Welcome to

LIFE RAFT FOR KIDS: CalAIM'S POTENTIAL TO ADDRESS UNMET NEEDS FOR CHILDREN & YOUTH

THE TRAINING WILL BEGIN SHORTLY

While you're waiting...

Icebreaker Question (answer in the chat)

What's your favorite board game?

Survey & Certificate of Completion

Available following the training.

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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

CALTRIN
California Training Institute

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 to view the full training calendar and self-paced online training options

2/07 I Becoming a Trauma-Informed Leader

2/09 I Historical Trauma in California

2/15 I Identifying Drug-Endangered Children: A Collaborative Approach

2/15 I Protective Factor: Parental Resilience

2/28 I Neglect: What are We Really Talking About?

3/07 I Life Raft for Kids: Creating Sustainable Programs at the Local Level

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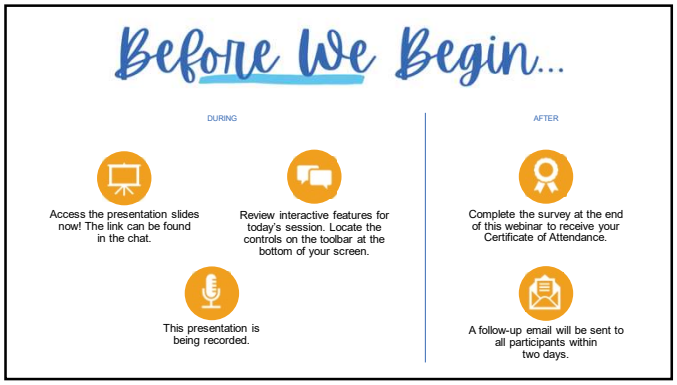
Before We Begin...
DURING
AFTER
Access the presentation slides now! The link can be found in the chat.
Review interactive features for today's session. Locate the controls on the toolbar at the bottom of your screen.
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Complete the survey at the end of this webinar to receive your Certificate of Attendance.
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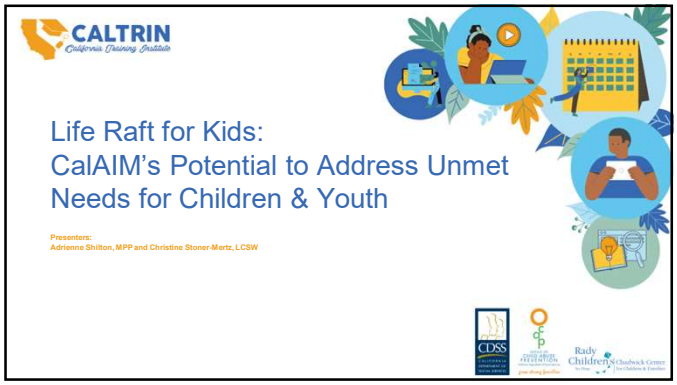
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Life Raft for Kids:
CalAIM's Potential to Address Unmet Needs for Children & Youth
Presenters:
Adrienne Shilton, MPP and Christine Stoner-Mertz, LCSW
CDSS
Rady Children's Chadwick Center for Children & Families

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Cc
Life Rafts for Kids: CalAIM 101
Christine Stoner-Mertz, CEO
Adrienne Shilton, VP of Public Policy and Strategy
www.cacfs.org
www.catalyst-center.org

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The California Alliance of Child and Family Services

About us

About The CA Alliance

Passionate representatives for California's children and families facing vulnerable circumstances. More than 160 chief executives of organizations that serve California's most vulnerable populations are members of the California Alliance. We provide legislative and regulatory advocacy to the Governor and the Legislature, as well as a host of state departments all with the goal of helping children, youth, and families thrive in CA.

About the Catalyst Center

The training and technical assistance arm of the Alliance, the Catalyst Center is committed to ensuring that policies are effectively implemented through best practices, and supporting the field as well as those that are served through our public systems and its network of service providers

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The California Alliance of Child and Family Services

What is CalAIM?

