

Welcome to




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## Hi, We're CalTrin!



**Who we are**

- The California Training Institute
- Funded by the State of California, Dept. of Social Services, Office of Child Abuse Prevention (OCAP) to support child abuse prevention through professional development and extended learning opportunities.
- Designed for staff of family strengthening and child abuse prevention organizations in California, including Family Resource Centers, Child Abuse Prevention Councils, community-based organizations, and other child and family serving systems.

**What we offer**

- Live webinars & small group training
- Virtual, self-paced courses
- Job aids & other resources

This training was made possible with funding from the California Department of Social Services, Office of Child Abuse Prevention. Any opinions, findings, conclusions, and/or recommendations expressed are those of the CEBC, CalTrin and do not necessarily reflect the views of the California Department of Social Services.

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## UPCOMING TRAININGS

mark your calendars!



Visit [caltrin.org](https://caltrin.org) to view and register for upcoming webinars or workshops

 **8/27** | Adapting Evidence-Based Practices to Meet Your Community's Needs

 **9/10** | Intro to Motivational Interviewing

 **9/12** | Trauma-informed Leadership: The Balance of Compassion and Accountability

 **9/17** | Protective Factor: Knowledge of Parenting & Child Development

 **9/20** | The Art & Science of Father Engagement

 **9/24** | Centering Equity in the Work: 3 Strategies That Will Change Your Professional Practice

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## Before We Begin...

DURING		AFTER
 Access the notetaking slides in the chat now!	 Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.	 Complete the survey at the end of this training to receive your Certificate of Attendance.
 This presentation is being recorded.	 External AI assistants are not allowed in CalTrin trainings due to California privacy laws.	 A follow-up email will be sent to all participants within two days.

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## Yes to Partnerships for Youth Behavioral Health!

**Presenters:**  
 Adrienne Shilton, MPPA  
 Christine Stoner-Mertz, LCSW

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## Speaker SPOTLIGHT



**Adrienne Shilton, MPPA**  
 VP, Public Policy and Strategy  
 CA Alliance of Child and Family Services  
 and the Catalyst Center



**Christine Stoner-Mertz, LCSW**  
 CEO  
 CA Alliance of Child and Family Services  
 and the Catalyst Center

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### About Us

- **CA Alliance of Child and Family Services**
  - 165+ nonprofit organizations
  - Working with over 1 Million Children and Youth across 58 counties
  - Behavioral health, foster care, prevention, education, juvenile justice
  - Policy and advocacy
  - State and county regulatory issues
- **Catalyst Center**
  - Serves all providers, counties, youth and families, general public
  - Training and technical assistance
  - Research and evaluation
  - Supporting best practices
  - Implementation of policy and legislation



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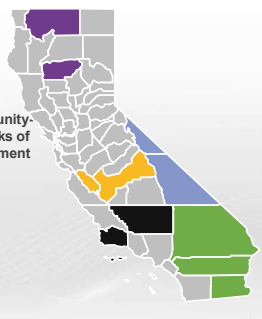
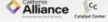
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### California's Initiatives Impacting Children and Youth

- 1**  
Children and Youth Behavioral Health Initiative (CYBHI)
- 2**  
Behavioral Health Community-based Organized Networks of Equitable Care and Treatment (BH-CONNECT)
- 3**  
Foster Care Rate Reform
- 4**  
Community Schools, Extended Learning, Juvenile Justice Reform

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### CYBHI (2021-2026)

- Part of the Governor's Master Plan for Kid's Mental Health ([LINK to Master Plan](#))
- 5-year Initiative
- 14 Workstreams
- Goals and Areas of Evaluation:
  - Improve Behavioral Health and Well-Being
  - Improve Access to and Experience with Services
  - Improve System level support and collaboration
  - Expand and Diversify the Behavioral Health Workforce
- [LINK to CYBHI Website](#)



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### Overview of CYBHI 14 Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage Architecture	Public Awareness
Behavioral Health Counselor and Coach Workforce (HCAI)	CalHOPE Student Services (DHCS)	School-Linked Partnership and Capacity Grants (DHCS)	Behavioral Health Continuum Infrastructure Program (DHCS)	Enhanced Medical Benefits - Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Trauma-informed Training for Educators (OSG)	Student Behavioral Health Incentive Program (DHCS)			
Behavioral Health Virtual Services Platform (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	ACEs and Toxic Stress Awareness Campaign (OSG)
Healthcare Provider Training and e-Consult (DHCS)					
Scaling Evidence-Based and Community-Defined Practices (DHCS)					

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### Where Do Community-Based Organizations (CBOs) fit in?




