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Scotts Valley, CA 95066-4981  
831-430-5500

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Salinas, CA 93901-4487  
831-755-6000

530 West 16th Street, Ste. B  
Merced, CA 95240-4710  
209-381-5300



December 18, 2020

Elsa Jimenez  
Director of Health  
Monterey County Health Department - Clinic Services Bureau  
1441 Schilling Place, South Building - First Floor  
Salinas, CA 93901

Dear Ms. Jimenez:

It is my pleasure to inform you that the California Department of Health Care Services (DHCS) has approved funding for your Behavioral Health Integration (BHI) Incentive Program project. The Central California Alliance for Health (the Alliance) is will responsible for providing oversight of the project and reporting to DHCS on your project status.

This Memorandum of Understanding (MOU) referenced herein will serve as the agreement between the Alliance and Monterey County Health Department - Clinic Services Bureau during the course of the project term. Please note that you agreed to the terms of the MOU when you submitted your application in January 2020. The MOU has since been customized for your project and updated to include specifics regarding, project timeline, total eligible funding, revised milestones and reporting requirements. The specific terms of your approved project are listed below:

Project Selected: BHI Project 3.2 Maternal Mental Health and Substance Use

Total Eligible Funding: \$1,826,083

Project Timeline: January 1, 2021 – December 31, 2022

Grant Term: January 1, 2021 – March 31, 2023

Project Goal: Increase prenatal and postpartum access to mental health and substance use disorder screening and treatment.

Monterey County Health Department - Clinic Services Bureau is responsible for completing the project milestones and reporting on milestones and performance metrics, as set forth in the BHI Incentive Program MOU, Exhibit 1A: Project Application, Revised Milestones. The MOU contains specific requirements for milestone and performance measure reporting, and the payment schedule.

The MOU is due to the Alliance executed with a signature of an officer of your organization by December 28, 2020 via DocuSign signature submission. Please note that you will receive an automatic email notification from DocuSign when the MOU has been signed by both parties. Following, you will receive an email from Alliance Grant Program staff informing you when your fully executed MOU is available in the Alliance's online grant portal. Reporting templates will be available in the online grant portal after DHCS finalizes detailed reporting requirements.

If you have any questions or any technical difficulties using the DocuSign process, please contact Grant Program staff at [grants@ccah-alliance.org](mailto:grants@ccah-alliance.org) or (831) 430-5784.

We are proud to partner with you to expand behavioral health access for Medi-Cal members in our community.

Sincerely,

A handwritten signature in blue ink that reads "Kathleen McCarthy".

Kathleen McCarthy  
Strategic Development Director

**DHCS Behavioral Health Integration Incentive Program  
Memorandum of Understanding (MOU)**

**MEMORANDUM OF UNDERSTANDING  
BETWEEN  
MONTEREY COUNTY HEALTH DEPARTMENT – CLINIC SERVICES BUREAU  
AND  
CENTRAL CALIFORNIA ALLIANCE FOR HEALTH  
FOR PROPOSITION 56 VALUE-BASED PAYMENT BEHAVIORAL HEALTH  
INTEGRATION INCENTIVE PROGRAM**

This Memorandum of Understanding (“MOU”) is made and entered into as of 12/21/2020 | 10:19 AM PST between Monterey County Health Department – Clinic Services Bureau (“Provider”) and Central California Alliance for Health (“Plan”) in order to facilitate successful implementation of the Provider’s Behavioral Health Integration project (“BHI Project”) set forth in the approved BHI Incentive Program application which has been funded in the amount of \$1,826,083.

