

CYBHI

Children and Youth
Behavioral Health Initiative



Quarterly Public Webinar

September 14, 2023



Welcome and Today's Agenda

Melissa Stafford Jones (CalHHS)



Agenda

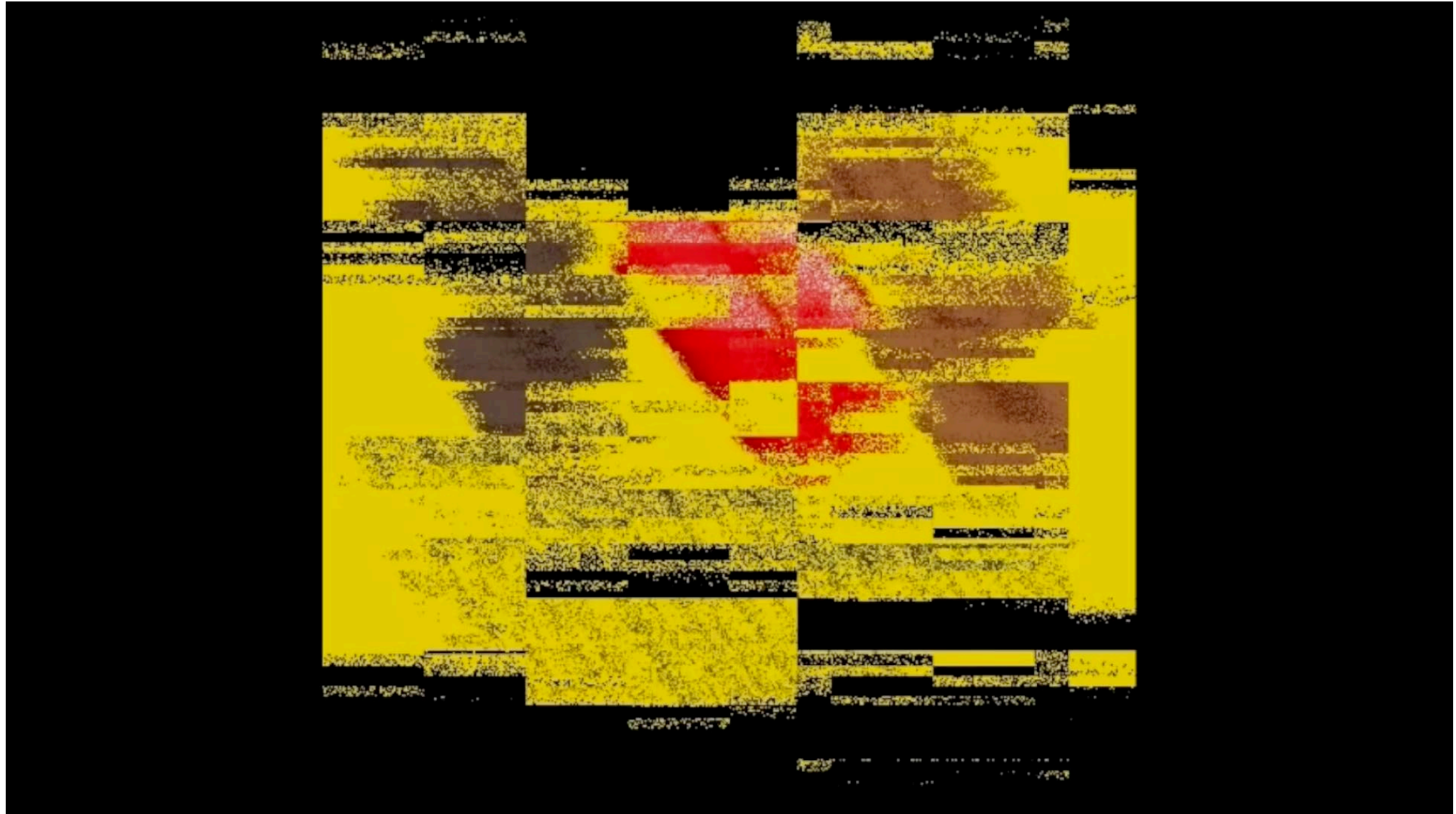
Topic	Time	Sub-topics
Welcome and Today's Agenda	2:00-2:05	<ul style="list-style-type: none">Welcome from Melissa Stafford Jones (CalHHS)
Stories from the Field	2:05-2:10	<ul style="list-style-type: none">Bright Spot From Youth: Black Students Achievement Plan (BSAP) Documentary by LA Students Deserve
CYBHI Initiative-Wide Updates	2:10-2:15	<ul style="list-style-type: none">Resources and CommunicationsSupporting System Collaboration
Workstream Updates	2:15-3:15	<ul style="list-style-type: none">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)
Workstream Deep-Dives	3:15-3:40	<ul style="list-style-type: none">Building Broad Workforce Capacity (HCAI)
Q&A / Closing	3:40-4:00	

Stories From The Field

Crissy Gallardo, Power Building Director (YoCali)



From Youth: Black Students Achievement Plan (BSAP) Documentary by LA Students Deserve



Initiative-Wide Updates

Melissa Stafford Jones (CalHHS)

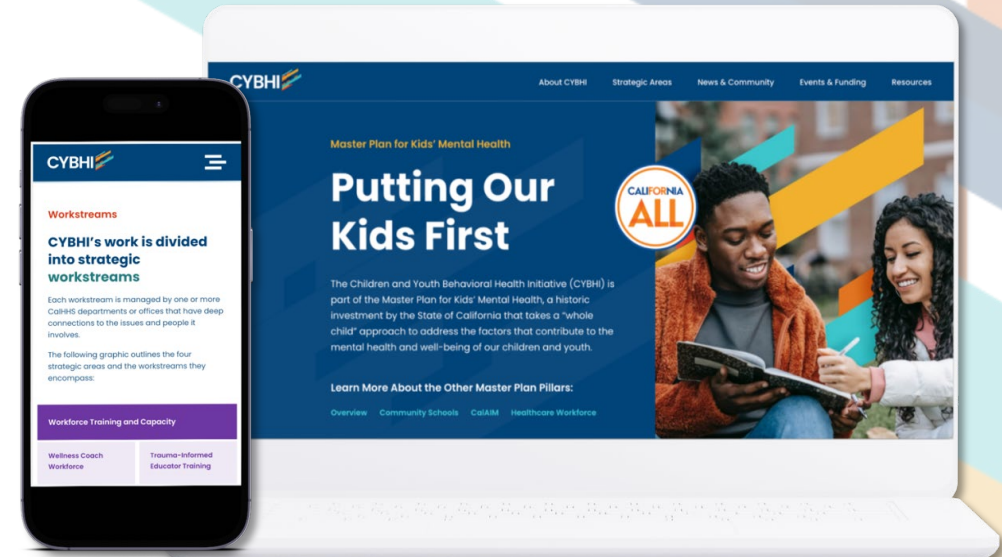


Resources and Communications

Since our June 9 webinar, the Children's and Youth Behavioral Health Initiative has made tremendous strides to expand the diverse range of behavioral and mental health supports we provide to children, youth, families, educators and more.

This included:

- Launching the CYBHI's new website
- Updating the CalHHS Youth Mental Health Resource Hub to include:
 - Back to School Resources and Toolkit
 - Youth Suicide Prevention Resources and Toolkit



Supporting Systems Coordination

We know that to create true systems change we must do things differently. This includes fostering a system of care built on collaboration and coordination across all of the various stakeholders who support our children, youth and family's wellbeing. As part of this goal, the Children's and Youth Behavioral Health Initiative invested into the following efforts:

- Data Sharing: State Health Information Guidance on HIPAA/FERPA
- Children, Youth, Family Engagement Network
- Demonstration Project: Coordinated Implementation of Community Schools and CYBHI



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)



Julie Rooney

TWO CYBHI WORKSTREAMS

1. ACEs and Toxic Stress
Public Awareness
Campaign
2. Trauma-Informed Training for
Educators and Early Care and
Learning



ACES AND TOXIC STRESS CAMPAIGN

1

Increase Awareness

Drive an increase in public awareness of ACEs and toxic stress.

2

Support Prevention + Mitigation

Support prevention and mitigation of ACEs and toxic stress by providing young people (ages 16–25) and caregivers of youth resources and strategies to manage toxic stress, heal from adversity, and end cycles of trauma.



KEY AUDIENCES



Primary: Youth and young adults (16-25)



Secondary: Caregivers
(emphasis on caregivers with youth ages 8-16)



Tertiary: Health care providers, educators, and
early care providers

CAMPAIGN TIMELINE



LISTENING SESSIONS

Total Participants: 74

Listening Session 1: CYBHI Children, Youth, and Family Network Meeting

- July 26, 2023; with individuals representing 14 organizations

Listening Session 2: UCAAN Youth and Young Adult Council

- August 1, 2023; 14 youth and young adults, 7 UCAAN representatives

Listening Session 3: UCAAN Young Adult Leaders

- August 2, 2023; 5 youth participants, 2 UCAAN representatives

Listening Session 4: Parents and Caregivers

- August 15, 2023; 9 participants

Listening Session 5: Youth and Young Adults

- August 17, 2023; 8 participants

Listening Session 6: UCAAN ACEs Aware Community Partners

- August 22, 2023; 14 individuals representing CBOs and 3 UCAAN representatives

Listening Session 7: UCAAN ACEs Aware Community Partners

- September 7, 2023; 10 participants representing CBOs and UCAAN/First 5 representatives

STAKEHOLDER ENGAGEMENT INSIGHTS

1

Offer various avenues of engagement, or a “choose your own adventure” approach to engaging with campaign.

