Mercer

Student Behavioral Health Incentive Program

Stakeholder Meeting Four

California Department of Health and Human Services
November 4, 2021

A business of Marsh McLennan

Agenda

1. Welcome
2. SBHIP Workgroup:
   A. Overview
   B. Stakeholder feedback
3. CA Education Overview
4. SBHIP Timeline
5. Assessment
6. Targeted Interventions, Goals and Metrics
7. Incentive Payment Methodology
8. Open Discussion
9. Next Steps

Welcome

SBHIP Workgroup Overview

Student Behavioral Health Incentive Program (SBHIP)

Overview

Assembly Bill 133: Section 5961.4

- The State Department of Health Care Services shall make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics developed pursuant to subdivision (b) 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 schools.
- (b) The department, in consultation with the State Department of Education, Medi-Cal managed care plans, county behavioral health departments, local educational agencies, and other affected stakeholders, shall develop the interventions, goals, and metrics used to determine a Medi-Cal managed care plan's eligibility to receive the incentive payments described in this section.

January 1, 2022: Incentive program effective date

Intent of Incentive Payments:

- Break down silos and improve coordination of student behavioral health services through communication with schools, school affiliated programs, MCOs, counties, and MHPs.
- Increase number of TK-12 students receiving preventive and early intervention behavioral health services provided by schools, providers in schools, school affiliated community based organization or clinics, county behavioral health departments and school districts, charter schools, and/or county offices of education within the county.
- Get non-specialty services on or near school campuses.

Role of DHCS to Develop:

- **Interventions:** 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
- **Goals**: Desired outcomes, locations, and/or populations to reach with each intervention
- **Metrics:** Requirements, steps, and measures to assess selected targeted interventions meet desired goals and outcomes
- **Funding mechanism program/allocation methodology**

SBHIP Duration and Sustainability

SBHIP Design Period (August 2021–December 2021)

- Stakeholder engagement and education
- Develop metrics, interventions, and goals
- Determine payment structure to MCPs
- Develop structures for implementation (oversight and governance)

SBHIP Implementation Period (January 2022–December 2024)

- Continued stakeholder education
- MCP assessment/gap analysis with TA to support engagement between LEAs and MCPs
- MCPs design and implement interventions in coordination with LEAs, county BH, and BH providers based on assessment/gap analysis
- MCPs receive payments based on metrics achieved

Post-SBHIP (January 2025 and beyond)

- BH infrastructure in schools are strengthened, benefiting both Medi-Cal and non Medi-Cal students
- More MCPs and LEAs have contracts to support Medi-Cal payment for BH services in schools
- Relationships between MCPs, LEAs, and county BH are strengthed to support coordination of services

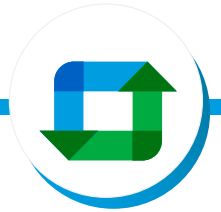
SBHIP Stakeholder Workgroup

Objective

- Assist DHCS in determining the design and approach to implementation of SBHIP. In particular:
  - Provide feedback and guidance on interventions, goals, and metrics.
  - Help identify activities that best target gaps, disparities, and inequities.
  - Provide feedback on funding mechanism: incentive payment methodology, financial model, etc.

Process

- Four or more two-hour meetings.
- Email responses to requests for feedback or in response to questions raised at meetings.
- Individual/small group meetings, if need to additional meetings may be scheduled with smaller groups to address specific topics in more detail. Any outputs of individual/small group meetings will be shared with the workgroup for feedback.



Expectations of Members

- Attend all SBHIP Stakeholder Workgroup meetings.
- Engage in discussion and secure feedback from your organization as necessary.
- Provide subject matter expertise and ground-level knowledge of needs, gaps, constraints, and strategies.
- Discuss needed guidance and technical assistance.
- Maintain focus on the Incentive Program, not on related programs or school-based services in general.

Workgroup Members

Health Plan

- Elizabeth Martinez, Health Plan of San Joaquin
- Isabel Silva, Kern Health System
- Heather Waters, Inland Empire Health
- Belinda Rolicheck, California Health and Wellness
- Kinisha Milles Campbell, Kaiser Permanente Southern CA
- Hilary Frazer, Kaiser Permanente Northern California
- Linnea Koopmans, Local Health Plans of California
- Amber Harvey-Ligget, Aetna Better Health Group California
- David Bond, Blue Shield Health Plan
- Arnold Noriega, Community Health Group
- Bridgitte Lamberson, United Health Care
- Charles Bacchi, California Association of Health Plans
- Marie Montgomery, LA Care
- Farid Hassanpour, Chief Medical Office, CenCal Health
- Mark Bontrager, Partnership Health Plan
- Belinda Rolicheck, Health Net and CA Health and Wellness
- Natalie McKelvey, Santa Clara Family Health Plan
- Scott Coffin, Alameda Alliance for Health
- Lucy Marrero, Gold Coast Health Plan
- Robert Auman, Contra Coast Health Plan
- Natalie Zavala, CalOptima
- Kathleen McCarthy, Central California Alliance for Health
- Michael Brodsky, LA Care BH and Social Services
- Megan Noe, Health Plan of San Mateo

