Student Behavioral Health Incentive Program

Stakeholder Meeting Three

California Department of Health and Human Services
October 7, 2021

A business of Marsh McLennan

Agenda

1. Welcome
2. SBHIP Workgroup:
   A. Overview
   B. Stakeholder feedback
3. CA Managed Care Programs Overview
4. Successful Partnerships
5. Assessment
6. Targeted Interventions, Goals and Metrics
7. Open Discussion
8. 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**

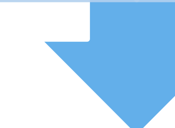
SBHIP Duration and Sustainability

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

Financial Model

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

Incentive Plan and Implementation

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

Stakeholder Workgroup Meeting 2

Follow up on Feedback

- **Key Themes**
  - Broad support for an initial assessment/gap analysis, which requires coordination among MCPs, Counties, LEAs, and BH providers.
  - TA (i.e., coordination, facilitation) requested to support assessment/gap analysis with goal to improve coordination amongst MCPs, Counties, LEAs, and BH providers.
  - Targeted interventions should build on existing partnerships.
  - Varied ideas for targeted interventions.
  - Numerous ideas for student populations/geographic priorities for areas of focus.
  - Leverage existing data, minimize administrative burden.
  - Initial year should focus on assessments and building on existing interventions.
  - Data collection and school bandwidth (staffing, space, etc.) for new programs will be a challenge.
  - Ensure alignment of SBHIP with other State initiatives.

Stakeholder Workgroup Meeting 2

Follow up on Feedback

- Provide the roles and responsibilities of the program’s key stakeholders including MCPs, counties, and schools.
  - **MCPs: receive incentive payment in support of targeted interventions**
  - **Counties: partner with MCPs to complete assessments and implement targeted interventions**
  - **LEAs and School Districts: partner with MCPs to complete assessments and implement targeted interventions**

- Should MCPs and schools have programs and plans ‘stood up’ January 1, 2022?
  - **No, the objective is to have targeted interventions, metrics, goals, and allocation methodology defined by January 1, 2022. In addition, MCPs interested in participating in the SBHIP will be identified and approach to assessment drafted.**

- Need further clarity about the goal of targeted interventions: Is it to expand existing services delivered to Medi-Cal eligible students or to create new types of services?
  - **Both. Following assessment of the population, MCPs (in partnership with county behavior health providers and local education agencies) will determine the appropriate targeted intervention to implement and/or expand.**