2

Deliver available and realistic options for healing and support.

3

Evoke feelings of hope, relief and empowerment.

Honor that people have something to give and need agency in their own healing.

Stories combined with science.

Incorporate youth culture into creative elements of the campaign.



SAFE SPACES:

Foundations of Trauma-Informed Practice for
Educational and Care Settings



LAUNCHED JULY!

TAKE THE TRAINING

SAFE SPACES

Foundations of Trauma-Informed
Practice for Educational & Care Settings

WATCH NOW



OFFICE OF THE
CALIFORNIA
SURGEON GENERAL



LAUNCH METRICS TO DATE



40+ partners
supported the launch



93,000+
impressions
from K-12 Dive
news release



70,000+
impressions
via social media



147,000+
individuals
reached through
newsletters



35,000+
video views



1500+
individuals
have initiated
the training

EdSource Op-Ed

August 28, 2023

Metrics as of September 6, 2023



9,000+
impressions
via social media



377,000+
website visits
per month, EdSource



589,000+
potential reach
from partner
amplification

WHAT'S NEXT FOR SAFE SPACES?

- **Education Conferences**
- **Social Media/Newsletters**
- **School and Early Care Visits**
 - **Fullerton School District**
 - **First Five Orange County**



THANK YOU

Julie.Rooney@osg.ca.gov

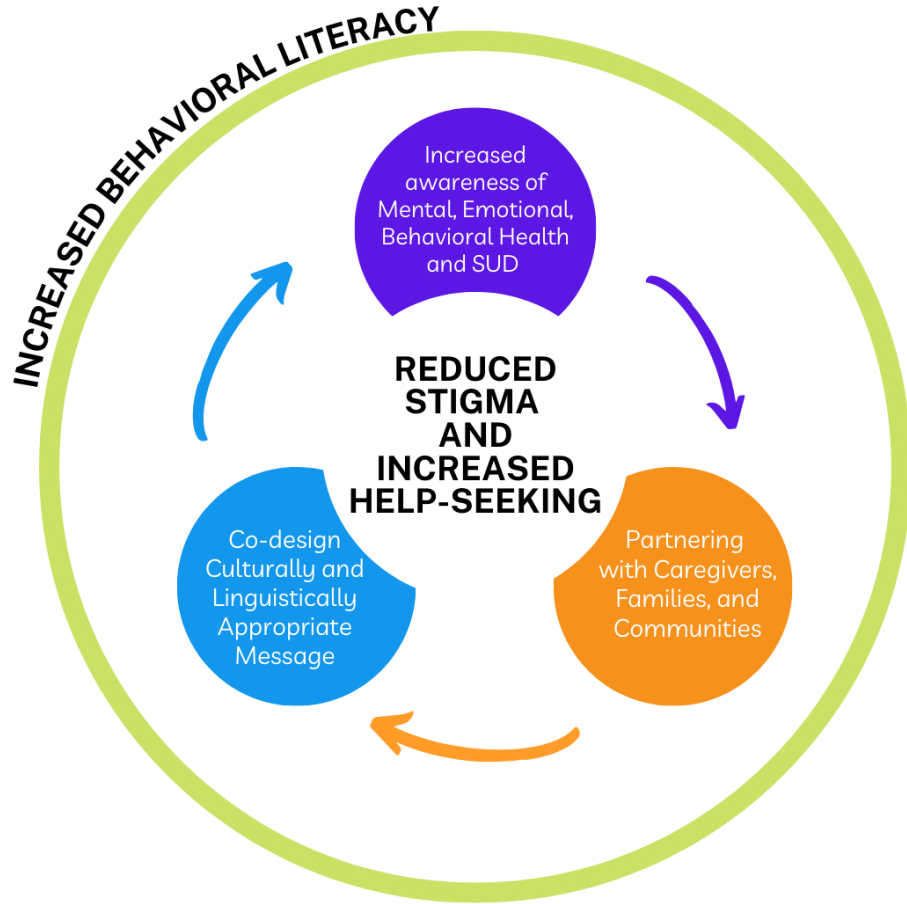


California Department of Public Health (CDPH), Office of Health Equity (OHE)

Ana Bolaños, MSW
Assistant Deputy Director



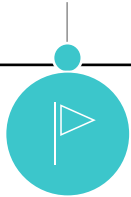
CDPH Public Education and Change Campaigns



- Statewide and local level public education and change campaigns to reduce stigma and increase help seeking behavior.
- Serving children and youth (0-25), caregivers, and families who are part of communities that are historically unserved, underserved, and inappropriately served.
- Spotlight on youth and caregivers from marginalized communities.

Statewide and Local Campaign Updates

September 2023



- Released **Statewide** Campaign Solicitation
- Receive **Statewide** Bid Proposals
- Selected **Local level** Admin Contractor

October - November 2023



- Award **Statewide** Contract
- Release **Local level** RFAs and select 25 - 30 CBOs

December 2023



- Execute **Statewide** and **Local level** Campaigns

Total Funding: \$100 Million

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

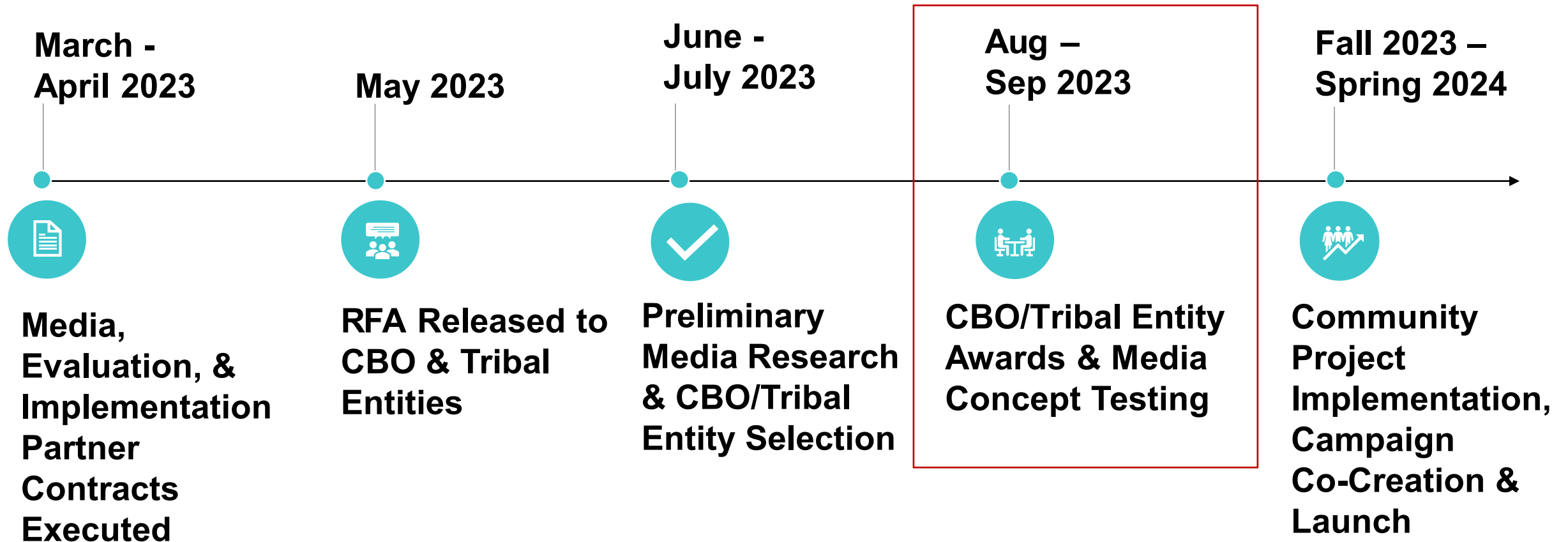
Campaign Goal: Reduce suicide ideation, attempts, and deaths by increasing awareness and utilization of resources, services, and supports among California youth up to age 25 who are disproportionately impacted by suicide.

Three main project components:

- A media campaign, co-created with youth. Audiences include youth who are Black/African American, Hispanic or Latinx, and American Indian/Alaska Native youth, and their peer and adult allies. Anticipated launch in Spring 2024.
- Community-level suicide prevention projects implemented by 34 CBO and tribal entity grantees, which will amplify and reinforce campaign messaging.
- Comprehensive evaluation to assess the overall impact of the project and identify promising suicide prevention practices.

CDPH/CHC Youth Suicide Prevention Media and Outreach Campaign

Timeline and Current Status



CDPH/CHC Youth Suicide Reporting and Crisis Response Pilot Program

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 services and follow-up supports within school and community settings.