Behavioral Health

- Michelle Cabrera, CA Behavioral Health Directors Association
- Chris Stoner-Mirtz, CA Alliance of Child and Family Services
- Leora Wolf-Prusan, School Crisis Recovery and Renewal Project
- Le Ondra Clark-Harvey, CA Council of Community BH Agencies
- Lisa Eisenberg, CA School Based Health Alliance
- Adrienne Shilton, CA Alliance of Child and Family Services
- Libby Sanchez, Government Relations Advocate, SEIU California
- Lishaun Francis, Children Now
- Brent Malicote, Sacramento County Office of Education
- Adrienne “Addy” Pacheco, Chaffey Joint Union High School District
- Erica Zamora, Alvord Unified School District
- Greg Palatto, Charter Oak Unified School District
- Aj Kaur, Martinez Unified School District
- Norlon Davis, Los Angeles Unified School District
- Emi Botzler-Rodgers, Behavioral Health Director at Humboldt County
- Timothy Hougen, San Bernardino County Behavioral Health
- Marni Sandoval, Monterey County Behavioral Health

Workgroup Members

School Districts or County Office of Education

- Rosalee Hormuth, Orange County Dept of Education
- Rhonda Yohman, Madera County Superintendent of Schools
- Michael Lombardo, Placer County Office of Education
- Patrice Breslow, San Diego Unified School District
- Margie Bobe, Los Angeles Unified School District
- Katie Nilsson, San Joaquin County Office of Education
- Belinda Brager, Calaveras USD
- Dave Gordon, Sacramento County Superintendent
- Janice Holden, Stanilaus County Office of Education
- Coreen Deleone, Glenn County Office of Education
- Amanda Dickey, Santa Clara County Office of Education
- Jeremy Ford, Oakland Unified School District
- Will Page, Teacher, Los Angeles unified School District
- Angelo Reyes, Public Health, City of Pasadena
- Moncia Lamelle, San Luis Obispo County
- Andrea Ball, President and Advocate, Ball/Frost Group
- Lisa Eisenburg, CA School Based Health Alliance
- Helio Brasil, Small School Districts' Association
- Armando Fernandez, CA Association of School Psychologists
- Toni Trigueiro, California Teacher Association

Government Agencies

- Laila Fahimuddin, CA State Board of Education
- Daniel Lee, California Department of Education
- Stephanie Welch, California Health and Human Services
- Derick Daniels, Capitated Rates Development, DHCS
- Jillian Mongetta, Local Government Finance, DHCS
- Michel Huizar, Managed Care Quality and Monitoring, DHCS
- Jim Kooler, Medi-Cal Behavioral Health, DHCS
- Jacob Lam, Health Care Financing, DHCS

Meeting Schedule and Topics

Kick-Off

- Introductions
- Program Purpose and Scope
- Goals and Priority Areas
- Incentive Mechanism
- Workgroup Schedule

SBHIP Overview

- SBHIP Guiding Principles
- Existing obligations and funding streams
- Overview of targeted interventions, goals, and metrics
- Overview of incentive Payment Methodology

Targeted Interventions, Goals, and Metrics

- Review suggested targeted interventions, goals, and metrics
- Assess approach for impact to high priority groups
- Assess impacts/considerations for metrics by geography and intervention
- Allocation update

Assessment and Financial Model

- Incentive payment calculation (location, phase, amount)
- Payment methodology (frequency)

Finalize Design

- Implementation considerations
- Formal guidance and resources
- Oversight and governance plan
- Finalize design

Possible Meetings

- Meeting time held if needed:
- Updates on allocation
- Check in on assessment process
- Other

Stakeholder Workgroup Meeting 3

Follow up on Feedback

- **Key Themes**
  - A request for more details on interventions and funding mechanism
  - Continued support and recommendations for a stand alone assessment
  - Request further clarity on objectives of SBHIP
  - Concerns around incentive funds being used to pay for existing responsibilities and services
  - Requests to synthesize targeted interventions that overlap
  - Consideration of school bandwidth and ability to participate in SBHIP
  - Concern some interventions just not possible in a school setting
  - Consistent concerns around data and sustainability of interventions

Suggested new targeted interventions: recommended interventions fit well with existing list so no new interventions were added. Note: all targeted interventions will also need to align with the project plan requirements to show long-term sustainability and impact on Medi-Cal beneficiaries.

Stakeholder Workgroup Meeting 3

Follow up on Feedback

- Provide definitions for the phrases:
  - **Behavioral Health Services:** Are a continuum of mental health and substance use disorder services and supports that include prevention, early intervention, outpatient, crisis, and residential and inpatient services.
  - **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 and 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.
  - **Culturally appropriate:** “care and services that are respectful of and responsive to the cultural (and linguistic) needs of all individuals.”
  - **Wellness:** (as in what constitutes a behavioral wellness 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 being 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.”

- What can incentive funds be used for?
  - **Incentive funds may be used to expand and enhance, not duplicate existing funding sources.**

