Child Welfare & Juvenile Justice MAT Learning Collaborative

December 11th, 2023

WELCOME & INTRODUCTION

Bren Manaugh
1:30 – 1:40 PM

AGENDA

- Welcome & Updates
- State Transformative Initiatives
- County Celebrations
- Wrap Up & Next Steps

LEARNING COLLABORATIVE UPDATES

- Applications open through **Friday, December 15th**
  - If you have a child welfare stipend, your county can also apply for a juvenile justice stipend (and vice versa)
  - No letter of support requirement for these applications
- 7 of 11 participating teams have received their participation stipend
  - Awaiting final MOU details: San Benito
  - MOU with County: Santa Clara (CW), Riverside, and Santa Cruz

Please reach out to MATinCountyCJ@healthmanagement.com if you have any questions.

HMA DHCS

CALAIM UPDATES

- If there are any eligible entities (County BH, Sheriff, Probation) that missed the PATH JI Round 3 application deadline, **it is not too late to apply**. Contact the TPA (justice-involved@ca-path.com) with interest and to obtain instructions.
- The Implementation Plan for PATH 3 is due **180 days from the award notification** - not from receipt of funding - or no later than 3/31/24, **whichever is earlier**. If PATH 3 recipients have concerns, they can reach out to the TPA (justice-involved@ca-path.com)

HMA DHCS

PATH RESOURCES

- Website: PATH JI Initiative: Justice-Involved Initiative | Medi-Cal Transformation
- Website: Justice-Involved Capacity Building Program
- DHCS Policy and Operational Guide for Planning and Implementing the CalAIM Justice-Involved Initiative

BOARD OF STATE AND COMMUNITY CORRECTIONS (BSCC) COUNTY GRANT OPPORTUNITIES

Residential Substance Abuse Treatment (RSAT) Program

- Eligible Applicants: Counties that operate adult local detention facilities
- Proposals Due: February 2, 2024
- For more information, please visit this website

Medication Assisted Treatment Grant

- Eligible Applicants: California Counties
- Proposals Due: February 16, 2024
- For more information, please visit this website

HMA DHCS

WEBINARS WITH OYCR*

Adolescents & Substance Use Disorders: Fundamentals of Development, Trauma, and Best Practices to Inform County Strategies

Recording

Implementation of SUD Services for Youth in the CA Juvenile Justice System

Register Here

HMA DHCS

*Office of Youth and Restoration

STATE TRANSFORMATIVE INITIATIVES: MEDI-CAL UPDATES

Bambi Cisneros, Assistant Deputy Director, Health Care Delivery Systems, DHCS
Erika Cristo, Assistant Deputy Director, Behavioral Health, DHCS
Dr. Palav Babaria, Deputy Director of Quality and Population Health Management & Chief Quality Officer

Introduced by Liz Stanley-Salazar
1:40 – 2:20 pm

Medi-Cal Updates

Enhanced Care Management, 2024 Medi-Cal Managed Care Plan Contract, and BH Connect

HMA Child Welfare Learning Collaborative

DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

December 11, 2023

Agenda

- CalAIM Enhanced Care Management (ECM)
- 2024 Medi-Cal Managed Care Plan (MCP) Contract and Memorandum of Understanding (MOU) Requirements
- BH-CONNECT Child and Youth Components Update

CalAIM Enhanced Care Management

What Is Enhanced Care Management (ECM)?

ECM is a statewide Medi-Cal Managed Care Plan (MCP) benefit to support comprehensive care management for Members with complex needs.

- DHCS' vision for ECM is to **coordinate all care for eligible Members**, including **across the physical, behavioral, and dental health delivery systems**.
- ECM is interdisciplinary, high-touch, person-centered, and **provided primarily through in-person interactions** with Members where they live, seek care, or prefer to access services.
- ECM is the **highest tier of care management** for Medi-Cal MCP Members.

Medi-Cal MCP Care Management Continuum

ECM for Children & Youth:
Populations of Focus Launched on July 1, 2023

Experiencing Homelessness
At Risk for Avoidable Hospital or ED Utilization
With Serious Mental Health and/or Substance Use Disorder Needs
Enrolled in California Children's Services (CCS) or CCS WCM
Involved in Child Welfare

See the ECM Policy Guide for more information on POF criteria.

Eligibility Criteria for Children & Youth Involved in Child Welfare POF

- Are under age 21 and are currently receiving foster care in California
- Are under age 21 and previously received foster care in California or another state within the last 12 months
- Have aged out of foster care up to age 26 (having been in foster care on their 18th birthday or later) in California or another state
- Are under age 18 and are eligible for and/or in California's Adoption Assistance Program
- Are under age 18 and are currently receiving or have received services from California's Family Maintenance program within the last 12 months

How Do Eligible Members Access ECM?

Access to ECM can occur in multiple ways, for adults, children and youth.

Community-based service providers, both in and out of MCP networks, may identify and refer eligible Members for ECM Services.

- **DHCS expects MCPs to source most ECM & Community Supports referrals from the community**. This is particularly true for children and youth with complex needs, who are usually already being served by at least one system and are less likely to be receiving no services than adults.
- **Ideally, the trusted provider already serving the child or youth can extend its role to become the ECM Provider.**
- Outreach and engagement is known to be most successful when it is based on a pre-existing trusted relationship to a community provider.

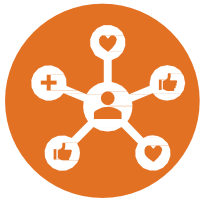
MCPs must also have a process for proactively identifying members who may benefit from ECM and meet POF criteria. This process should be **in addition to, not instead of,** actively seeking referrals from community providers.

What Are the ECM Core Services?

ECM is available to members until their care plan needs are met or they opt out of the benefit, which they can do at any time. Members in ECM receive seven core services based on their individual needs.

Outreach and Engagement

Comprehensive Assessment and Care Management Plan



Enhanced Coordination of Care

Coordination of and Referral to Community and Social Support Services

Member and Family Supports

Health Promotion

Comprehensive Transitional Care

ECM Lead Care Managers are strongly encouraged to screen ECM Members for Community Supports and refer to those Supports when eligible and available.

How Is ECM Provided?

MCPs contract with community-based providers who are experienced and skilled in serving ECM Populations of Focus.

