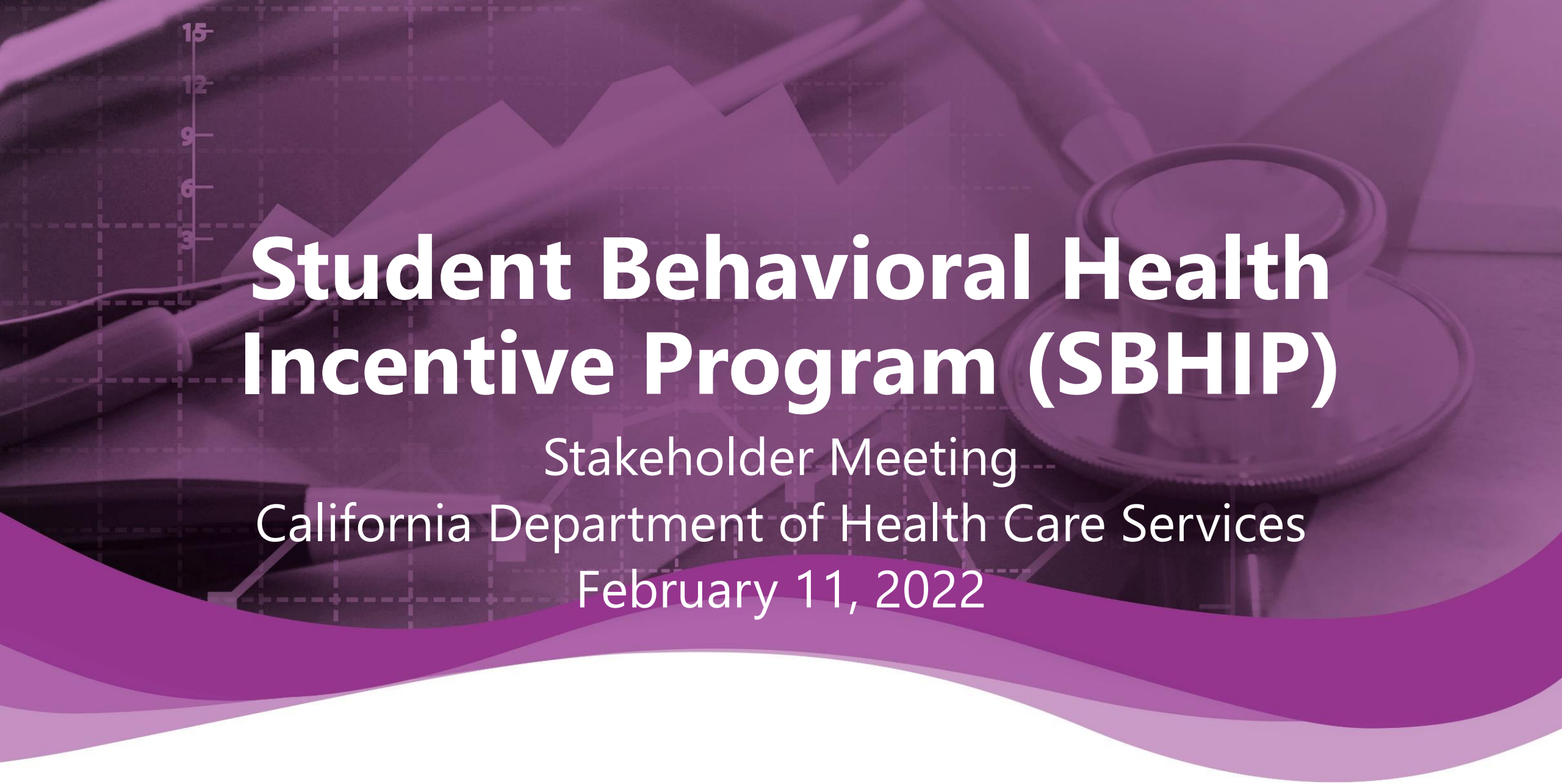


Student Behavioral Health Incentive Program (SBHIP)