Stakeholder Workgroup Meeting 2

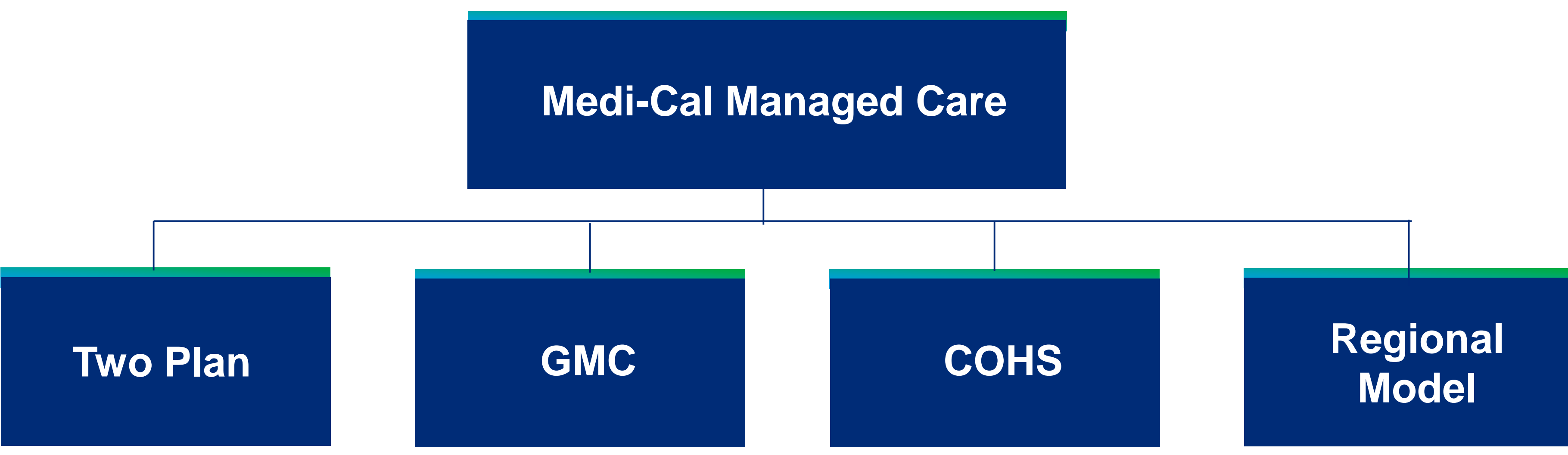
Follow up on Feedback

- Will students, regardless of insurance type, receive the targeted interventions?
  - **Targeted interventions will be designed to address the needs of Medi-Cal eligible students; however, the intent is the infrastructure developed will be available to support all students.**
- Could funding be used by MCPs or counties to identify variations and gaps in the provision and delivery of services?
  - **Yes, more information on the assessment process to be provided today.**
- General inquiries on DHCS support in navigating multiple funding sources and programs.
  - **Technical assistance will be provided to LEAs to support SBHIP in contracting with MCPs and to ensure funding sources are identified and SBHIP is not used to supplant existing funding.**
  - **More detail will be provided at November SBHIP Workgroup meeting.**
- General inquires on focus areas:
  - **Comments will be considered in determining how focus areas may impact allocation methodology and funding mechanism.**
  - **Will be addressed in more detail November SBHIP Workgroup meeting.**

California Managed Care Programs Overview

Medi-Cal Managed Care

- Covers approximately 11.6 million people over all 58 counties
- Medi-Cal has four main managed care contracting approaches/models



Medi-Cal Managed Care

COHS Model – County Organized Health System:

- 22 counties (approx. 2.4 million members): Del Norte, Humboldt, Lake, Lassen, Marin, Mendocino, Merced, Modoc, Monterey, Napa, Orange, San Luis Obispo, San Mateo, Santa Barbara, Santa Cruz, Shasta, Siskiyou, Solano, Sonoma, Trinity, Ventura, and Yolo
- The Medi-Cal managed care health plan is run by the county
- Consists of six health plans with one plan per county, some health plans serve multiple counties

Two-Plan Model:

- 14 counties (approx. 7.5 million members): Alameda, Contra Costa, Fresno, Kern, Kings, Los Angeles, Madera, Riverside, San Bernardino, San Francisco, San Joaquin, Santa Clara, Stanislaus, and Tulare
- Each county has 2 plans
  - Local Initiative (LI) – a county organized plan
  - Commercial plan – a plan that also provides insurance to private payers
- Consists of 12 health plans, some health plans serve multiple counties

Medi-Cal Managed Care

GMC Model – Geographic Managed Care:

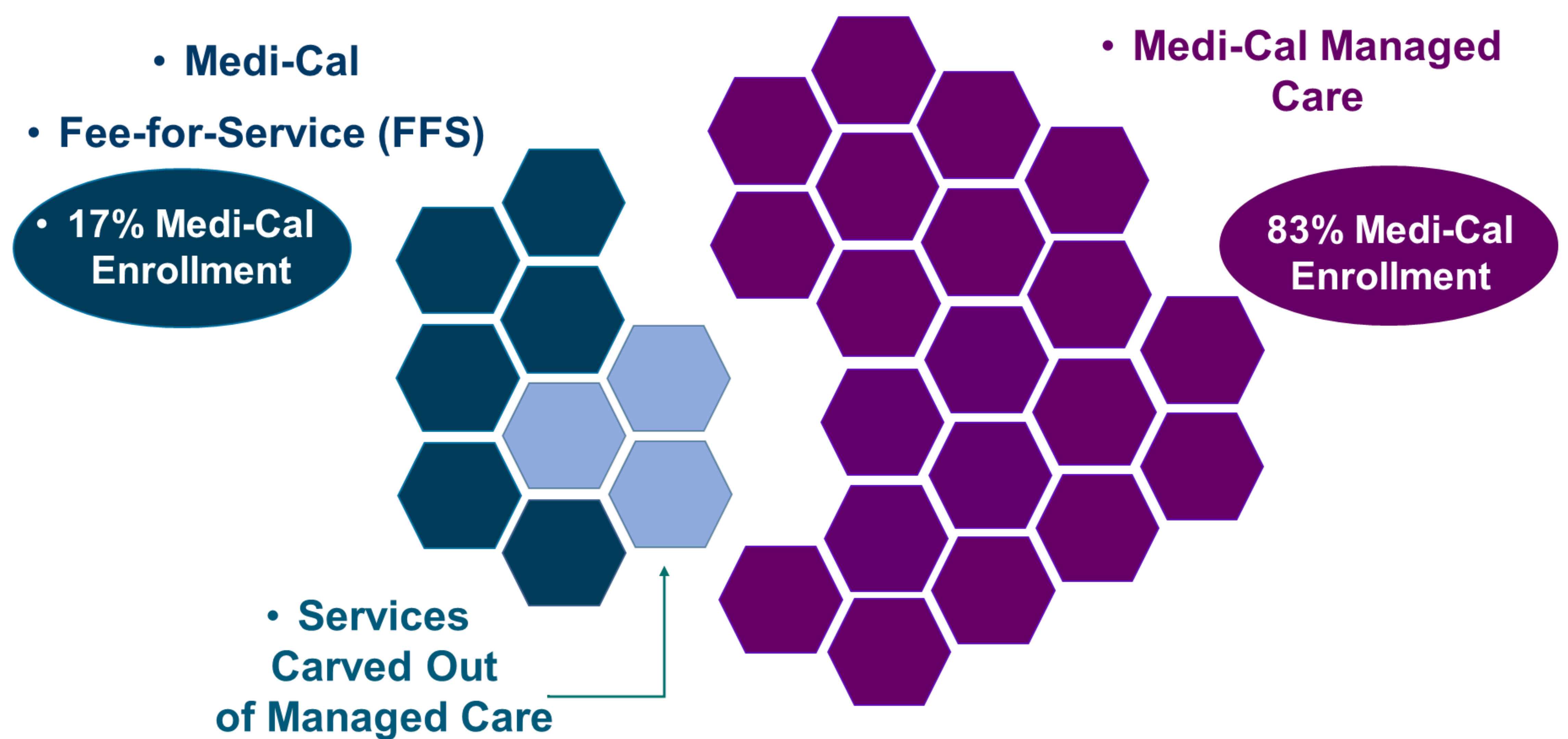
- Two counties (approx. 1.3 million members): Sacramento and San Diego
- The Medi-Cal managed care plans are made up of only commercial plans
- Consists of five plans in Sacramento
- Consists of seven plans in San Diego

Regional Model:

- 20 counties, majority low population rural counties (approx. 415 thousand members): Alpine, Amador, Butte, Calaveras, Colusa, El Dorado, Glenn, Imperial, Inyo, Mariposa, Mono, Nevada, Placer, Plumas, San Benito, Sierra, Sutter, Tehama, Tuolumne, and Yuba
- Consists of two health plans plan per county
- Consists of one health plan for San Benito

How Does Medi-Cal Deliver Services

One of Three



How Does Medi-Cal Deliver Services

Two of Three

Medi-Cal FFS	Medi-Cal Managed Care
• Direct relationship and payment between state and providers • No defined network • Providers are paid for each service delivered	• The state contracts with managed care plans (MCPs) • MCPs establish a defined network of providers and pay them directly (payment models vary) • Aim is to provide coordinated, high-quality, cost-effective care

Services “Carved Out” of Medi-Cal Managed Care

How Does Medi-Cal Deliver Services

Two of Three

Medi-Cal FFS	Medi-Cal Managed Care

- Services “Carved Out” of Medi-Cal Managed Care

- Specialty Mental Health Services
- Substance Use Disorder (SUD) Treatment
- Dental Services
- Long-Term Care (LTC) [in most counties]*
- Long Term Services and Supports (LTSS) [in most counties]*
- California Children’s Services (CCS) [in most counties]

*LTC and LTSS will be carved into managed care over time as part of CalAIM

Medi-Cal Managed Care Payment Processes

How Plans are Paid by the State

The state contracts with managed care plans (MCPs) to deliver Medi-Cal services and provide cost-effective health care to beneficiaries. Medi-Cal MCPs receive a monthly capitation payment, also referred to as a per-member per-month (PMPM) payment, to cover the services outlined in their contract.

How Providers are Paid by Plans

Each MCP has the authority and responsibility to negotiate payment rates with providers in its county or service network.