Whereas, Section 14188.1 of the Welfare and Institutions Code authorized the Department of Health Care Services (“DHCS”) to develop the Proposition 56 Value-Based Payment (“VBP”) Program, including the Behavioral Health Integration (“BHI”) program in Medi-Cal managed care, with the goals of improving physical and behavioral health outcomes, efficiency in care delivery, and improved patient experience by integrating and coordinating primary care, mental health, and substance use disorder treatment for Medi-Cal beneficiaries; and,

Whereas, DHCS established an application process in partnership with managed care plans whereby eligible providers submitted BHI Incentive Program applications establishing BHI project(s) to be considered for BHI Incentive Program payments, and incentivized plans to oversee and administer payment for approved BHI project(s); and,

Whereas, the Provider’s BHI project(s) has been selected by the Plan for the BHI Incentive Program according to the terms of the Provider’s BHI Incentive Program application; and,

Whereas, the Plan is responsible for oversight and administration of payments to the Provider consistent with the terms of the BHI Incentive Program, any terms imposed as a condition of federal approval of the BHI Incentive Program, and any DHCS guidance related to the BHI Incentive Program.

Therefore, the Provider and Plan agree as follows:

1. **Term.** The term of this MOU shall begin on January 1, 2021 and shall terminate on March 31, 2023. This term accounts for the Program Readiness period which is the first quarter of Year 1 (January 1, 2021 – March 31, 2021), the two-year project period from January 1, 2021 through December 31, 2022, and an additional quarter for reporting after the end of the project.
2. **Termination.** The terms of this MOU are contingent upon BHI Incentive Program application approval, the availability of sufficient state and federal Medicaid funding, and all necessary federal approvals to be obtained by DHCS. Should sufficient funds not be allocated, or federal financial participation be unavailable, services may be modified accordingly, or this MOU can be terminated by any party after giving 30 days advance written notice. The Plan may terminate this MOU with 30 days advance written notice to the Provider and DHCS due to the provider's failure to meet terms of a corrective action plan as set forth in Section 5 (Corrective Action).
3. **Scope.** The Provider is responsible for compliance with the project and the implementation of milestones, as set forth in their BHI Incentive Program application, the milestones of which have been revised and mutually agreed upon between Plan and Provider, and attached as Exhibit 1A – BHI Project Application, Revised Milestones and incorporated here by reference. The Provider is also responsible for reporting to the Plan on the achievement of milestones and objectives consistent with the terms of the BHI Incentive Program application. The Provider shall promptly notify the Plan of any material change in information submitted in support of the project or the BHI Incentive Program application, including changes in organizational leadership, business operations, and financial standing. The Plan is responsible for overseeing the project, including monitoring and verifying milestone achievement and administering payments consistent with the terms of the project or the BHI Incentive Program application, any terms imposed as a condition of federal approval of the BHI Incentive Program, and any subsequent DHCS guidance related to the BHI Incentive Program.
4. **Confidentiality.** Plan and Provider collaboration in support of the project may require the exchange of confidential or proprietary information ("Confidential Information") as may be identified by either party. The Plan and Provider agree to abide by processes and requirements applicable to the exchange of either party's respective confidential information, in accordance with applicable state or federal

law.

5. **Corrective Action.** In recognition of the need for project flexibility, the Plan may utilize a corrective action plan, or other mutually agreed upon or DHCS-required mechanism, for modifying the project terms to facilitate the Provider's compliance with project terms or to adjust project goals and objectives and related payments, as necessary. Such modifications are subject to DHCS review and approval. Provider noncompliance with modified project terms may result in termination of this MOU consistent with Section 2 (Termination). In the event of project termination, the Provider shall return funds as directed by the Plan.

6. **Provider Responsibilities:**

- A. **Use of Funding**

- i. The Provider shall expend project award funds for the purposes of carrying out activities and achieving milestones as set forth in the approved project.
    - ii. The Provider shall document to the Plan, in a form and manner determined by the Plan, that project activities have been carried out and milestones have been achieved. The Provider shall document the use of all funds in a form and manner determined by the Plan. The Provider shall return any funds not expended from the Program Readiness payment for any milestones are not completed.
    - iii. To the extent the Provider does not or is unable to carry out the project activities and achieve milestones in their entirety as outlined in Exhibit 1A, the Provider shall notify the Plan and return any funds that the Provider may have received related to those project activities or milestones.

