State of California—Health and Human Services Agency
Department of Health Care Services

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Student Behavioral Health Incentive Program (SBHIP) Application, Assessment, Milestones, Metrics

January 1, 2022–December 31, 2024

SBHIP Website: https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram
SBHIP Deliverables Email: sbhip@dhcs.ca.gov

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Section 1
SBHIP Overview

Background

California is in an unprecedented time. Leaders across sectors recognize the growing mental health crisis among youth and are committed to change. While there are multiple examples of excellence across the State, including partnerships between county behavioral health departments and school districts, DHCS seeks to improve the statewide continuum of care to ensure every child receives the behavioral health services they are entitled to, the first time, and every time, they seek care.

The consequences of unaddressed child and adolescent mental health conditions often extend to adulthood. According to the World Health Organization, half of all mental health conditions start by 14 years of age[1]. Most substance use disorders (SUDs) also start in adolescence. The majority of these cases are undetected or untreated. The United States is experiencing a youth behavioral health crisis. The last decade saw an increase in the number of mental health hospitalizations, death by suicide, and overdose deaths in children and youth. These increases have been compounded by the Coronavirus Disease 2019 (COVID-19) and the measures taken to prevent its spread. Stay-at-home orders and school closures have resulted in increased social isolation, exposure to traumatic experiences, and chronic stress significantly negatively impacted children and youth. In addition, unemployment and economic uncertainty have increased the risk of domestic violence, and concerns are growing that stay-at-home orders masked growing rates of child abuse.

Parents may not recognize their child's challenging behaviors as signs of a mental health condition, and young people rarely seek help on their own until their conditions are quite severe. As students return to school, it is imperative to reach young people where they are, and develop connections with people who can recognize distress, intervene early, and ensure their mental well-being is being addressed. Schools are a critical point of access for preventive and early intervention behavioral health services as children are in school more than half of each year. Early identification and treatment through school-affiliated behavioral health services can reduce progression to serious mental illness and SUDs. These interventions, decrease the number of youth who present for help in a crisis, at the emergency department, and/or require restrictive care; attempt suicide, overdose, experience an acute psychiatric emergency, or are placed in a restrictive special education settings, out of home placement in foster care, and/or residential care.

School-based health care is also a powerful tool for achieving health equity among children and adolescents who experience disparities in outcomes because of their race, ethnicity, or family income. Increasing health care in the school system is a dynamic solution to address the inequalities that many children in California face.

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[1] World Health Organization *Adolescent Mental Health*. Retrieved December 2021, from https://www.who.int/news-room/fact-sheets/detail/adolescent-mental-health

Better integrating schools and behavioral health services can help break down historical siloes and stigma. Investing in mental health prevention and earlier identification can enhance learning and student wellness. In addition, with nearly 40 percent of California children enrolled in Medi-Cal, a significant investment in the infrastructure that supports access to school-based behavioral health access for Medi-Cal students, will indirectly build capacity and access for non-Medi-Cal students.[2]

The SBHIP supports the goals of California's Advancing and Innovating Medi-Cal (CalAIM) initiative, that people served by DHCS programs have longer, healthier, and happier lives. There will be a whole-system, person centered approach to health and social care, in which services are only one element of supporting people to have better health and wellbeing throughout their whole lives. It will be an integrated "wellness" system, which aims to support and anticipate health needs, to prevent illness, be equitable, and to reduce the impact of poor health.

School-Based Health Care in California

Children may access behavioral health services through their managed care plan (MCP), county mental health plan, and on campus during the school day. Each of these systems is designed to address and provide a specific set of services; although in practice, these services often overlap resulting in various levels of coordination between each system.

Many children with intense medical needs are provided health services during the school day. In these cases, the educational and related medical services are outlined in the student's Individual Educational Programs (IEP) or Individual Family Service Plan (IFSP), per the Individuals with Disabilities Education Act (IDEA). The IDEA requires school districts to provide a free appropriate public education (FAPE) for students with disabilities, which creates a legal obligation for districts to ensure services included on an IEP/IFSP are provided to the student. In many cases, schools employ and contract with health service practitioners (e.g., nurses, psychologists, occupational therapists, physical therapists, etc.) to provide these services to students. Schools may elect to participate in the local education agencies-billing option program (LEA-BOP) to receive federal reimbursement for certain assessments and treatments for Medi-Cal enrolled students with an IEP/IFSP or Individualized Health and Support Plan (IHSP) or other Care Plan. Approximately 600 LEAs participate in LEA BOP, representing 58 percent of all distinct LEAs in California.[3] Total enrollment in these LEAs represents approximately 88 percent of total student enrollment in the state of California.

In accordance with federal regulation, DHCS is responsible for providing full-scope Medi-Cal beneficiaries under the age of 21 with a comprehensive, high-quality array of preventive (such as screening), diagnostic, and treatment services under Early and Periodic Screening, Diagnostic, and Treatment Services (EPSDT). These services expand beyond those that may be required in an IEP/IFSP or IHSP. Specific to behavioral health services, non-specialty mental health services are provided by Medi-

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[2] California Health Care Almanac Medi-Cal Facts and Figures: Essential Source of Coverage of Millions. August 2021 (P7) https://www.chcf.org/wp-content/uploads/2021/08/MediCalFactsFiguresAlmanac2021.pdf

[3] Report to the Legislature Local Educational Agency Medi-Cal Billing Option Program FY 2019-2020 https://www.dhcs.ca.gov/formsandpubs/Documents/Legislative%20Reports/LEA-Medi-Cal-BillingOptionProgram-FY2019-20.pdf

Cal MCPs while specialty mental health services (SMHS) and SUD treatment services are "carved-out" of the Medi-Cal MCPs responsibility. Medi-Cal beneficiaries may access SMHS through county mental health plans. SUD services may be accessed through county Drug Medi-Cal (DMC) and programs that are required to provide or arrange for the provision of outpatient and inpatient behavioral health services to beneficiaries in their counties.

Schools, MCPs, county mental health plans, and county SUD plans all share responsibility for children, but operate separately, with their own networks of contracted providers and reimbursement mechanisms for providing health care services to Medi-Cal students during the school day. The participation requirements of the educational model and the medical model are often at odds, further dividing health care between services provided in a school-based setting versus a community setting.

The SBHIP provides incentives to increase coordination among Medi-Cal MCPs, LEAs, and county mental health plans with the understanding it will significantly impact the delivery of services to this population and ultimately benefit all delivery systems. Creating a comprehensive and continuous system of care for Medi-Cal students to access the entire scope of available benefits is consistent with the national movement of increasing access to Medicaid services in schools.

SBHIP Objectives and Process

In accordance with State law (AB 133, Welfare & Institutions Code Section 5961.3), the Department of Health Care Services (DHCS) is directed to design and implement the Student Behavioral Health Incentive Program (SBHIP). $389 million is designated over a three-year period (January 1, 2022-December 31, 2024) for incentive payments to Medi-Cal managed care plans (MCPs) that meet predefined goals and metrics. SBHIP goals and metrics are associated with targeted interventions that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

Note: incentive payments shall supplement and not supplant existing payments to Medi-Cal MCPs. In addition to developing new collaborative initiatives, incentive payments shall recognize successes in building on existing school-based partnerships between schools and applicable Medi-Cal MCPs, including Medi-Cal behavioral health delivery systems.

Objective of Student Behavioral Health Incentive Payments

- Break down silos and improve coordination of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.
- Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services through schools, school-affiliated providers, county behavioral health departments, and county offices of education.

- Increase non-specialty services on or near school campuses.
- Address health equity gap, inequalities, and disparities in access to behavioral health services.

In accordance with the State law (Welfare and Institutions Code Sections 5961.3(b)), DHCS established a SBHIP Stakeholder Workgroup to develop the targeted interventions, goals, and metrics used to determine incentive payments to Medi-Cal MCPs. The stakeholder workgroup has representation from the State Department of Education, Medi-Cal MCPs, county behavioral health departments, local educational agencies, and other affected stakeholders.

Between August 2021 and December 2021, at least five meetings took place to engage and collect feedback from stakeholders. A detailed list of SBHIP Workgroup members is listed in the appendix.

Objective of the SBHIP Workgroup

The SBHIP effective date is January 1, 2022. By that date, targeted interventions, metrics, goals, incentive payment calculation, and allocation methodology were defined for the SBHIP program.

The SBHIP Workgroup was formed to assist DHCS in determining the design and approach to guide implementation of SBHIP, in particular to:

- Provide feedback and guidance on interventions, goals, and metrics.
- Help identify activities that best target gaps, disparities, and inequities.
- Provide feedback on incentive payment calculation and payment methodology.

SBHIP Requirements and Deliverables

Each Medi-Cal MCP participating in the SBHIP is required to:

- Submit a letter of intent by January 31, 2022.
- Meet with the County Office of Education.
- Submit a SBHIP partners form by March 15, 2022.
- Complete and submit a behavioral health related assessment package in collaboration with SBHIP partners no later than December 31, 2022.
- Select one or more targeted behavioral health interventions per county (based on assessment allocation) to implement within their selected LEA(s).
- Complete and submit a Project Plan (Milestone One) with identified metrics no later than December 31, 2022.
- Initiate the MOU process with selected partners.

- Complete and submit Bi-Quarterly Reports to provide status updates.
- Complete and submit a Project Outcome Report (Milestone Two) with an identified metric and related measures upon completion of each targeted intervention.

Note: Collaborating MCPs are able to submit shared Project Plan, Needs Assessment, and Bi-Quarterly Report answers, as long as each MCP submits the completed deliverable to the following email address no later than the provided submission deadlines: sbhip@dhcs.ca.gov.[4] DHCS reserves the right to modify the deadlines as needed.

Prior to completing SBHIP deliverables, applicants should carefully review the entire SBHIP requirements and other supporting documents available on the DHCS website.

SBHIP Funding

In Program Year 1 (January 2022–December 2022), Medi-Cal MCPs that submit a letter(s) of intent and SBHIP Partners Form(s), subject to acceptance by DHCS, will receive an interim payment to initiate the SBHIP assessment. The remaining portion of the assessment funds will be paid, and the interim payment will be deemed earned, upon submission of the completed assessment package and DHCS approval of the requested items. Medi-Cal MCPs will also receive targeted intervention funds for Project Plans (Milestone One) that are approved by DHCS. For Program Years 2 (calendar year 2023) and 3 (calendar year 2024), Medi-Cal MCPs will receive incentive payments from DHCS based on achieving outlined milestones and performance metrics.