Successful Partnerships

BlueSky
Blue Shield of California

BlueSky
BLUE SHIELD OF CALIFORNIA

Leading with equity, our BlueSky Initiative provides mental health resources and supports for youth to promote emotional well-being.

Why BlueSky?

- **Expand access, awareness and advocacy** to youth mental health supports
- **Support schools** with additional youth mental health resources
- **Learn from partnerships** to provide mental health specialists and scale Youth Mental Health First Aid and National Alliance on Mental Illness (NAMI) on Campus Clubs

#1

Mental illness is the number 1 reason California youth are hospitalized

Children Now 2020, pg. 15

of all lifetime cases of mental illness begin by age 14

World Health Organization

60%

of youth with major depression did not receive any mental health treatment in 2017-2018

Mental Health America, 2021 State of Mental Health in America report

WHY?
In California, we were (and are) doing poorly in areas affecting children's mental health

2020 California Children's Health Report Card [1]

	Grade	Key Facts
Behavioral Health Care	D	• Mental illness is the #1 reason California kids are hospitalized. • There are high levels of chronic sadness & suicidal ideation reported among all students; students who are LGBTQ report higher levels. • Pro-Kid agenda includes increasing peer support workers, expanding youth mental health first aid and greatly expanding preventive services.
Preventing Trauma & Supporting Healing	C-	• A person with 4+ ACEs is 12.2 times more likely to attempt suicide • Pro-Kid agenda includes mandating training for child-serving professionals, providing proactive coping skills through Multi-Tiered System of Support at schools and scaling parent support programs.
School Climate: Caring Professionals at School	F	• Only 57% of 9th graders report a caring relationship with at least one adult at school. • The ratio of teachers and other professionals to students is a prominent factor in education quality. • Pro-Kid agenda includes improving school ratios and providing health and social services at schools where the kids already are.
Opportunities for Youth and Civic Engagement	C-	• California is in the bottom third of states for youth voter turnout. • Pro-Kid agenda includes involving and amplifying the voices of young people, especially low-income youth and youth of color
Health Care Access	C-	• Kids are waiting too long and traveling too far for pediatric specialist care. • Pro-Kid agenda includes prioritizing families' access to culturally-appropriate health care providers and eliminating disparities in care.

(1) Source: 2020 California Children's Report Card – Children Now

WHO? BlueSky key partners

Partner	Logo	Activities

Access: Wellness Together	WellnessTogether.org	• Place mental health specialists in middle and high schools to provide a 13-week school-based therapy program in close collaboration with school staff
		  • Individual, group, family and crisis counseling
		  • Remote services during school closures

Access: Health Career Connection	HEALTH CAREER CONNECTION HCC	• Increase diversity among professionals in the mental health space by providing internships for college students and recent college graduates, mentoring and development opportunities for 36 early care professionals • Summer internship program with placements in 8 California counties
Awareness: California Department of Education	DEPARTMENT OF EDUCATION ★ STATE OF CALIFORNIA	• Train educators and caring adults in Youth Mental Health First Aid (YMHFA) to identify the warning signs of mental health concerns in youth
Awareness: Child Mind	CHILD MIND® INSTITUTE	• (2021) Sponsor Getting Better Together Campaign + digital mental health guides
Awareness: Angst Documentary	iNDIEFLIX	• Screen the documentary in middle and high schools throughout California
Awareness & Advocacy: NAMI CA	NAMI California	• Scale high school student-led clubs that raise mental health awareness, educate the campus community, promote services & support youth advocates
Evaluation: UCSF	UCSF Philip R. Lee Institute for Health Policy Studies	• Evaluate BlueSky implementation and its impact

WHAT?
BlueSky framework: access, awareness and advocacy

- Increase **access** to culturally diverse and responsive mental health supports
- Through **awareness** activities, encourage young Californians to engage in help-seeking behaviors and train adults to recognize the signs and symptoms of youth who need support
- **Advocate** for additional culturally responsive and competent care and mental health literacy

What BlueSky school-based services are available now?