Ten high-priority counties selected to participate:

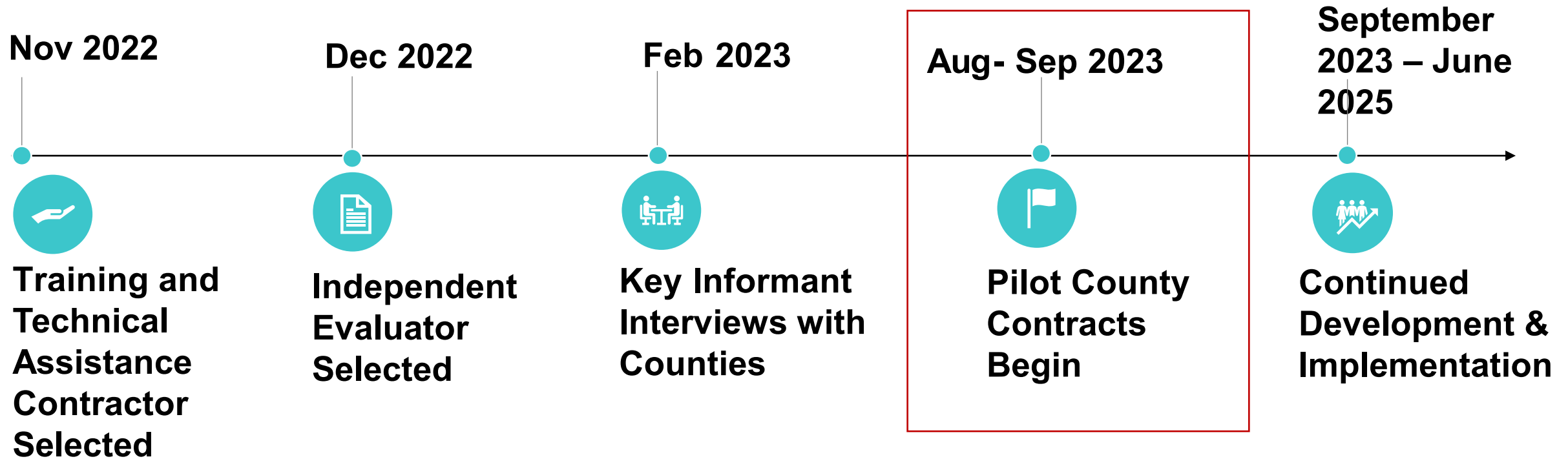
- *Alameda, El Dorado, Humboldt, Kern, Los Angeles, Riverside, Sacramento, San Diego, San Joaquin, and Solano.*

Activities to date:

- Contracts with all ten pilot counties initiated, completion expected September 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 Reporting and Crisis Response Pilot Program

Timeline and Current Status



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

DHCS Workstream Updates

DHCS Workstream Updates

- » Virtual Services Platforms for Youth and Parents/Caregivers
- » Statewide e-Consult Solution
- » Evidence-based and Community-defined Evidence Practices
- » Wellness and Mindfulness Grants

Virtual Services Platforms for Youth and Parents/Caregivers

Overview

In January 2024, DHCS will launch two statewide behavioral health virtual services platforms to provide free (regardless of payer), app-based behavioral health services and wellness supports for children and youth, ages 0-25, and their families.

DHCS is partnering with two vendors, Kooth (serving youth ages 13-25) and Brightline (serving parents/caregivers and children ages 0-12) to launch the digital tools.

Recent milestones

On August 31st, Kooth did a soft launch in two counties, Stanislaus and San Joaquin, to beta test the youth platform, which is live in the app store (CalHOPE Youth). During this period, Kooth will test the app features and capabilities with youth and obtain input from young people about the design, content, features and name of the app.

Currently being worked on

DHCS is finalizing its contract with Brightline, which will also launch in January 2024.

Kooth has been transforming youth behavioral health care for over 20 years

We started with a demographic data analysis to build a picture of our core segments, and how we can best reach these groups.

Increased Access

No barriers
Safe space
Health equity

Early Intervention & Responsive Support

User agency
Person-centric
Strengths-focused

Therapeutic & Social Outcomes

Innovative
Outcomes
that youth want to achieve

Kooth by the numbers...

Over 10.8 million youth
(10-25) have access

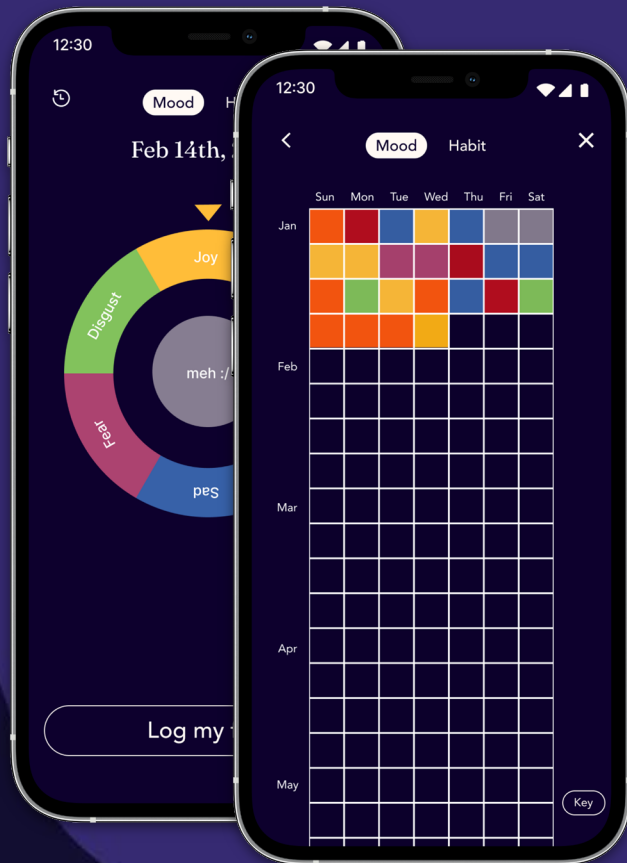
>1m hours professional
support

400+ employees

Onsite team in California

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

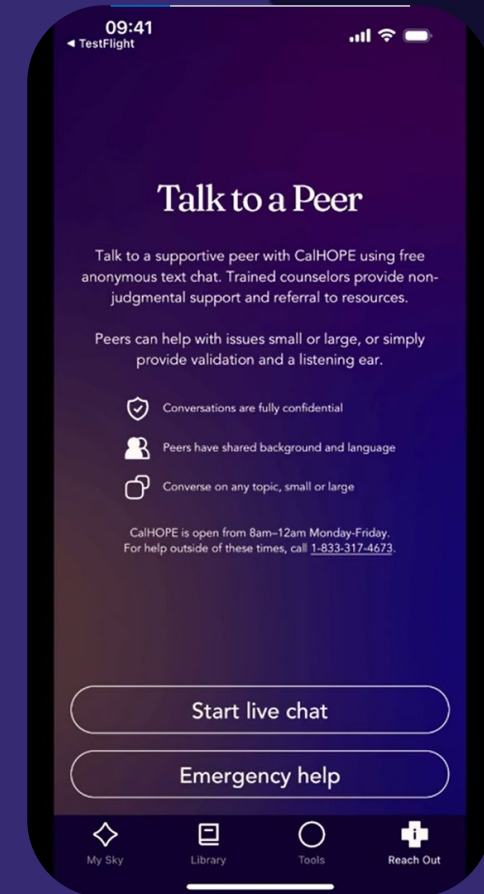
Self Help



Content and Community



Virtual Support



Brightline Overview

Founded in Palo Alto, California 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

Nationwide support for children, teens, and caregivers through health plan and employer partners **60M covered lives, 500+ employers**)

Brightline services as part of BHVS - *Free of cost to CA residents*

POPULATION SERVED

- Children 0-12
- Caregivers of children 0-12

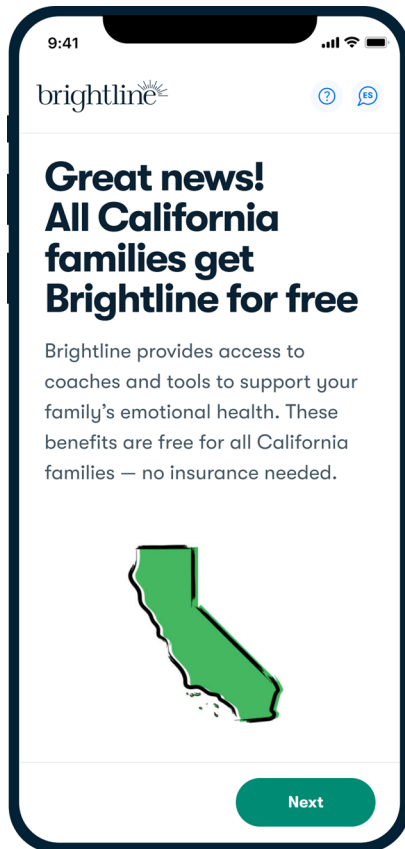
NEEDS ADDRESSED

- Developmental milestones
- Social, emotional well-being
- Emotional regulation
- Sleep
- Sadness
- Anxiety/worries
- Disruptive behaviors
- School, work, or relationship stress
- Emotional distress (e.g., loneliness, social isolation, grief)
- Much, much more!