- The ultimate stated goal is to "…improve the entire continuum of care across MediCal, ensuring the system more appropriately manages patients over time through a comprehensive array of health and social services spanning all levels of intensity of care, from birth to end of life."
- The underlying premise is to improve delivery and coordination of Medi-Cal services.
- There are a suite of proposals that are being phased-in over a five-year period (began January, 2022).
- Link to CalAIM Behavioral Health resources at DHCS: BH CalAIM Webpage

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CalAIM: Where are Opportunities?

- Push towards new and expanded partnerships (counties, MCPs, CBOs)
- Cross system collaboration (child welfare, behavioral health, juvenile justice)
- Recognition of social determinants of health (and how to pay for them)
- Strengthening of community-based services
- New financing to incentivize outcomes over volume

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What Parts of CalAIM Impact Children and Youth Services?

- Enhanced Care Management
- Community Supports
- Simplifying access to Specialty Mental Health
- Streamlining documentation requirements
- Payment structure changes
- Justice involved initiatives
- Foster Youth

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CalAIM: Increase Access to Services

Criteria for beneficiary access to Specialty Mental Health Services (BHIN 21-073)

- Condition that places a youth at risk for a mental health disorder as evidenced by
  - High score on trauma screening
  - Involvement in child welfare
  - Involvement in juvenile justice
  - Experiencing homelessness

Youth has at least one of the following:

- Significant impairment
- A reasonable probability of significant deterioration in an important area of life functioning
- A reasonable probability of not progressing developmentally as appropriate
- A need for specialty mental health services, regardless of presence of impairment, that are not included within the mental health benefits that a Medi-Cal managed care plan is required to provide.

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CalAIM: No Wrong Door

Managed Care Plans (MCPs) are required to provide (or arrange for the provision of):

- Mental health evaluation and treatment, including individual, group and family psychotherapy.
- Psychological and neuropsychological testing, when clinically indicated to evaluate a mental health condition.
- Outpatient services for purposes of monitoring drug therapy.
- Psychiatric consultation.
- Outpatient laboratory, drugs, supplies and supplements.

MCPs must cover emergency room services

MCPS must cover substance use disorder services, including alcohol and drug screening, assessments, brief interventions, and referral to treatment for members ages 11 and older, including pregnant members

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CalAIM: No Wrong Door

Mental Health Plans (MHPs) are required to provide (or arrange for the provision of) medically necessary SMHS for beneficiaries in their counties who meet access criteria for SMHS as described in BHIN 21-073.

Services are covered and reimbursable even when:

- *Services are provided prior to determination of a diagnosis, during the assessment, or prior to determination of whether NSMHS or SMHS access criteria are met;*
- *The beneficiary has a co-occurring mental health condition and substance use disorder (SUD); or*
- *NSMHS and SMHS services are provided concurrently, if those services are coordinated and not duplicated.*

Reference: BHIN 22-011

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CalAIM: Screening and Transition Tools

Effective January 1, 2023, MCPs required to implement screening and transition tools for Medi-Cal Mental Health Services

Screening Tool:

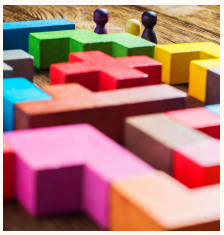
Determines what system (MCP or MHP) a beneficiary should be served through

Transition Tool:

intended to ensure that Members who are receiving mental health services from one delivery system receive **timely and coordinated care** when either:

(1) their existing services are being transitioned to the other delivery system; or

(2) services are being added to their existing mental health treatment from the other delivery system consistent with the No Wrong Door policies regarding concurrent treatment



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CalAIM: Payment Reform

Elements of Payment Reform Impacting County MHPs and Providers

Change of coding and reimbursement process

- ✓HCPCS codes to CPT codes
- ✓Codes are based on time of service and level of education of service provider
- ✓CPT codes are all inclusive and not clear if the changes will cover the actual cost of providing services that include travel and documentation