Stakeholder Workgroup Meeting 3

Follow up on Feedback

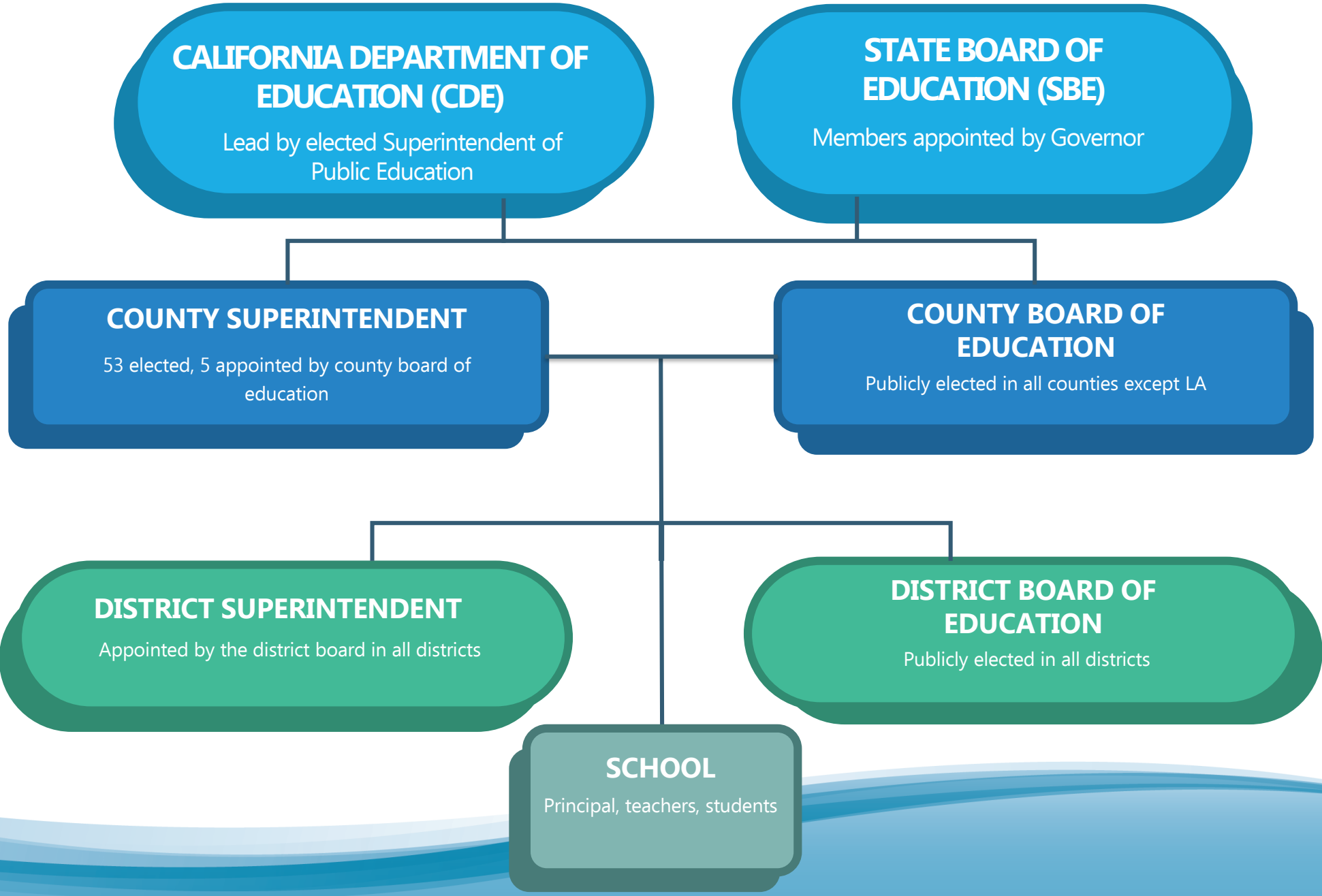
- Request that grants go to schools
  - **The incentive payments are required to go to the Medi-Cal managed care plans as directed by AB 133, MCPs in collaboration with their selected partners may determine how best to support this selected interventions.**

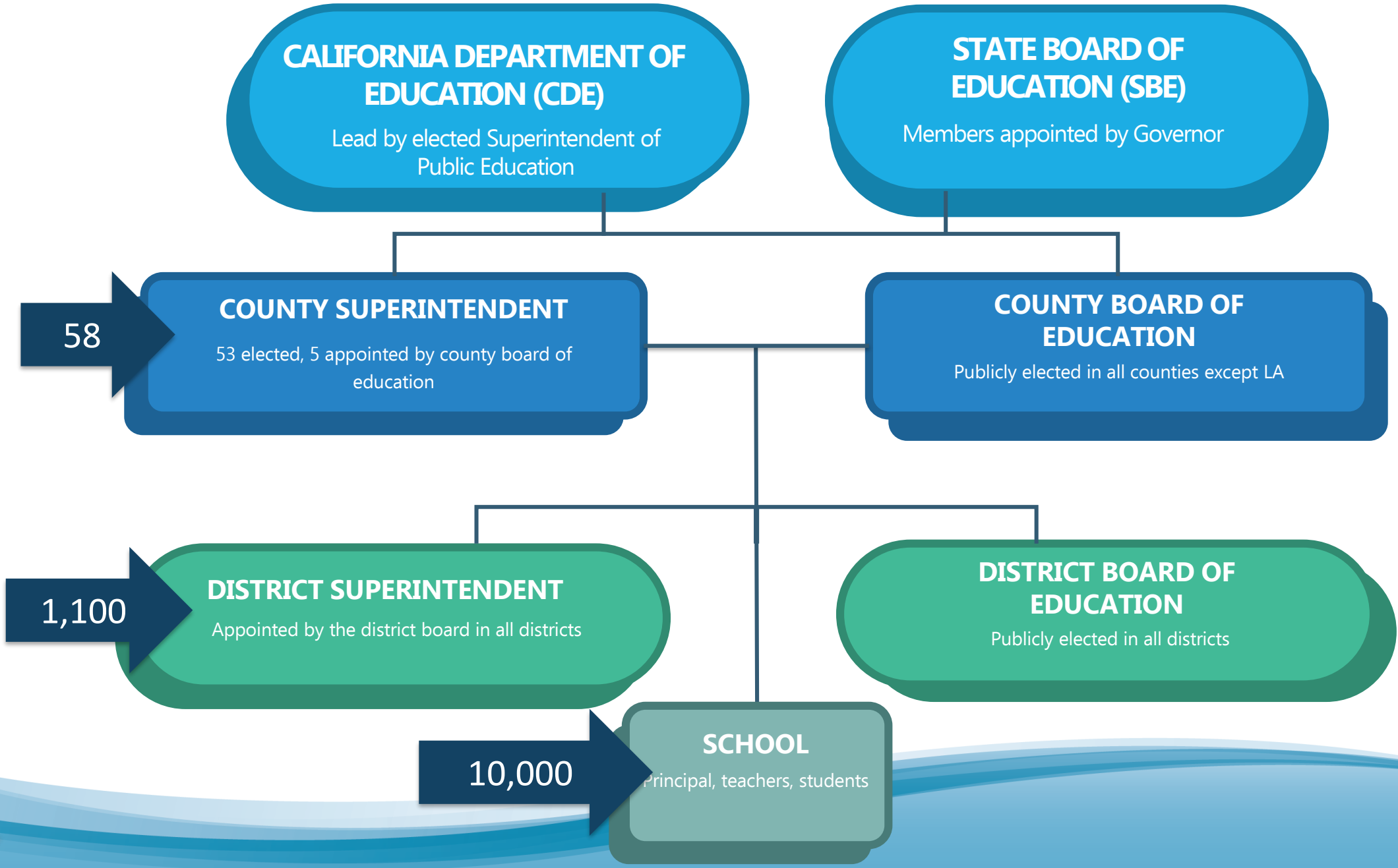
- This should not be limited to contracts with schools to provide these services but should also include school-affiliated providers, county BH departments, and/or MOUs between schools and MCPs
  - **It is not limited to contracts with schools, contracts and agreements could be developed with other providers**.