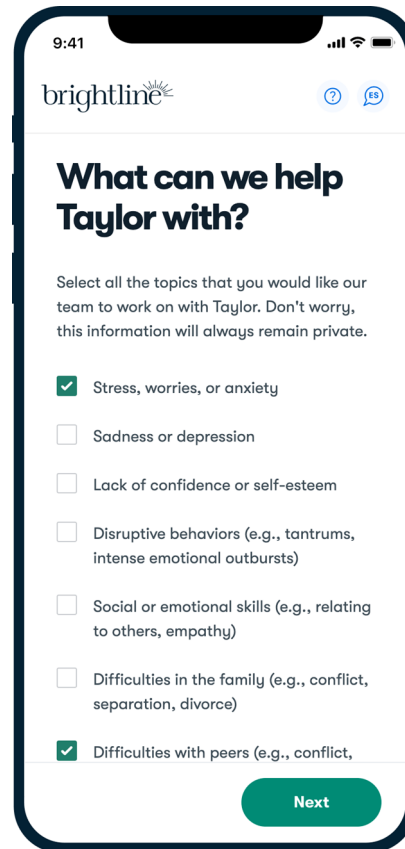
SERVICES PROVIDED

- **Coaching** - live and chat-based
- **Community forums** - moderated peer forums for caregivers to connect with one another
- **Digital resources** - topic-based and searchable articles, videos, podcasts, exercises, and assessments
- **Care coordination** - front door for all children, navigation to local resources to meet families' needs beyond the support Brightline provides
- Support in all Medi-Cal threshold languages

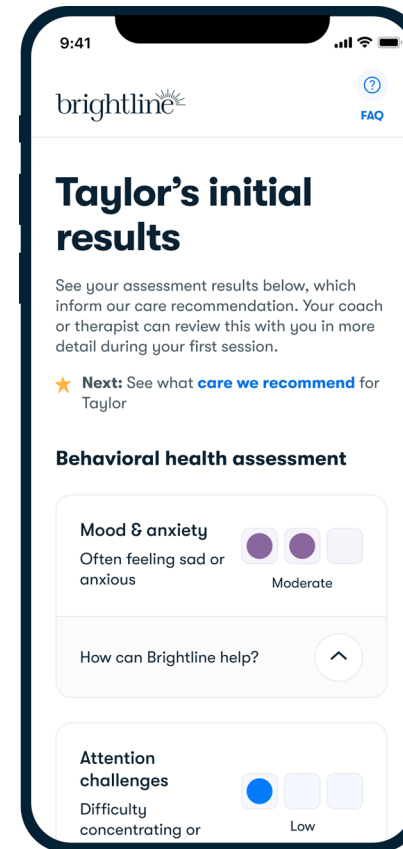
Mental health support powered by people, amplified by technology



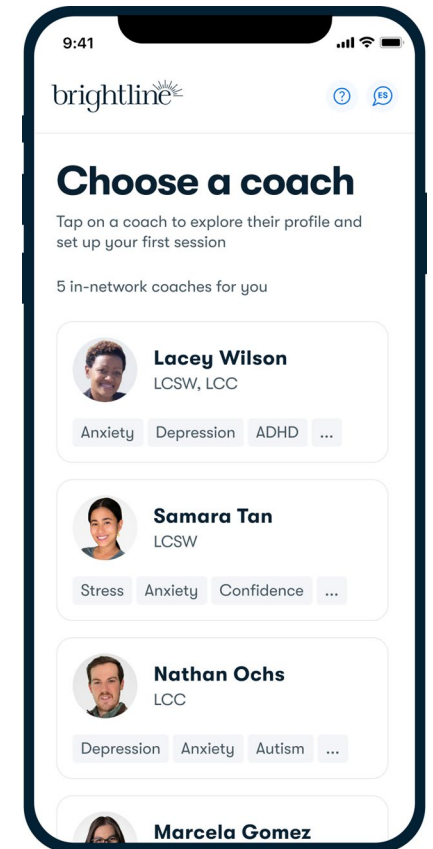
Program for
California
families



Upfront needs
assessment

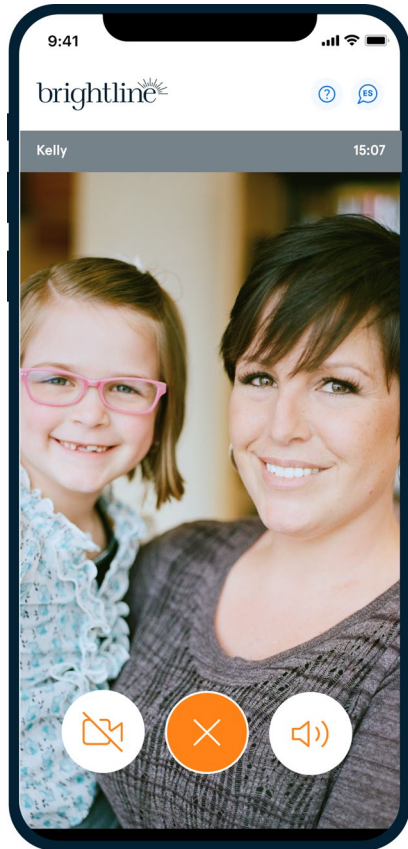


Results review &
next steps

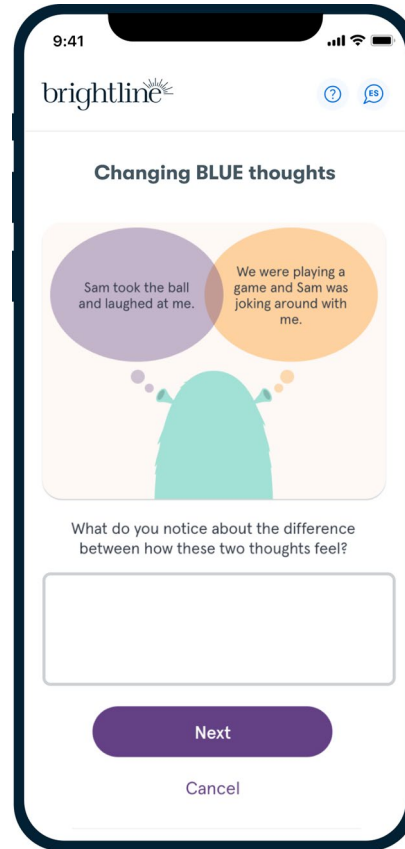


Coach selection

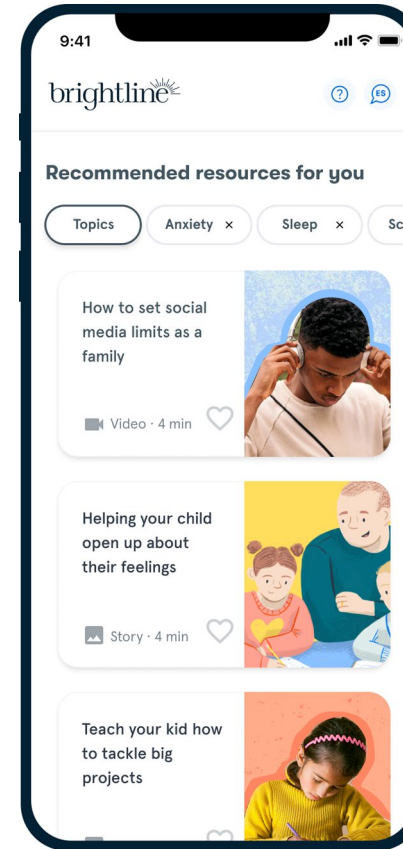
Mental health support powered by people, amplified by technology



Live sessions with
dedicated expert coach



Digital exercises
to support care



Tailored content
recommendation
s



Coach chat for
questions & guidance

Statewide e-Consult Solution

Overview

In January 2024, DHCS will implement a statewide e-Consult service for pediatric and primary care providers to connect with behavioral health providers. This will strengthen the workforce and improve the capacity of primary care providers and pediatricians to provide behavioral health treatment to children, youth, and young adults. DHCS is partnering with UCSF Child Adolescent Psychiatry Program (CAPP) to launch the service. To date, DHCS and UCSF have engaged extensively with leading experts on e-Consult services to inform the design of this statewide solution.