- B. **Practice Redesign and Infrastructure Development Reporting**

- i. The Provider will implement the practice redesign and infrastructure development components (otherwise known as "Readiness Activities") set forth in Exhibit 1A.

The Provider shall report to the Plan the completion of the project's Readiness Activities milestones.

- C. **Milestone Achievement**

- i. The Provider will perform tasks necessary to meet milestones required by the BHI Incentive Program application. The Provider shall provide the Plan with information necessary to demonstrate completion of Year 1 and Year 2 milestones, via quarterly reporting. Reporting templates will be provided by the Plan based on DHCS reporting guidelines and available in the Plan's online grant portal.

#### D. **Measure Reporting**

- i. The Provider will report to the Plan on target population measures (outlined in Exhibit 1A) on a schedule and in a format and process required by the BHI Incentive Program application and any subsequent DHCS guidance related to the BHI Incentive Program. The Provider will submit performance measure data on a reporting template provided by DHCS and available on the Plan's online grant portal.
- ii. After the Program Readiness period and as directed by DHCS, the Provider will report baseline data for the required performance measures. The Provider will also report annually on the performance measures.
- iii. The Provider will report measures to the Plan consistent with the specifications required by the respective measure author (e.g., National Committee for Quality Assurance).

### 7. **Plan Responsibilities**

- A. **Monitoring Project Milestones and Measures.** The Plan will collect and evaluate all information related to implementation of the Provider's project for the purposes of ensuring progress toward the Provider's goals and objectives, reporting to DHCS and other objectives as set forth in the BHI Incentive Program application.
- B. **Reporting to DHCS.** The Plan will report to DHCS on the project status as specified in the terms of the BHI Incentive Program application, the terms of federal approval for the BHI Incentive Program, and any applicable DHCS-issued guidance.
- C. **Information Exchange.** The Plan will provide the Provider with the following information to support the provider on reporting project

target population(s):

- i. Performance Measures reporting template, instructions, and technical specification guide as provided by DHCS.
- ii. Providers who hold an existing provider agreement with the Plan will have access to the information available in the Provider Portal.

**D. Administration of Project Funds**

- i. **Initial Payment.** Within 30 days of the managed care plan's execution of this MOU, the Plan will provide the initial payment, (otherwise known as Readiness Activities payment) to the Provider as set forth in the terms of the project (Exhibit 1A) and BHI Incentive Program application.
  - ii. **Milestone Payments.** Subsequent to the initial payment, all ongoing payments to the Provider will be tied to achieving practice redesign milestones required by terms of the project (Exhibit 1A) and BHI Incentive Program application. The Plan will remit milestone payments to the Provider within 20 business days of the Provider's successful demonstration to the Plan via quarterly reporting of each milestone achievement per the terms of the project. The Plan may adjust milestone measurement and related payments consistent with the terms of a corrective action plan. The Plan will not make any milestone payment until all past due reporting is completed.
8. **Liaison.** The Plan and Provider will each designate a liaison(s) to serve as a point of contact for activities performed related to this MOU.
  9. **MOU Monitoring.** The Plan and Provider will meet on a mutually agreed upon frequency, or upon request to monitor the performance of parties' responsibilities related to this MOU.
  10. **Dispute Resolution.** If there is a dispute that cannot be resolved by the parties through Section 9 "MOU Monitoring," either party can submit a request for resolution to the Department of Health Care Services. A party shall give the other five business days of notice of its intent to submit a request for resolution.

Witness whereof, the parties hereto have executed this MOU as of 12/21/2020 | 10:19 AM PS

Attest:

**Monterey County Health Department – Clinic Services Bureau**

Elsa Jimenez

**By:**

Director of Health

DocuSigned by:  
  
12/21/2020 | 10:19 AM PST  
C7A30BA59CA8423...