- Need further clarity on objectives of SBHIP
  - **Increase the number of TK-12 students accessing behavioral health services provided by schools and school-affiliated programs.**

- Concerns around expectations for targeted intervention list
  - **MCP in collaboration with selected partners may select the intervention that meets the need of their community. There is no requirement to implement all the targeted interventions. Targeted interventions are broad with understanding that most school-affiliated behavioral health interventions should align with one of the listed interventions.**

California Education Overview


CALIFORNIA DEPARTMENT OF EDUCATION (CDE)
Lead by elected Superintendent of Public Education
STATE BOARD OF EDUCATION (SBE)
Members appointed by Governor
COUNTY SUPERINTENDENT
53 elected, 5 appointed by county board of education
COUNTY BOARD OF EDUCATION
Publicly elected in all counties except LA
DISTRICT SUPERINTENDENT
Appointed by the district board in all districts
DISTRICT BOARD OF EDUCATION
Publicly elected in all districts
SCHOOL
Principal, teachers, students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58
COUNTY SUPERINTENDENT
53 elected, 5 appointed by county board of education
COUNTY BOARD OF EDUCATION
Publicly elected in all counties except LA
1,100
DISTRICT SUPERINTENDENT
Appointed by the district board in all districts
DISTRICT BOARD OF EDUCATION
Publicly elected in all districts
10,000
SCHOOL
Principal, teachers, students

FUNDING

PROP 98

Prop 98 (the “Classroom Instructional Improvement and Accountability Act”)was passed in 1988 in response to drastically reduced county property tax revenues (as the result of Prop 13) and the Serrano v. Priest cases in which the State Supreme Court decided that CA’s inequitable system of funding schools (based on county property taxes) violated the state-established constitutional right to an equitable education.

Generally, Prop 98 requires California to allocate a minimum amount of total state revenue on education every year.

FUNDING

PROP 98 – DEBUNKING COMMON MISPERCEPTIONS

- California's per pupil spending is low compared to other states (even before adjusting for cost of living it is below the national average)
- Most of education's funding is allocated through the Local Control Funding Formula (LCFF) which provides flexible funding that schools can use to meet students' educational needs.
- LCFF cannot be used for any purpose. The funds should provide an educational benefit or further academic progress.
- The remaining Prop 98 funds are allocated to various "categorical programs" for one-time specific purposes.
- Unlike the health side of the budget, California schools receive very little of their funding from the federal government (between 8 to 10%).

ACCOUNTABILITY

Local Control and Accountability Plan (LCAP)

CATEGORICAL

Prior to 2013, most education funding was "categorical," i.e. funding could only be used for a specific purpose (e.g. $100 million for career technical education). As a result, funding, rather than students' needs, dictated what services were provided.

LCFF

The Local Control Funding Formula (LCFF) was created to replace the old funding formula. LCFF allocates more funding to schools with high numbers (and concentrations) of low-income students, English learners, and foster and homeless youth (called "unduplicated students").

FLEXIBLE FUNDING

LCFF largely eliminated categorical funding and replaced it with general funding that can be used flexibly to meet students' educational needs.

LCAP

To ensure accountability, districts and COEs must write a Local Control Accountability Plan (LCAP) which describes the goals, actions, services, and expenditures taken to support positive student outcomes that address state and local priorities (e.g. attendance, academics, suspension)

ACCOUNTABILITY

LCAP & Budget

BUDGET

Districts and COEs must also create a budget that is aligned with the LCAP and details how the LEA will allocate resources to address the goals and needs highlighted in the LCAP.

3 YEAR CYCLE

Districts and COEs create LCAPs and budgets on a 3 year cycle. A new LCAP and budget are created in year 1 and revisions and additions are made in years 2 and 3.

APPROVAL

District LCAPs and budgets are reviewed and approved by the county superintendent. (If there is only one district in the county, the LCAP and budget are approved by the state superintendent.)

TRANSPARENCY

LCAPs and budgets must be discussed and approved at an education board meeting which is subject to transparency laws such as the Brown Act. Every district and COE LCAP and budget is publicly accessible and must be posted online.