Recent milestones

UCSF completed a process to identify a technology-services vendor to support the statewide launch of the e-Consult service

UCSF met with Chapter 1 of the American Academy of Pediatrics to conduct a workshop and get input on the statewide e-Consult service

Currently being worked on

DHCS is finalizing its contract with UCSF

DHCS and UCSF are finalizing the launch milestones and product roadmap

Overview of the 6 EBP/CDEP grant program rounds

■ Current focus

EBP/CDEP grant rounds	Amount	Status
Round 1: Parent / Caregiver Support Programs and Practices	\$30.5M	Awarded \$30.5M across 63 entities on July 6th, 2023 – Grant kick-off session coming soon!
Round 2: Trauma-Informed Programs and Practices	\$100M	Preparing to announced award decisions October 10 th
Round 3: Early Childhood Wraparound Services	\$60M	Open for application submission (deadline Oct. 6 th)
Round 4: Youth-Driven Programs (MH SOAC)	\$50M	Open for application submission (deadline Sept. 15 th)
Round 5: Early Intervention Programs and Practices (MH SOAC)	\$80M	Open for application submission – (deadline November 3 rd)
Round 6: Community-Defined Evidence Programs and Practices (CDEPs)	\$30M	To be released Fall/Winter 2023

Round 3 specific focus (non-exhaustive):

- Increase access, sustainability, and coordination of home visiting services and consultation services that are culturally and linguistically representative of and responsive to the needs of communities they serve
- Improve caregiver wellbeing, as well as newborn and child health and development
- Strengthen the home-visiting workforce

Round 4 specific focus (non-exhaustive):

- Create and expand youth drop-in centers and/or other youth-driven programs designed with, by and for youth that reduce stigma, embrace mental wellness, increase community connection and provide access to culturally responsive services.
- Provide a safe space for children and youth to find community, support, and advice.

EBP/CDEP Grant Administrator

- » DHCS is partnering with the California Institute for Behavioral Health Solutions (CIBHS) and Heluna Health to serve as the third-party grant administrators
- » CIBHS and Heluna will contract with grantees across all rounds, support grant administration activities on behalf of DHCS and MHISOAC (rounds 4 and 5), provide technical assistance to grantees, monitor progress, report data outcomes.
- » DHCS and CIBHS are partnering with First 5 California to support organizations serving children ages 0-5 and families of young children.

Mindfulness, Resilience, and Well-being grants

Overview

The Budget Act of 2022 provided \$65 million for wellness and resilience building supports for children, youth, and parents. \$10 million of this funding is being utilized to help scale parent and family support programs across the state. With remaining funds and in partnership with the Sacramento County Office of Education (SCOE), the Department of Health Care Services (DHCS) will disseminate grant funding to each of the 58 County Offices of Education (COEs) to promote wellness and mindfulness programs to support teachers and students in TK-12 schools. The grants aim to establish schools as centers of mindfulness using local programming and incorporating the State's SEL4 ambassador program, which incentivizes college students with class credit for taking CalHOPE social and emotional learning (SEL) trainings.

Recent milestones

Memorandums of understanding are being completed to begin distributing grant funds to each COE to implement SEL, Mindfulness and Wellness Programming in Schools: including supporting 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.

Currently being worked on

Establishing a Social Emotional Learning and Wellness Conference in Q4

Finalizing UC Berkeley SEL Ambassadors' Course for 24/25 school year

CYBHI Fee Schedule

Vision for the Statewide Multi- Payer School- Linked Fee Schedule

Non-exhaustive

1. Managed Care Plan
2. Includes specializations in school counseling, school social work, school psychology
3. Pending State Plan Amendment approval for PPS credentialed providers for 2024 and Wellness Coaches for 2025

Source: California Welfare and Institution Code § 5961.4 ([link](#))

Establish a **sustainable funding mechanism** for school-linked behavioral health services that:

- **Increases access** to school-linked behavioral health services for children and youth
- **Applies to multiple payers** (incl. Medi-Cal MCPs¹, Medi-Cal fee-for-service, commercial health plans, and disability insurers) easing the uncertainty around students' coverage
- **Expands the types of practitioners eligible for reimbursement** for school-based behavioral health services to include **Pupil Personnel Services² credentialed providers and Wellness Coaches³**
- **Creates a more approachable reimbursement model for schools**, given the shift to fee-for-service reimbursement (as opposed to existing cost resettlement programs)
- **Eases burdens around contracting, rate negotiation and navigation of delivery systems** with State-established rates for all included services
- **Provides state-funded supports for payers and providers**, with a third-party administrator being piloted in 2024 to manage the provider network and facilitate claims administration


About the CYBHI Fee Schedule – an [Introductory Video \(YouTube\)](#)



Phased approach: Overview

DRAFT AS OF 08/29/23

FOR DISCUSSION | NOT EXHAUSTIVE

	2024		2025 
<i>Preliminary, non-exhaustive</i>	Jan Phase 1 – Early Adopters <i>Optimize learnings through diverse partners</i>	~July Phase 2 – Select Expansion	~Jan onwards Phase 3-Rolling Opt-In
Cohort Participants <i>All proposed cohorts include associated commercial plans and MCPs²</i>	Representative group of LEAs¹ with: <ul style="list-style-type: none"> Some existing Medi-Cal infrastructure (e.g., Medi-Cal enrollment, partnerships with MCPs² who participate in SBHIP³) Willingness and capacity to participate <i>Additional criteria to be determined by DHCS</i>	Expansion to: <ul style="list-style-type: none"> Additional LEAs¹ Select California Community College campuses <i>Approach for selecting Phase 2 partners to be further determined by DHCS</i>	Includes all LEAs¹ and public higher education campuses (including California Community College, California State University, and University of California campuses) – on a rolling opt-in basis <i>Note: Ongoing opportunities to register / enroll every 6 months</i>

Note: DHCS may consider awarding School-Linked Partnerships and Capacity Grant funding to LEAs¹ and public institutions of higher education contingent on their commitment to joining the school-linked behavioral health provider network on a specific date

1. Local Educational Agencies (LEAs) include charter schools, county offices of education, California Schools for the Deaf and Blind; 2. Managed Care Plan; 3. Behavioral Health Student Behavioral Health Incentive Program

DRAFT AS OF 08/29/23

FOR DISCUSSION | NOT EXHAUSTIVE

Cohort 1 selection: Two- Step Application Process

- ☒ **Step 1 - August 21, 2023:** Interested County Offices of Education (COE) completed a statement of interest, indicating the set of Local Educational Agencies (LEA) they believed would be participants who are suitable for Cohort 1 based on the criteria established by DHCS

DHCS then reviewed COE completed surveys and sent approved LEAs an application package that included an LEA statement of interest survey AND minimum operational readiness requirements

- ☐ **Step 2 - October 6, 2023:** LEAs who were approved by their COE in Step 1, must submit a completed application package and supporting documentation to DHCS for approval

1. DHCS provided each COE with a list of LEAs who are Medi-Cal enrolled and partner with MCPs who participate in SBHIP; In addition, COEs had an opportunity to "write in" LEA names

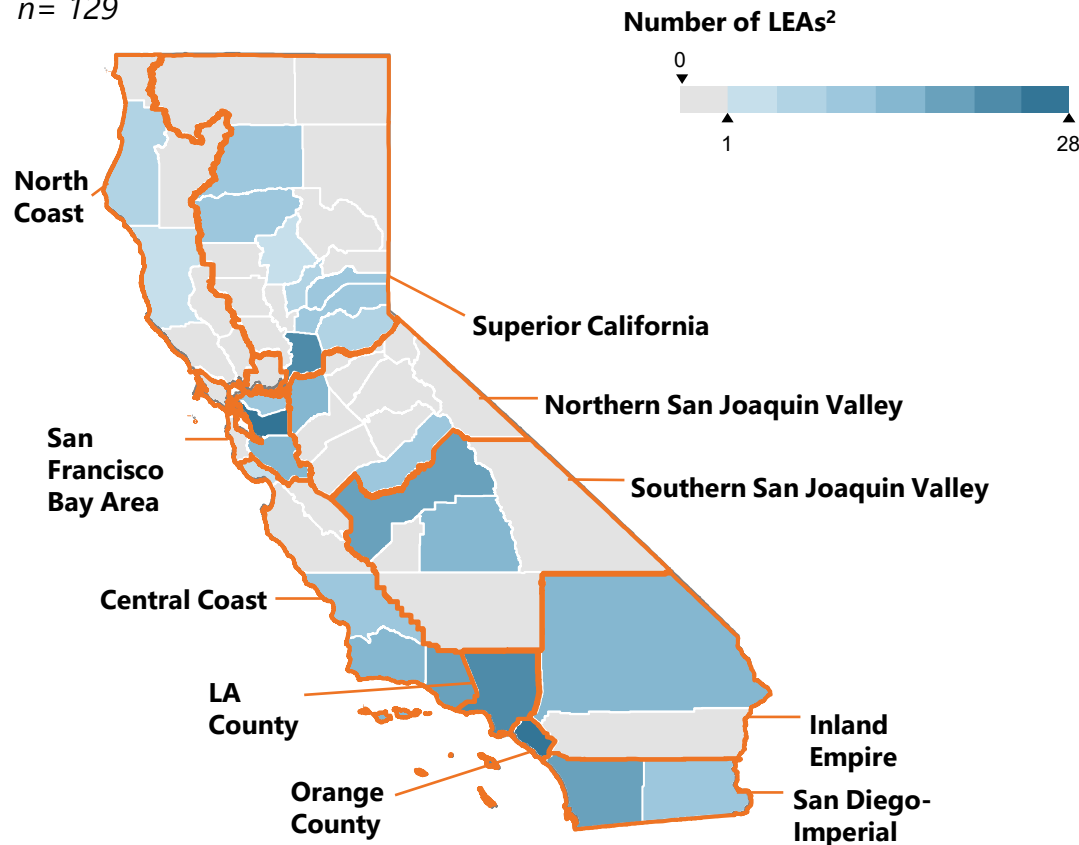
Cohort 1 selection: County Office of Education Statement of Interest