**Workforce**

- HCAI Grants for Wellness Coaches
- HCAI scholarships for professionals



**Fee Schedule**

- Become school-based or school linked providers
- Can provide both MediCal specialty services AND fee schedule services
- Guidance to LEAS and COEs on school partnership grants



**Dyadic Services**

- Contract with health plans to provide dyadic services
- Link to DHCS Dyadic Services webpage



**Evidence Based Services**

- Grantees have been determined
- Potential Opportunities through BH-CONNECT



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### Fee Schedule Basics

A "Fee Schedule" establishes the rates at which health care providers are reimbursed by health insurance plans for specific services.

- Outlines available services
- Defines the billing codes and rates
- Identifies eligible practitioner types for each service
- Typically includes unit of service information (CYBHI doesn't)

Procedure Code	Service Description/Modifiers	Eligible Practitioners	Fee Schedule Rate
96137	neuropsychological testing and scoring, first 60 min Psychological or neuropsychological testing and scoring, each additional 60 min	ASSOC, PPS School Psychologists MD, NP, PA, PSYCH, PSY ASSOC, PPS School Psychologists	\$39.01
90791	Psychiatric Diagnostic Evaluation, 15 min. U/I modifier req'd for Dyadic Services	MD, PA, NP, PSYCH, LCSW, LMFT, LPCC, ASW, AMFT, APCC, PSY ASSOC, PPS School Psychologists, PPS School Social Worker, PPS School Counselor	\$163.08
96127	Brief emotional/behavioral assessment U/I modifier req'd for Dyadic Services	MD, NP, PA, RN, PSYCH, LCSW, LMFT, LPCC, ASW, AMFT, APCC, PSY ASSOC, PPS School Psychologist	\$4.81

www.cach.org

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### DHCS Goals for Fee Schedule

Create a sustainable funding source for school-linked behavioral health services that:

- 1 Increases access to services for children and youth
- 2 Creates a more approachable billing model for schools
- 3 Eases contracting burdens
- 4 Reduce navigation across delivery systems
- 5 Reduce uncertainty around students' insurance coverage

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#### 1 Services Provided

Medically necessary services provided by a local Educational Agency (LEA) or an LEA approved CBO/provider

### Third Party Administrator

DHCS contracted with Carelon Behavioral Health as the "TPA"

#### 3 Claims Processed/Paid

TPA processes claims with client's insurance company.  
TPA pays approved claims to LEA and LEA pays CBO/provider

#### 2 Claims Submitted

Claims are submitted to the LEA for review / approval.  
LEA submits claims to the TPA for processing

Insurance companies required to pay for approved services at published fee schedule rates

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### Youth Eligibility

The Fee schedule covers many, but not all, youth in a school-linked setting

<h4>Eligible</h4> <p>Youth age 0-25 insured by:</p> <ul style="list-style-type: none"> <li>• Medi-Cal Managed Care Plans</li> <li>• Medi-Cal Fee for Service Program</li> <li>• Commercial Health Plans</li> <li>• Disability Insurance Plans</li> </ul>	<h4>Not Eligible</h4> <ul style="list-style-type: none"> <li>• 18+ year old youth not enrolled in school</li> <li>• Uninsured youth</li> <li>• Youth insured through Employment Retirements Income Security Act Plans</li> <li>• Students with IEPs             <ul style="list-style-type: none"> <li>• Ineligible ONLY for services listed in the IEP. Eligible for other services</li> </ul> </li> </ul>
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 [www.cach.org](http://www.cach.org) 