SBHIP Contact Information

For additional information, please review supporting documents available on the DHCS SBHIP website, https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram.

For any questions or Technical Assistance (TA), please email sbhip@guidehouse.com.

Please send all SBHIP-related deliverables (Assessments, Milestones, etc.) to sbhip@dhcs.ca.gov.

[4] New language added in June 2022.

Section 2

SBHIP Timeline

There may be slight variabilities in intervention implementation timeframes; however, the general project timeline is detailed below.

SBHIP Timeline	Due Date/Timeframe
SBHIP Design Period: DHCS works with stakeholders to develop metrics, interventions, and goals to inform incentive payments to Medi-Cal MCPs	August 2021–December 2021
Medi-Cal MCPs submit Letters of Intent to participate in SBHIP due to DHCS	January 31, 2022
Medi-Cal MCPs work with County Office of Education to select SBHIP partners	First Quarter 2022
Medi-Cal MCPs submit SBHIP Partners Form	March 15, 2022
Medi-Cal MCPs and selected partners conduct assessment	Second/Third Quarter 2022
OPTIONAL: MCPs develop and submit accelerated Project Plan(s) for each targeted intervention and each county to DHCS	June 1, 2022
Medi-Cal MCPs submit completed assessment package to DHCS	December 31, 2022
OPTIONAL: MCPs submit Bi-Quarterly Report if they submitted an accelerated Project Plan(s) on June 1, 2022	December 31, 2022
Medi-Cal MCPs: **Select targeted intervention(s) and student population to target with selected intervention(s)** **Submit project plan (Milestone One) to DHCS**	December 31, 2022
Medi-Cal MCPs and selected partners implement targeted intervention(s)	2023/2024
Medi-Cal MCPs submit Bi-Quarterly Report	Bi-Quarterly 2023/2024
Medi-Cal MCPs submit Project Outcome Report for each targeted intervention	December 31, 2024 *DHCS will not accept accelerated submissions.*[5]

[5] New language added in June 2022.

SBHIP Timeline	Due Date/Timeframe
SBHIP operations close	December 31, 2024

Section 3

SBHIP Targeted Intervention Project Options

The purpose of this section is to describe the SBHIP targeted intervention project options. The Medi-Cal MCP will indicate their targeted intervention project selection(s) in the Project Plan (Milestone One, Section 6). Medi-Cal MCPs can choose to implement a minimum of one or more targeted interventions (based on allocation) within selected LEA(s) to increase access to preventive, early intervention, or other behavioral health services by school-affiliated behavior health providers. Medi-Cal MCPs may elect to collaborate on selected targeted interventions, which will apply to both Medi-Cal MCPs minimum targeted intervention requirements. Below is a list of allowable SBHIP targeted intervention projects:

- **Behavioral Health Wellness (BHW) Programs:** Develop the infrastructure for, or pilot BHW programs, to expand greater prevention and early intervention practices in school settings (examples include building a school site dedicated and appropriate for BHW activity, planning, partnership development, and capacity building for programs such as Mental Health First Aid and Social and Emotional Learning) by Medi-Cal MCPs. The project may build or expand a dedicated school behavioral health team to engage schools, and address issues for students with behavioral health needs. Projects include, but are not limited to, infrastructure, capacity building, partnership development, materials, training programs, and staff time. If wellness programs already exist, the project may build on and expand on these efforts.
- **Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment:** Increase behavioral health telehealth services in schools, including app-based solutions, virtual care solutions, and by investing in telehealth infrastructure within the community health worker or peer model. Ensure all schools and students have access to equipment to provide telehealth services, like a room, portal, or access to tablets or phones, within their school with appropriate technology. The project may build the capacity of behavioral health professionals through trainings in order to utilize this mode of service delivery.
- **Behavior Health Screenings and Referrals:** Enhance Adverse Childhood Experiences and other age and developmentally appropriate behavioral health screenings to be performed on or near school campuses, and build out referral processes in schools (completed by behavioral health provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) on or near school campuses and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.

- **Suicide Prevention Strategies:** Implement a school suicide prevention strategy and/or expand/improve upon existing LEA suicide prevention policy obligations. The project may include the development of culturally defined practices for targeted populations.
- **Substance Use Disorder:** Increase access to SUD prevention, early intervention, and treatment, including expanding the capacity for providers to conduct SUD activities on or near school campuses. Capacity building may include efforts to increase Medication Assisted Treatment where feasible and co-occurring counseling and behavioral therapy services for adolescents. The project may include investments to build infrastructure and establish or expand capacity of new or existing collaborations between schools and providers to enhance referral mechanisms to ensure students can be referred for school-based SUD services.
- **Building Stronger Partnerships to Increase Access to Medi-Cal Services:** Build stronger partnerships between schools, MCPs, and county behavioral health plans so students have greater access to Medi-Cal covered services. This may include providing for technical assistance, training, toolkits, and/or learning networks for schools to build new or expand capacity of Medi-Cal services for students, integrate local resources, implement proven practices, ensure equitable care, and drive continuous improvement.
- **Culturally Appropriate and Targeted Populations:** Implement culturally appropriate and community defined interventions and systems to support initial and continuous linkage to behavioral health services in schools. The project may focus on unique, vulnerable populations including, but not limited to, students living in transition, students that are homeless, and those involved in the child welfare system. The project may include offers to cover staff time and training for providers on interventions.
- **Behavioral Health Public Dashboards and Reporting:** Improve performance and outcomes-based accountability for behavioral health access and quality measures through local student behavioral health dashboards, or public reporting.
- **Technical Assistance Support for Contracts** Medi-Cal managed care plans execute contracts with county behavioral health departments and/or schools to provide preventive, early intervention, and behavioral health services. It is expected that this targeted intervention would go above and beyond the MOU requirement.
- **Expand Behavioral Health Workforce:** Expand the school-based workforce (including building infrastructure and capacity for) by using community health workers and/or peers to expand the surveillance and early intervention of behavioral health issues in school aged kids. The project may include coverage for the cost to certify peers to provide peer support services on school-based sites. Particular focus on grades 5–12, since young people tend not to see their primary care provider routinely after their vaccinations are complete.

- **Care Teams:** Care teams that can conduct outreach, engagement, and home visits, as well as provide linkage to social services (community or public) to address non-clinical needs identified in behavioral health interventions. The project may include investments to implement or expand the capacity of existing care teams.
- **IT Enhancements for Behavioral Health Services:** Implement information technology and systems for cross-system management, policy evaluation, referral, coordination, data exchange, and/or billing of health services between the school and the MCP and county behavioral health department.
- **Pregnant Students and Teens Parents:** Increase prenatal and postpartum access to mental health and SUD screening and treatment for teen parents. The project may include investments to build the capacity of providers to serve this unique population on or near school campuses by providing training, and specialized program development, including school-based or school-linked sites to provide services.
- **Parenting and Family Services:** Providing evidence-based parenting and family services for families of students, including, but not limited to, those that have a minimum of "'promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare.

Section 4

SBHIP Performance Measures and Performance Outcome Metrics

The purpose of this section is to identify the DHCS approved Performance Outcome Metrics. For every targeted intervention selected, one of two Performance Outcome Metrics must also be chosen and reported as part of the Project Plan (Milestone One) and Project Outcome Report (Milestone Two).

SBHIP Performance Outcome Metrics

- ***Performance Outcome Metric #1****:* Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries on or near campus
- ***Performance Outcome Metric #2****:* Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries provided by school-affiliated behavioral health providers

SBHIP Performance Measures

While the Performance Outcome Metrics have been established by DHCS, Medi-Cal MCPs will have the flexibility to determine what Performance Measures they will utilize to demonstrate achievement of the selected Performance Outcome Metric. Medi-Cal MCPs, in collaboration with selected partners, will be required to select two, distinct Performance Measures to demonstrate achievement of the Performance Outcome Metric. Examples of Performance Measures may include but are not limited to: number of students attending a suicide prevention program, number of BH telehealth services provided, number of BH providers, number of CARE Team members, number of BH staff trainings, number of students attending BH trainings, frequency of BH presentations, and number of BH Wellness rooms.

Example:	
Targeted Intervention:	#10 Expand BH Workforce
Performance Outcome Metric:	Increase access to behavioral health services for Medi-Cal Beneficiaries by a school-affiliated provider.
Baseline Performance measures:	Number of certified peer support specialists in LEA prior to SBHIP targeted intervention.
Post SBHIP Performance Measure:	Number of certified peer support specialists in LEA after SBHIP targeted intervention.

Supporting details for the Performance Measures are requested as part of the Project Plan (Milestone One) and the Project Outcome Report (Milestone Two). Definitions of terms used are noted in the glossary.

Section 5

SBHIP Needs Assessment

A needs assessment of existing behavioral health services is considered the first step in planning future programming and highlights gaps between existing conditions and desired goals. A needs assessment also informs which efforts to prioritize and helps align behavioral health strategies with student needs so resources are targeted efficiently. Medi-Cal MCPs participating in the SBHIP are required to complete the assessment template and related deliverables in collaboration with the selected LEA(s), County Behavioral Health Plans and other stakeholders as deemed appropriate for the selected scope and objective.

The needs assessment requires qualitative and/or quantitative data, stakeholder input, and a map of existing behavioral health providers and resources. This information should then be used to describe any existing gaps, disparities, and inequities in care to provide the foundation for selecting specific targeted interventions for each selected LEA. If appropriate, the assessment may be accomplished in parallel with selected targeted interventions.

Submitted needs assessments must at minimum include 10% of the LEAs in the county. In counties with more than one participating MCP, it is expected that the MCPs collectively reach the 10% LEA threshold for partnership. Only one needs assessment should be submitted per county. MCPs in counties with more than one plan do not need to collaborate on a collective needs assessment for that county, but the MCPs will be required to collaborate on timing so that both are completed and submitted at the same time as one document.

The assessment must be completed and approved by DHCS to receive full funding. Per the Evaluation Criteria (Section 9), if the assessment package receives an initial score below 80%, DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within an appropriately established timeframe. SBHIP assessment packages that receive a final score below 80% will not receive full funding for this deliverable.