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FOR DISCUSSION | NOT EXHAUSTIVE

Potential Cohort 1 participants by county, # of LEAs²

n= 129



Additional detail *(data as of 8/23/2023)*

Statement of interest survey was sent to all COEs,¹ representing ~190 LEAs² deemed by DHCS as “able” to participate in Cohort 1. Of these:

30 COEs¹ responded, indicating a total of **129** LEAs^{2,3} who they believed should be considered as Cohort 1 participants. This group of LEAs² includes:

45% (26) of counties

34% (2M) of students across California’s TK-12 public schools

59% (1.2M) of Free and Reduced-Price Meal program participants, compared to 53% state average

1. County Office of Education; 2. Local Educational Agency; 3. Analysis includes LEAs who were deemed “able” by DHCS (existing Medi-Cal enrollment and partnership with MCPs who participate in SBHIP) and LEAs which COEs wrote into statement of interest in addition
Source: COE Statement of Interest responses, CDE data

Cohort 1 selection: Two-Step Application Process

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Local Educational Agency (LEA) statement of interest including...

- A. LEA¹ contact information
- B. Rationale for inclusion in Cohort 1
- C. Indication of which schools or school-linked sites would participate in Cohort 1
- D. Willingness to engage with DHCS and its partners in a learning cohort (including the State's third-party administrator)

LEA operational requirements, including...

See details to follow

- A. Medi-Cal enrollment
- B. Service delivery infrastructure and capacity building
- C. Data collection and documentation
- D. Billing infrastructure

1. Local Educational Agency

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

Cohort 1 selection: Operational requirements

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A. Medi-Cal enrollment

LEAs¹ must **be Medi-Cal enrolled** and meet all federal and state requirements for enrollment

LEAs¹ must agree to complete / submit **all necessary agreements** and certificates of insurance (*to be determined by DHCS²*)



B. Service delivery infrastructure and capacity building

LEAs¹ must demonstrate that they **have capacity and infrastructure to deliver services** (e.g., practitioners who are eligible to provide behavioral health services included in the fee schedule)



C. Data collection and documentation

LEAs¹ must have defined policies and protocols for **collecting, storing, and transmitting data on:**

- Student information
- Provider network information
- Provision of behavioral health services



D. Billing infrastructure

LEAs¹ must demonstrate their **ability to collect and submit sufficient claims information** to the TPA³

LEAs¹ must have the billing infrastructure in place to **receive payments**

In addition to requiring LEAs¹ to complete the above requirements, **DHCS will consider holistic factors** such as geography (e.g., urbanicity, region), coverage (e.g., student population size, Free and Reduced-Price Meal (FRPM) participation), etc.

1. Local Educational Agencies, 2. Office of Legal Services; 3. Third-Party Administrator

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

Select milestones for fee schedule

Note: Timeline illustrated is intended to be latest dates feasible to enable January 2024 launch ¹

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FOR DISCUSSION | NOT EXHAUSTIVE

★ Current status

◆ Cohort 1 "go live"

August 2023

- Statement of interest shared with COEs² (8/8)
- Statement of interest and operational readiness review shared with COEs² and LEAs⁷ (8/29)

October 2023

- TPA⁵ selected
- Draft guidance document published for plans and providers
- Initial School-Linked Grant funding dollars distributed to COEs²/LEAs⁷
- Initial approach for Cohort 2 selection developed
- Draft fee schedule scope of services, provider types, and rates announced

December 2023

- Cohort 1 LEAs⁷ finalized
- SPA³ approved by CMS⁴
- TPA⁵ contract executed and TPA⁵ onboarded
- Final fee schedule published

February 2024

- Technical assistance support sessions held (*ongoing through 2024*)
- Cohort 2 readiness reviews begin

September 2023

- SPA³ submitted to Office of Tribal Affairs and CMS⁴
- TPA⁵ RFI⁶ released and closed
- Technical assistance support held for Cohort 1 applicants
- Draft guidance document shared with cross-divisional partners for feedback
- Initial School-Linked Grant MOUs⁸ in place with COEs²/LEAs⁷

November 2023

- Review of potential Cohort 1 LEA⁷ readiness documentation completed

January 2024

- **Fee schedule launch**
- Technical assistance support sessions held (*ongoing through 2024*)
- Cohort 1 LEAs⁷ begin submitting claims under the fee schedule

Potential flexibility on when claims are received versus paid depending on timelines for system changes

1. Completion of milestones prior to end of month, unless otherwise indicated; 2. County Office of Education; 3. State Plan Amendment; 4. Centers for Medicare & Medicaid Services; 5. Third-Party Administrator; 6. Request for Information; 7. Local Educational Agency; 8. Memorandum of Understanding

**Technical
Assistance and
CYBHI Learning
Opportunities**

Office Hours for Fee Schedule Cohort 1

- September 14, 2023: 4:00 pm - 5:00pm
- September 28, 2023: 9:30 am - 10:30 am
- Register [here](#) for both events.

What resources are available to support local education agencies?

School-linked grants: Support for schools in building fee schedule readiness capabilities

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FOR DISCUSSION | NOT EXHAUSTIVE

School-linked partnership and capacity grants workflow

DHCS will disburse \$550M in grants, with a goal to support capacity, infrastructure, and partnerships necessary for fee schedule readiness, including:

1. \$400 in K-12 grants¹
2. \$150M in higher education grants²

Examples of **eligible expenditures** may include:

- **Modifying physical space** or purchasing technology to provide more or more types of behavioral health services
- **Purchasing new software licenses** for electronic medical records to better manage healthcare data
- **Increasing administrative capacity** to facilitate the billing and claims process

Operational readiness requirements to utilize the fee schedule

As determined by DHCS, subject to change

- **Medi-Cal enrollment** to receive state and federal funds,
- **Infrastructure and capacity to provide behavioral health services** that meet all students' needs,
- **Tools and practices to collect and document data** about student healthcare coverage and health services, and
- **Claims submission and administration** technology and skills

1. For publicly funded schools, charter schools, California School for the Deaf, California School for the Blind, and Bureau of Indian Education schools; 2. For publicly funded higher education institutions: University of California system, California State University system, and California Community Colleges;

Source: DHCS, external stakeholder meetings (e.g., fee schedule working group); Children and Youth Behavioral Health Initiative act [5961 - 5961.5] ([link](#))

DRAFT AS OF 08/29/23
FOR DISCUSSION | NOT EXHAUSTIVE

School-Linked Grants: Statewide Lead SOE

Grant distribution model for public institutions of higher education to be determined by DHCS in the coming months



Statewide Lead County Office of Education (COE) as a Third-Party Administrator (TPA) for TK-12 grants



DHCS is partnering with the Sacramento County Office of Education (SCOE) and the Santa Clara County Office of Education (SCCOE) to operate as the Statewide Lead COEs to:

- **Implement a model** established in partnership with DHCS that supports leveraging the expertise of the Statewide Lead COE
- **Act as a fiscal intermediary** to disburse grant funding to all 58 COEs
- **Serve as a coordinator** with COEs to simplify the grant administration process
- **Administer the grants and monitor grant implementation activities**
- **Offer robust technical assistance** that is tailored to the needs of COEs and LEAs¹ to enable every county begin utilizing the CYBHI fee schedule

1. Local Educational Agency

Source: DHCS, discussions with stakeholders (e.g., COEs)

Example uses of school-linked partnership and capacity grants to help Local Educational Agencies meet operational readiness requirements

PRELIMINARY AS OF 9/1/2023; NON-EXHAUSTIVE

Operational readiness requirement	Example uses of grant funds
A. Medi-Cal enrollment	N/A – DHCS does not expect any additional funds will be necessary to help entities enroll in Medi-Cal
B. Service delivery infrastructure and capacity building	<p>Hire or contract more eligible providers to provide sufficient behavioral health services to students</p> <p>Modify their physical space (e.g., creating a wellness room) or enabling infrastructure (e.g., provide iPads to access virtual services) to increase access to behavioral health services</p>
D. Data collection and documentation	Build or invest in data exchange/collection system infrastructure (e.g., EMR ³) for management of behavioral health care
C. Billing infrastructure	Build adequate administrative capacity to facilitate the billing and claims process (e.g., billing and claims specialists, medical administrative assistants) and a technology solution to facilitate the billing and claims process

1. School-linked services; 2. Local educational agency; 3. Electronic medical records
Source: DHCS working sessions in 06/22, 07/22, and 08/22

DRAFT AS OF 9/1/23

NON-EXHAUSTIVE

Example uses of school-linked partnership and capacity grants to help expand student BH¹ services

Non-exhaustive

Example uses of funds include...