Stakeholder Meeting
California Department of Health Care Services
February 11, 2022

DHCS

Agenda

1. SBHIP Workgroup: Overview and Stakeholder Feedback
2. SBHIP Updated Deliverables and Timeline
3. Overview of County Coverage
4. Partnership Criteria
5. Memorandum of Understanding (MOU) Elements
6. Needs Assessment
7. Targeted Interventions, Goals, and Metrics
8. Incentive Payment Methodology
9. Next Steps and Technical Assistance (TA) Resources
10. Open Discussion

SBHIP Workgroup:
Overview and Stakeholder Feedback

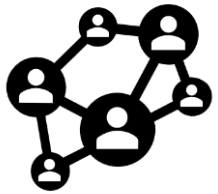
SBHIP Overview

- **Assembly Bill 133: Welfare and Institutions Code Section 5961.3:**
  - The State Department of Health Care Services shall make incentive payments to qualifying Medi-Cal managed care plans that meet pre-defined goals and metrics 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.
  - 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.
- **DHCS cannot direct Medi-Cal MCPs on how to spend SBHIP incentive payment dollars.**

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)

- MCP Needs Assessment/gap analysis with technical assistance
- Continued stakeholder education
- MCPs design and implement interventions in coordination with COEs, LEAs, County BH Departments, and BH providers
- 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, COEs, County BH Departments, and LEAs have contracts to support Medi-Cal payment for BH services in schools
- Relationships between MCPs, LEAs, and county BH are strengthened to support coordination of services

SBHIP Stakeholder Workgroup

- **DHCS Objective**
  - Continue to provide technical assistance during SBHIP implementation phase.
  - Clarify outstanding questions.
  - Help resolve program challenges and issues.
  - Gather feedback from stakeholders to support continued program improvement.
- **Process**
  - Additional meetings may be scheduled as needed.
  - Technical assistance mailbox for feedback and questions: SBHIP@guidehouse.com
  - Additional meetings may be scheduled with smaller groups to address specific topics in more detail.
- **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.

Meeting Schedule and Topics

Aug – Dec 2021

- **Aug 11, 2021** – Held SBHIP Development Kick-Off Meeting
- **Sep 10, 2021 –** Provided SBHIP Overview
- **Oct 7, 2021 –** Reviewed and Assessed Targeted Interventions, Goals, and Metrics
- **Nov 4, 2021 –** Discussed Needs Assessment and Financial Model
- **Dec 8, 2021 –** Held Meeting and Gathered Feedback on Design

Jan 14, 2022

Final Program Design

- Review final program design elements
- Discuss Letter of Intent (LOI) submissions due 1/31/22
- Review process flow examples

Feb 11, 2022

Update on Participation

- Review MCP participation and coverage
- Clarify MCP 2022 Implementation Timing
- Discuss partnership selection criteria and Partnership Form due 3/15/22
- Provide technical assistance

Future Meetings (as needed)

Stakeholder Feedback (Cont.)

Follow up on Feedback

- **Key Themes:** Needs Assessment Requirements and Partnership Criteria

1. **Needs Assessment Data:** The current guideline for the Needs Assessment states that, "Data collected prior to 2020 will not be accepted as an approved data source for purposes of the data collection strategy". If current data is not available, will data from previous years be accepted?
    a. 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.

2. **10% LEA Calculation:** There is a 10% minimum threshold for LEA participation in a county. How is this 10% minimum calculated?
    a. The number of school districts is the “denominator” DHCS used to calculate the 10% minimum engagement requirement for LEAs. On a case-by-case basis, the MCP may partner with fewer than 10% of LEAs if the MCP has demonstrated a good faith effort to partner.

Stakeholder Feedback (Cont.)

Follow up on Feedback

- **Key Themes:** Sustainability and COVID-Related Challenges

3. **Sustainability:** SBHIP is in place over a three-year period. How will SBHIP-related programs be sustained after this three-year period?
    a. Both the Project Plan (Milestone One) and Project Outcome Report (Milestone Two) require detailed explanation of how the implemented intervention could be sustained after the SBHIP project funding ceases for each selected LEA.