SBHIP Assessment Components

1. Stakeholder Meetings
2. Data Collection Strategy
3. Needs Assessment Template
4. LEA(s) and Community Resource Map
5. LEA(s) and External Provider Behavioral Health Referral Processes

1. SBHIP Stakeholder Meetings

The purpose of this assessment component is to help build sustainable, local partnerships through a coordinated effort to provide varied perspectives on behavioral health services for students in grades TK-12. The following stakeholder meeting components are required:

A. Minimum of four meetings with Medi-Cal MCPs, LEAs, county behavioral health plans, and other stakeholders to build partnerships and complete the assessment.

B. If there are existing advisory committees of internal/external stakeholders that align with the desired scope and objective(s) of this assessment they may be repurposed for this requirement. However, it is expected there is representation, at a minimum, from all partners outlined in paragraph A.

C. As a required component of the assessment a signed attestation confirming completion of the stakeholder meeting requirements must be submitted.

2. SBHIP Data Collection Strategy

The purpose of this assessment section is to ensure the larger community is appropriately engaged in informing the behavioral health needs assessment. Surveys, interviews, and/or small focus groups should be designed to inform the needs assessment as they align with the scope and objective(s). School Climate Surveys, CA Healthy Kids Surveys, CA School Staff Surveys, CA School Parent Survey, and other survey items/instruments can be used as references when developing data gathering instruments. Data collected prior to 2020 will not be accepted as an approved data source for purposes of the data collection strategy unless more recent data is unavailable. For data collected prior to 2020, MCPs must notify DHCS and indicate efforts to identify more recent data.
While appraising the viewpoints of the groups, noted below are critical components to incorporate into the data gathering strategy. There are numerous educational and other data sources that can also be used to determine existing student behavioral health needs and gaps in services.

At minimum it is expected that:

A. Data collection strategies target at least three of the seven groups below. Surveys, focus groups, and/or key informant interviews are examples of data gathering strategies:

- Students
- School staff
- School behavioral staff
- School administrators
- Parents/guardians
- County behavioral health plans
- Community behavioral health providers

B. The data collection strategy must be submitted as part of this assessment component via the data collection form.

Below is a list of example questions that could be presented to students, staff, parents/guardians, or other stakeholders as appropriate. Medi-Cal MCPs, LEAs, county behavioral health plans, and other SBHIP partners have flexibility to design instruments that will elicit information specific to the student needs within their particular LEAs. The items below serve only as examples. There is no requirement to use any of the items listed below.

- What are the current mental health challenges of students?
- What are the most pressing behavioral health issues for students?
- What challenges are there to receiving behavioral health resources within the LEA and community?
- What is your knowledge of behavioral health resources?
- Should there be a stronger focus on behavioral health resources within the LEA?
- Do students and parents/guardians know how to access behavioral health resources at school and within the communy?
- What would be helpful in terms of supporting students' behavioral health needs?
- What are LEAs doing well in terms of behavioral health? Where are opportunities for improvement?
- How is behavioral health knowledge disseminated within the LEA to support students?

Below is a list of potential education data sources that could also be utilized to assess student behavioral health needs. There is no requirement to use the sources noted below, the list serves as examples only:

- California Department of Education Data
- Census Data
- Services Utilization Rates
- Demographic Data for the LEA
- Media Scan of Local Needs
- Crisis Referrals
- School Climate Surveys

- Previous (within two years) or current behavioral health survey responses
- School Test Scores
- Office Referrals
- Attendance Records
- Nursing/Counselor Logs
- Graduation Rates

3. SBHIP Needs Assessment Template

Prior to completing the assessment template below, applicants should carefully review the entire SBHIP requirements and other supporting documents that are available on the DHCS SBHIP website. It is expected that this assessment section will be completed following stakeholder meetings, surveys, interviews, focus groups, and other data gathering strategies. The intent is that those collaborations and data collection efforts noted above, highlighted specific, behavioral health-related opportunities for improvements/enhancements within the selected LEA(s). Individual responses to the Needs Assessment Template must include specific answers for each LEA partner, per county, participating in SBHIP.

Medi-Cal MCP Partner Selection

1. County where Needs Assessment will be conducted.
2. Please identify if this assessment was completed in partnership with other Medi-Cal MCPs within the county. (Yes or No)
3. If this assessment was completed with Medi-Cal MCP partners, please list the name(s) of the Medi-Cal MCP partner(s).
4. If this assessment was completed by one Medi-Cal MCP, please list the name.

LEA Partner Selection

5. DHCS provided criteria to guide the selection of LEA partners for SBHIP. As a component of this assessment, please identify, clearly and in detail, the name of each LEA, the specific steps taken to select each participating LEA, any distinct characteristics of each selected LEA, and why each particular LEA was chosen. (250 words or less per LEA).
6. If there were LEA(s) that wanted to participate in SBHIP but were ultimately not chosen, please identify, clearly and in detail, those particular LEAs and the specific reason(s) each LEA was not selected to participate. (250 words or less per LEA)

Student Behavioral Health Needs

7. Identify and describe, clearly and in detail, the most frequently reported behavioral health need presented by students in each of the selected LEAs? Please identify what information (including data sources as applicable) was used to determine that behavioral health need for each selected LEA? (250 words or less per LEA)
8. Identify, clearly and in detail, at least one short term and one long term action that could be taken to address the most frequently cited behavioral health need within each selected LEA. (250 words or less per LEA)
9. Describe, clearly and in detail, any current actions undertaken to address the most frequently cited behavioral health need within each selected LEA. (250 words or less per LEA)
10. Following the data collection process, please identify, clearly and in detail, any additional behavioral health needs presented by students in each of the selected LEA.
11. Identify, clearly and in detail, at least one short term and one long term action that could be taken to address the additional behavioral health needs of students within each selected LEA. (250 words or less per LEA)
12. Describe, clearly and in detail, any current actions to address other identified behavioral health needs of students within each selected LEA. (250 words or less per LEA)

Behavioral Health Service Delivery Gaps

13. Following the assessment, have any identifiable gaps in the services or delivery of behavioral health supports within each selected LEA been identified?

    If identified, please identify, clearly and in detail, the gaps identified in each selected LEA. (250 word or less per LEA)
14. If gaps were found, identify at least one short term and one long term action that could be taken to address those gaps in each selected LEA? (250 words or less/LEA)
15. If gaps were identified, describe, clearly and in detail, any actions currently undertaken to address those gaps in each selected LEA. (250 words or less per LEA)?

Population-Specific Behavioral Health Disparities

16. Are there any identified disparities in behavioral health needs based on different populations within each selected LEA(s)?

    If found, please identify the student population and describe, clearly and in detail, the related disparities for students in each selected LEA. (250 words or less per LEA)
17. If population-specific disparities were identified, describe, clearly and in detail, at least one short term and one long term action that could be taken to address those disparities within each selected LEA(s)? (250 words or less per LEA)
18. If population specific disparities were identified, describe, clearly and in detail, any current actions taken to address those disparities within each selected LEA(s). (250 words or less per LEA)

Barriers to Behavioral Health Referrals

19. Following the assessment, are there any identified barriers to the behavioral health referral process within each selected LEA(s)? If identified, describe, clearly and in detail, those specific barriers within each selected LEA. (250 words or less per LEA)
20. Identify, clearly and in detail, specific actions that could be taken to address referral barriers within each selected LEA(s). If no internal barriers were identified, please describe any potential enhancements to the internal referral system that would better serve student behavioral health needs in each selected LEA. (250 words or less per LEA)
21. Following the assessment, are there any identified barriers to the external behavioral health referral process? If identified, describe, clearly and in detail, those specific barriers for each selected LEA. (250 words or less per LEA)
22. Identify, clearly and in detail, specific actions that could be taken to address those external referral barriers within each selected LEA. If no external barriers were identified, please describe, clearly and in detail, any potential enhancements to the external referral system that would better serve student behavioral health needs in each selected LEA. (250 words or less per LEA)
23. Describe, clearly and in detail, the current referral system in place, within each selected LEA(s), to allow LEAs to refer students to Medi-Cal MCP's behavioral health provider network. (250 words or less/LEA)

Behavioral Health Resources and Program Enhancements

24. What is the estimated percentage of total LEA funding that is budgeted for behavioral health services within each selected LEA? Please qualify your response with a narrative statement **or** an itemized behavioral health services budget worksheet.
25. Are there any existing LEA behavioral health-related programs and/or behavioral health areas that would better serve student needs through additional supports/funding in the selected LEA? If identified, please describe, clearly and in detail, those specific programs or behavioral health areas for each selected LEA. (250 words or less per LEA)
26. If programs or areas were identified, describe, clearly and in detail, one short term and one long term actions that could be undertaken to address those enhancement efforts in each selected LEA. (250 words or less per LEA)
27. Are there any behavioral health resources, not currently available within the LEA that would be helpful to incorporate within the existing collection of LEA behavioral health resources? If identified, please describe, clearly and in detail, what resources those would be and why they would be helpful to the student population in each selected LEA. (250 words or less per LEA)
28. Are there any behavioral health community resources (not currently available and/or utilized within the selected LEA) that may be helpful to incorporate for student behavioral health? If identified, please describe, clearly and in detail, what community behavioral health programs and resources those would be and why they would be helpful to each LEA student population. (250 words or less per LEA)
29. What percentage of behavioral health services are provided via a telehealth medium within each selected LEA?
30. What percentage of students, identified as experiencing a behavioral health challenge, are referred out to external and/or community resources for behavioral health services and supports within each selected LEA?
31. Describe, clearly and in detail, the specific methods used to promote behavioral health services and supports to students within each selected LEA(s). (250 words or less per LEA)
32. Describe, clearly and in detail, the specific methods used to promote behavioral health services and supports to staff within each selected LEA(s). (250 words or less per LEA)
33. Describe, clearly and in detail, the specific methods used to promote behavioral health services and supports to parents/guardians of students within each selected LEA(s). (250 words or less per LEA)

4. SBHIP Behavioral Health Resource Map

The purpose of developing a school-affiliated behavioral health resource map, also referred to as environmental scanning, is to visually represent internal and external behavioral health services and supports to best align resources with student needs. The

intention of this section is to also build relationships between agencies that provide student behavioral health supports and services, and gain a better understanding of existing behavioral health-related programs and services offered at the LEA and within the community (LEA district boundaries). While there will be flexibility in terms of the product delivered (list based, graphics based, template based, etc.) completion of both a LEA and community resource map should include, at a minimum, the fields noted in the resource examples below. As a required component of this assessment package, the following LEA and community-based behavioral health supports information must be submitted as attachments along with the assessment:

LEA Behavioral Health Direct Service Provider Template

LEA Behavioral Health Direct Service Providers								
Name of LEA: __________		Approx. # of Direct Behavioral Health Services and Supports Staff:_________		Approx. # of Students in LEA: ________				
# of FTE Direct Service BH Providers	Classification	Employed by School (Y/ N)	Contracted w/ School Through County BH (Y/ N)	Contracted w/ School Through Community Resource (Y/ N)	Contracted w/ School through MCP (Y/ N)	Located at School (Y/N)	Located within Community (Y/ N)	Assigned to Specific Schools or District-Wide

Community Behavioral Health Resource Map Template

Community Behavioral Health Resource Map											
Name of LEA: __________		Approx. # of Students in LEA: ________					Identify location(s)/scope for resource map (District Wide or Specific School(s)) _________				
Program Type	Name of Program	Description of Services	Website	Phone Number	Contact Person	Hours of Operation	Eligibility Requirements	Insurances accepted	Costs of Services	Waitlist	Referral Information
Prevention											
Early Intervention											
Other Behavioral Health Services											

LEA Behavioral Health Resource Map Template

LEA Behavioral Health Resource Map								
Name of LEA: __________		Approx. # of Students in LEA/School: ____		School district and/or number of schools in resource map____				
Program Type	Name of Program	Description of Program	Contact Person	Contracted Program (Y/N)	Location of Program (O or Off Campus)	Frequency of Program	Approx. # of program attendees	Program Eligibility (if applicable)
Prevention								
Early Intervention								
Other Behavioral Health Services								

5. SBHIP Behavioral Health Referral Process

The purpose of this section is to document the internal and external, closed loop referral and care coordination processes, in place to ensure that students' behavioral health needs are properly coordinated. If there is no closed loop referral and care coordination process identified, the anticipated steps to establish the process for internal and external referrals should be documented. 'Closed Loop Referral' is defined as coordinating and referring the student to available community resources and following up to ensure services were rendered.

Coordination of care is an essential component of a best practice behavioral health delivery system, and the importance of monitoring students as they navigate behavioral health supports and services to ensure they receive the intended behavioral health interventions cannot be overstated. Referrals between agencies help to build relationships among school-affiliated behavioral health providers, advance knowledge of available behavioral health services and supports, help create consistent processes throughout the LEA, and are an important part of the mental health service continuum, often serving as an initial step in student-centered behavioral health care. As a component of this assessment, the following documented procedures for each selected LEA(s) must be submitted as attachments:

- Closed Loop Referral Process for Internal Behavioral Health Referrals within each LEA(s)

- Closed Loop Referral Process for External* Behavioral Health Referrals including, but not limited to:

  - Medi-Cal FFS
  - Medi-Cal MCPs
  - County behavioral health plans
  - Community based organizations

If the external closed loop referral process is the same for each entity listed above, only one closed loop external referral process per selected LEA is required. If the external referral closed loop referral processes differ based on the referral-receiving entity, each external closed loop referral process for each LEA must be submitted.
Questions to consider when drafting the referral processes are noted below. There is no requirement to formally respond to these questions below. They are used as a tool to help build out the referral processes.

- Is there a formal behavioral health referral system in place?
- Is it available on the internet/intranet (paper, electronic, both)?
- Do the referrals go to a team or designated person(s)?
- What is the average response time between referral and support services?
- Is there a confirmation of receipt that a referral has been made?
- How are the referral procedures communicated with LEA staff, students, parents/guardians, community members?
- Do you have designated contacts for community partners/external referrals, including but not limited to Medi-Cal FFS providers, Medi-Cal MCPs, and county mental health plans?
- How often are internal and external resources checked to ensure the LEA and community resources are updated and valid?
- Where are the resource contacts information housed?
- Who is responsible for updating the LEA and community resources?
- Is background information gathered on each student prior to reaching out to external resources?
- What sources of information are accessed when gathering background information?
- Is there a remote monitoring system for storing information?
- Are there different permission levels (access levels) for different staff?
- Who monitors/updates permission levels?
- Is a team congregated to develop potential interventions for students or is this done on an as needed basis?
- Are existing behavioral health resources within the school sufficient?
- Are there agreements/understandings in place for how information is shared between agencies?
- Are there guidelines in place to determine when a student’s level of care may need to be enhanced?

- How do you monitor any LEA or county behavioral health based interventions? Is there a formal system in place? How often do you check in? Two weeks, four weeks? Is there a standard timeframe in place?
- Do you have software that tracks interventions and outcomes?
- How do you share that outcome information? Who is that outcome information shared with?
- Is there a designated person that communicates outside referrals with families? Is there a warm handoff with external resources?
- Do you provide what to expect with the referral — is this verbal or printed?
- Do you check back in with the family to see if there were any issues with referral?
- Do you request return on investment from the family? If so, when does that process take place?
- How do you coordinate transitions between levels of support?

Section 6

SBHIP Project Plan (Milestone One)

The purpose of this deliverable is to identify, by county, the targeted intervention that will be implemented within each selected LEA and address project-related implementation questions. This Project Plan (Milestone One) should be completed in collaboration with the Medi-Cal MCPs, LEAs, County Behavioral Health Plans, and other stakeholders as appropriate. For every prospective targeted intervention within a county, a Project Plan (Milestone One) deliverable must be submitted. Individual responses within the Project Plan (Milestone One) deliverable **must** include specific answers for **each** LEA partner identified as a recipient of the specific targeted intervention within the specific county. If the Medi-Cal MCP chooses to implement the same intervention in multiple counties, a separate Project Plan (Milestone One) by county, must be submitted and accepted for each intervention.

A Project Plan (Milestone One) must receive a score of 100% to be accepted by DHCS. Per the evaluation criteria outlined in section 9, if the Project Plan (Milestone One) deliverable receives an initial score below 100%, DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within an appropriately established timeframe.

Acceptance of the Project Plan (Milestone One) is a prerequisite for the Medi-Cal MCPs continued participation in the SBHIP, relative to the specific intervention.

Participating MCPs that will exit a county in which the MCP is participating in SBHIP prior to December 31, 2024, will be required to develop and submit a transition plan to DHCS as an additional deliverable. Transition plans need to be developed in partnership with the remaining MCP in the county and any new-entrant MCPs in the county, and must include a detailed description of how the remaining and/or succeeding MCP(s) will sustain the project plan and selected interventions through December 31, 2024. Assumption of responsibility for the project plan and targeted interventions by the remaining and/or succeeding MCP(s) will be voluntary. Further details of transition plan requirements will be published at a future date.[6]

[6] New language added in June 2022.

SBHIP Project Plan (Milestone One)

Medi-Cal MCP Organization(s) Name(s)		
County where targeted intervention will be implemented		
Percent of maximum allocation to be designated for targeted intervention. (If collaborating, clearly note percent for each MCP)		
Identify the specific targeted intervention selected for this SBHIP project:	☐ BH Wellness Programs ☐ Telehealth Services ☐ BH Screenings ☐ Suicide Prevention ☐ Substance Use Disorders ☐ Building Stronger Partnerships ☐ Culturally Appropriate/Targeted	☐ Dashboards/Public Reporting ☐ Technical Assistance for Contracts ☐ Expand Behavioral Health workforce ☐ Care Teams ☐ IT Support Systems ☐ Pregnant Students/ Teen Parents ☐ Family Supports
Identify if the selected intervention is new or if it expands/enhances an existing behavioral health service or program	☐ New	☐ Expand/Enhance
If this intervention will be implemented in additional counties, please list counties		
Name(s) of LEA(s) partners		
Name(s) of other SBHIP partner(s)		
Total number of schools within the selected LEA(s)		
Total number of schools within selected LEA(s) that are participating in SBHIP		
Total number of SBHIP participating schools where this intervention will be implemented		
Approximate number of school-aged children in County		

Approximate number of school-aged, Medi-Cal beneficiaries in County	
Approximate number of school-aged children in SBHIP-selected LEA(s)	
Approximate number of school-aged, Medi-Cal beneficiaries in SBHIP-selected LEA(s)	
Approximate number of school-aged children to be impacted by this selected intervention	
Approximate number of school-aged, Medi-Cal beneficiaries to be impacted by this selected intervention	
Select the performance outcome metric that will be used to evaluate the impact of the selected intervention	☐ Increase access to behavioral health services for Medi-Cal beneficiaries on or near campus ☐ Increase access to behavioral health services for Medi-Cal beneficiaries provided by a school-affiliated behavioral health provider
Identify at least two distinct measures and explain how they will be used to assess the impact of the intervention. Include baseline measures or, if unavailable, how baseline measures will be determined.	

1. **Identify, clearly and in detail, the characteristics of the students within each selected LEA where this intervention will be implemented. (250 words or less per LEA)**
2. Describe, clearly and in detail, why these students were targeted for this intervention in each selected LEA. Describe, clearly and in detail, what data sources were used to determine the behavioral health needs for these students. (250 words or less per LEA)
3. Identify, clearly and in detail, if the intervention will further be targeted towards a specific population within each selected LEA. If the intervention has a specific population focus, please identify, clearly and in detail, why this group was targeted and what data sources were used to determine the need for this specific group(s) in each selected LEA. (250 words or less per LEA)

4. Has the proposed intervention been identified (through the needs assessment or other documented source) as a behavioral health need of students within the selected LEA(s). (Yes or No)? If identified, provide what data sources were used and how those data sources helped determine the need.[7]
5. If the proposed intervention was not identified as a behavioral health need of students within the selected LEA(s) through the needs assessment, describe, clearly and in detail, the documented sources and the rationale for implementing the selected intervention.(250 words or less per LEA)[8]
6. Identify, clearly and in detail, how this intervention will increase access to prevention, early intervention, and other behavioral health services on or near school campuses or by a school-affiliated provider within the selected LEA(s). (250 words or less per LEA).
7. Explain, clearly and in detail, how this intervention will help support the behavioral health needs of Medi-Cal beneficiaries within each LEA (250 words or less per LEA).
8. Explain, clearly and in detail, and for the duration of the project for each selected LEA(s), the specific intervention design components and project tasks that will be implemented in bi-quarterly segments, beginning with July – December 2022 for accelerated submissions, and January – June 2023 for standard submissions. (250 words or less per LEA)[8]
9. Describe, clearly and in detail, the anticipated intervention outcomes within each selected LEA (250 words or less per LEA).
10. Describe, clearly and in detail, both the operational capacity and leadership commitment to successfully implement the targeted intervention in each selected LEA. (250 words or less per LEA).
11. Explain, clearly and in detail, how the implemented intervention could be sustained after the SBHIP project funding ceases for each selected LEA. (250 words or less per LEA).
12. Describe, clearly and in detail, if the proposed intervention will be implemented at all SBHIP participating schools within the county? Why or why not? (250 words or less per LEA)

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[7] New language added in June 2022.