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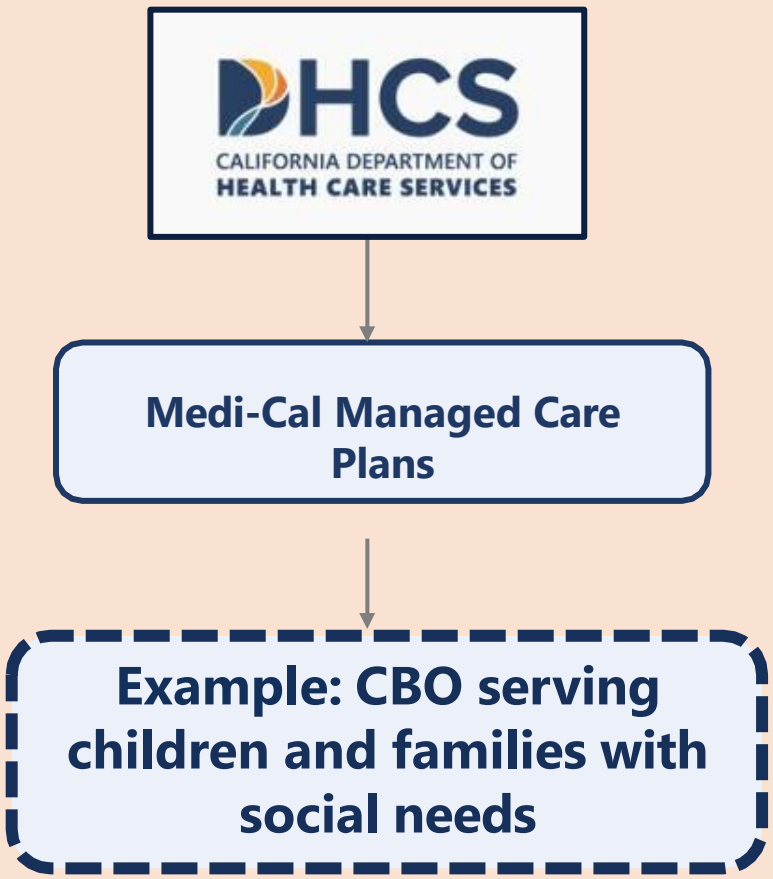
Medi-Cal Managed Care Plans (MCPs)

Example: CBO serving children and families with social needs

How Is ECM Provided?
Provider Requirements



ECM Providers must:

- Be **community-based entities**.
- Have **experience** providing care to members of the specific POFs they serve, in addition to clinic-based providers who serve a generalist role.
- Have **expertise** providing culturally appropriate, intensive, in-person, timely care management services.
- Agree to **contract with Medi-Cal MCPs** as ECM Providers and negotiate rates. DHCS does not set ECM Provider Rates.
- Must be able to **either submit claims to MCPs or use a DHCS invoicing template** to bill MCPs if unable to submit claims and **must have a documentation system for care management.** (Note: ECM Providers are **not** required to submit claims.)

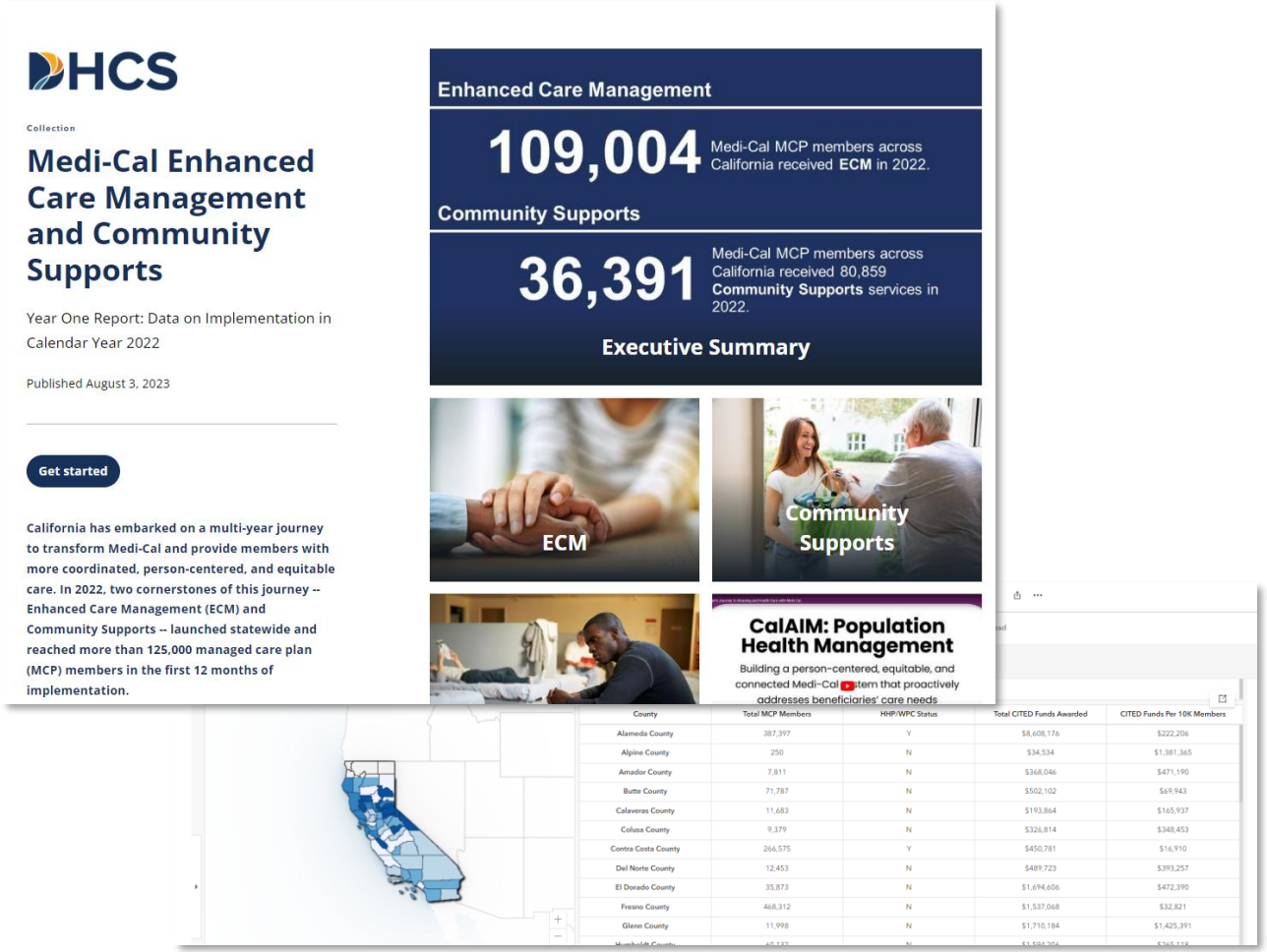
Launching Children & Youth POFs

Checklist for Prospective ECM Providers

Activities	*Technical Assistance Resources*
• Understand Enhanced Care Management and its requirements	• ECM Policy Guide
• Decide which Children and Youth POFs you are most equipped to support through ECM based on your specific expertise and experience	• Forthcoming "ECM Spotlight" resources from DHCS • PATH CITED Grants • PATH TA Marketplace
• Consider the staffing model that builds on your existing structure and how to build capacity to support additional ECM members if needed • Investigate the TA Marketplace to help you get started	
• Outreach to your local MCP(s) to discuss contracting for ECM • Find out if your MCP is offering any Incentive Payment Program funding opportunities to providers	• ECM Provider Toolkit • Incentive Payment Program
• Join your regional CalAIM Collaborative Planning and Implementation groups	• PATH regional collaboratives
• Establish the data sharing and billing workflows needed to coordinate with MCP partners on ECM	• ECM data guidance documents • Draft CalAIM Data Sharing Authorization