ACCOUNTABILITY

Stakeholder Engagement

STAKEHOLDER INPUT

Must seek stakeholder input and incorporate it into the LCAP

ENGAGEMENT SESSIONS

Must hold stakeholder engagement sessions to request feedback on the LCAP

WRITTEN RESPONSES

Must accept written comments and provide written responses

PARENT GROUPS

Must create at least one parent stakeholder group, plus additional groups if there is a certain % of students in certain subgroups

SPECIAL EDUCATION

Must maintain a Community Advisory Committee of parents with children who receive special education services

ACCOUNTABILITY

State Accountability Dashboard

DASHBOARD

Measures academic and non-academic indicators using standardized metrics (e.g. chronic absenteeism, suspension, graduation rate)

DISAGGREGATION

Data is disaggregated by student subgroups including by race, ethnicity, low-income, foster youth, homeless, and students with disabilities

CLIMATE SURVEYS

The Dashboard includes "local indicators" such as school climate surveys which are used by nearly all schools

ADDITIONAL MEASURES

Also measures things like facilities, teacher misassignments and qualifications, and whether common cores standards have been adopted

SCHOOL LEVEL

Information can be viewed for each school, district, and COE

DISTRICT PERFORMANCE OVERVIEW

Santa Clara Unified

Explore the performance of Santa Clara Unified under California's Accountability System.

Generate PDF Report

View All Schools

View Additional Reports

2019

Chronic Absenteeism

Yellow

Suspension Rate

Orange

English Learner Progress

No Performance Color

Graduation Rate

Orange

College/Career

Yellow

English Language Arts

Green

Mathematics

Green

Basics: Teachers, Instructional Materials, Facilities

STANDARD MET

Implementation of Academic Standards

STANDARD MET

Parent and Family Engagement

STANDARD MET

Local Climate Survey

STANDARD MET

Access to a Broad Course of Study

STANDARD MET

STATEWIDE SYSTEM OF SUPPORT

58 COUNTY OFFICES OF EDUCATION

Provide infrastructure & support to districts in each county

STATEWIDE SYSTEM OF SUPPORT

The statewide system of support has “geographic leads” and “content leads” that offer technical assistance, trainings, resources, and expertise to help schools support student success. The Department of Education (CDE), State Board of Education (SBE), and the California Collaborative for Educational Excellence (CCEE), a state agency, helps to convene and organize the system of support.

STATEWIDE SYSTEM OF SUPPORT

CONTENT LEADS

Offer expertise and resources on specific topics

NEW IN 2021

SCHOOL-BASED MEDI-CAL

TA to help LEAs access Medi-Cal billing programs

EQUITY

Santa Clara COE
San Diego COE

SCHOOL LEADERSHIP

UC Berkeley, CSU Chico, Sonoma COE, Sacramento COE, Madera COE, LA COE, LA Ed Partnership

MULTI-TIERED SYSTEM OF SUPPORT (MTSS)

Orange COE
Butte COE

EDUCATOR WORKFORCE INVESTMENT

English Learner
Special Ed
Computer Science

COMMUNITY ENGAGEMENT

San Bernardino COE
CA Assoc. for Bilingual Education
Families in Schools
CCEE

EARLY LITERACY & MATH

Sacramento COE
Fresno COE

SPECIAL EDUCATION

System Improvement:
El Dorado SELPA
Riverside SELPA
West San Gabriel SELPA

SPECIAL EDUCATION

Content:
Marin SELPA
Placer SELPA
South County SELPA
Imperial SELPA

ENGLISH LEARNERS

Sonoma, Butte, Sacramento, Contra Costa, Santa Clara, San Joaquin, Tulare, Kern, San Diego, Riverside & LA COEs

DYSLEXIA INITIATIVE

Sacramento COE
UCSF

OTHER RULES & LAWS

Schools must abide by many unique rules and regulations created to protect students

UNIQUELY VULNERABLE POPULATION

Because schools serve children under the age of 18, they must abide by heightened safety laws and regulations.

STRINGENT HIRING RESTRICTIONS

To protect the safety of the children we serve, schools cannot hire or contract with those who have a criminal record.

BARGAINING AND LABOR LAWS

Nearly all school employees are represented by a bargaining unit. The Education Code restricts when schools can contract for services from non-employees.

OTHER FACTS TO NOTE

Most schools already provide health and mental health services and claim Medi-Cal

REQUIRED PROVIDER OF SERVICES

The federal Individuals with Disabilities Education Act (IDEA) requires schools to offer a free appropriate public education (FAPE) to students with disabilities, which often requires provision of health and mental health services necessary for the student to access their education.

SCHOOL-BASED MEDI-CAL BILLING

All schools are eligible to directly claim Medi-Cal through the Local Education Agency Billing Option Program (LEA BOP) and the School-Based Medi-Cal Administrative Activities (SMAA) program. Approximately half of LEAs currently submit claims to LEA BOP and/or SMAA.

MEDI-CAID FLEXIBILITY FOR SCHOOLS

Because IDEA and FAPE require that schools are direct providers of service, CMS and DHCS allow schools flexibility in meeting Medicaid facilities certification requirements.

Questions on CA Education Overview

- New role created in 2021 for school-based Medi-Cal to provide TA to help LEAs access Medi-Cal billing programs. This role may address some of the concerns raised in past SBHIP work group meetings. While it is different from SBHIP, are there opportunities for coordination?
- Other thoughts on how school requirements need to be considered with SBHIP? Regarding partnerships, assessment, targeted interventions, metrics and other.