[8] New language added in June 2022.

Section 7

SBHIP Bi-Quarterly Reports

The purpose of the SBHIP Bi-Quarterly reports are to provide information to DHCS related to the SBHIP project status. The Bi-Quarterly reports provide an opportunity for Medi-Cal MCPs to share intervention progress, challenges encountered, successes achieved, inform DHCS of any modifications made to the original project plan submissions, and to support the successful completion of the proposed interventions.

The SBHIP Bi-Quarterly Report is a required component of the SBHIP. SBHIP Bi-Quarterly Reports are required for each targeted intervention selected within the following timeframes:

- Beginning on June 30, 2023, the SBHIP Bi-Quarterly Report must be submitted by the end of every other quarter throughout the duration of the project or until the Project Outcome Report Milestone Two) has been submitted.
- If the Project Plan is submitted by June 1, 2022, the first Bi-Quarterly report is due by December 31, 2022. SBHIP Bi-Quarterly Reports are required for each targeted intervention selected. Commencing June 30, 2023 for standard Project Plan submissions, the SBHIP Bi-Quarterly report must be submitted by the end of every other quarter throughout the duration of the project or until the Project Outcome Report (Milestone Two) has been submitted.[9]
- SBHIP Bi-Quarterly Report Submission Deadlines: June 30, 2023, December 31, 2023, and June 30, 2024.[9]

[9] New language added in June 2022.

<table>
<tr><td>Medi-Cal MCP Organization(s) Name(s)</td><td colspan="2"></td></tr>
<tr><td>County where targeted intervention will be implemented</td><td colspan="2"></td></tr>
<tr><td>Identify the specific targeted intervention selected for this SBHIP project:</td><td>☐ BH Wellness Programs
☐ Telehealth Services
☐ BH Screenings
☐ Suicide Prevention
☐ Substance Use Disorders
☐ Building Stronger Partnerships
☐ Culturally Appropriate/Targeted</td><td>☐ Dashboards/Public Reporting
☐ Technical Assistance for Contracts
☐ Expand Behavioral Health workforce
☐ Care Teams
☐ IT Support Systems
☐ Pregnant Students/ Teen Parents
☐ Family Supports</td></tr>
<tr><td>SBHIP Local LEA Partners</td><td colspan="2"></td></tr>
<tr><td>Other SBHIP Partners</td><td colspan="2"></td></tr>
<tr><td>List schools where intervention has been or will be implemented (if all schools within the selected LEA will receive the intervention, please list the LEA only)</td><td colspan="2"></td></tr>
</table>

1. **Describe, clearly and in detail, and for each selected LEA, the progress made towards implementing the selected intervention during this bi-quarterly segment. Provide documentation evidencing the level of progress reported.**[10]
2. Identify the current status of the SBHIP targeted intervention: On Track or Not On Track.
3. If the project is Not On Track, has SBHIP Technical Assistance been contacted? Yes or No.
4. If the SBHIP targeted intervention is Not on Track, explain, clearly and in detail, why and identify what actions will be taken to remedy the current course. If the

[10] New language added in June 2022.

1. **Describe, clearly and in detail, and for each selected LEA, the progress made towards implementing the selected intervention during this bi-quarterly segment. Provide documentation evidencing the level of progress reported.**[10]

project is Track On, write N/A. (100 words or less per LEA)

5. Have there been any changes in SBHIP partners based on the Project Plan submission? Yes or No. If changes have been made, describe, clearly and in detail, why. (100 words or less per LEA)
6. Have there been any changes to the student population initially identified as recipients of the selected intervention? Yes or No. If changes have been made, describe, clearly and in detail, why (100 words or less per LEA).
7. Please identify, clearly and in detail, any current internal SBHIP challenges experienced in connection with this project at this point. (100 words or less per LEA)
8. Please identify, clearly and in detail, any current external SBHIP challenges experienced in connection with this project at this point. (100 words or less per LEA)

Section 8

SBHIP Project Outcome Report (Milestone Two)

The purpose of this deliverable is to identify the impact of each implemented targeted intervention on the specific student populations within each selected LEA. This Project Outcome Report (Milestone Two) should be completed in collaboration with those stakeholders engaged in the corresponding Project Plan (Milestone One). A completed Project Outcome Report (Milestone Two) must be submitted for every targeted intervention implemented, per county. Project Outcome Report deliverables with omitted requested information will receive a score of zero (0) for that specific item.

Individual responses within the Project Outcome Report (Milestone Two) deliverable must include specific answers for each and every LEA partner identified as a recipient of the specific targeted intervention (per county). The Project Outcome Report (Milestone Two) must address all of the evaluation factors for each selected intervention. Per the evaluation criteria in section 9, if the Project Outcome Report (Milestone Two) receives an initial score below 80%, DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within an appropriately established timeframe. SBHIP Project Outcome Reports (Milestone Two) that receive a final score below 80% will not receive full funding for this deliverable.

SBHIP Project Outcome Report (Milestone Two)

Medi-Cal MCP Organization(s) Name(s) **County where targeted intervention was implemented** **If this intervention was also implemented in additional counties, please list those counties**	
Name(s) of LEA(s) partner(s)	
Name(s) of other SBHIP partner(s)	
Total number of schools within the selected LEA(s)	
Total number schools within selected LEA(s) that are participating in SBHIP	

Total number of SBHIP participating schools where intervention was implemented		
Approximate number of school-aged children in County		
Approximate number of school-aged, Medi-Cal beneficiaries in County		
Approximate number of school-aged children in SBHIP-selected LEA(s)		
Approximate number of school-aged, Medi-Cal beneficiaries in SBHIP-selected LEA(s)		
Approximate number of school-aged children impacted by the selected intervention		
Approximate number of school-aged, Medi-Cal beneficiaries impacted by the selected intervention		
Identify the specific targeted intervention selected for this SBHIP project	☐ BH Wellness Programs ☐ Telehealth Services ☐ BH Screenings ☐ Suicide Prevention ☐ Substance Use Disorders ☐ Building Stronger Partnerships ☐ Culturally Appropriate/Targeted	☐ Dashboards/Public Reporting ☐ Technical Assistance for Contracts ☐ Expand Behavioral Health workforce ☐ Care Teams ☐ IT Support Systems ☐ Pregnant Students/ Teen Parents ☐ Family Supports
	☐ Increase access to behavioral health services for	

Select the performance outcome metric that was used to evaluate the impact of the intervention	Medi-Cal beneficiaries on or near campus ☐ Increase access to behavioral health services for Medi-Cal beneficiaries provided by a school-affiliated behavioral health provider
Identify at least two distinct measures that were used to assess the impact of the intervention. Include baseline measures or, if unavailable, how baseline measures were determined	
Measure 1: Baseline performance measure used to evaluate intervention impact	
Measure 1: Performance measure post SBHIP Targeted Intervention	
Measure 2: Baseline performance measure used to evaluate intervention impact	
Measure 2: Performance measure post SBHIP Targeted Intervention	

1. Identify and explain, clearly and in detail, any differences in the LEA(s) initially identified as intervention recipients, with those LEA(s) that actually received the intervention. If no differences in selected partners throughout the SBHIP, indicate N/A. (250 words or less per LEA)
2. Identify, clearly and in detail, the characteristics of the student population that were impacted by the selected intervention for each selected LEA. (250 words or less per LEA)
3. Identify, clearly and in detail, how this intervention increased access to prevention, early intervention and other behavioral health services on or near school campuses or by a school-affiliated behavioral health provider within each selected LEA. (250 words or less per LEA)
4. Explain, clearly and in detail, how this intervention helped serve the behavioral health needs of students that are Medi-Cal beneficiaries in each selected LEA. (250 words or less per LEA)

5. Describe, clearly and in detail, the SBHIP project design components and tasks that were the most challenging to implement within each selected LEA(s). (250 words or less per LEA).
6. Describe, clearly and in detail, the SBHIP project design components and tasks that were the least challenging to implement within each selected LEA(s). (250 words or less per LEA).
7. Explain, clearly and in detail, whether the intervention implementation activities and tasks aligned with projected SBHIP timeline goals? If not, describe what specific factors impacted adherence to the initial SBHIP timeline proposed. (250 words or less/LEA)
8. Describe, clearly and in detail, whether the SBHIP allocation was sufficient to successfully implement the selected intervention within each selected LEA. (250 words or less per LEA)
9. Describe, clearly and in detail, any unexpected outcomes (positive or negative) of the SBHIP intervention in each selected LEA(s) (This response may include, but is not limited to, intervention impact on students). (250 words or less per LEA)
10. Describe, clearly and in detail, any specific aspects of the SBHIP intervention that will or should be refined/adjusted for future use in order to best serve student behavioral health needs in each selected LEA. (250 words or less per LEA)
11. Identify, clearly and in detail, any additional successes achieved as a result of the SBHIP intervention. (This response may include, but is not limited to, intervention impact on students). (250 words or less)
12. Identify, clearly and in detail, if there are any efforts to expand the selected intervention to different geographical areas, additional LEA(s) and/or targeted student populations. Why or why not? (250 words or less)
13. Describe, clearly and in detail, whether the intervention will be sustained post SBHIP project completion in each selected LEA. Why or why not? (250 words or less per LEA)
14. Overall, would this intervention be described as a success in each selected LEA? Describe, clearly and in detail, why or why not? (250 words or less per LEA)
15. Submit all MOUs associated with this SBHIP intervention as an attachment.