**Central California Alliance for Health**

**By:**

**ATTACHMENTS:**

Included in MOU

Exhibit 1A – BHI Project Application, Revised Milestones

**Monterey County Health Department – Clinic Services Bureau**

Approved as to Legal Form:

DocuSigned by:  
  
By: \_\_\_\_\_  
00EE1B99F444A9...  
County Counsel

Date: 12/21/2020 | 9:21 AM PST

Approved as to Fiscal Provisions:

DocuSigned by:  
  
By: \_\_\_\_\_  
D3834BFEC1D8449...  
Auditor-Controller

Date: 12/21/2020 | 9:39 AM PST

**Monterey County Health Department - Clinic Services Bureau  
Exhibit 1A – BHI Project Application, Revised Milestones**

**3.2 Maternal Mental Health and Substance Use**

Applicant Information	
Organization Name	Monterey County Health Department - Clinic Services Bureau
County	Monterey
% of Medi-Cal Members Served Per Year	78%

**Specific Target Population: Please identify target population(s) to be served by this project.**

Target Population	
Pediatric	
Adolescent	
Adult	X

**Medi-Cal members: Please provide an estimate of the number of Medi-Cal members who will be impacted by this project.**

Number of individuals
1,000

	Readiness Activities (Q1 2021)	Project Year 1 (2021)	Project Year 2 (2022)	Project Years 1 & 2 (Combined)	TOTAL
<b>Total Funds Requested:</b>	\$ 330,867	\$ 747,608	\$ 747,608	\$ 1,495,216	\$ 1,826,083
<b>Total Eligible Funding:</b>	\$ 330,868	\$ 747,608	\$ 747,608	\$ 1,495,215	\$ 1,826,083

The totals for Y1 and Y2 Total Funds Requested may exceed the totals for Y1 and Y2 Eligible Funding, but the combined Y1-Y2 Total Funds Requested may not exceed the combined Y1-Y2 Eligible Funding.

Readiness Activities (Q1 2021)	
Readiness Activity Milestones: Readiness activity milestones to be completed that support the flat funding amount requested.	
Milestone Description	Funds Requested
Readiness-1: Patient Navigator: by end of March 2021. Implementation Impact: Coordination, patient outreach, and collection of measures. a. Develop job description for this new role. b. Hire 2 patient navigators and train him/her on clinical care/use of computer. c. Enhance OCHIN/Well utilization for use by navigator. Research supports the use of text messaging as a useful tool in outreach to support attendance. Completion Date: March 31, 2021	\$ 39,684.00
Readiness-2: Reporting Performance Measures: Achieve below by end of March 2021. Implementation Impact: Ability to source data and report on measures. a. Develop in-house data mining/reporting capacities for baseline data reporting. b. Write reports / validate reports. c. Develop skills and IT to understand different sources of data for project measures and begin to develop project related measure reporting. Completion Date: March 31, 2021	\$ 57,463.50