- **Youth Mental Health First Aid Training:** this eight-hour course trains educators and caring adults in how to recognize the warning signs of youth mental health concerns and how to create a five-step action plan to support youth in crisis and non-crisis situations. To schedule a training at your school, please e-mail YMHFA@cde.ca.gov.
- **NAMI On Campus Student-Led Clubs:** bring a club to your school to raise mental health awareness and reduce stigma on campus through peer-led activities and education. E-mail nchs@namica.org or visit the NAMI On Campus website to learn more.
- **Angst documentary coming to California schools this fall:** this film features testimonials from youth, parents and clinicians and is accompanied by a plug and play dashboard that includes parent and teacher discussion guides, classroom activities for building resilience and connections to resources. Learn more: Angst: Building Resilience Initiative (indieflix.com)

BlueSky Summary
(2019-20 and 2020-21 school years)

945
Youth served through individual, group and family counseling sessions

7,893
Counseling sessions completed

67
Wellness sessions completed in classrooms

3,435
Educators and caring adults trained in Youth Mental Health First Aid (YMHFA)

97%
Of a sample of 396 YMHFA participants felt the training helped them support youth during the pandemic

48,000+
Youth participated in a DoSomething campaign

70
Active NAMI On Campus clubs

1,271
Active NAMI On Campus youth participants

Findings: DoSomething Campaign (Awareness)

- **Not surprisingly, COVID-19 and its impact on the future are top of mind to young people.** Young people are grappling with how to adapt with so much uncertainty -- both in the immediate and long term.

- **There is a lot of associated stress around school, online learning, and not being around other students.** Additionally, there is a great sense of loss that is present across the responses. Students have been thrown into a new academic environment while mourning the milestones they've worked towards, including sports seasons, performances, prom, and graduation.

- **Beyond concern for themselves, young people are worried about their loved ones.** While the other prompts generated more responses, the specificity and intention around support for family and friends noticeably stood out.

CAMPAIGN HIGHLIGHTS

48,533
TOTAL SIGNUPS
The number of young people who signed up to participate in the campaign.

74,129
VERIFIED RESPONSES
The number of distinct challenges & tips provided across the 5 prompts.

16%
CALIFORNIA
The % of responses that came from members in CA.

Findings: DoSomething Campaign (Awareness)

How to Support a Friend or Family Member's Mental Health

"An issue that stresses a lot of students like myself at this terrible time is not knowing what is going to change about daily life, planned events, and also not knowing what to do to pass the time."

"Listening to one's feeling and emotions is a great way to understand what others are going through. Concerns should be spoken out and not kept inside"

"Something I do is reach out to a friend or my parents and let them know how I'm feeling. The best way for me to distress is just letting others know how I feel and allow them to help me through it."

Impact Spotlight: YMHFA knowledge, skills and abilities survey questions

In general, I believe that… % reporting "strongly agree"	Novices (n=767-768)	
	Pre	Post
I should take action to help youth I work with to address their MH or substance use challenge(s)	59%	81%
I should reach out and express my concerns to youth I work with that might be experiencing MH or substance use challenge(s)	46%	81%

Currently, I am confident that I can… % reporting "strongly agree"	Novices (n=767-768)	
	Pre	Post
Have a supportive conversation with a youth about MH or substance use challenges	27%	65%
Ask a youth directly whether they are considering killing themselves	29%	59%
Respond to a substance use crisis including an overdose and know what to do to keep a youth safe	11%	45%

Data from an additional survey of 335 participants:

Have the lessons from the YMHFA training been helpful in supporting youth during the COVID-19 pandemic, particularly given the challenges of distance learning?	Novices (n=335)
Very helpful	49%
Somewhat helpful	37%
A little helpful	11%
Not at all	3%

Spotlight: Youth Mental Health First Aid (YMHFA) Training

Perspectives from training participants

Helpful Parts of the Course:

"I enjoyed the practical aspects of the course because they gave me tools on how to respond to people who exhibit a mental health crisis."

"Learning the ALGEE steps and how to apply them was helpful. I liked the in-depth explanations and the examples of how they could be applied to real life situations. This gave me a better understanding of how to use them in my own interactions with youth."