The ECM & Community Supports 2022 Implementation Report

DHCS in August 2023 released the ECM and Community Supports 2022 Implementation Report, summarizing data from the first year of the two initiatives.



- The interactive report includes:
- State-level data on utilization and provider networks
- County-level data on utilization, and well as CITED data by county
- MCP-level data on utilization

2024 Medi-Cal Managed Care Plan Contract and MOU Requirements

Evolving Role of Plan Partners

The role of the MCPs is evolving and the 2024 MCP Contract pushes the boundaries for MCPs to interact with Medi-Cal members and the community in which it serves.

Over time, Medi-Cal will help high-needs members through Enhanced Care Management and Community Supports to ensure their care goes beyond the doctor's office or hospital. MCPs are expected to build relationships with community partners to provide whole-person care.

MCPs are required to enter into MOUs with new entities and strengthen requirements with existing entities. MOUs are intended to clarifies roles and responsibilities of MCP and other entities, and establish “rules of engagement” to cooperate, address disputes, and care coordination for members.

New Contract Requirements (1/3)

REQUIREMENTS	CONTRACT PROVISIONS
Transparency	Publicly post additional information about their own and subcontractors' activities, e.g., Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey results, MOUs with third parties
High-Quality Care	Meet and exceed quality improvement benchmarks and create a culture of continuous quality improvement, aligned with Bold Goals outlined in DHCS Comprehensive Quality Strategy
Access to Care & Continuum of Care	Provide access to high-quality, culturally-competent, and community-based care across a comprehensive array of person-centered health care and social services, e.g., wellness and prevention programs that meet National Committee for Quality Assurance (NCQA) requirements, long-term care.
CalAIM Initiatives	Implement and support initiatives to improve the quality of life and health outcomes of member populations by establishing broad delivery system, program, and payment reform across Medi-Cal.

New Contract Requirements (2/3)

REQUIREMENTS	CONTRACT PROVISIONS
Coordinated/Integrated Care	Provide appropriate population health management services to all members based on their risk level. Leverage broad data sets and data exchange capabilities to systematically coordinate members' care across all health and social services.
Increasing Health Equity and Reducing Health Disparities	Partner with DHCS to advance health equity and reduce health disparities, hiring a Chief Health Equity Officer, and implementing equity-focused interventions, meeting health disparity reduction targets, and obtaining NCQA Health Equity accreditation by 2026.
Addressing Social Drivers of Health	Implement new strategies to identify and address unmet health-related social needs, such as food security and housing, through comprehensive screening and population needs assessments and new services like Community Supports.
Local Presence and Engagement	Ensure MCPs and their network providers understand and meet community needs. Partner and meaningfully engage with local agencies (e.g., local health departments, county behavioral health plans, continuums of care, community-based organizations)
Enhanced Children's Services	Provide additional support for children, such as care management

New Contract Requirements (3/3)

REQUIREMENTS	CONTRACT PROVISIONS
Behavioral Health Services Expansion	Expand screening for behavioral health needs and access to comprehensive evidence-based behavioral health services for all members consistent with DHCS' No Wrong Door policy.
Accountability, Compliance, and Administrative Efficiency	Have robust accountability, compliance, monitoring and oversight programs to meet stronger DHCS expectations related to accountability for and oversight of delegated entities.
Emergency Preparedness and Essential Services*	Have an Emergency Preparedness and Response Plan that will ensure delivery of essential care and services, including telehealth, and continuity of business operations during and after an emergency
Value-Based Payment	Apply high-priority quality and health equity outcome measures in value-based payment arrangements, among other requirements.

* 2025 requirement

Foster Care Liaison: MCP Contract Language

In the 2024 MCP contract, DHCS has included language requiring implementation of the new Foster Care Liaison role and outlining the parameters of the new role.

MCP Contract Language

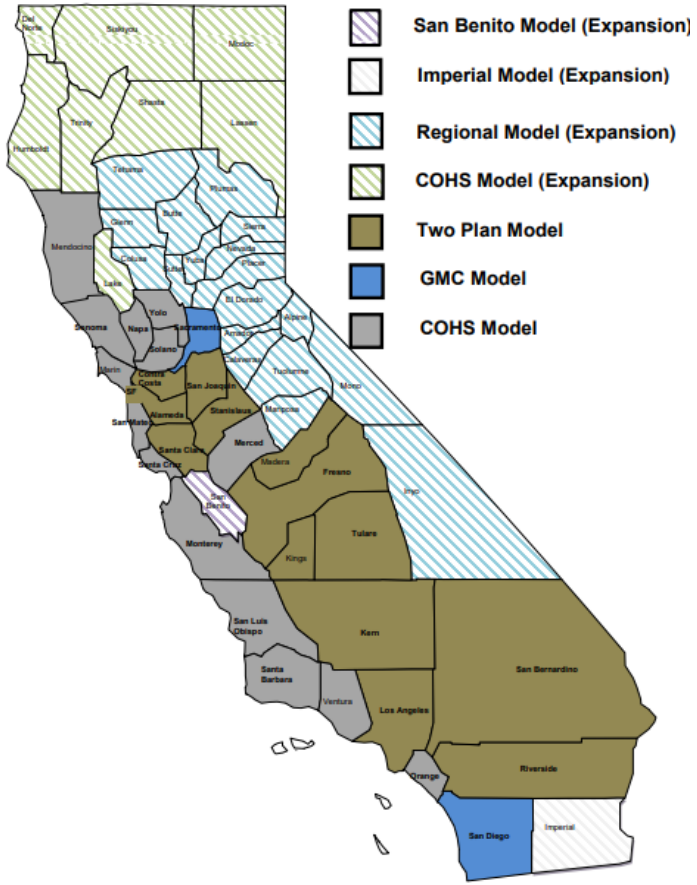
1. *Contractor must designate at least one individual to serve as the foster care liaison. Additional foster care liaisons must be designated as needed to ensure the needs of members involved with foster care are met.*
2. *Contractor's foster care liaison(s) will follow DHCS-issued standards and expectations as set forth in APLs or other similar instructions. Contractor's foster care liaison must:*
    a. *Have expertise in Child welfare services, County Behavioral Health Services.*
    b. *Ensure appropriate ECM staff, including the ECM Lead Care Manager whenever possible, attend meetings of the Child and family teams, in accordance W&I section 16501(a)(4), and ensure Covered services are closely coordinated with other services, including social services and Specialty Mental Health Care Services.*
    c. *Oversee the ECM Providers providing services to Child welfare-involved Children and youth, provide technical assistance to Contractor and ECM Provider staff as needed, and serve as a point of escalation for care managers if they face operational obstacles when working with County and community partners.*
    d. *Be sufficiently trained on County Care Coordination and assessment processes.*
    e. *Coordinate with foster care liaisons for other Medi-Cal managed care plans to notify them when Members cross county lines and/or change managed care plans.*
    f. *Must also serve as a family advocate.*