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### Agency Eligibility

Contract/agreement with Local Educational Agency (LEA) to provide services on a "school site"

- A facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes
- A facility or location at which a school or district provides or arranges the provision of medically necessary Behavioral Health services (e.g., off campus clinic).
  - LEA Defines this - "designated by the LEA"



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### Staffing

Wide variety of staff allowed to use codes

- Doctors, nurses, licensed and registered clinicians, psychologists
- PPS credentialed staff
- Community Health Workers
  - HCAI certification process coming soon
  - OR
  - 2000 hours paid experience



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**Services**

Outpatient mental health and substance use disorder services

- Currently reimbursable under existing state and federal authorities
- Appropriate to provide in school settings
- Additive to services currently provided elsewhere today
- Not duplicative of services that schools are required to provide under state and federal law
- Not intended to be high intensity
  - Similar to non-specialty mental health or commercial insurance services

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**Services**

Psychological Testing

- General or Neuropsychological

Assessment

- Mental Health Biopsychosocial and/or SUD Assessment



Psychotherapy

- Individual, Group, Crisis, Family (with or without student)
- Multi-family groups

Case Management

- Not provided by CHWs

Medication Training and Support

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**Rates**



Set in fee schedule by unit of service by procedure code

- Rates not tied to staff credential of service provider
- Rates do not roll up to a consistent hourly rate

Fees in schedule are not negotiable by agencies with DHCS or insurers

- May need to braid funding with school district dollars to meet costs

Aligned with Non-Specialty MH Rates  
Fee schedule is still in "Draft" status

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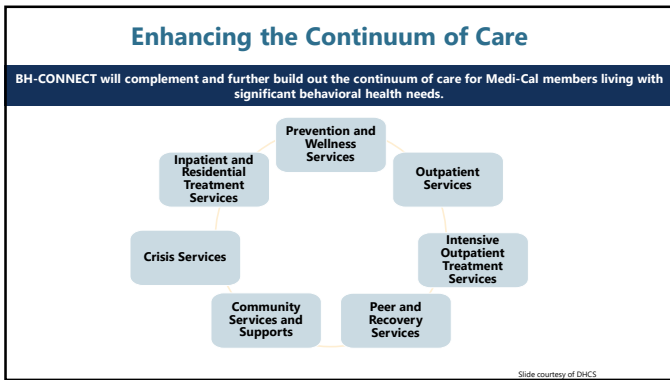
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### Proposed Approach

**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.

Slide courtesy of DHS

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### Key Elements of the BH-CONNECT Waiver (1/2)

The waiver proposal includes key elements to strengthen the continuum of care for Medi-Cal beneficiaries living with SMI/SED, with particular attention to the needs of populations disproportionately impacted by behavioral health conditions.

<p style="text-align: center;"></p> <p><b>Strengthen Statewide Continuum of Community-Based Services</b></p> <ul style="list-style-type: none"> <li>✓ Clarify Coverage of Specific Community-Defined and Evidence-Based Practices</li> <li>✓ Cross-Sector Incentive Pool</li> <li>✓ Activity Stipends</li> <li>✓ Initial Behavioral Health Assessment</li> <li>✓ Foster Care Liaison Role</li> </ul>	<p style="text-align: center;"></p> <p><b>Support Statewide Practice Transformations</b></p> <ul style="list-style-type: none"> <li>✓ Centers of Excellence</li> <li>✓ Statewide Incentive Program</li> <li>✓ Workforce Initiative</li> <li>✓ Statewide Tools to Connect Beneficiaries Living with SMI/SED to Appropriate Care</li> <li>✓ Promotion and Standardization of Quality of Care in Residential and Inpatient Settings</li> </ul>	<p style="text-align: center;"></p> <p><b>Improve Statewide County Accountability for Medi-Cal Services</b></p> <ul style="list-style-type: none"> <li>✓ Transparent Monitoring Approach</li> <li>✓ Establishment of Key Performance Expectations and Accountability Standards in County Mental Health Plan Contract</li> <li>✓ Streamlined Performance Review Process</li> </ul>
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Slide courtesy of DHCS