4. **Uncertainty About Future Capacity Due to COVID-19:** LEA, COE, and other stakeholder partners raised concerns about challenges related to COVID-19. What considerations have been made for LEAs and COEs that face COVID-19 related issues (e.g., staffing shortages / capacity issues)?
    a. DHCS recognizes the impact that COVID-19 is having on COEs / LEAs. DHCS will work with stakeholders on a case-by-case basis and provide technical assistance.

Stakeholder Feedback (Cont.)

Follow up on Feedback

- **Key Themes:** Timing and Distribution of Incentive Payments

5. **Distribution of Incentive Payments:** Given that DHCS will make payments directly to MCPs, will DHCS provide a directive on how MCPs can spend incentive payments?
    a. DHCS cannot direct MCPs on how to spend SBHIP incentive payment dollars. However, MCPs will need to partner and collaborate with COEs/LEAs and other stakeholders to successfully achieve program metrics.

6. **Targeted Intervention Timeline:** Can MCPs, in collaboration with partnering stakeholders, implement targeted interventions starting in 2022?
    a. Yes, MCPs may implement Targeted Interventions prior to completion of the Needs Assessment in 2022. MCPs may submit Project Plan(s) (Milestone One) at any time during 2022. However, in order to receive the initial 50% of project outcome funding for a given Targeted Intervention and County in October 2022, MCPs must submit the Project Plan(s) no later than June 1, 2022. Project Plans submitted after June 1, 2022, will receive the initial 50% of project outcome funding in April 2023.

Stakeholder Feedback (Cont.)

Follow up on Feedback

- **Key Themes:** Timing and Distribution of Incentive Payments

7. **Incentive Payment Timing:** If an MCP implements a Targeted Intervention in 2022, can DHCS make a Project Plan incentive payment more frequently than the current October 2022 and April 2023 payment periods?
    a. DHCS will make Project Plan incentive payments in October 2022 (for Project Plans submitted on or before June 1, 2022) or April 2023 (for Project Plans submitted on or before December 31, 2022) in alignment with funding milestones. DHCS established this schedule to evaluate 5% MCP payment cap considerations and to provide adequate time to review deliverables associated with funding milestones.

8. **MCP Survey for 2022 Targeted Interventions:** Would DHCS consider extending the deadline for the MCP Survey, regarding intent to implement Targeted Interventions in 2022, past February 18, 2022?
    a. Yes, DHCS has extended the deadline for the MCP Survey to April 1, 2022.

Stakeholder Feedback (Cont.)

Follow up on Feedback

- **Key Themes:** Partnership Form Considerations

9. **County-Level Partnership Form:** For each county, can MCPs and participating LEAs submit a single Partnership Form if they are collaborating?
    - No, MCPs will need to submit separate Partnership Forms. The initial 50% of the Assessment Funding is contingent on Partnership Form approval and individual MCP submissions will allow for MCP-specific payment approvals.

SBHIP Updated Deliverables and Timeline

SBHIP Proposed Timeline and Steps

	SBHIP Timeline	Date / Deadline
1.	**Letters of Intent:** MCP Letters of Intent due to DHCS	Jan 31, 2022
2.	**Identify Partners:** MCPs work with the County Office of Education (COE) to select collaborative partners and target student population and submit information to DHCS	Mar 15, 2022
3.	**Intent to Submit Accelerated Project Plan (Milestone One):** MCPs indicate intent to submit accelerated Project Plan (Milestone One) and implement targeted interventions in 2022 *(New DHCS Request)*	Apr 1, 2022
4.	**OPTIONAL: Accelerated Project Plan (Milestone One):** MCPs develop and submit accelerated Project Plan(s) for each targeted invention and each county to DHCS	Jun 1, 2022
5.	DHCS reviews and approves accelerated MCP project plan for each MCP and each targeted intervention for each County	Aug 31, 2022
6.	**County Needs Assessment:** MCPs conduct Needs Assessment and submits to DHCS	Dec 31, 2022
7.	**Project Plan (Milestone One):** MCPs develop and submit Project Plan(s) for each targeted invention and each county to DHCS	Dec 31, 2022