    Please use the following naming convention for the MOU attachments:

    - [Medi-Cal MCP Name][County][MOU#]-[total#] Examples:
        - BlueCrossBlueShieldLosAngelesMOU1-4.pdf
        - BlueCrossBlueShieldLosAngelesMOU2-4.pdf

Section 9

SBHIP Deliverables Scoring and Evaluation Criteria

Student Behavioral Health Incentive Program Deliverable Scoring

The Student Behavioral Health Incentive Program (SBHIP) has four comprehensive deliverables that will be evaluated and scored: (1) Assessment Package, (2) Project Plan (Milestone One), (3) Bi-Quarterly Reports, and (4) Project Outcome Report (Milestone Two). Not every item within the SBHIP Assessment, Project Plan, Bi-Quarterly Reports, or Project Outcome Report will be scored. The table below reveals the maximum points available for each SBHIP deliverable, in addition to, the minimum points needed for full funding. Each deliverable (Assessment, Project Plan, Bi-Quarterly Reports, Project Outcome Report) will be independently evaluated utilizing the scoring criteria below.[11]

SBHIP Deliverable	Maximum Points	Minimum Points for Full Funding
SBHIP Assessment	35	28
SBHIP Project Plan (Milestone One)	11*	11*
Bi-Quarterly Report[11]	10*	10*
SBHIP Project Outcome Report (Milestone Two)	35*	28*

*Per intervention

[11] New language added in June 2022

SBHIP Deliverable: Individual Responses Scoring Matrix

The table below reveals the scoring matrix used to allot points for the individual responses within the SBHIP deliverables to be evaluated.

SBHIP Individual Response Scoring Criteria	SBHIP Scoring System	Points Awarded
There was either no response(s) provided and/or the supporting information provided does not present an adequate response to the SBHIP request and/or requirements. The response is unclear and may lack specific information solicited. There may be omissions, flaws, partial responses, or other weaknesses in the submission.	Fail	0
The response and/or supporting information provided demonstrates a thorough, detailed, thoughtful, and well-presented reply to the SBHIP request. The response was clear, incorporated specific information when requested, and fully responded to all components of the question.	Pass	1–20*

SBHIP Deliverable: Aggregate Scoring Matrix

The table below reveals the aggregate scoring matrix used to evaluate the collective scores for each SBHIP deliverable (Assessment, Project Plan, Bi-Quarterly Reports, and Project Outcome Report). If the deliverable receives an aggregate initial score below the required threshold (80% or 100%), DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within an appropriately established timeframe.[12]

SBHIP Assessment Package deliverables and Project Outcome Report (Milestone Two) deliverables that receive a final score below 80% will not receive full funding for that particular deliverable. In those cases, the score received will inform the calculation for payment. (For example, if score is 70% the incentive payment for Project Outcome Report (Milestone Two) would be 70/80 multiplied by the assessment allocation amount)

SBHIP Project Plan (Milestone One) and Bi-Quarterly Report deliverables that receive a final score below 100% will not trigger an interim payment for that specific intervention.[12]

[12] New language added in June 2022

Deliverable	Threshold	SBHIP Status
Assessment Package	0–79% of available points for the deliverable	Partial Funding Awarded
	80–100% of available points for the deliverable	Full Funding Awarded
Project Plan (Milestone One)	0–99% of available points for the deliverable	No Payment Issued*
	100% of available points for the deliverable	Interim Payment Issued
Bi-Quarterly Reports[13]	0-99% of available points for the deliverable	No Payment Issued *(Bi-quarterly report funding allocation percentage will be deducted from total TI funding amount)*
	100% of available points for the deliverable	Interim Payment Issued
Project Outcome Report (Milestone Two)	0–79% of available points for the deliverable	Partial Funding Awarded
	80–100% of available points for the deliverable	Full Funding Awarded

**Prerequisite for continued participation was not achieved and no payment will be triggered to implement the selected intervention.*

Assessment Package: Evaluation Criteria

The following evaluation factors will be used to determine the adequacy of the respective SBHIP Assessment Package submission responses and points awarded. Most narrative evaluation statements are worth one (1) point. If the point value is greater than one (1) for a particular narrative statement, the point value will be noted within the evaluation factor. Assessment package deliverables with omitted requested information will receive a score of zero (0) for that specific item. No partial credit will be given for any response. Individual responses within the assessment package deliverable must include specific answers for each and every LEA partner. As an example, if the Medi-Cal MCP partnered with four (4) LEAs but only provided assessment package responses for three (3) of those LEAs, zero (0) points will be awarded for that response. There are a total of 35 points available for the Assessment Package deliverable.

If the Assessment Package receives an initial score below 80%, DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within

[13] New language added in June 2022.

an appropriately established timeframe. SBHIP assessment packages that receive a final score below 80% will not receive full funding for this deliverable.

Assessment Package (35 points)	
Narrative Evaluation Factors (Assessment)	**Pass/Fail**
A1. The SBHIP assessment package was submitted timely.	
A2. The initial submission of the SBHIP assessment package included all five (5) required components.	

Stakeholder Meetings	
A3. The Medi-Cal MCP conducted a minimum of four (4) stakeholder meetings with SBHIP partners as designated in SBHIP Partners Form.	

County Office of Education Meeting	
A4. The Medi-Cal MCP conducted a minimum of one (1) meeting with the County Office of Education or provided the appropriate documentation demonstrating the required attempts to meet.	

Needs Assessment Template	
A5. The Medi-Cal MCP identified, clearly and in detail, the steps taken to select each LEA partner(s).	
A6. The Medi-Cal MCP and LEA(s) identified, clearly and in detail, the most frequently cited behavioral health need of students within each selected LEA.	
A7. The Medi-Cal MCP identified, clearly and in detail, the data sources used to determine the most frequently cited behavioral health need of students within each selected LEA.	
A8. The Medi-Cal MCP identified at least one short term and one long term action to address the most frequently cited behavioral health need of students in each selected LEA. (2 points)	

A9. The Medi-Cal MCP and LEA(s) identified, clearly and in detail, additional behavioral health needs of students within each selected LEA.	
A10. The Medi-Cal MCP identified, clearly and in detail, at least one short term and one long term action to address any noted gaps in the services or delivery of behavioral health supports within each selected LEA. If no gaps were identified, write N/A. (2 points)	
A11. If population-specific behavioral health disparities were identified, the Medi-Cal MCP listed the identified population(s) and described the noted disparity, clearly and in detail, within each selected LEA. If no disparities were noted, write N/A.	
A12. The Medi-Cal MCP described, clearly and in detail, at least one short term and one long term action to address any noted disparities in the behavioral health needs or available services for identified populations within each selected LEA. If no disparities were noted, write N/A. (2 points)	
A13. The Medi-Cal MCP described, clearly and in detail, action steps that could be taken to address any barriers in internal referral processes for behavioral health services or provided potential enhancements to the internal referral system if barriers did not exist for each selected LEA.	
A14. The Medi-Cal MCP described, clearly and in detail, action steps that could be taken to address any barriers in external referral processes for behavioral health services or provided potential enhancements to the external referral system if barriers did not exist within each selected LEA.	
A15. The Medi-Cal MCP identified, clearly and in detail, at least one existing program or behavioral health area within each selected LEA that could better serve student needs with additional funding.	
A16. The Medi-Cal MCP identified, clearly and in detail, at least one behavioral health community resource, not currently utilized by the selected LEA(s) that would be helpful for students within each selected LEA.	
A17. The Medi-Cal MCP identified, clearly and in detail, specific methods used to publicize behavioral health resources to students, LEA staff, and parents/guardians within each selected LEA. (3 points)	
A18. The Medi-Cal MCP identified what percentage of behavioral health services were provided in each selected LEA via telehealth.	

Data Collection Form	
A19. The Medi-Cal MCP and LEA(s) identified a minimum of three (3) relevant data sources used to complete the assessment.	
A20. The data collection form identified at least three (3) of the six (6) required populations that were targeted within each LEA.	

Resource Map — LEA	
A21. The Medi-Cal MCP identified, clearly and comprehensively, available prevention, early intervention and other behavioral health services and programs within each selected LEA. (2 points)	

Resource Map — Community	
A22. The Medi-Cal MCP identified, clearly and comprehensively, available prevention, early intervention and other behavioral health services and programs within the surrounding community of each LEA. (2 points)	

LEA Direct Service Provider Template	
A23. The Medi-Cal MCP identified, clearly and comprehensively, the behavioral health direct service providers within each selected LEA. (2 points)	

Closed Loop Referral Process LEA	
A24. The internal LEA closed loop referral system within each selected LEA is identified and described. If not applicable, anticipated steps to establish a closed loop referral process are described. (2 points)	

Closed Loop Referral Process Community	
A25. The external referral closed loop referral system is identified and described. If not applicable, anticipated steps to establish a closed loop referral process are described. (2 points)	
Total	**/35**

Project Plan (Milestone One): Evaluation Criteria

The following evaluation factors will be used to determine the adequacy of the respective SBHIP Project Plan (Milestone One) submission responses and points awarded. All narrative evaluation statements are worth one (1) point. Project Plan (Milestone One) deliverables with omitted requested information will receive a score of zero (0) for that specific item. No partial credit will be given for any response. Individual responses within the project plan deliverable must include specific answers for each and every LEA partner identified as a recipient of the specific targeted intervention. The Project Plan (Milestone One) must satisfy all of the evaluation factors for each selected intervention.

There are a total of 11 points available for each selected intervention within this deliverable. A Project Plan (Milestone One) must receive a score of 100% to be accepted by DHCS. If the project plan deliverable receives an initial score below 100%, DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within an appropriately established timeframe.

Acceptance of the Project Plan (Milestone One) is a prerequisite for the Medi-Cal MCP's continued participation in the SBHIP, relative to that specific intervention. Acceptance of the Project Plan (Milestone One) will trigger issuance of an interim payment that is conditioned upon the Medi-Cal MCP's performance in the Project Outcome Report (Milestone Two).