The vision for the Foster Care Liaison is to be the point of contact at an MCP for local child welfare agencies and for ECM providers working directly with children, youth, and families

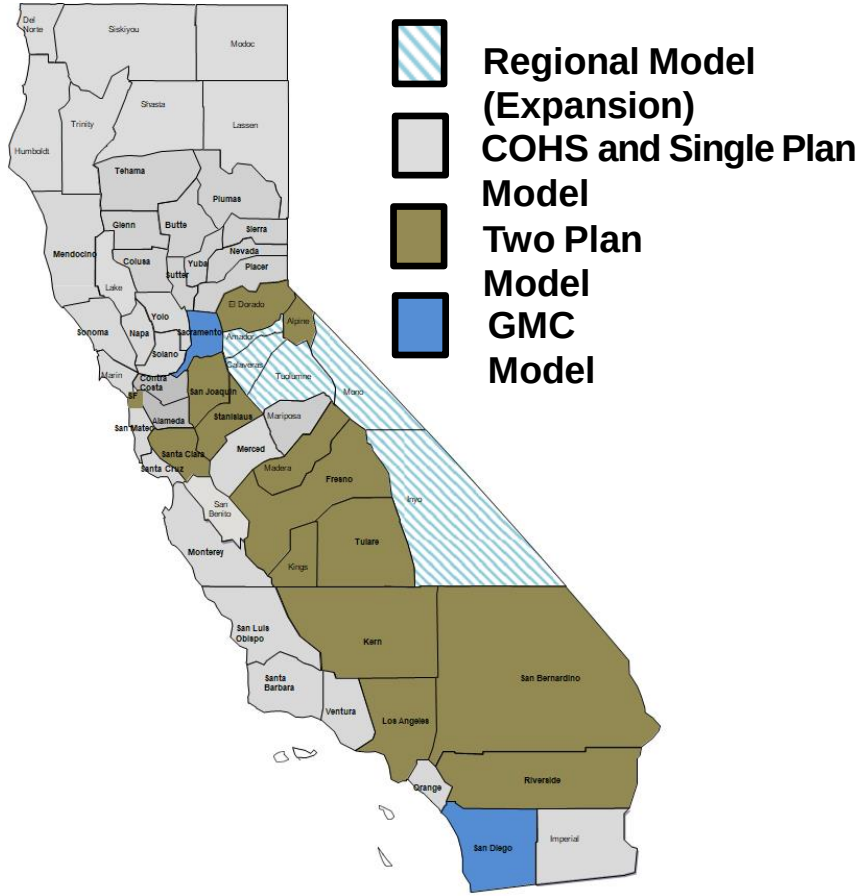
Managed Care Plan Model Change

With MCP model change, approximately 5,000 children and youth in foster care in counties transitioning to a COHS model will be moved to mandatory managed care in 2024.

Current Models:



2024 Models:*



New COHS Expansion Counties in 2024: Butte, Colusa, Glenn, Mariposa, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Yuba *(approximately **5,000** children and youth living in foster care)*

New Single Plan Counties in 2024 but will not move to mandatory managed care until 2025 per AB 118: Alameda, Contra Costa, Imperial

Goals of the Memorandums of Understanding (MOUs)

The 2024 Medi-Cal Managed Care Contract (Contract) requires all managed care plans (MCPs) to enter into MOUs with counties and third-party entities (Other Parties) to contractually ensure the provision of whole-system, person-centered care.

DHCS Goals for Requiring MOUs

- **Establish minimum requirements** around key Contract provisions for MOUs (e.g., training, data-sharing)
- Clarify **roles and responsibilities for coordination of the delivery of care and services** of all Members, including across MCP carved out services
- Establish **formal processes for how MCPs and Other Parties will collaborate and coordinate on population health programs**, including referring and linking Members to Community Supports
- Establish **data sharing pathways** between MCPs and Other Parties to support care coordination and enable robust monitoring
- Provide mechanisms to ensure **overall oversight and accountability** for MCPs to execute MOUs with Other Parties
- **Provide transparency** into roles/responsibilities and relationships between MCPs and Other Parties

MOU templates incorporate **existing service and program requirements into a single document** to support MCP/Other Party decision-making and relationship building. Templates are more robust where DHCS has promulgated detailed policies/guidance.

MOU Requirements & Structure

The County Child Welfare MOU Template is part of a broader set of documents and additional items focused on the release and execution of the MOUs. These items include:

APL on MOU Requirements

APL 23-029 explains the Base MOU Template and Bespoke MOU Templates

- Explains the intent and purpose of the provisions set forth in the MOUs
- Sets expectations of MCPs, such as an annual review of the MOU
- Details requirements related to MOU execution and submission to DHCS
- Lays out a monitoring plan for how DHCS will oversee MCP compliance with the MOU requirements

Base MOU Template

Contains provisions that must be included in all MOUs

- Clarifies roles and responsibilities of MCP and Other Party
- Establishes "rules of engagement" to cooperate and address disputes
- Includes DHCS recommended optional provisions that parties may consider for execution

Bespoke MOU Templates

Specific to MCP and Other Party's relationship and programs applicable under the MOU

- Contains the general **and** program-specific required provisions, including incorporating Other Party requirements based on existing guidance
- Contains DHCS recommended optional provisions that parties may consider for that particular MOU
- Links to specific polices incorporated in the MOU

Purpose of the County Child Welfare MOU Template

Level Setting

The County Child Welfare MOU template seeks to improve care coordination between MCPs and Counties through the following:

- Opening channels of communication between MCPs and Counties to coordinate care for children and youth involved with child welfare and foster care to address concerns related to ensuring children and youth get the services they require and to address care coordination.
- Enhancing each party's understanding of the other's respective services and operations. For instance, each party should provide training and education resources for their respective services and operations to the other party to increase timely coordination and decrease process inefficiencies.