SBHIP Timeframe

4

SBHIP Possible Timeframe-Steps

SBHIP Timeline	Date
SBHIP Design Period: DHCS works with stakeholders to develop metrics, interventions, and goals to inform incentive payments to Medi-Cal managed care plans.	August 2021-December 2021
MCPs **Letters of Intent** to participate in SBHIP **due to DHCS**	December 31, 2021
MCPs work with County office of Education to select collaborative partners and student population to target and submit information to DHCS	First Quarter 2022
MCPs and selected partners conduct assessment	Second Quarter 2022
MCPs finalize needs assessment, referral process and resource map: **submit to DHCS**	August 2022
MCPs and selected partners: a. Assess if contract(s)/agreement(s) could address gaps outlined in needs assessment. (Highlighted targeted intervention) b. Select targeted intervention(s) and student population to target with selected intervention(s) c. Draft project plan to submit to DHCS	Third Quarter 2022
DHCS reviews MCP project plan	Third Quarter 2022
MCPS and selected partners implement targeted intervention(s)	Third Quarter 2022
SBHIP operations duration	January 1, 2022 to December 31, 2024

Partnership Assessment Criteria

Criteria to help MCP in Collaboration with County Office of Education to determine LEA partners

LEAs with high density **Unduplicated Students** Students who:

(1) Are English learners,

(2) Meet income or categorical eligibility requirements for free or reduced-price (FRPM) meal under the National School Lunch Program

(3) Are foster youth

"Unduplicated count" means that each student is counted only once even if the student meets more than one of these criteria

LEAs with high density of Medi-Cal plan enrollees or FRPM schools

LEAs with demographic trends identifying specific needs (e.g., high percentage of English language learners, foster youth, or chronic absenteeism)

LEAs with a high interest in participating in SBHIP

Questions on MCP Partnership Criteria and Approach

- Should MCPs be required to submit to DHCS a list of partners by a certain date?
- Should MCP be required to include a signature from COE partners as part of the assessment?

Assessment

5

Assessment

Clarifying Points

- A Needs Assessment will be the required **initial step** for any Medi-Cal Managed Care plans (MCPs) interested in participating in the Student Behavioral Health Incentive Program (SBHIP).
- **MCPs will be required to partner with LEA(s), COE(s),** and other stakeholders to develop the needs assessment. There will be one assessment per county. However, it will be required to target selected LEAs in that county, not represent the entire county.
- Assessment process designed to:
  - Ensure collaboration with local partners
  - Articulate student needs
  - Map existing resources
  - Identify gaps and disparities
- Assessment must be completed by Q3 2022 (nine month timeframe)

Assessment Deliverables

The Assessment has five components, all of which must be completed in entirety:

1. Needs Assessment Template
2. Resource Map
3. Behavioral Health Referrals Procedures
4. Stakeholder Meetings
5. Survey, Interviews, and Focus Groups

1. Needs Assessment Template

- Completed with SBHIP Partners and stakeholders; informed through stakeholder meetings, surveys, individual interviews, and focus groups.
- Questions and requests for information will focus on outlining an LEAs greatest BH need, delivery system gaps, and disparities in needs.
- LEAs will also be required to provided detailed information on their:
  - BH Teams
  - Coordination of Care
  - BH Services
  - LEA Climate
  - Funding
  - Technological Capacity
  - Staff Knowledge of BH Services
  - BH Wellness Programs
  - LEA Resources
- The assessment will require both qualitative data and quantitative data.

Quantitative and Qualitative Data

Quantitative Collection Efforts May Include

- CDE/COE data
- Census data
- Estimated Medi-Cal population information
- Service provider capacity
- Service utilization rates

Qualitative Collection Efforts May Include

- Key stakeholder interviews
- Media Scan of local needs (i.e., local/regional news reports)
- Group meeting participation
- Surveys: consumers, behavioral health professionals, teachers, school administrators, “boots-on-the-ground” behavioral staff, local and state program administrators, school counselors, and other stakeholders

2. Resource Map

The purpose of developing the resource map is to visually represent internal and external BH services to ensure consistent referral systems and align existing resources with agreed upon outcomes.

Examples of information to be included:

- School-Affiliated Behavioral Health Provider Template outlining existing behavioral services and providers

LEA:

- Name of BH provider(s)
- Description of their role/entity
- Where are they physically located at the school
- What days/hours are they available at each school site
- Do they have drop in hours
- Are there any eligibility requirements to see BH staff
- Is there a specific group of students they work with
- How do you refer students to these providers
- Can parents refer child
- Can students self-refer
- Description of services

Community: (within five miles of LEA)

- Name of program
- Description of services
- Website address
- Phone number
- Contact person
- Hours of operation
- Eligibility requirements
- Insurances accepted
- Cost of services (sliding scales)
- Waitlist
- How to refer

3. Behavioral Health Referrals Procedures

The purpose of this section is to document the completed, closed loop referral process for students referred to BH services, referred to Community BH services, and referred to County BH services.

Examples of information to be included:

- Details of a formal/informal system to track BH referrals (warm hand offs, wait times, barriers)
- Document procedures for a closed loop referral procedures (LEA, Community, and County BH)

4. Stakeholder Meetings

The purpose of this section is to build partnerships and complete assessment.

Examples of requirements:

- Minimum of four meetings with MCP, LEA, County BH, Community BH, and other stakeholders to build partnerships and complete assessment.
- 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 that there is representation from all partners as outlined above.
- As a required component of the assessment, at a minimum, a meeting attendance sign in sheet and copy of the agenda must be submitted as an attachment. Additional meeting-related documents can be submitted as well.

5. Surveys, Interviews, and Focus Groups

The purpose of this section is to ensure the larger community is appropriately engaged in informing the needs assessment. Surveys, interviews, and small focus groups should be designed to inform the needs assessment as they align with the scope and objective(s).