Elimination of Cost Reimbursement and Cost Reporting

- ✓ County MHPs get Utilization Review reimbursed at cost and administrative costs above the service reimbursement rates

Current Status:

- ✓ Many challenges for counties and providers; still sorting out whether rate structure will work; more TA for counties and providers is needed
- ✓ Varied approaches to implementing payment reform across the state and concern about sustainability for many providers

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Other Children/Youth Initiatives that Interact with CalAIM

- Children and Youth Behavioral Health Initiative (CYBHI)=($4.8B)
- Family First Prevention Services (FFPS)
- Community Schools ($4.4B)
- BH-CONNECT (Medicaid 1115 Demonstration Waiver)
- Proposition 1 (MHSA Reform + Housing Bond)
- AB 2083 (System of Care Integration)
- Extended Learning (One time in-flux of $4.4B)

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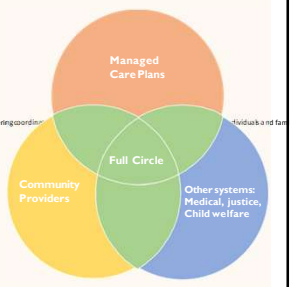
Who we are

Full Circle Health Network is an integrated network of nonprofit, nationally accredited providers delivering coordinat... ...ividuals and fam...

Full Circle exists to ensure more Californians can access equitable, culturally congruent, and trauma-informed care from a high quality network of community-based organizations that address their whole-person and whole-family needs.



California Alliance — Full Circle is affiliated with the California Alliance, a public benefit corporation.

www.fullcirclehn.org 2

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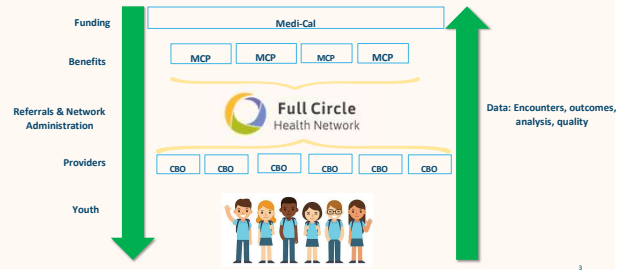
Full Circle connects a high performing network of CBOs to Managed Care Plans



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FCHN Providers have extensive experience serving diverse, vulnerable populations

Current Network

~70 Accredited Providers

240 Site locations

32 Initial counties

Experience Similar to ECM

- Medi-Cal providers
- Foster family agencies
- Targeted Case Management
- Full Service Partnerships (FSP)
- Intensive Care Coordination (ICC)
- Drug Medi-Cal Care Coordination

Experienced with CalAIM Populations of Focus

Child welfare involved	94%
Specialty MH Services	92%
High utilizers	78%
Homeless	68%
Youth in Juvenile Justice	60%
Youth w/ SUD	40%

All Accredited

- ☑ CARF
- ☑ JCAHO
- ☑ COA

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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 Medi-Cal 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)		Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	ACEs and Toxic Stress Awareness Campaign (OSG)
Behavioral Health Virtual Services Platform (DHCS)					
Healthcare Provider Training and e-Consult (DHCS)					
Scaling Evidence-Based and Community-Defined Practices (DHCS)					

Link to Fee Schedule

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Family First Prevention Services (Act)

- Focus on keeping families together and youth out of group care
- CA Prevention Plan includes options for counties to use the following 10 evidence-based practices (EBPs)for prevention services (for reimbursement):

○ Motivational Interviewing (MI)	○ Multisystemic Therapy (MST)
○ Nurse Family Partnership (NFP)	○ Brief Strategic Family Therapy (BSFT)
○ Health Families America (HFA)	○ Family Check Up
○ Parents as Teachers (PAT)	○ Functional Family Therapy (FFT)
○ Parent Child Interactive Therapy (PCIT)	○ Homebuilders

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Family First Prevention Services (Act)