Base MOU Template Requirements

Every MOU template contains the following provisions as required under the Contract:

- **Definitions.** Sets forth the defined terms used in the MOU, such as the "MCP-IHSS Liaison." This section also states that capitalized terms not otherwise defined in the MOU have the meaning ascribed by MCP's Contract.
- **Services Covered by This MOU.** Describes the services that MCP and the other party must coordinate for Members.
- **Party Obligations.** Describes each party's provision of services and oversight responsibilities (e.g., each party must designate a point of contact to act as the liaison for coordinating with the other party).
- **Training and Education.** Requires MCP to provide education to Members and Network Providers about Covered Services and other party's services available. MCP must also train employees who carry out responsibilities under the MOU and, as applicable, Network Providers, Subcontractors and Downstream Subcontractors on the MOU requirements and services provided by the other party.
- **Referrals.** Requires the parties to refer to each other as appropriate and describes each party's referral pathways.
- **Care Coordination.** Describes the policies and procedures for coordinating care between the parties, addressing barriers to care coordination, and ensuring ongoing monitoring and improvement of care coordination.
- **Quarterly Meetings.** Requires the parties to meet at least quarterly to address care coordination, Quality Improvement (QI) activities, QI outcomes, and systemic and case-specific concerns, and to communicate with others within their organizations about such activities.
- **Quality Improvement.** Requires the parties to develop QI activities specifically for oversight of the MOU requirements, including any applicable performance measures and QI initiatives, such as those to prevent duplication of services, as well as reports that track referrals, Member engagement, and service utilization.
- **Data Sharing and Confidentiality.** Requires the MCP to have policies and procedure for sharing the minimum data and information necessary to ensure the MOU requirements are met and describes the data and information the other party may share with MCP to improve care coordination and referral processes. Requires the parties to implement policies and procedures for how the minimum necessary information and data (determined by the parties) will be shared in accordance with applicable law.
- **Dispute Resolution.** Describes the policies and procedures for resolving disputes between the parties and the process for bringing the disputes to DHCS (and CDSS as appropriate) when the parties are unable to resolve disputes.
- **Equal Treatment.** Provides that nothing in the MOU is intended to benefit or prioritize Members over persons who are not Members also receiving services from the other party.
- **General.** Sets forth additional general contract requirements, such as the requirements that the MCP must publicly post the executed MOU, the MCP must annually review the MOU, and the MOU cannot be delegated.

County Child Welfare MOU Template Requirements

The County Child Welfare MOU template contains the following provisions specific to the MCP's relationship with County Child Welfare:

- **Foster-Care Liaison.** In addition to the other liaison/point of contact roles set forth in the MOU, MCP is required to designate at least one individual to serve as the Foster Care Liaison. The purpose of this Foster Care Liaison is to ensure that MCP designates staff to provide liaison support for children and youth receiving foster care to ensure they have their needs met and to assist with navigating any barriers to care coordination. By January 1, 2024, MCP must implement the role of Foster Care Liaison(s) who will follow DHCS-issued standards and expectations for this role as set forth in the Medi-Cal Managed Care Contract, DHCS All Plan Letters, or other similar instructions. The MCP-County Liaison and the Foster Care Liaison roles may be assigned to the same designated individual.

- **Care Coordination and Collaboration.** This provision is intended to encourage the parties to develop and document how the parties will coordinate care, monitor whether those processes are working, and improve the processes, as necessary. For example, this section includes the following provisions:
  - MCP and County must coordinate to ensure that Members receiving County Child Welfare Services are directly referred to County's Mental Health Plan (MHP) for a Specialty Mental Health Services assessment pursuant to BHIN 21-073 if they, or an individual acting on their behalf, contact the MCP access line or the MHP seeking help.
  - MCP must assess the Member's medical and/or behavioral health needs, or follow the Member's physician's or licensed behavioral health professional's recommendations, for Medi-Cal for Kids and Teens Medically Necessary Covered Services. All Medi-Cal for Kids and Teens services are Covered Services unless expressly excluded under the Medi-Cal Managed Care Contract.

County Child Welfare MOU Template

The County Child Welfare MOU template contains the following provisions specific to the MCP relationship with County Social Service Agencies for Child Welfare:

- **Care Coordination and Collaboration Cont'd.**
  - The MCP-County Liaison must oversee coordination of care for Members receiving County Child Welfare Services by:
    - Ensuring that each Member's needs as defined under Medi-Cal for Kids and Teens services have been met through the provision of a care plan and warm hand offs to appropriate Providers. If services are needed, the first encounter must occur without unnecessary delay and in accordance with clinical standards (e.g., AAP Bright Futures Periodicity Schedule, Advisory Committee on Immunization Practices vaccination schedule).
    - Notifying group homes, Short Term Residential Therapeutic Programs, HCPCFC staff, HCPCFC social workers and/or case managers, and foster parents of Members regarding MCP and County services when a Member is placed outside MCP's Service Area.
- **Data Sharing and Confidentiality.** This section is intended to encourage the parties to determine and document the minimum necessary information that must be shared to facilitate referrals and coordinate care. For example, this section includes the following provisions:
  - The parties must develop policies and procedures that outline how to share the minimum necessary data (determined by the parties) to ensure that the data is exchanged timely, maintained securely and confidentially, and is shared in compliance with the MOU and applicable State and federal law.
  - MCP must share information necessary with County to make sure County Liaison is aware of members receiving ECM, CCM, and/or Community Supports.
  - For additional guidance related to sharing Members' data and information, the Parties may reference the CalAIM Data Sharing Authorization Guidance.