- Groups Expected to Engage:
  - Students (as appropriate)
  - LEA staff
  - LEA behavioral staff
  - LEA administration
  - Parents/guardians
  - Community BH providers
- To Include in Report:
  - Copies of surveys, templates, and interview questions
  - Dates of survey submission and interviews
  - Data collection timeframe

Questions on MCP Assessment Approach

- With more details provided on assessment, what are thoughts:
  - Timeframe
  - Content
  - Roles and partnerships
  - Understanding of assessments role to inform targeted interventions designation

- What are staffing, data, and others considerations for assessment requirements?

Targeted Interventions, Goals, and Metrics

Targeted Interventions

Clarifying Points

- The Targeted Interventions list is designed to **provide broad perimeters for acceptable interventions under SBHIP.** MCPs, in collaboration with selected LEAs and other stakeholders, may select one or more of the targeted interventions listed. They then, in collaboration with stakeholders, will determine the details for their intervention that aligns with the needs of the community it is designed to serve.
- Milestones and Metrics will be required for each targeted intervention.
- Targeted interventions may encompass a broad spectrum of entry level and outcome metrics. Goal to allow MCPs , in collaboration with selected LEAs and other stakeholders, to implement in accordance with their local relationships and build from that point to where appropriate for their community.
- MCPs, in collaboration with selected LEAs and other stakeholders, may choose to implement multiple targeted interventions in the same community if desired. However, project plans must be provided for each targeted intervention.

Targeted Interventions

Revised List of Targeted Interventions

1. **Behavioral Health Wellness Programs:** Develop or pilot BH wellness programs to expand greater prevention and early intervention practices in school settings (examples include Mental Health First Aid and Social and Emotional Learning) by Medi-Cal managed care plans and county BH departments building a dedicated school BH team to engage schools and address issues for students with BH needs. If wellness programs already exist, funds may be used to build on and expand on these efforts.
2. **Telehealth Services and Access to Technological Equipment:** Increase BH telehealth services in schools, including app-based solutions, virtual care solutions, and 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.
3. **Behavioral Health Screenings:** Enhance developmentally appropriate BH screenings (ACE and other) and referral processes in schools (completed by BH provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.
4. **Suicide Prevention Strategies:** Implement a school suicide prevention strategy.
5. **Substance Use Disorder**: Increase access to substance use disorder prevention, early intervention, and treatment, including MAT where feasible and co-occurring counseling and behavioral therapy services for adolescents.

Targeted Interventions

Revised List of Targeted Interventions

6. **Building Stronger Partnerships to Increase Medi-Cal reimbursable services:** Incentive funds may provide 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.
7. **Culturally Appropriate and Targeted Populations:** Community defined interventions and systems to support initial and continuous linkage to BH services in schools. Incentives may focus on unique populations including the most vulnerable communities, such as students living in transition or homeless and those involved in the child welfare system.
8. **Behavioral Health Public Dashboards and Reporting:** Improve performance and outcomes-based accountability for BH access and quality measures through, local student BH dashboards or public reporting.
9. **Technical Assistance Support for Contracts and Agreements:** Medi-Cal managed care plans and/or county BH departments execute contracts with schools to provide preventive, early intervention, and BH services.
10. **Expand Behavioral Health Workforce:** Expand the workforce by using community health workers and/or peers to expand the surveillance and early intervention of BH issues in school aged kids. Funding may cover the cost to certify peers to provide peer support services on school-based sites. Particular focus on grades TK–12, since young people tend not to see their primary care provider routinely after their vaccinations are complete.

Targeted Interventions

Revised List of Targeted Interventions

11. **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 BH interventions.
12. **IT Systems to Support 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 managed care plan and county BH department.
13. **Pregnant Students and Teen Parents:** Increase prenatal and postpartum support services, increasing access to mental health and substance use disorder screening and treatment for teen parents.
14. **Parent 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

Targeted Interventions: Milestone 1 Detail

Project Plan:

Submission of a project plan, completed by the MCP in collaboration with the selected LEA(s) and stakeholders to implement the selected intervention. The project plan should contain the following components:

1. Description of targeted intervention selected
2. Information on how intervention increases access to behavioral health for students
3. Description of the **importance of the targeted intervention to Medi-Cal beneficiaries**
4. Description of the project design for implementing selected intervention (implementation steps)
5. Narrative description of activities to be completed and dates of anticipated intervention outcomes.
6. Organizational capacity and leadership support
7. Description of how **proposed intervention will be sustained long-term**; **post SBHIP**
8. Base metrics as applicable for specific intervention.

Targeted Interventions: Milestone 2 Detail

Completed Project Outcomes:

Project outcomes, completed by the MCP in collaboration with the selected LEA(s) and stakeholders documenting the implementation of the selected intervention. The narrative plan should contain the following components:

1. Documentation of the implementation, or expansion of, the selected intervention
2. Documentation of challenges and successes resulting from intervention
3. Documentation of the current status of the implemented intervention
4. Information on how intervention increases access to behavioral health for students
5. Description of the importance of the targeted intervention to Medi-Cal beneficiaries
6. Documentation of efforts to refine/adjust intervention for future implementation
7. Documentation of anticipated expansion of intervention (note targeted populations)
8. Description of how proposed intervention will be sustained long-term; post SBHIP
9. Updated metrics post implementation

Targeted Interventions: Metrics

Metrics are Required to be Included as Part of the Project Plan for Each Targeted Intervention

There will be multiple metrics to choose from; MCP will be required to select two to three metrics from list and also provide one additional metrics of their own creation.