- **Implementation Challenges**
  - Payer of Last Resort (Many EBPs are MediCal billable)
    - County MHPs, Healthplans and Child Welfare should partner to ensure effective use of funding
  - Title IVE county and state billing systems are not set up for claiming by individualized services like MediCal systems are (2026 is target year)
  - Community Pathways should allow for community based organizations to provide prevention services without child welfare involvement; no system exits currently

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Family First Prevention Services (Act)

- **Integration with other initiatives**
  - BH-CONNECT:
    - Evidenced Based Practices will be coded/claimed
      - Functional Family Therapy (FFT)
      - Multisystemic Therapy (MST)
      - Parent-Child Interactive Therapy (PCIT)
    - Initial Behavioral Health Assessment: jointly administered by the behavioral health and child welfare systems
    - Cross Sector Incentive Program
    - Foster Care Liaison in Healthplans (MCPs)
    - Activity Stipends for Foster Youth

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Community Schools*

- Allocated through June 30, 2028 and will support three grant types to LEAs and schools:

(1) Planning grants (up to $200,000 per qualifying entity for up to 2 years of planning, allocated in fiscal years 2021–22 and 2022–23, with the intention to provide an implementation grant upon successful completion)

(2) implementation grants (up to $500,000 annually to qualified entities, for up to 5 years, to help establish new community schools or expand/sustain existing community schools)

(3) coordination grants (up to $100,000 annually per site of an existing community school, allocated beginning in fiscal year 2024–25)

**Link to brief by Learning Policy Institute and Opportunity Institute*

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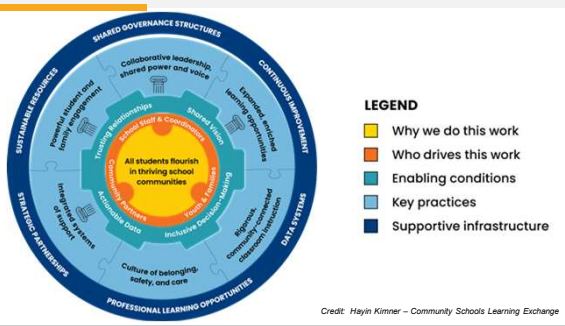
A Shared Framework



Credit: Hayin Kimner – Community Schools Learning Exchange

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BH-CONNECT (1115 Waiver)

- Cross Sector Incentive Program
- Activity Stipends for Foster Youth

Elements that don't require waiver

- Initial Behavioral Health Assessment: jointly administered by the behavioral health and child welfare systems
- Foster Care Liaison in Healthplans (MCPs)
- Centers for Excellence
- Alignment of Child and Adolescent Needs and Strengths (CANS) tool between DHCS and CDSS
- EBPs – FFT, MST, PCIT

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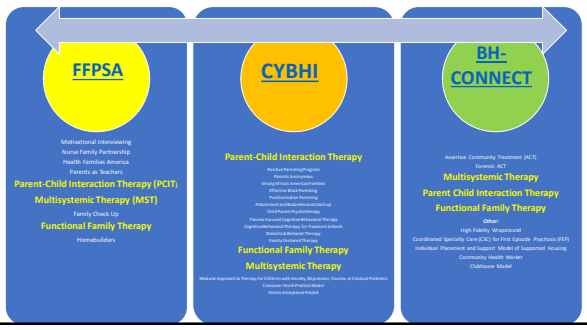
Evidence Based Practices



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Proposition 1 (MHSA Reform and Housing Bond)

- On the ballot, March 2024
- A $6.38B bond to fund behavioral health-related housing
- Re-works existing county spending of MHSA revenue on mental health services
  - Requires 30% of money be spent on housing interventions
  - Allows for inclusion of SUD treatment in county programming
  - Significant changes to existing categories, especially to Prevention *and* Early Intervention
- Changes aimed at more transparency and accountability
  - Preserves independent Mental Health Services Oversight and Accountability Commission (MHSOAC);
  - Transfers some regulatory authority to Dept. of Health Care Services (DHCS)