MCP MOU Execution Next Steps

To comply with the 2024 Medi-Cal Managed Care Contract requirement to enter into MOUs with Counties, MCPs should take the following actions:

- MCPs should be reaching out and forming relationships with Counties
- MCPs and Counties should commence discussions regarding executing the MOUs
- DHCS is aware that executing the MOUs will take time and that Counties have certain processes that need to be followed, thus MCPs must demonstrate a good faith effort to meet the MOU requirements of APL 23-029 and the MCP Contract
  - i.e., MCPs that are unable to execute the required MOUs by the January 1, 2024, execution date must submit quarterly progress reports to DHCS demonstrating evidence of their good faith effort to execute the MOUs *(Timeline of Quarterly Reports on next slide)*

Note: Counties are not required to sign or submit the quarterly reports to DHCS

Overview: Elements of the BH-CONNECT Waiver to Support Children & Youth

Section 1115 Demonstration Opportunity

The BH-CONNECT demonstration will strengthen the continuum of community-based behavioral health services, while also taking advantage of CMS' opportunity to receive federal financial participation (FFP) for care provided during short-term stays in Institutions for Mental Diseases (IMDs).

- **CMS' 2018 guidance** permits states to use 1115 demonstrations to receive FFP for short-term care* provided to Medicaid members living with SMI/SED in qualifying IMDs, provided states establish a robust continuum of community-based care and enhance oversight of inpatient and residential settings.
- **California was the first state to obtain a similar waiver allowing IMD expenditure authority for substance use disorder (SUD) care provided in IMDs** in exchange for strengthening SUD services under the Drug Medi-Cal Organized Delivery System (DMC-ODS).
- In October 2021, **CMS created new flexibility to secure FFP for longer stays in Short-Term Residential Therapeutic Programs (STRTPs) classified as IMDs** for youth in the child welfare system for up to two years. States must submit a detailed plan with key milestones and timeframes for transitioning children out of STRTPs that are IMDs.
- In November 2022, DHCS **released an external concept paper outlining the proposed** approach to the BH-CONNECT demonstration (formerly the CalBH-CBC demonstration).
- On August 1, 2023, **DHCS released the proposed BH-CONNECT Section 1115 application.**

**The opportunity is limited to stays that are no longer than 60 days, with a requirement for a statewide average length of stay of 30 days.*

Proposed Approach

BH-CONNECT aims to:

- **Expand the continuum of community-based services and evidence-based practices (EBPs)** available through Medi-Cal.
- **Strengthen family-based and supports** for children and youth living with significant behavioral health needs, including children and youth involved in child welfare.
- Connect members living with significant behavioral health needs to **employment, housing, and social services and supports**.
- **Invest in statewide practice transformations** to better enable county behavioral health plans and providers to support Medi-Cal members living with behavioral health conditions.
- **Strengthen the workforce** needed to deliver community-based behavioral health services and EBPs to members living with significant behavioral health needs.
- Reduce the risk of individuals **entering or re-entering the criminal justice system** due to untreated or under-treated mental illness.
- **Incentivize outcome and performance improvements** for children and youth involved in child welfare that receive care from multiple service systems.
- **Reduce use of institutional care** by those individuals most significantly affected by significant behavioral health needs.

Approach: Child-Related Demonstration Components

In the design of the BH-CONNECT waiver, DHCS dedicated particular attention to the needs of children and youth, particularly those involved in child welfare.

DHCS will use the BH-CONNECT waiver to make targeted improvements to care for children and youth statewide, including:

- **Cross-Sector Incentive Program** to reward Managed Care Plans (MCPs), County Mental Health Plans (MHPs), and child welfare systems (CWS) for meeting specified measures related to coordinating care for children and youth in the child welfare system;
- **Activity Stipends** for children/youth involved in child welfare to promote social/emotional well-being, and;

In parallel with the BH-CONNECT waiver, DHCS is making other statewide changes to strengthen services for children and youth that do not require waiver expenditure authority, including:

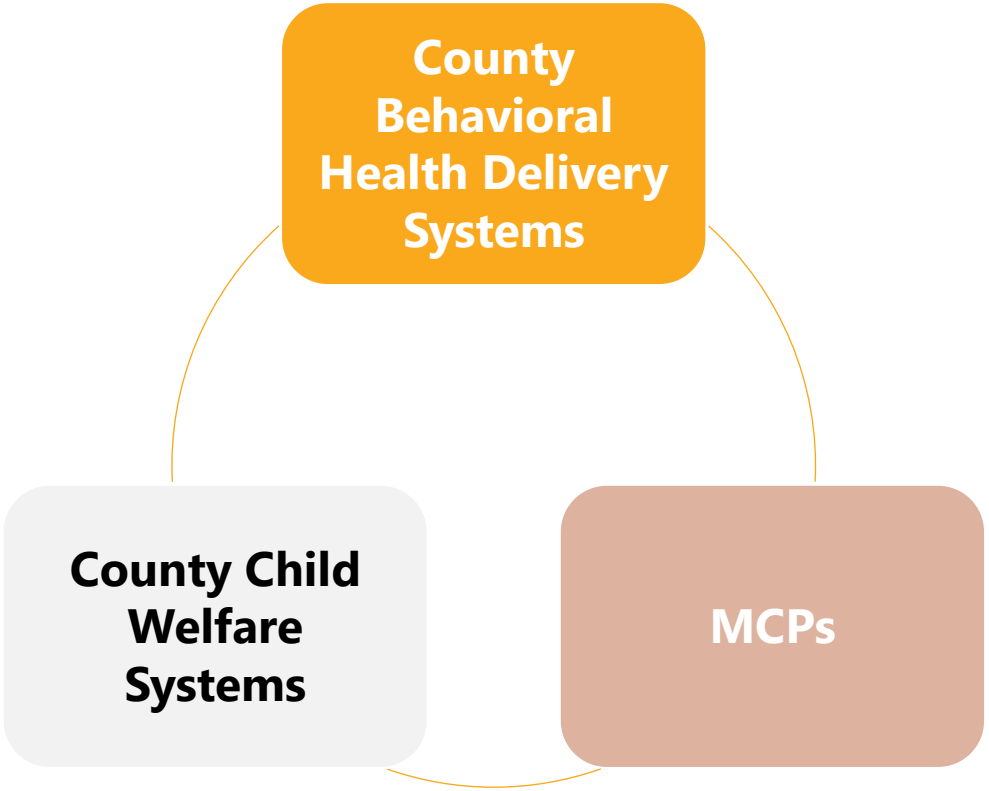
- **Centers of Excellence** to support the implementation of evidence-based practices for children and youth.
- **Clarification of coverage** of specific evidence-based practices for children and youth (MST, FFT, PCIT, and potentially other therapeutic modalities);
- **Alignment of the Child and Adolescent Needs and Strengths (CANS) tool** to ensure both child welfare and behavioral health providers are using the same CANS tool;
- **Initial Behavioral Health Assessment** jointly administered by the behavioral health and child welfare systems; and
- **Foster Care Liaison Role** requirement within MCPs.