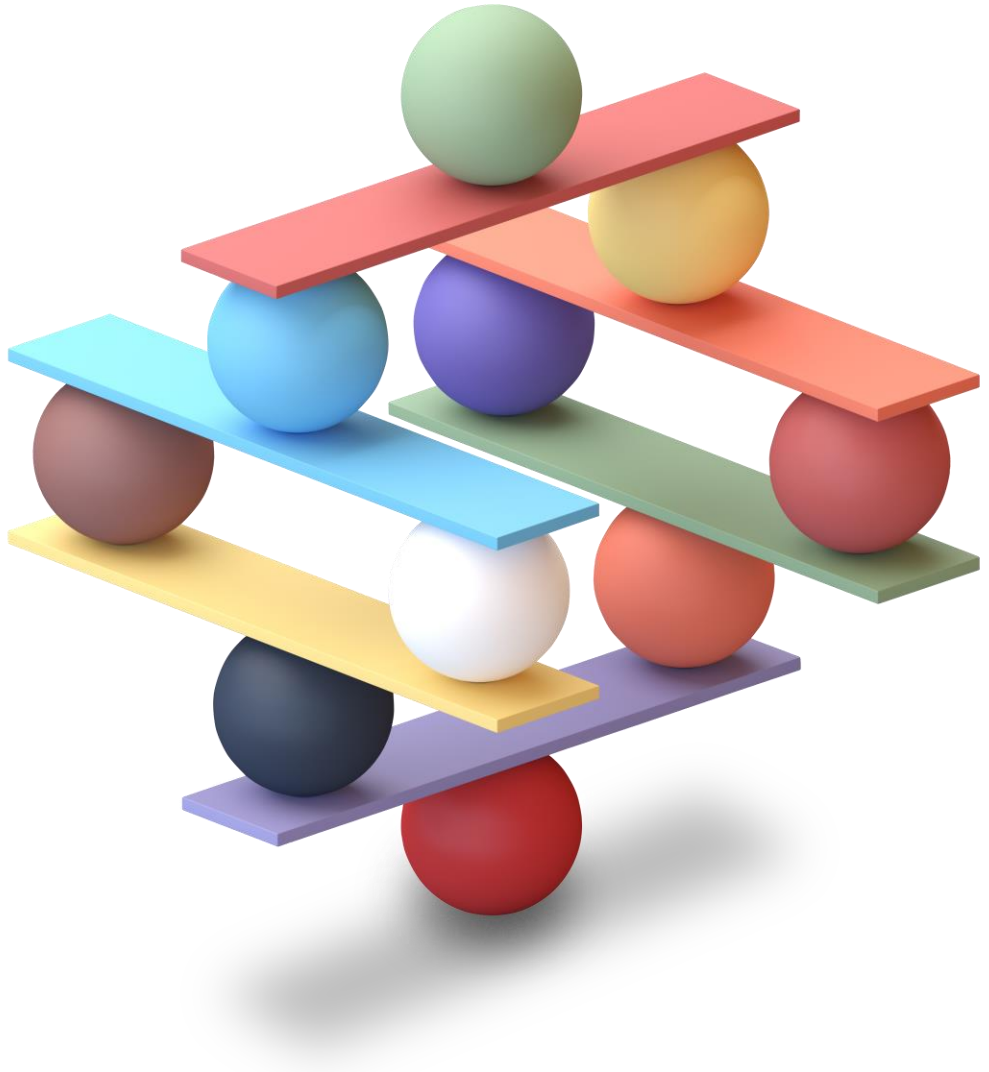
Examples of Possible Metrics:

- Number of students completing behavioral health screens
- Number of behavioral health wellness programs offered in LEA
- Number of students attending suicide prevention program
- Number of behavioral health referrals
- Number of staff completing training

Questions on Revised Targeted Interventions and Proposed Approach to Metrics

- Do these revisions appropriately address concerns around perimeters for targeted intervention inclusion?

- Feedback on milestones and metrics?



Incentive Payment Methodology

7

Initial Maximum Incentive Amount

- Allocation Methodology Considers:
  - Allocation by medical member month
  - Allocation by FRPM
  - Allocation by Title 1
  - Final allocation based on 50% member months, 25% FRPM, and 25% Title 1
- Incentives will be Recalibrated as Appropriate Through Three-year Timeframe
  - Initial recalibration following ‘letters of intent’ from MCPs December 15
- A ‘Floor’ Incentive Payment has been Set for $500,000
- Payment in Support of Assessments will be Considered Part of the Initial Maximum Incentive Amount
  - Upfront funding will be provided to support assessment and ensure COE, LEA, and stakeholder engagement.

Initial Maximum Incentive Amount

- **Review summary document**

Open Discussion

Open Discussion

- Questions/feedback on today’s agenda
- Request for information for future meetings
- Other areas for discussion

Next Steps

Next Steps

- Email responses to questions to shannon.kojasoy@mercer.com by November 15
- Email any feedback to Shannon at any time, Shannon will route to the appropriate staff at DHCS
- Upcoming small workgroup meetings as needed and requested
- SBHIP Webpage: https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram
- Next meeting **December 8**: Finalize SBHIP Design

Acronyms

ACE	Adverse Childhood Experience
BH	Behavioral health
CBO	Community-Based Organization
CDE	California Department of Education
COE	County Office of Education
DHCS	Department of Health Care Services
EPSDT	Early and Periodic Screening, Diagnostics, and Treatment
FAPE	Free Appropriate Public Education
FRPM	Free or Reduce Price Meal
FTE	Full-time employee/equivalent
LEA	Local Education Agencies
LEA BOP	Local Educational Agency Billing Option Program
MAT	Medication Assisted Treatment
MCO	Managed care organization
MCP	Managed Care Programs
MH	Mental health
MHP	Mental health provider
MOU	Memorandum of Understanding
SA	Special assistance
SBHIP	Student Behavioral Health Incentive Program
SMHS	Specialty Mental Health Services
SUD	Substance use disorder
TA	Technical Assistance

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