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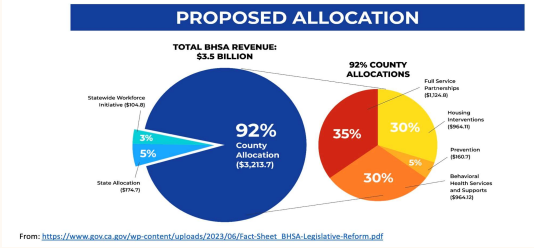
Proposition 1 (MHSA Reform and Housing Bond)



From: https://www.gov.ca.gov/wp-content/uploads/2023/06/Fact-Sheet_BHSA-Legislative-Reform.pdf

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AB2083

- requires each county to develop and implement a memorandum of understanding (MOU) setting forth roles and responsibilities of agencies and other entities that serve children and youth in foster care who have experienced severe trauma. Link to guidance
- To be successful in integrating CalAIM components, a robust Interagency Leadership Team (ILT) should include all public agencies and Managed Care Plans and Regional Centers
- Link to 2083 resources

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Extended Learning Program and Grants

- $5 billion over 5 years, starting with $1.8B for 2021-22 (ELO-P) - state funds
- $4.6 billion one-time lump sum for 2021-23, can be used through September 2024 (ELO) - state and federal funds
- Time-limited influx and have required parameters
- Must be used for high needs students

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How Initiatives Can Work Together

- **Multiple "Doors" Through which a child, youth, family should be able to access services**

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Pitfalls and Challenges

- Systems that don't work together locally
- Contractual issues that limit CBOs from participating in providing services (e.g., Family Resource Center that doesn't have a contract with the MHP for Medi-Cal services)
- Financing Structures (Federal and State) do not match the vision for how services should be delivered
- Lack of focus on getting the services in place as quickly as possible
- Concerns about audits driving practice
- Bureaucracy results in significant lag time (referral, assessment, etc) to services
- WORKFORCE – simply not enough people providing services to make them as accessible as we need

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Additional Advocacy

- Other policy/advocacy that supports CalAIM goals:
  - AB 665, removing threshold for Medi-Cal to access minor consent services
  - SB 407, ensuring resource families are LGBTQ affirming of foster youth
  - Reforming school discipline; an ongoing challenge

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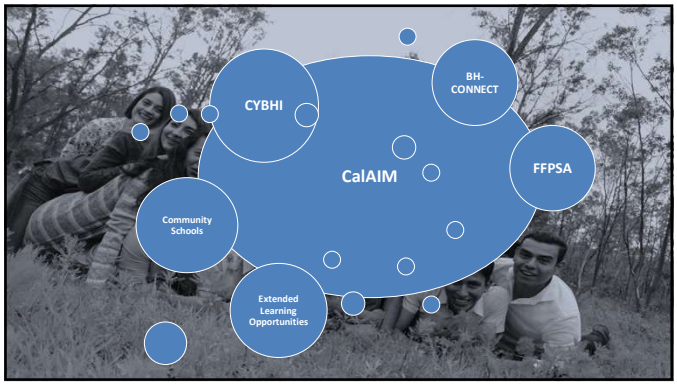

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Local Examples: Opportunities for CBOs

- On January 17, DHCS announced grant awards totaling $70.5 million to 101 non profits for health equity programs! Three CA Alliance members will be part of this new program to expand access to BH services for communities of color.
- DHCS has been implementing community defined and evidence based practice grants; on December 21, DHCS announced grant awards totaling $150 million; Twenty-five CA Alliance members received awards in both trauma informed programming and youth driven programs.

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Q and A

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What is Coming

- **Session #2 – Planning at the Local Level**
  - How to integrate funding from initiatives and create sustainable programs
  - Identifying potential partners in communities
- What more needs to be done?

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THANKS!

FOR WATCHING THIS PRESENTATION

Do you have any questions?

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• Follow-up email with resources within two days
• Register for Life Raft for Kids Session 2: Creating Sustainable Programs at the Local Level
• Watch your inbox for the next issue of CalTrin Connect
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