Project Plan — Milestone One (11 points)	
Narrative Evaluation Factors (Project Plan)	Pass/Fail
PP1. The initial submission of the project plan was completed in entirety.	
PP2. The project plan describes, clearly and in detail, the target population(s) that will be impacted by the selected intervention within each selected LEA.	
PP3. The project plan describes, clearly and in detail, the rationale for selecting the particular targeted intervention within each selected LEA.	
PP4. The project plan describes, clearly and in detail, how the intervention will increase access to behavioral health services for students within each selected LEA(s).	
PP5. The project plan describes, clearly and in detail, the importance of the selected intervention to Medi-Cal beneficiaries within each selected LEA.	
PP6. The project plan identifies, clearly and in detail, at least two reasonable measures and explains how they will be used to assess the impact of the intervention within each selected LEA.	
PP7. The selected intervention was identified as a behavioral health need of students within each selected LEA.	
PP8. The project plan describes, clearly and in detail, the project implementation approach, and provides a reasonable implementation timeline, divided into bi-quarterly segments, to be executed within each selected LEA. The project plan also includes the significant project markers and tasks that are anticipated to be completed within each bi-quarterly segment.[14]	
PP9. The project plan describes, clearly and in detail, a reasonable and achievable plan for attaining long-term sustainability post intervention within each selected LEA.	
PP10. If the selected targeted intervention will be implemented within one (1) or more LEA(s) but not within all partner LEA(s), the project plan describes, clearly and in detail, a rationale for implementing specific interventions only in selected LEA(s).	
PP11. The project plan includes a percent allocation of the maximum SBHIP allocation apportioned to each targeted intervention, subject to the minimum and maximum limits for a single intervention.	
Total	**/11**

[14] New language added in June 2022.

Bi-Quarterly Reports: Evaluation Criteria[15]

The following evaluation factors will be used to determine the adequacy of the SBHIP Bi-Quarterly Report submission responses and points awarded. Narrative evaluation statements are worth ten (10) points. Bi-Quarterly Report deliverables with omitted requested information will receive a score of zero (0) for that specific item. No partial credit will be given for any response. Individual responses within the Bi-Quarterly deliverable must include specific answers for each and every LEA partner identified as a recipient of the specific targeted intervention. The Bi-Quarterly Report must satisfy all of the evaluation factors for each selected intervention.

There are a total of 10 points available for each selected intervention within this deliverable. Bi-Quarterly Reports must receive a score of 100% to be accepted by DHCS. If the Bi-Quarterly Report deliverable receives an initial score below 100%, DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within an appropriately established timeframe.

Bi-Quarterly Reports (10 points)	
Narrative Evaluation Factors (Bi-Quarterly Reports)	**Pass/Fail**
BQR1. Documentation supporting TI progress made in reporting period	
Total	**/10**

Project Outcome Report (Milestone Two): Evaluation Criteria

The following evaluation factors will be used to determine the adequacy of the respective SBHIP Project Outcome Report (Milestone Two) submission responses and points awarded. Most narrative evaluation statements are worth one (1) point. If the point value is greater than one for a particular narrative statement, the point value will be noted within the evaluation factor. Project outcome report deliverables with omitted requested information will receive a score of zero (0) for that specific item. No partial credit will be given for any narrative response, but there will be partial credit for performance measures that demonstrate progress toward the selected performance outcome metrics. Individual responses within the project outcome report deliverable must include specific answers for each and every LEA partner identified as a recipient of the specific targeted intervention. The Project Outcome Report (Milestone Two) must address all of the evaluation factors for each selected intervention. There are a total of 35 points available for each selected intervention for this deliverable.

If the project outcome report receives an initial score below 80%, DHCS will contact the Medi-Cal MCP and provide an opportunity to revise and resubmit the deliverable within an appropriately established timeframe. SBHIP project outcome reports that receive a final score below 80% will not receive full funding for this deliverable.

[15] New language added in June 2022.

Project Outcome Report — Milestone Two (35 points)	
Narrative Evaluation Factors (Project Outcome Report)	Pass/Fail
POR1. The Medi-Cal MCP reported baseline and post-implementation data for at least two of the performance measures that were identified in the Project Plan (Milestone One) and used to evaluate the impact of the selected intervention for each LEA. (3 points)	
POR2. The Medi-Cal MCP completed the implementation of the selected intervention in accordance with the Project Plan proposal in each selected LEA. (5 points)	
POR3. The Medi-Cal MCP provided at least two performance measures, identified in the project plan, that confirm the achievement of the selected performance outcome metric within each selected LEA. (20 points)	
POR4. The Medi-Cal MCP identified, clearly and in detail, the most and least challenging SBHIP project-related tasks to implement within each LEA.	
POR5. The Medi-Cal MCP described, clearly and in detail, how the intervention increased access to behavioral health services for students within each selected LEA. If the outcome measures do not reveal an increase, the Medi-Cal MCP provided a sufficient rationale to explain why. (2 points)	
POR6. The Medi-Cal MCP identified, clearly and in detail, specific opportunities to refine/revise the intervention for future use to best serve student behavioral health needs within each selected LEA.	
POR7. The Medi-Cal MCP identified, clearly and in detail, specific successes associated with the implementation of the selected intervention in each selected LEA.	
POR8. The Medi-Cal MCP identified, clearly and in detail, specific reasons as to why the intervention will or will not be sustained post SBHIP in each selected LEA.	
POR9. The Medi-Cal MCP included copies of all required SBHIP intervention-related MOUs or agreements along with the project outcome plan for each selected LEA.	
Total	/35

Note: The Evaluation Criteria is subject to change and refinement in accordance with SBHIP Implementation. If changes are required, SBHIP stakeholders will be provided the opportunity for review and feedback.

Section 10

Incentive Payments: Funding Allocation

The $389 million in SBHIP Incentive Payments will be attributed over a three-year period (January 2022-December 2024).

SBHIP Incentive payments are divided amongst two fund groups: Assessment and Targeted Interventions.

- Assessment Fund: approximately $39 million
- Targeted Intervention Fund: approximately $350 million

The assessment allocation is further apportioned by county and by MCP. The allocation methodology considers the LEA count, MCP count, Medi-Cal member month per plan per county, and the unduplicated pupil count. Each fund has a minimum amount that will be allotted for each county, a ‘floor’.

- Assessment Fund ‘floor’ by county: $225,000
- Targeted Intervention Fund ‘floor’ by county: $500,000

Funding Milestones:

- Letter of Intent/Partners Form: 50% of assessment allocation
- Needs Assessment: 50% of assessment allocation
- Project Plan (Milestone One) for each targeted intervention: up to 50% of targeted intervention allocation
- Bi-Quarterly Reports: 75% of remaining targeted intervention allocation for “standard” project plan submissions; 80% of remaining targeted intervention allocation for “accelerated” accelerated project plan submissions.[16]
- Project Outcome Report (Milestone Two) with achieved metrics for each targeted intervention: remaining % of targeted intervention allocation.[16]

An MCP may fully earn their targeted intervention allocation only following successful completion (and adequate scores) on all deliverables: Project Plan (Milestone One), the requisite number of bi-quarterly reports (three for standard project plan submissions and four for accelerated project plan submissions), and Project Outcome Report (Milestone Two). Payments will be made bi-quarterly on an interim basis until the final payment, and issuance of interim payments will be contingent upon an approved bi-quarterly

[16] New language added in June 2022.

report that demonstrates progress made towards the completion of the Targeted Interventions.[17]

If zero progress is reported on a bi-quarterly report, a MCP will be considered non-compliant with the terms of the program for the period covered by that report, and its maximum targeted intervention allocation will be reduced, for each 6-month period in which zero progress was reported, by 25% for accelerated project plan submissions, and 20% for standard project plan submission.[17]

Note: Upfront funding for Letter of Intent and LEA Partners Form is considered unearned funds until completion and approval of the Needs Assessment. Upfront funding for the Project Plan and Bi-Quarterly Reports is considered unearned until completion and approval of the Project Outcome Report. The upfront funds percentage amount is not indicative of what may be earned for the Letter of Intent and LEA Partners Form, the Project Plan, and the Bi-Quarterly Reports.[17]

As noted in section 3 each MCP will be required to implement a minimum amount of targeted interventions dependent on their county allocation. MCPs may collaborate within a shared county to implement targeted interventions. If two or more plans coordinate to implement one targeted intervention it will count toward each of their minimum requirement.

MCP Collaboration: If MCPs collaborate on an intervention, a MOU between the MCPs is required. Each MCP will denote on the shared Project Plan (Milestone One) the percent of their maximum allocation to be attributed to the selected targeted intervention. If the final score for the Project Outcome Report is below 80%, the incentive payment calculation will be applied in the same way to all MCPs collaborating on the selected targeted intervention.

Exceptions to minimum requirement: While targeted intervention minimums will be subject to DHCS review and approval, there may be an exception to the minimum number of targeted interventions based upon the number of existing gaps identified in the needs assessment. Minimum targeted interventions will still apply to each MCP participating in a county. MCPs may elect to collaborate on selected targeted interventions, which will apply to both MCPs' minimum targeted intervention requirements.

Targeted Intervention Minimums:

Counties allocated less than a quarter of a percent of the statewide total are required to complete a minimum of one intervention.

Counties allocated between a quarter of a percent to one half of a percent (minimum $500k per targeted intervention on average) are required to complete a minimum of two interventions. Those counties that would receive less than $500k per intervention on average will be required to complete a minimum of one intervention.

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[17] New language added in June 2022.

Counties allocated between a half of a percent to three quarters of a percent (minimum $500k per targeted intervention on average) are required to complete a minimum of three interventions. Those counties that would receive less than $500k per intervention on average will be required to complete a minimum of two interventions.

Counties allocated between three quarters of a percent and up (minimum $500k per targeted intervention on average) are required to complete a minimum of four interventions. Those counties that would receive less than $500k per intervention on average will be required to complete a minimum of three interventions.

Targeted Intervention Incentive Payment (percent designation):

- Those MCPs in counties with a minimum of one targeted intervention: MCPs may earn up to 100% of the maximum allocation for the Targeted Intervention.[18]
- Those MCPs in counties with a minimum of two targeted intervention:
  - MCPs may earn up to 20% of the maximum allocation for each Targeted Intervention. The remaining 60% may be earned for one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.[18]
  - Each targeted intervention is capped at 70% of the maximum allocated for that MCP.
- Those MCPs in counties with a minimum of three targeted intervention:
  - MCPs may earn up to 20% of the maximum allocation for each Targeted Intervention. The remaining 40% may be earned for one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.[18]
  - Each targeted intervention is capped at 55% of the maximum allocated for that MCP.
- Those MCPs in counties with a minimum of four targeted intervention:
  - MCPs may earn up to 20% of the maximum allocation for each Targeted Intervention. The remaining 20% may be earned for one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.[18]
  - Each targeted intervention is capped at 40% of the maximum allocated for that MCP

[18] New language added in June 2022.