Dedicated campus space for students to access BH¹ services and platforms (e.g., building (part of) a wellness center, dedicating classrooms during after school times for BH¹ support)



Hiring and training/supervision of BH¹ providers and trusted adults on-campus (e.g., psychologists, counselors, social workers), specifically costs incurred during the first two years



Implementation of selected EBP²s/CDEP³s (e.g., trainings for teachers, drop-in centers, peer-to-peer programs, wellness and mindfulness programs, etc.)



CYBHI⁴ Behavioral Health Virtual Services platform and tools for students to access this service (e.g., tablets or computers from which services can be accessed)



Partnerships with MCPs⁵, county BH¹, and CBOs⁶ to deliver BH¹ services



Outsourced clinical training model (e.g., funding graduate students to provide BH¹ services on campus)



Universal BH¹ screenings to identify emerging BH¹ needs amongst the student population

1. Behavioral health; 2. Evidence-based practices; 3. Community-defined evidence practices; 4. Children and Youth Behavioral Health Initiative; 5. Managed Care Plans; 6. Community-based organizations

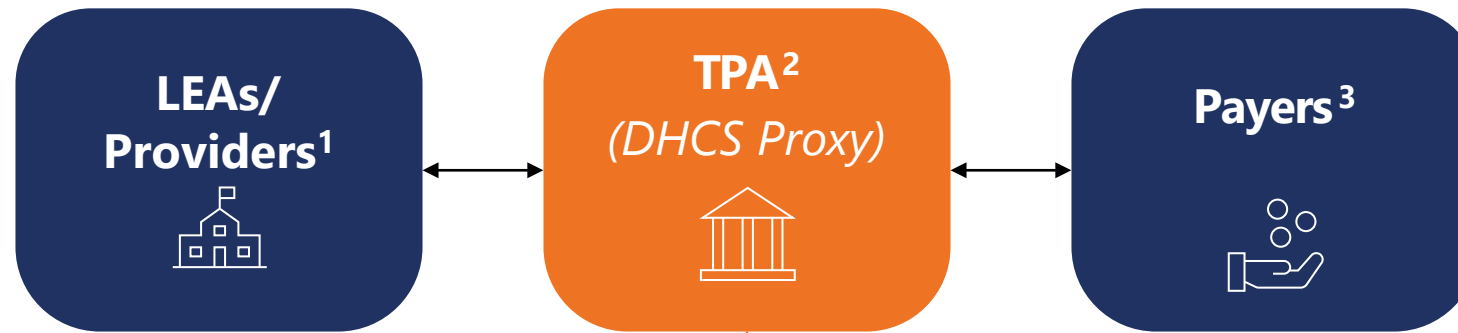
Source: DHCS working sessions in 06/22, 07/22, and 08/22

What about state infrastructure?

Operationalizing the fee schedule: Contracting with a third-party administrator

DRAFT AS OF 08/29/23

FOR DISCUSSION | NOT EXHAUSTIVE



The DHCS will contract with a TPA² vendor to:

- A. Manage the provider network** of qualified school-linked providers billing under the fee schedule, and
- B. Serve as a claims clearinghouse** to process claims and remit payments under the fee schedule,
- C. Support providers and payers** with onboarding, technical assistance, etc.

1. Local Educational Agencies (LEAs) and public institutions of higher education
2. Third-Party Administrator
3. Managed Care Plans, Medicaid Fee-For-Service, and commercial plans
4. Request for Information

Next steps:

- **Launch RFI⁴ to refine potential scope of work** and begin sourcing TPA¹ (*anticipated in early September*)
- **Refine proposed operating model between TPA¹ and payers** based on input from stakeholders and the RFI⁴
- **Onboard TPA(s)¹** (*November 2023*)

Note: Intention is to contract with the TPA¹ as a pilot in year 1, using the ~\$10M requested in the May budget revise

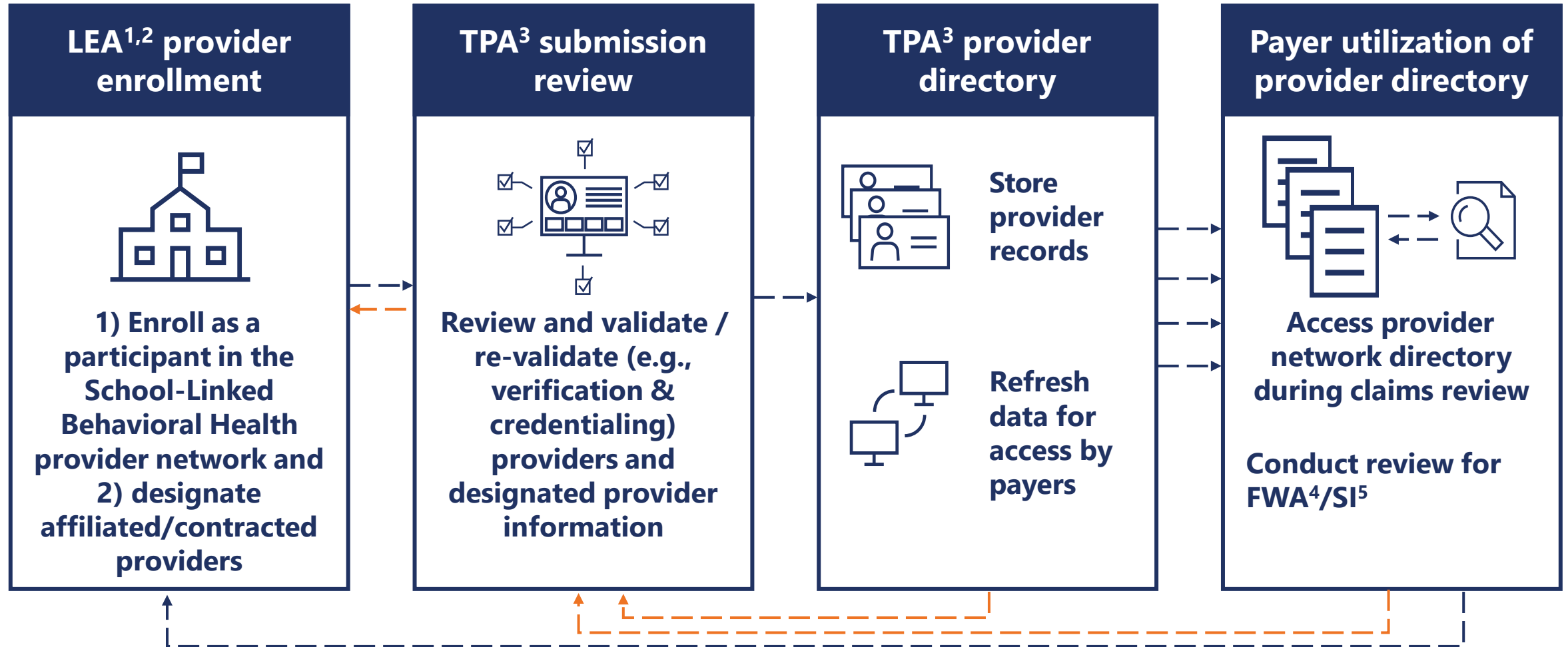
Provider network management: Illustrative roles and responsibilities of the third-party administrator

DRAFT AS OF 07/13/23

FOR DISCUSSION | NOT EXHAUSTIVE

— —> Standard provider network management process

← — Ad hoc refresh of provider directory



Provider network continuously managed and updated based on 1) input from LEA², 2) periodic verification from TPA¹, and 3) request for verification from payer

Claims administration and payment remittance: Illustrative roles and responsibilities of the third-party administrator