Monterey County Health Department - Clinic Services Bureau Exhibit 1A – BHI Project Application, Revised Milestones	
3.2 Maternal Mental Health and Substance Use	
Readiness-3: Tablets: Acquire tablets by end of March 2021. Implementation Impact: Easier collection of measures; patient engagement and experience.  a. Purchase tablets. (Tablets are new to the clinics and offer a new opportunity to expand patient self-assessment, education and engagement.) b. Work with vendor to enable tablets to interface with EPIC. c. Tablet workflow development.  Completion Date: March 31, 2021	\$ 40,500.00
Readiness-4: Behavioral Health Service Capacity: Implementation Impact: Increased access to screening and treatments and opportunity for warm hand offs according to patient needs.  a. Designate a licensed behavioral health provider for project by 3/31/2021. b. Begin development of curriculum for 1:1 counseling. c. Begin training other SW staff in perinatal depression and addiction counseling.  Completion Date: March 31, 2021	\$ 18,794.50
Readiness-5: Data Integration: ongoing work to end of March 2021. Implementation Impact: Better data improves care delivery, experience outcome and better linkage to appropriate treatment. Supports development of improved infrastructure, coordinated comprehensive care and reporting on measures.  a. Work with BH and our EHR provider, Oregon Community Health Information Network (OCHIN) to develop a framework for data exchange, exploring ultimate goal of bi-directional data exchange. b. Review consents for accessing patient's BH records. c. Participate on e-Master Patient Index.  Completion Date: March 31, 2021	\$ 106,243.00
Readiness-6: Behavioral Health Collaboration: ongoing collaboration work. Implementation Impact: improves care delivery efficiency by increasing capacity to deliver behavioral health services in primary care setting.  a. Collaborate with behavioral health subject matter experts/County BH to develop curriculum in perinatal depression/substance abuse treatment in primary care setting and getting patients to right access point. b. Collaborate with behavioral health subject matter experts/County BH to provide staff training in perinatal depression/substance abuse.  Completion Date: March 31, 2021	\$ 10,610.00
Readiness-7: Practice Redesign: ongoing work with goal to review progress and revise as needed. Implementation Impact: Increased access to screening and treatments; improve care delivery efficiency and patient experience; improved infrastructure.  a. Develop Plan, Do, Study, Act (PDSA) process to analyze and increase screening rates (target 5%). b. Develop enhanced warm hand-off workflows between provider teams and behavioral health staff. c. Create referrals in the EHR that reflect our true resources for this patient population. d. Provider builder in collaboration with OCHIN EPIC analysts will work to create tools in EPIC to make it easy for providers to document. Currently tools for documenting plan and follow up (G codes) does not exist. e. Identify resources for building capacity pipeline and establish connections with other relevant Monterey County groups and local substance use resources.  Completion Date: March 31, 2021	\$ 57,572.00
<b>Total Readiness Funds Requested</b>	<b>\$ 330,867</b>

Monterey County Health Department - Clinic Services Bureau Exhibit 1A – BHI Project Application, Revised Milestones	
3.2 Maternal Mental Health and Substance Use	
Project Year 1	
Project Year 1 Milestones: Milestones to be completed that support the funding amount requested.	
Milestone Description	Project Year 1 (2021)
<p>Y1-1: Patient Navigator: Ongoing work with end of year December 2021 goal. Implementation impact: coordination, communication, outreach for patient engagement to support target population goals.</p> <p>a. This staff member will have structured time allotted to scrubbing charts and updating visit notes to prompt teams to do the screening and document the follow up.                      b. She/he will use weekly reports to identify those with high PHQ-9 scores and reach out to ensure they have connected with a therapist in the community or have been invited to the group visits.                      c. She/he will use weekly reports to track those with substance use disorders to detect any new substance use. Those patients will be connected to a community resource or to a clinic to receive services within fourteen (14) days. This activity should help support NCQA IET-AD measure reporting.                      d. She/he will use weekly reports to track those treated with antidepressant medication. (This activity should help support NCQA AMM-AD measure reporting.)</p> <p>Completion Date: December 31, 2021</p>	\$ 191,063.00
<p>Y1-2: Reporting Performance Measures: Ongoing work. Implementation Impact: Investing in data analytics will improve coordination of care and support sustainable integration post funding.</p> <p>a. Reports will be produced on a weekly or monthly basis depending on need.                      b. New reports will be developed to further help this patient population.                      c. Report project measures by year end. Creative solutions may be required for reporting if data remains siloed.</p> <p>Completion Date: December 31, 2021</p>	\$ 48,864.00
<p>Y1-3: Tablets: Ongoing work. Implementation Impact: Ability to conduct more/different types of screening and improve access.</p> <p>a. Utilize tablets; collect data to determine best practice in our setting.</p> <p>Completion Date: December 31, 2021</p>	\$ 14,400.00
<p>Y1-4: Behavioral Health Service Capacity: Implementation Impact: Increase 1:1 access for patients and also provide opportunity for increasing capacity in trained clinic staff. NOTE: Due to COVID, group visits may not be possible in foreseeable future.</p> <p>a. Start monthly 1:1 visits in designated site(s)                      b. Collect data on attendance and work on patient engagement.</p> <p>Completion Date: December 31, 2021</p>	\$ 84,733.00
<p>Y1-5: Data Integration: Ongoing work. Implementation Impact: Better data improves care delivery, experience outcome and better linkage to appropriate treatment. Supports development of improved infrastructure, coordinated comprehensive care and reporting on measures.</p> <p>a. Continue a regular meeting schedule with BH to evaluate data sharing outcomes and plan adjustments.                      b. Continue implementation of consent revisions; review effectiveness developed.                      c. Test matching of patient data using e-Master Patient Index.                      d. Complete the scope for data exchange.</p> <p>Completion Date: December 31, 2021</p>	\$ 238,315.00
<p>Y1-6: Behavioral Health Collaboration: Ongoing work. Implementation Impact: improves care delivery efficiency by increasing capacity to deliver behavioral health services in primary care setting.</p> <p>a. Review curriculum developed in Readiness phase and plan schedule.                      b. Provide further training/coaching for 2 meetings per year with goal of 1 hour/year per staff of training in perinatal depression/substance abuse.</p> <p>Completion Date: December 31, 2021</p>	\$ 16,140.00