Note: Incentive payment amounts will be contingent on the federally required 5% cap on total incentive payments for the select MCP for the applicable year. The 5% cap will be calculated by DHCS. A maximum cap on payments will be imposed in instances in which DHCS determines it likely that the 5% threshold will be exceeded. DHCS will make best efforts to impose this payment cap prospectively, but because the 5% threshold is dependent upon enrollment, MCPs may be required to remit to DHCS any amounts in excess of the 5% cap should DHCS determine that the cap has been exceeded after payment has been made.[18]

Section 11

SBHIP Appendix

SBHIP Glossary

The purpose of this section is to clearly define terms within the SBHIP so that all participants are operating under the same definitional framework.

Baseline Performance Measure: a snapshot measurement of behavioral health services (or access to) at current time/prior to implementing the SBHIP intervention.

Note: in certain instances (e.g., a new program) there may be no baseline measure available.

Behavioral Health Providers: Behavioral health providers assist people with a variety of mental health and substance use needs in settings from prevention programs to outpatient clinic/office-based to community-based inpatient treatment programs. Behavioral health providers can also work with primary care teams to facilitate healthy behaviors, address behaviors associated with health risk, and improve pain management by focusing on
non-drug coping strategies. Examples include licensed professional counselors, addiction counselors, nurse practitioners, physicians' assistants, and peer specialists.

Behavioral Health Services: Are a continuum of mental health and SUD services, and supports that include prevention, early intervention, outpatient, crisis, and residential and inpatient services.

Closed Loop Referral: means coordinating and referring the Member to available community resources and following up to ensure services were rendered.

Community: is defined as the Local Educational Agency (LEA) district boundaries for purposes of the community resource map.

Culturally appropriate: "Care and services that are respectful of and responsive to the cultural (and linguistic) needs of all individuals".

Interventions: Those activities (or parameters for those activities), that will be accepted as targeted interventions that increase access to preventive, early intervention, and behavioral health providers for TK-12 children in schools.

Local Education Agency (LEA): LEAs include school districts, county offices of education, charter schools, California Schools for the Deaf, and California Schools for the Blind (California Education Code Section 49005.1(c)).

Partner: Refers to those organizations engaged by the Medi-Cal MCP to develop the assessment and to implement targeted interventions. Partners may include staff from the County Office of Education, LEA, county behavioral health departments, and other education and/or behavioral health stakeholders.

Performance Measure: Data that is used to measure the impact of the targeted intervention over time. Performance measures can be either qualitative or quantitative data.

Performance Outcome Metrics: Performance outcomes represent the result the program is trying to achieve or represents the objective of the program. In the case of SBHIP, the performance outcome metrics are:

- *Performance Outcome Metric #1:* Increase access to behavioral health services for Medi-Cal Beneficiaries on or near school campuses or

- Performance Outcome Metric #2: Increase access to behavioral health services for Medi-Cal Beneficiaries by a school-affiliated provider.

Post-Intervention Performance Measure: a snapshot measurement of behavioral health services (or access to) after the SBHIP intervention has been implemented.

Provider: School-affiliated behavioral health provider for TK-12 children in schools.

Wellness (as in what constitutes a BHW program): A strength-based approach to health that involves mental, physical, social, and emotional well-being. "Wellness is an active process of becoming aware of and making choices toward a healthy and fulfilling life. Wellness is more than free from illness; it is a dynamic process of change and growth. It is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity".

SBHIP Deliverables Checklist

SBHIP Letter of Intent

☐ Letter of Intent

SBHIP Partner Selection

☐ LEA Selected Partners Form

SBHIP Assessment Package Deliverables (to be submitted as an assessment package)

☐ Stakeholder Meetings (Signed attestation)

☐ Data Collection Strategy (Data Collection Template)

☐ Completed Assessment Template

☐ Resource Maps (LEA(s), Community, and Provider) (Resource Template if needed)

☐ Referral Processes (LEA(s) and Community)

SBHIP Project Plan (Milestone One) Deliverable

☐ Project Plan Template

SBHIP Bi-Quarterly Report

☐ Bi-Quarterly Report

SBHIP Project Outcome Report (Milestone Two) Deliverable

☐ Project Outcome Report Template

Student Behavioral Health Incentive Program: Letter of Intent

In accordance with State law ((Welfare and Institutions Code Sections 5961.3(b)), DHCS will implement the SBHIP over a three-year period (January 1, 2022–December 31, 2024) for incentive payments to Medi-Cal MCPs that meet predefined goals and metrics. SBHIP goals and metrics are associated with targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

Medi-Cal MCPs interested in participating in the SBHIP must complete and submit a signed letter of intent form, including the information outlined below. A summary of the SBHIP, overview of requirements, and other supporting documents are available on the DHCS website for review.

Please submit this completed Letter of Intent form no later than **5 pm PST on January 31, 2022.**

Medi-Cal MCP Organization Name	
Number of Medi-Cal Counties in Service Area by MCP	
List of Medi-Cal Counties Serviced by MCP	
Anticipated Number of Counties Participating in SBHIP	
Anticipated List of Counties Participating in SBHIP	
Medi-Cal MCP Contact Person	
Medi-Cal MCP Contact Person Title	
Medi-Cal MCP Contact Telephone Number	
Medi-Cal MCP Email Address	
Medi-Cal MCP Mailing Address	
MCP, CEO, CFO, or Name of Someone of Similar Status	
Signature (Physical or electronic)	

SBHIP Partners Form

The purpose of this section is to provide information about the Medi-Cal MCP's selected SBHIP partners.

This form also requests a signature from the County Office of Education's (COE) Superintendent (or designee) signifying that the Medi-Cal MCP has met with the COE. The role of the COE is to provide feedback related to potential LEA(s) SBHIP engagement. If the Medi-Cal MCP is unable to obtain the COE's signature, documentation detailing three (3) attempts, including requested support from SBHIP TA, to engage with the COE, must be included along with this form.

Medi-Cal MCP's must submit the completed form to DHCS, identifying their selected SBHIP partners, no later than March 15, 2022.

Medi-Cal MCP Organization Name	
If partnering with other Medi-Cal MCPs to complete the assessment, list all Medi-Cal MCP Partners	
List County where Needs Assessment will be conducted	
COE Superintendent Name	
Title (if other than Superintendent)	
COE Superintendent Signature	
SBHIP Partner Type/Organization # 1	
SBHIP Partner # 1 Contact Person	
SBHIP Partner # 1 Contact Person Title	
SBHIP Partner # 1 Telephone Number	
SBHIP Partner # 1 Email Address	
SBHIP Partner # 1 Mailing Address	
SBHIP Partner Type/Organization # 2	
SBHIP Partner # 2 Contact Person	
SBHIP Partner # 2 Contact Person Title	
SBHIP Partner # 2 Telephone Number	
SBHIP Partner # 2 Email Address	
SBHIP Partner # 2 Mailing Address	
SBHIP Partner Type/Organization # 3 +	*There is no MCP limit to SBHIP partners. Please attach additional information if SBHIP partners exceed ten.*

Attestation of the Completion of SBHIP Stakeholder Meetings

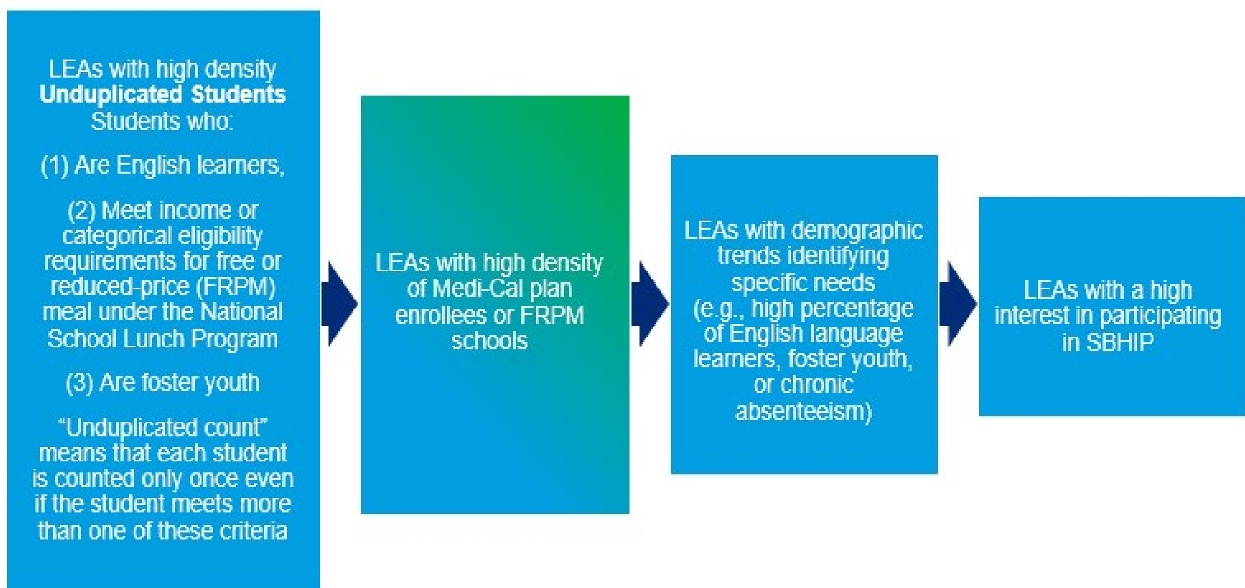
A minimum of four meetings with Medi-Cal MCPs, LEA(s), County Behavioral Health Plans, and other SBHIP stakeholders have been completed in accordance with SBHIP assessment requirements.

Medi-Cal MCP Name(s):

County:

Date of Completion:

SBHIP Partnership Assessment Criteria



SBHIP Data Collection Strategies Form

There are a number of educational and other data sources that can be used to help assess student behavioral health needs and potential gaps in service delivery. As a component of the SBHIP Assessment Package deliverable, Medi-Cal MCPs are required to complete and submit the form below identifying, at a minimum, **three (3)** data sources (collected no earlier than 2020*) that were used to inform the responses to the questions within the needs assessment template. Completion of the data collection strategies form is a requirement of the assessment package.

**The needs assessment should reflect the current needs of students. However, DHCS will allow for data collected prior to 2020 in cases where more recent data is not available.*

Medi-Cal MCP Name(s)	
County	

Example:

Data Source	Student Surveys: CA Healthy Kids
Population Targeted	Students grade 9–12
Data Collection Timeframe	October 2021–November 2021
Approximate Number of Participants/Sources	150

Data Source	
Population Targeted	
Data Collection Timeframe	
Approximate Number of Participants/Sources	