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### 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

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### 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.*

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graph TD
    A[County Behavioral Health Delivery Systems] --> B[County Child Welfare Systems]
    A --> C[MCPs]
    B --> C
            
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Slide courtesy of DHCS

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### Cross-Sector Incentive Program: High-Level Program Measurement Timeline

Initial program metrics may focus on planning, infrastructure development, and establishment of baseline data on systems' quality performance. Throughout the course of the program, metrics may shift to be more outcomes- and performance-based.

High-Level Cross-Sector Incentive Program Measurement Timeline

Program Year 1	Program Year 2	Program Year 3	Program Year 4
Measurement Period 1	Measurement Period 2	Measurement Period 3	Measurement Period 4

Metrics may shift to be more performance-based as the program goes on

EXAMPLE Metric Focus Areas

Process Metrics (Focus Early in Program)	Outcome Metrics (Focus Later in Program)
<ul style="list-style-type: none"> <li>» Alignment of CANS tool across systems/programs</li> <li>» MCPs offering caregiver Respite Services as a Community Support (e.g., standard assessment/referral process, utilization rates, etc.)</li> <li>» Cross-sector coordination (e.g., AB 2083 Children and Youth System of Care implementation, MCPs joining Interagency Leadership Team, etc.)</li> </ul>	<ul style="list-style-type: none"> <li>» Improvement of SUD-related outcomes</li> <li>» Reduction in average time to permanency</li> <li>» Reduction in residential/inpatient length of stay (LOS) and/or placements</li> <li>» Reduction of use of restraints in facilities</li> <li>» Increase in use of community-based care (e.g., HFW, IHBS)</li> </ul>

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### Statewide Feature: Activity Stipends

DHCS is requesting expenditure authority to develop a new support for children ages 3 and older 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.

Slide courtesy of DHCS

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### 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.

Slide courtesy of DHCS

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### 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.

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Slide courtesy of DHCS

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### 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.

Slide courtesy of DHCS

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### Evidence Based Practices

**FFPSA**

Motivational Interviewing  
Nurse Family Partnership  
Health Families America  
Parents as Teachers

**Parent-Child Interaction Therapy (PCIT)**

**Multisystemic Therapy (MST)**

Family Check Up  
**Functional Family Therapy**  
Homebuilders

**CYBHI**

**Parent-Child Interaction Therapy**  
Positive Parenting Program  
Parents Anonymous  
Strong African American Families  
Effective Black Parenting  
Positive Inside Parenting  
Attachment and Biobehavioral Catch-up  
Child Parent Psychotherapy  
Trauma Focused Cognitive Behavioral Therapy  
Cognitive Behavioral Therapy for Trauma in Schools  
Dialectical Behavior Therapy  
Family Centered Therapy  
**Functional Family Therapy**  
**Multisystemic Therapy**  
Modular Approach to Therapy for Children with Anxiety, Depression, Trauma, or Conduct Problems  
Crossover Youth Practice Model

**BH-CONNECT**

Assertive Community Treatment (ACT)  
Forensic ACT

**Multisystemic Therapy**

**Parent-Child Interaction Therapy**

**Functional Family Therapy**

**Other:**  
High Fidelity Wraparound  
Coordinated Specialty Care (CSC) for First Episode Psychosis (FEP)  
Individual Placement and Support Model of Supported Housing  
Community Health Worker  
Clubhouse Model

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### How to Engage

- Reach out to your local LEA and/or COE (or CBOs for schools)
- Learn the details of the CYBHI
- Connect with County Behavioral Health regarding BH-CONNECT planning
- Learn what [Health plans](#) are serving your county (Dyadic Care)
- Reach out to [Full Circle Health Network](#) about contracting with health plans

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# THANKS!

FOR WATCHING THIS PRESENTATION

Do you have any questions?

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2201 K St, Sacramento

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