Statewide Feature: Cross-Sector Incentive Program for Children Involved in Child Welfare

Children involved in child welfare frequently require coordination across multiple systems to meet their needs. DHCS plans to establish a cross-sector incentive program to facilitate innovation and drive outcome improvements through cross-agency collaboration.

The cross-sector incentive program will provide fiscal incentives for three key systems to **work together and share responsibility in improving behavioral health outcomes** among children involved in child welfare.

DHCS has received valuable feedback on potential measures for this incentive program and is working closely with stakeholders on the framework and measure set for the cross-sector incentive program to ensure it is designed in a way to best support children and youth involved in child welfare who are living with behavioral health needs.



Statewide Feature: Activity Stipends

DHCS is requesting expenditure authority to develop a new support for children involved in child welfare to increase access to extracurricular activities, which can enhance physical health, mental wellness, healthy attachment, and social connections.

Activity Stipends would support activities not otherwise reimbursable in Medi-Cal, such as:

- Movement activities
- Sports
- Leadership activities
- Excursion and nature activities
- Music and art programs
- Other activities to support healthy relationships with peers and supportive adults

DHCS will work with California Department of Social Services, county child welfare agencies, tribal social services and tribal child welfare programs on distribution of Activity Stipends.

Eligibility Criteria

Members may be eligible for Activity Stipends if they are:

- under age 21 and currently involved in the child welfare system in California;
- under age 21 and previously received care through the child welfare system in California or another state within the past 12 months;
- aged out of the child welfare system up to age 26 in California or another state;
- under age 18 and are eligible for and/or in California's Adoption Assistance Program; or
- under age 18 and currently receiving or have received services from California's Family Maintenance program within the past 12 months.

Clarification of Coverage Requirements for Specific Community-Defined and Evidence-Based Practices

The BH-CONNECT waiver is designed to expand and strengthen the continuum of community-based care, especially for children, youth and their families.

Proposed Approach:

While a comprehensive set of community-based services for children and youth are currently coverable under Medi-Cal pursuant to the EPDST mandate, specific services are known to help reduce the institutionalization of high-risk children and youth, including those who are involved in the juvenile justice system and those who have been removed from their homes, have experienced homelessness, or confronted other major disruptions. These services include (but are not limited to):

- Multisystemic Therapy (MST)
- Functional Family Therapy (FFT)
- Parent-Child Interaction Therapy (PCIT)
- Potentially Additional Therapeutic Modalities

DHCS intends to issue guidance related to these community-defined and evidence-based practices, including specific service definitions, provider qualifications, implementation requirements, and dedicated billing codes to incentivize provider delivery and monitor utilization and performance.

Centers of Excellence

DHCS intends to establish and fund Centers of Excellence (COEs) to support implementation of the BH-CONNECT Waiver. COEs will support the implementation of evidence-based practices for children and youth, in addition to other key features of the Demonstration.

COEs will focus on:

- **Evidence-based practices for children and youth** (e.g., MST, FFT, PCIT, intensive care coordination, intensive home-based services, high-fidelity wraparound)
- **ACT/FACT** services;
- **CSC for FEP** services;
- **IPS Supported Employment** services;
- **Community-defined practices** (*tentative*)
- Evidence-based practices in **rural areas** (*tentative*; *CBHDA request*)
- **Other evidence-based practices** (e.g., motivational interviewing, motivational enhancement therapy, suicide prevention)

Specific activities conducted by COEs will include:

- **Training**
- **Certification/licensing** for specific evidence-based practices (e.g., MST)
- **Technical assistance** and coaching/mentoring
- **Fidelity monitoring**
- **Other supports** to deliver evidence-based practices through a culturally sensitive lens

Aligned Use of the Child and Adolescent Needs and Strengths (CANS) Tool

DHCS intends to align the use of a CANS tool across the child welfare and specialty mental health systems.

Objectives:

Alignment of the CANS across systems is intended to:

- Ensure both child welfare and behavioral health providers are using the same CANS tool with the same modules
- Ensure that the CANS tool is administered in the same way, whether done by a specialty mental health provider or by a child welfare worker, so that outcomes can be tracked over time.
- Produce robust outcome measurements which will allow the State to incentivize outcomes. The BH-CONNECT demonstration specifically proposes to use the CANS as part of the Cross Sector Incentive Pool.

Initial Joint Behavioral Health Assessment

DHCS intends to require an initial child welfare/Specialty Mental Health behavioral health assessment at entry point into child welfare, as proposed by the County Behavioral Health Directors Association and the County Welfare Directors Association.

Proposed Approach:

- DHCS intends to clarify that a specialty mental health provider should accompany the child welfare worker during an initial home visit.
- The home visit would occur within 30 days of a hotline call, after a hearing substantiating an allegation of abuse or neglect and upon the child's entry into the child welfare system.
- The specialty mental health provider would do a comprehensive behavioral health assessment to identify mental health and/or substance use conditions related to the child and/or the family, identify necessary social supports, and then connect the child and family (both the biological family and the resource family, as appropriate) to any needed clinical or community services.
- As part of the BH-CONNECT Demonstration, DHCS proposes to develop standards and requirements for the behavioral health assessment and cross-agency collaboration.

Foster Care Liaison Role

DHCS intends to require the inclusion of a Foster Care Liaison within MCPs to enable effective oversight and delivery of Enhanced Care Management (ECM).

Proposed Approach:

- The Foster Care Liaison will have expertise in child welfare services, county behavioral health services, and other sectors, ensure appropriate ECM staff attend Child Family Team meetings, and ensure managed care services are closely coordinated with other services.
- The Foster Care Liaison will be a management level position at the MCP with responsibility to oversee the ECM providers providing services to child welfare involved children and youth in their case load, provide technical assistance to MCP staff as needed, and serve as point of escalation for care managers if they face operational obstacles when working with county and community partners. In addition, the Foster Care Liaison will be required to designate a primary point of contact responsible for the child's care coordination (which may also be the ECM provider).
- DHCS will develop standards and expectations via contract changes for this role to ensure consistency for all MCPs.

Timeline and Next Steps

- **Public Comment Period.** The BH-CONNECT demonstration application public comment period was August 1, 2023 through August 31, 2023.
- **Response to Public Comment.** DHCS revised the draft BH-CONNECT demonstration application, integrating stakeholder feedback in September and October 2023.
- **Submission to CMS.** DHCS submitted the final BH-CONNECT demonstration application for CMS review on October 20, 2023.
- **Go-Live.** The BH-CONNECT demonstration will be implemented on a phased timeline to ensure ample time for successful implementation.
- **Ongoing Stakeholder Engagement.** DHCS is committed to engaging with stakeholders on an ongoing basis throughout the design and implementation of BH-CONNECT.