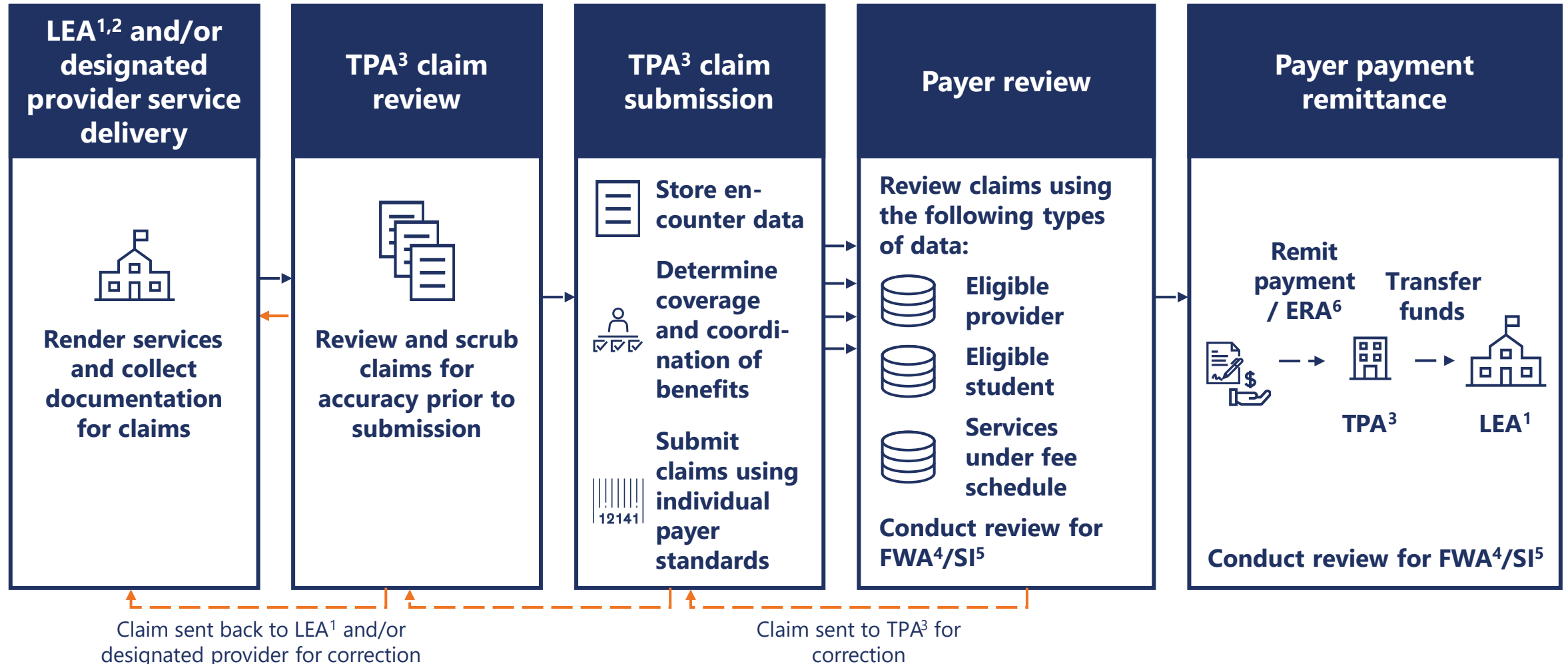
Additional detail on outstanding questions to follow

DRAFT AS OF 07/13/23

FOR DISCUSSION | NOT EXHAUSTIVE

— —▶ Standard claim submission / payment process

◀ — — Claim correction / resubmission process



Fee Schedule TPA - Next Steps

- » DHCS will be releasing a Request for Information later this week, to be posted [here](#).
- » The RFI will assist DHCS in identifying potential vendors AND be a crucial vehicle for getting input on the TPA scope of work.
- » All implementing partners are encouraged to respond to the RFI to provide input and help shape the scope of work.

Contacts and Resources



Questions?

Contact DHCS:
CYBHI@dhcs.ca.gov

THANK YOU!

Department of Health Care Access and Information (HCAI)



Wellness Coach Workforce (HCAI)

Upcoming Work

Fall/Winter 2023, Marketing

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

Early 2024, 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.

Deep Dive Presentations

HCAI - Building Broad Workforce Capacity

Broad Behavioral Health Workforce (HCAI)

Accomplishments since June 2023

June 2023

- Awarded \$23.3 million to six organizations for Substance Use Disorder (SUD): Earn and Learn program. These programs are designed to increase the supply of Certified SUD counselors.

August 2023

- Behavioral Health Scholarship Program (BHSP) Cycle 1 closed on August 15, 2023 (application scoring is currently underway).

Ongoing and Upcoming Work

August 2023

- Health Professions Pathway Program (HPPP) & Justice System Involved Youth (JSIY) applications launched on August 15th (both close on October 16th).

HCAI Program Highlight: Pathway Program (HPPP)

Purpose:

- Recruit and support students from underrepresented regions and backgrounds to pursue health careers.
- HPPP awards help organizations build and expand:
 - Pipeline programs
 - Summer internships
 - Post baccalaureate support
 - Behavioral Health Pipeline for justice and system involved youth *New for Cycle 2*

Impact:

- Cycle 1: 20 awards, 30 counties impacted
- Cycle 2: is open now until October 16, 2023

HCAI Program Highlight: SUD Earn and Learn

Purpose:

- Funds Substance Use Disorder Earn and Learn organizations to provide education and paid job experience for students earning their Substance Use Disorder certification.
- Program will increase the availability and diversity of the SUD workforce throughout California's underserved communities.

Impact:

- 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.
- Awarded organizations will help serve over 26 counties.

HCAI Program Highlight: JSIY/SUD BH Training

Purpose:

- Funds for Justice System Involved Youth and Substance Use Disorder (SUD) Behavioral health training is for HCAI to contract with a vendor to facilitate behavioral health trainings for non-clinicians working closely with youth.
- Program will help non-clinicians provide better service for youth they serve.
- Provide a base level of behavioral health support in hard-to-reach youth populations.

Impact:

- In early 2024, the training will be available.
- SUD and mental health attention via better-informed frontline staff.
- Prevention and early intervention for juvenile and system involved youth.

HCAI Program Highlight: Social Work Education Capacity Expansion Grant Program

Purpose:

- To increase the number of social workers trained to provide behavioral health care to children, youth and adults served in public and non-profit settings.

Impact:

- Cycle 1: In January 2023, HCAI announced over \$59.4M in grant awards to 7 educational institutions to establish new Bachelor of Art in Social Work (BASW) and to 16 educational institutions to establish or expand Master of Social Work (MSW) programs (see list [here](#)).
- Cycle 2: Opens in January 2024

HCAI Program Highlight: Social Work Training Stipends & Fellowships

Purpose:

- Funds behavioral health training, MSW stipends and post-graduate fellowships.

Impact:

- Awarded \$33.7 million to UC Berkeley's Center for Social Work Education to provide behavioral health training, MSW stipends and post-graduate fellowships for 892 students (555 stipends & 342 fellowships).
- Stipends will start in Fall 2023

Purpose:

- To increase the number of psychiatrist and psychiatric mental health nurse practitioners serving underrepresented communities

Impact:

- Cycle 1: In October 2022, HCAI awarded \$18.6M grants to 8 Psychiatry Residency programs and over \$19M to 7 Psychiatric Mental Health Nurse Practitioner programs (see list [here](#))
- Cycle 2: Opens in January 2024

HCAI Program Highlight: Behavioral Health Scholarship Program

Purpose:

- Increase the number of appropriately trained behavioral health professionals providing direct patient care in an underserved area or qualified facility within California.
- In exchange for a 12-month service obligation practicing and providing direct patient care in an underserved community, eligible applicants may receive up to \$25,000.

Impact:

- Cycle 1 closed on August 15, 2023 (application scoring is currently underway).
- HCAI held an informational webinar with approximately 100 attendees.

HCAI Program Highlight: Advanced Practice Healthcare Scholarship Program

Purpose:

- Increase the number of appropriately trained advanced practice healthcare professionals providing direct patient care in an underserved area or qualified facility within California.
- In exchange for a 12-month service obligation practicing and providing direct patient care in an underserved community, eligible applicants may receive up to \$25,000.

Impact:

- HCAI administered an application cycle in May 2022, with four cohorts, and an additional cycle in January 2023.
- 217 awards made with CYBHI Funds totaling \$5,026,227.00.
- Grantees attend an educational institution in 15 counties throughout California.

HCAI Program Highlight: Allied Health Professions Scholarship

Purpose:

- The purpose of this program is to increase the number of appropriately trained allied professionals providing direct patient care in an underserved area or qualified facility within California.
- In exchange for a 12-month service obligation practicing and providing direct patient care in an underserved community, eligible applicants in an approved behavioral health profession may receive up to \$25,000.

Impact:

- HCAI administered an application cycle in May 2022, with four cohorts, and an additional cycle in January 2023.
- 283 awards made with CYBHI Funds totaling \$5,512,115.00.
- Grantees attend an educational institution in 12 counties throughout California.

HCAI Program Highlight: Loan Repayment Programs

Purpose:

- The purpose of the loan repayment programs is to increase the number of appropriately trained healthcare professionals providing direct patient care in an underserved area or qualified facility within California.
- In exchange for a one-to-three-year service obligation practicing and providing direct patient care in an underserved community, eligible applicants in an approved behavioral health profession may receive up to \$25,000 - \$50,000 depending on the program.

Impact:

- In 2022, HCAI administered an application cycle for Licensed Mental Health Services Provider Education Program, State Loan Repayment Program, and Steven. M. Thompson Physician Corps Loan Repayment Program.
- 742 awards made with CYBHI Funds totaling \$22,188,039.00
- Awardees will help serve 43 counties throughout California.

Contacts and Resources



Thank you!

For further questions, contact:
CYBHI@hcai.ca.gov

Interested in subscribing to our
mailing list?
hcai.ca.gov/mailling-list/

Q&A



Additional resources and updates

Quarterly Public Webinar, June 9, 2022: [Recording and Slides](#)

Quarterly Public Webinar, February 1, 2022: [Recording and Slides](#)

Quarterly Public Webinar, October 20, 2022: [Recording and Slides](#)

Quarterly Public Webinar, July 15, 2022: [Recording and Slides](#)

[August 2023 Monthly Update](#)

[July 2023 Monthly Update](#)

[June 2023. Monthly Update](#)

[May 2023 Monthly Update](#)