Monterey County Health Department - Clinic Services Bureau Exhibit 1A – BHI Project Application, Revised Milestones	
3.2 Maternal Mental Health and Substance Use	
<p>Y1-7: Staff/Provider Training and Engagement: Achieve by end of December 2021. Implementation Impact: Supports development of coordinated comprehensive care and care delivery efficiencies.</p> <p>a. Designated integrated care champion for the project.                      b. Establish regular meetings to involve integrated care champion and other project participants.                      c. Provide staff training on screening tools and brief interventions.                      d. Train at least 3 perinatal providers to prescribe suboxone                      e. Submit application for waiver with goal of all 3 having active licenses by end of year 1.</p> <p>Completion Date: December 31, 2021</p>	\$ 67,736.00
<p>Y1-8: Practice Redesign: review progress, revise as needed during October – December 2021. Implementation Impact: Continues to improve linkage to right point of care.</p> <p>a. Continue to network with outside resources for depression and substance abuse; promote warm hand off process, retrain. Implement changes as they come up and communicate those improvements.                      b. Assess staff skills with patient engagement and adjust training/coaching as needed.                      c. Refine EPIC tools. Solicit input from integrated care champion and providers on how to further leverage the system.</p> <p>Completion Date: December 31, 2021</p>	\$ 67,562.50
<p>Y1-9: Behavioral Health Service Capacity: Implementation Impact: Increased access to screening and treatments and opportunity for warm hand offs according to patient needs .</p> <p>a. Complete development of curriculum for 1:1 counseling.                      b. Complete training other SW staff in perinatal depression and addiction counseling.</p> <p>Completion Date: December 31, 2021</p>	\$ 18,794.50
<b>Total Y1 Funds Requested</b>	<b>\$ 747,608</b>
Project Year 2	
Project Year 2 Milestones: Milestones to be completed that support the funding amount requested.	
Milestone Description	Project Year 2 (2022)
<p>Y2-1: Patient Navigator: ongoing work. Implementation Impact: Coordination, communication, outreach for patient engagement to support target population goals.</p> <p>a. This staff member will maintain work established in year 1.                      b. This staff member will help us set up a stronger collaboration with emergency room clinicians.                      c. This staff member will refine workflows around substance abuse.</p> <p>Completion Date: December 31, 2022</p>	\$ 189,984
<p>Y2-2: Reporting Performance Measures: ongoing. Implementation Impact: Investing in the ability to collect and report the required project measures will allow analysis of outcome for the patient population post funding end.</p> <p>a. Continue to improve reports to make them function for the entire team.                      b. Identify team needs for future report development.                      c. Report project measures by year end 2022.</p> <p>Completion Date: December 31, 2022</p>	\$ 46,545