SBHIP Proposed Timeline and Steps

	SBHIP Timeline	Date / Deadline
8.	DHCS reviews county Needs Assessment package, requests additional information as needed, and approves Needs Assessment package	Feb 28, 2023
9.	DHCS reviews and approves MCP project plan for each MCP and each targeted intervention for each County	Feb 28, 2023
10.	**Bi-Quarterly Report**	Bi-Quarterly
11.	**Project Outcome Report (Milestone Two):** MCPs submit project outcomes for each targeted intervention for each County	Dec 31, 2024
12.	SBHIP operations close	Dec 31, 2024

Overview of County Coverage

All Medi-Cal MCPs Intend To Implement SBHIP In All CA Counties

- **MCP LOI Submissions:**
  - All Medi-Cal MCPs submitted LOIs for the SBHIP Program.
- **County Coverage:**
  - All Medi-Cal MCPs intend to implement the SBHIP Program in every CA county that they cover.
  - DHCS is continuing to engage with Medi-Cal MCPs and COEs about SBHIP as needed.

Other County Coverage Highlights

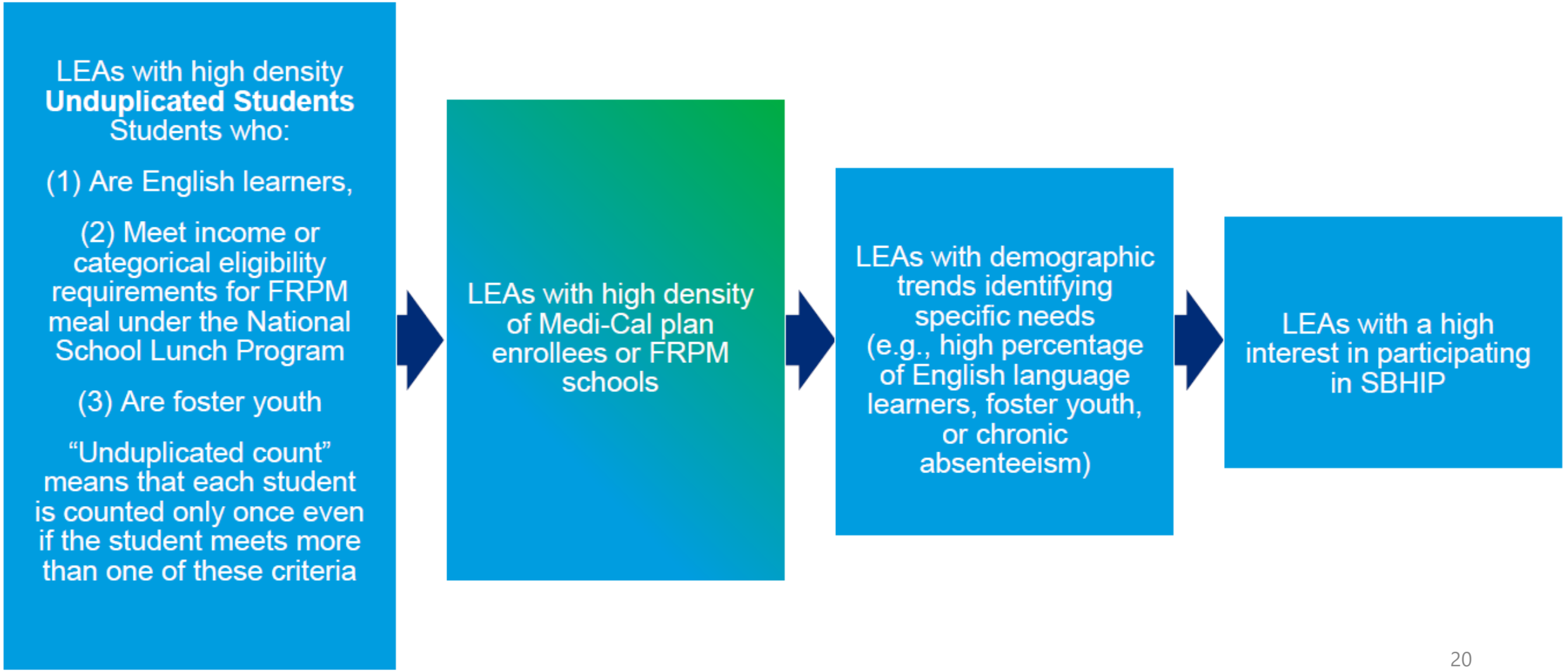
- **Partnerships in San Diego and Los Angeles:**
  - **Medi-Cal MCPs in San Diego are collaborating under Healthy San Diego to implement SBHIP.**
    - MCPs included in Healthy San Diego: Aetna Better Health, Blue Shield CA Promise Health Plan, Community Health Group, Health Net , Kaiser Permanente, Molina HealthCare, and United Healthcare.
  - **Los Angeles Medi-Cal MCPs (Health Net and L.A. Care) are collaborating with other local delegated health plans to implement SBHIP.**
    - The collaboration will include partnership with Anthem, Blue Shield CA Promise Health Plan, and Kaiser Permanente.