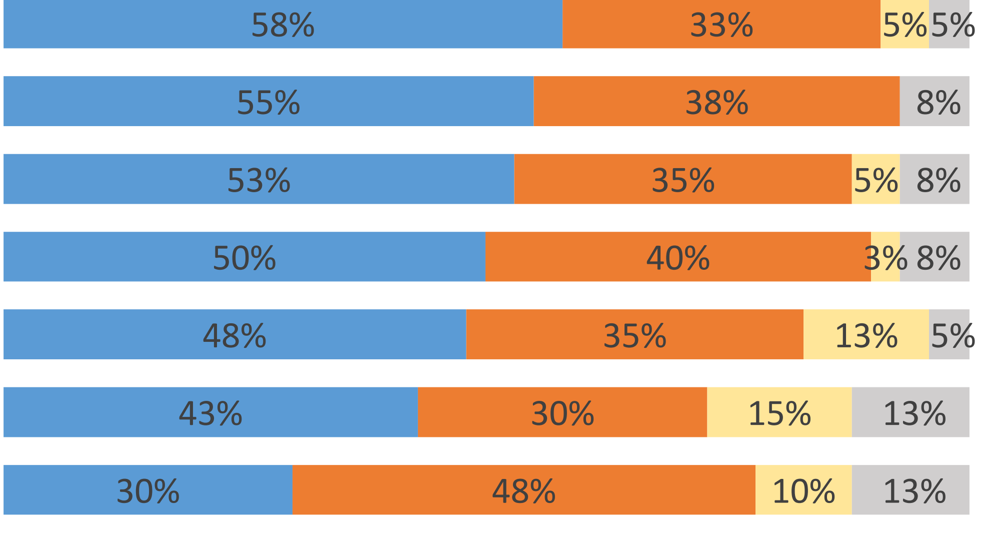
Applying Lessons Learned:

"Twice this year I have had students open up to me and because I attended the training. I was able to recognize the key phrases which triggered me to think those students were in danger of harming themselves. I was able to mediate help for them and they got the help they needed immediately."

"The training gave me more confidence in talking to one of my students who is experiencing challenges because of grief. I didn't know where to start in talking to him before the training."

Impact Spotlight: NAMI On Campus Clubs

Perspectives from youth club participants



Impact Spotlight: youth counseling perspectives

Youth Perspectives:

"Thank you for making me feel valid and safe."

"It taught me ways to manage my sadness and what to do when I get waves of sadness."

"I was able to open up to someone, I was able to say my emotions out load and identify them. Overall, I was able to do things to help with my mental health that I wasn't able to do before."

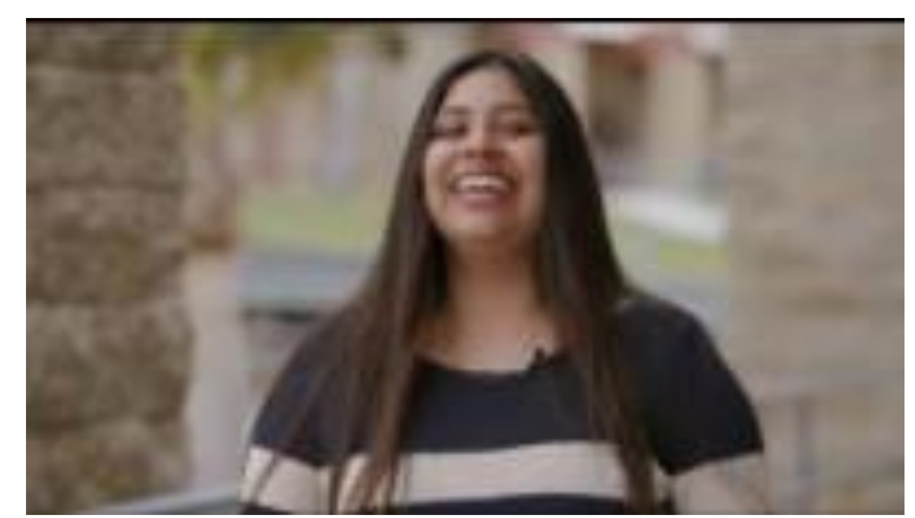
Parent & School Staff Perspectives:

"Thank you for the services you offered. My son really connected with the mental health specialist. This program can really save a life."
-Parent

"We have a sensitive and high-risk student population and we don't have a counselor or therapist on site, having a mental health specialist come to school and see our kids was extremely beneficial for our program."
-School Staff

What does BlueSky look like in El Camino High School in Oceanside?