<b>Monterey County Health Department - Clinic Services Bureau Exhibit 1A – BHI Project Application, Revised Milestones</b>	
<b>3.2 Maternal Mental Health and Substance Use</b>	
<p>Y2-3: Tablets: review and maximize use of the tablets to collect data. Review and revise if needed. Implementation Impact: Ability to improve data collection for tracking measures leading to improved follow up and outreach.</p> <p>Completion Date: December 31, 2022</p>	\$ 14,400
<p>Y2-4: Behavioral Health Service Capacity. Implementation Impact: Continue 1:1 access for patients and also provide opportunity for increasing capacity in trained clinic staff. Explore feasibility of group visits.</p> <p>a. Explore feasibility of monthly group visits post COVID-19 pandemic.  b. Investigate expansion of these group visits contingent upon success of "a."  c. Hire a new Behavioral Health Provider *(Currently, BH services at FQHC by Marriage Family Therapist (MFT) is not billable to Medi-Cal while Licensed Clinical Social Worker is billable. We plan to file a scope change to include MFT services under our scope, after State Plan Amendment is approved by CMS. Ability to bill services by MFT will sustain behavioral health services within our clinics.)*</p> <p>Completion Date: December 31, 2022</p>	\$ 172,401
<p>Y2-5: Data Integration: ongoing, going work. Implementation Impact: Better data improves care delivery, experience outcome and better linkage to appropriate treatment. Supports development of improved infrastructure, coordinated comprehensive care and reporting on measures.</p> <p>a. Continue a regular meeting schedule to evaluate data sharing outcomes and plan any appropriate adjustments.  b. Continue incorporating eMPI into data sharing development discussions and planning.  c. Successful implementation of data exchange between Epic and Avatar (BH EMR) with a focus on using this shared data for patient care.</p> <p>Completion Date: December 31, 2022</p>	\$ 172,839
<p>Y2-6: Behavioral Health Collaboration: Implementation Impact: Continues to foster the creation of collaborative treatment as a culture.</p> <p>a. Review feedback from last years training and plan schedule by end of March 2022.  b. Provide further training/coaching for staff in perinatal depression/substance abuse.</p> <p>Completion Date: December 31, 2022</p>	\$ 16,140
<p>Y2-7: Staff/Provider Training and Engagement: on going work. Implementation Impact: Continues to build capacity.</p> <p>a. Continue monthly meeting to involve integrated care champion as well as other project participants to hone workflows, document lessons learned, meeting schedule to be established.  b. Train at least 3 more perinatal providers to prescribe suboxone.  c. Submit application for waiver with goal of those 3 having active license by end of year 2. In total, by year 2, goal is to have 6 OB providers with the license to prescribe Suboxone.</p> <p>Completion Date: December 31, 2022</p>	\$ 67,736
<p>Y2-8: Practice Redesign: review progress, revise as needed during October – December 2022. Implementation Impact: Continues to foster the creation of collaborative treatment as a culture.</p> <p>a. Continue to network with outside resources for depression and substance abuse; assess warm hand off process for revision and retraining. Implement changes as they come up and communicate those improvements.  b. Refine EPIC tools. Solicit input from integrated care champion and providers on how to further leverage the system.  c. Assess staff skills with patient engagement and adjust training/coaching as needed.</p> <p>Completion Date: December 31, 2022</p>	\$ 67,563
<b>Total Y2 Funds Requested</b>	<b>\$ 747,608</b>

**Monterey County Health Department - Clinic Services Bureau  
Exhibit 1A – BHI Project Application, Revised Milestones**

**3.2 Maternal Mental Health and Substance Use**

<b>Required Performance Measures</b>	
<b>Required Performance Measures Included in Application</b>	<b>Required Performance Measure Description</b>
X	Screening for Depression and Follow-Up Plan: Ages 12–17 (CDF-CH)
X	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)
X	Screening for Unhealthy Alcohol Use
X	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD)
<b>In addition to the required Performance Measures, identify the one or more measures selected by the applicant.</b>	
<b>Additional Measures Selected by the Applicant</b>	<b>Performance Measure Description</b>
X	Antidepressant Medication Management (AMM-AD)
	Follow-Up After Hospitalization for Mental Illness: Ages 6–17 (FUH-CH)
	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD)
	Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)
	Pharmacotherapy for Opioid Use Disorder