Discussion

COUNTY SUCCESSES

Moderators: Carol Clancy, Rich VandenHeuvel & Howard Himes
2:20 – 2:55 pm

SANTA CLARA COUNTY

Presenters: Shelley Aggarwal MD, MS Medical Director Juvenile Custody Health, Santa Clara County and Cheyenne Grant, Candidate for MA, Santa Clara County Government Fellow

Coaches: Carol Clancy; Liz Stanley-Salazar

» SCC - Opioid Use and Harm Reduction Education Project

SCC - Opioid Use and Harm Reduction Education Project

Shelley Aggarwal MD, MS
Medical Director Juvenile Custody Health, Santa Clara County

Cheyenne Grant, Candidate for MA
Santa Clara County Government Fellow

Background - Narcan vending machine, Development + Peers

1. Goal: To develop co-create educational materials that include written content, videos, and interactive activities, other
    a. developmental framework and aligned with an evidence-based model
2. Partnership: with key stakeholders and department to allow access to youth and also dissemination of content
    a. better understanding of opioid use and opioid use disorder
    b. deliver dynamic educational materials to partners who work with justice involved youth to enhance knowledge on opioid use and misuse among adolescents and young adults
3. Implementation: TBD based on content development and best method of distribution
    a. Dependent on partnerships and county leadership buy-in

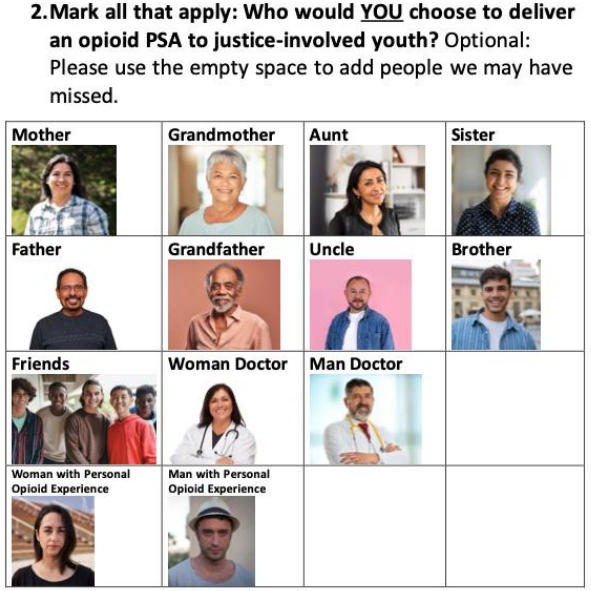
HMA DHCS

Project Outline

Phase 1: Preliminary Assessment of Knowledge & Beliefs Held by Youth about Opioids & Naloxone

Phase 2: Focus Groups with Youth on Existing Harm Reduction Materials

Phase 3: Youth Art Collective Project



Thank You and Questions

MENDOCINO COUNTY

Champion: Jill Ales
Coaches: Carol Clancy; Liz Stanley-Salazar

» ACCEPT Program

ACCEPT PROGRAM

Awareness

Connections

Coaching

Education

Pro-Social Activities

Treatment

The **ACCEPT** program is a collaboration between Mendocino County Probation and Mendocino County Behavioral Health and Recovery Services, designed for justice involved youth, giving them an opportunity to stay safe and engaged during the summer break. The goal of the program is to foster youth self-**awareness**, build community **connections**, provide **coaching** and drug and alcohol **education**, arrange **pro-social** activities, and ensure continuity of substance abuse **treatment** services over the summer break.

Substance Use Education

The program plans to use engaging activities to educate youth on drug and alcohol facts including opioids and the short and long-term impacts they cause physically and mentally.

Coaching, Connections & Treatment

The program plans to utilize established relationships with our CBOs to provide Youth Success Coaching and create additional community connections

Mendocino County SUDT counselors will continue to work with youth individually and provide group treatment

Pro-Social Activities

The ACCEPT program hopes to collaborate with a local animal shelter to provide an opportunity for the youth to work with dogs. The youth would help train and prepare the animals for an Adoption Fair at the end of summer

RIVERSIDE COUNTY

Champion: Marcus Cannon
Key Staff: Dwayne George and Tonya Strickland
Coaches: Rich VandenHeuvel, Mark Varela

» Juvenile Justice: Multi-Disciplinary Daily Huddles

WORKGROUP HIGHLIGHTS

DATA WORKGROUP UPDATES

HMA Lead: Howard Himes

Meets Last Monday of Month at 12:00 pm PST
Next Meeting: 1/29/2024

Challenge: Substance Use Data in Child Welfare System/Case Management System (CWS/CMS):

- Substance use fields are not mandatory.
- Substance use data in CWS/CMS not reliable.

PLANS OF SAFE CARE WORKGROUP UPDATES

HMA Lead: Charles Robbins

Meets 2nd Wednesday of Month at 4:00 pm PST
Next Meeting: 1/10/2024

Challenge: Variation of implementation across the state:

- No statewide protocol on POSC (county driven).
- No alignment between health services and child welfare

WRAP UP

Moderator: Bren Manaugh
2:55 – 3:00 pm

POLL: TECHNICAL ASSISTANCE TOPICS

Please select all opportunities that would be of interest to you:

- Reducing youth overdose
- Brain science of youth: trauma/SUD/ developmental stages
- Monthly Office Hours to ask clinical/operational questions around implementing MAT
- Learning Session: CalAIM JI specific to Juvenile Justice
- Webinar: Plans of Safe Care State Update
- Discussion group: Reentry/Aftercare
- Trauma-informed learning community (join other counties with structured TA to transform your system to be trauma-informed)
- Juvenile Justice Workgroup (similar to CW POSC/Data Workgroups)
- Webinar: California Behavioral Health and Public Health Landscape and Intersect
- Other (please drop ideas into the chat)

SAVE THE DATES – 2024 LEARNING COLLABORATIVES

- March Quarterly Learning Collaborative: Tuesday, March 19th
- June Quarterly Learning Collaborative: Tuesday, June 25th
- September Quarterly Learning Collaborative: Tuesday, September 24th

All events at 12:00 pm PST

POLLING QUESTIONS

1. Overall, today's session was:
   A. Very useful
   B. Somewhat useful
   C. Not very useful
   D. Not useful at all

2. The material presented today was:
   A. At the right level
   B. Too basic
   C. Too detailed

CONTACT US

FOR ANY QUESTIONS OR COMMENTS

MATinCountyCJ@healthmanagement.com