- Youth advocacy for more services & supports
- Wellness Together School-Based Mental Health + Youth Mental Health First Aid training + NAMI on Campus Club



Moving forward: a partnership with the CDE

- Statewide System of Support for School Districts & Schools
- Youth Mental Health Training 2.0
- Medi-Cal Guide for School-Based Services

Assessment

Assessment Proposal for Workgroup Feedback

Assessment Components: Required

Submission of a completed assessment, in collaboration with **selected** LEA(s), MCP(s), and County Behavioral Health. The completed assessment must contain, at a minimum, the following components:

- Map existing School-affiliated student behavioral health (SBH) providers and resources.
  - Objective to assess type of SBH provider, number of providers, and funding resources and type school received for BH in 2020
- Map and count of existing behavioral health (BH) providers
- **Identify gaps**, disparities, and inequities with LEAs.
  - Focus areas for gaps, disparities, and inequities to be provided
- Identify and map steps **needed to fill gaps**, disparities, and inequities.
- Identify and **rank** different solutions and approaches to address gaps.
  - Rank should consider expected impact, ease of implementation, and long term sustainability.
- Map current technology capabilities and capacity for SBH services in schools.
- MCP to provide overview of existing SBH programs and services currently provided.

Assessment Proposal for Workgroup Feedback

Assessment Metrics: Required

The following data elements are required and must be reported along with the initial assessment:

- Number of Medi-Cal enrolled students in school/district
- Percent of Medi-Cal enrolled students in school/district
- Number of students receiving SBH services on or off campus
- Number of Medi-Cal enrolled students receiving SBH services on or off school site
  - Received SBH services to be clarified
- Number of active contracts/MOUs with school-affiliated behavioral health providers for TK-12 children in schools
- Number of schools in county and # telehealth services in schools
  - Telehealth services to be defined

Discussion on Assessment Approach

- Should criteria be applied to guide assessment? For example, should the assessment focus on a specific area(s) and/or population(s).
  - Title 1 school districts
  - Large Medi-Cal student populations
  - High interest from school/LEA?
  - Other?

Targeted interventions, goals, and metrics

Targeted Interventions

- Objective to provide a **complete** list of targeted interventions. MCPs to select the appropriate approach from the list to address the gaps in the schools and districts where they have Medi-Cal enrolled students.
- Milestones and Metrics will be required for each targeted intervention.
- Specific timelines may not be provided for targeted intervention milestones and metrics. Targeted interventions may encompass a broad spectrum of entry level and outcome metrics. Goal to allow MCPs to implement in accordance with their local relationships and build from that point to where appropriate for their community.
- MCPs 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

Current list of targeted interventions:

1. **Behavioral Health Wellness Programs:** Develop or pilot behavioral health 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 behavioral health departments building a dedicated school behavioral health team to engage schools and address issues for students with behavioral health needs. If wellness programs already exist, funds may be used to build on and expand on these efforts.
2. **Telehealth Services:** Increase behavioral health telehealth services in schools, including app-based solutions, virtual care solutions, and within the community health worker or peer model.
3. **Adverse Childhood Experiences:** Enhance Adverse Childhood Experiences (ACEs) and other age and developmentally appropriate behavioral health screenings and 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) and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.
4. **Suicide Prevention:** Implement a school suicide prevention strategy.
5. **Substance Use Disorder**: Increase access to substance use disorder prevention, early intervention and treatment, including Medication Assisted Treatment (MAT) where feasible and co-occurring counseling and behavioral therapy services for adolescents.

Targeted Interventions

Current list of targeted interventions:

6. **Building Stronger partnerships:** Build stronger partnerships between schools, managed care plans and county behavioral health so that more Medi-Cal reimbursable services are taking place for students. 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. **Implement culturally appropriate Interventions:** Community defined interventions and systems to support initial and continuous linkage to behavioral health services in schools. Incentives may focus specifically on the most vulnerable communities, such as students living in transition or homeless and those involved in the child welfare system.
8. **Improve performance and outcomes-based accountability:** For behavioral health access and quality measures through, local student behavioral health dashboards or public reporting.
9. **Execute Contracts:** Medi-Cal managed care plans and/or county behavioral health departments execute contracts with schools to provide preventive, early intervention and behavioral health services.
10. **Ensure school and students has access to equipment to support BH services:** 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.

