with therapist, psychologist, or psychiatrist virtually

Stakeholder engagement – BH Virtual Services Platform

■ Build accountability & transparency
 ■ Develop and co-create hypotheses
 ■ Review and refine
 ■ Syndicate and validate
 ■ Test & scale



Overview of BH Virtual Services and E-Consult Platform Think Tank



Think tank

Goal: To convene stakeholders to provide input and information to guide DHCS design and decision-making with regards to determining capabilities offered on the BH Virtual Services and E-Consult Platform and factors to operationalize and drive adoption for the platform amongst children and youth

Who: Experts from academia, providers, non-profits and industry, as well as youth and relevant community members. Membership has been finalized



Schedule BH Virtual Services and E-Consult Platform Think Tank sessions

Session 1: Thursday, April 21st 10am – 12pm (virtual)

Session 2: Wednesday , May 4th 10am – 4pm

Session 3: Thursday , May 19th 10am – 4pm

Session 4: Thursday , June 16th 10am – 4pm

Session 5: Friday, June 17th 10am – 4pm

Session 6: Thursday , July 14th 10am – 4pm

Session 7: Thursday , July 28th 10am – 4pm

Session 8: TBD, September

BH Virtual Services and E-Consult Platform Think Tank Members

Rotating Youth

Jared Chapman

Raising the Future / Parents Anonymous Inc.

Diane Dooley, MD, MHS, FAA

University of California San Francisco

Matthew Madaus

Behavioral Health Collaborative of Alameda County

Peter Dy

California Primary Care Association

Michael Fu

Hazel Health

Leticia Galyean

Seneca Family of Agencies

Niti Kadakia

Kaiser Permanente

Bryan King, MD

University of California San Francisco

Steven Kite

National Alliance on Mental Illness,
California

Ann-Louise Kuhns

California Children's Hospital Association

Margaret Laws

HopeLab

Kim Lewis, JD

National Health Law Program

Nina Moreno

Safe Passages

Armen Arevian, MD, PhD

Chorus Innovations

Theresa Nguyen

Mental Health America

Merritt Schreiber

University of California Los Angeles

Stephen Schueller

University of California Irvine

Petra Steinbuchel, MD

Child & Adolescent Psychiatry Portal

Chris Stoner-Mertz

California Alliance of Child and Family Services

Josh Morgan

SAS

Jevon Wilkes

California Coalition for Youth

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Coverage ambassadors	5 mins

Public Health Emergency (PHE) Unwinding

- » **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- » **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- » **How you can help:**
 - » Become a **DHCS Coverage Ambassador**
 - » Download the Outreach Toolkit on the [DHCS Coverage Ambassador webpage](#)
 - » [Join the DHCS Coverage Ambassador mailing list](#) to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
 - **Launch immediately**
 - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
 - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
 - **Launch 60 days prior to COVID-19 PHE termination.**
 - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

Questions?

DHCS CYBHI Contact
Information

DHCS Contact Information for Questions/Feedback:
CYBHI@dhcs.ca.gov

DHCS Children & Youth Behavioral Health Initiative
[Webpage](#)

DHCS School Behavioral Health Incentive Program
(SBHIP) [Webpage](#)

DHCS Behavioral Health Continuum Infrastructure
Program (BHCIP) [Webpage](#)

CalHOPE Student Support [Webpage](#)