Targeted Interventions

Current list of targeted interventions:

11. **Expand BH workforce:** Expand the workforce by using community health workers (CHWs) and/or peers to expand the surveillance and early intervention of behavioral health 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 5-12, since young people tend not to see their primary care provider routinely after their vaccinations are complete.
12. **Implement 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.
13. **Implement IT systems to support BH 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 behavioral health department.
14. **SUD and Teen Parents:** Increase prenatal and postpartum access to mental health and substance use disorder screening and treatment for teen parents.
15. **Parent and Family Support:** 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: Metrics Proposal for Workgroup Feedback

Milestone 1: Required
Examples of possible milestone required for each targeted intervention:

- Submission of a project plan, in collaboration with selected LEA, MCP, and County BH to implement the selected intervention. The project plan must contain the following components:
  - Description of Intervention selected
  - Description of the importance of the intervention to Medi-Cal beneficiaries
  - Description of the project design for implementing selected intervention (implementation steps)
  - Narrative description of activities to be completed and dates of anticipated accomplishments.

Targeted Interventions: Metrics Proposal for Workgroup Feedback

Milestone 2: Required
Examples of possible milestone required for each targeted intervention:

- The following measures are required and must be reported along with the project plan
  - Submission of a completed telehealth project plan establishing existing infrastructure, telehealth prospects including room, portal access, tablets, headphones, providers and other appropriate technology needed to deliver BH services via a telehealth medium.
  - Submission of a completed project plan documenting current and future funding allocated for telehealth BHS.
  - Submission of a completed project plan documenting current and future designated, physical space allocated for the provision of BH telehealth services.

- The following measures are required and must be reported along with the project plan:
  - Submission of a completed workforce project plan documenting the creation or expansion of the CHW workforce including any focused target populations. The project plan would note the needs and gap s filled by the CHW as well as detailing entity roles, responsibilities, and outcomes.
  - Submission of a completed workforce project plan documenting the creation or expansion of the peer support services workforce including any focused target populations.
  - Documentation of the creation of a CHW advisory group designed to increase support avenues and resources for students experiencing BH issues.

Targeted Interventions: Metrics Proposal for Workgroup Feedback

Intervention Metric: Required

Examples of Interventions Metric Options: MCP may select 1

- The following measures are required and must be reported along with the project plan:
  - Number of students receiving BH telehealth services
  - Number of schools offering BH telehealth services

- Select one of the following measures are required and must be reported along with the project plan:
  - Number of students receiving BH support services from CHW
  - Number of students receiving BH support services from peers support program

- Select one of the following measures are required and must be reported along with the project plan:
  - Number of behavioral health wellness programs district wide
  - Number of students that participated in BH wellness program

Targeted Interventions: Metrics Proposal for Workgroup Feedback

Intervention Metric: Optional

Examples of Intervention Metric Options: MCP may select 1 or more

- The following measures are required and must be reported along with the project plan:
  - Number of current telehealth services offered post intervention (counseling, IEP, etc.)
  - Number of BH providers utilizing telehealth delivery
  - Report on student usage of BH apps and telehealth programs
  - Frequency of consumer traffic related to usage of apps and tech programs
  - Number of providers trained on use of BH apps and telehealth options

- The following measures are required and must be reported along with the project plan:
  - Number of CARE teams in School/District County
  - Number of physicians on CARE Team
  - Number of social workers on CARE Team
  - Number of Counselors on CARE Teams
  - Number of psychologists on CARE Teams
  - Number of CBO providers on CARE Teams
  - Frequency of CARE Team meetings

Discussion on Targeted Interventions and Proposed Approach to Metrics

- Should there be ‘optional’ metrics?
- Should MCPs be required to select more of the required metrics?
- Should there be specific timeframes required to complete milestones and provide metrics for each targeted intervention?
- What is the denominator for metrics? For example, are you utilizing the full student population, Medi-Cal students only, by school, or other.
- Will MCPs implement one intervention for all participating LEAs or one intervention targeted to each participating LEA?

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 October 15
- Email any feedback to Shannon at any time, Shannon will route to the appropriate staff at DHCS
- Next meeting November 4: Financial Model

Acronyms

ACE	Adverse Childhood Experience
CBO	Community-Based Organization
CDE	California Department of Education
CHW	Community Health Worker
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
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
MOU	Memorandum of Understanding
SBHIP	Student Behavioral Health Incentive Program
SMHS	Specialty Mental Health Services
SUD	Substance use disorder

Services provided by Mercer Health & Benefits LLC.

A business of Marsh McLennan

Copyright © 2021 Mercer Health & Benefits LLC. All rights reserved.