- **Medi-Cal MCP contact information is provided in the Appendix.**

Partnership Criteria

Partnership Assessment Criteria

Recommended criteria to assist MCPs, in collaboration with County Offices of Education, determine LEA partners



Partnership Form

- MCPs must submit a partnership form to DHCS **no later than March 15, 2022**, with the identification of SBHIP partners. It is requested that MCPs demonstrate they tried to engage with non-participatory entities in the MCP's service area.
- **The SBHIP Partner form will include for each partner the:**
  - SBHIP Partner Organization
  - SBHIP Partner Contact Person
  - SBHIP Partner Contact Person Title
  - SBHIP Partner Telephone Number
  - SBHIP Partner Email Address
  - SBHIP Partner Mailing Address
  - Signature from COE Superintendent. (If the MCP is unable to obtain the COE's signature, documentation detailing three attempts, including requested support from SBHIP TA, to engage with the COE, must be included along with this form).
- **Note:** DHCS will initiate the incentive payment aligned with the letter of intent in the Second Quarter of Calendar Year (CY) 2022 once MCPs submit the partnership form.
- DHCS plans to distribute the Partnership Form on 2/14/22

Memorandum of Understanding (MOU) Elements

Memorandum of Understanding (MOU) Elements

MOU Elements for Consideration:

As part of the Student Behavioral Health Incentive Program (SBHIP), Managed Care Plans (MCPs) must develop MOUs with the appropriate partnering organizations. MOUs are required for:

- Partnerships between MCPs, County Offices of Education (COEs), and Local Education Agencies (LEAs).
- MCPs collaborating with other MCPs to implement SBHIP Targeted Interventions within a County.
- MOUs are optional between MCPs and County Behavioral Health (BH) Departments.

Memorandum of Understanding (MOU) Elements (cont.)

Below are elements for MCPs and their partners ***to consider*** including in the MOU. MCPs ***are not required*** to include the elements below in the MOU**:**

1. **Background:** Information on the SBHIP Program, including a brief description of why the program was implemented and target population.
2. **Purpose:** Description of the reason for the partnership. All stakeholders should be identified in this section.
3. **Scope of Work:** Brief overview of the work to be completed during the partnership.
4. **General Provisions:** Any guidelines or rules of engagement to follow during the partnership.
    a. *Example provisions to include in the MOU: Effective date, conflict resolution plan, and terms to terminate the relationship prematurely.*
5. **Partnership Responsibilities:** Detailed description of tasks to be completed during the partnership clearly aligned to their respective owners (e.g., MCP, COE, or LEA) - *(Continued on next slide)*.

Memorandum of Understanding (MOU) Elements (cont.)

5. **Partnership Responsibilities (cont.):**

   a. *Tasks to consider in this section:*

      I. Stakeholder communication and project management

      II. Program development and implementation

      III. Long-term infrastructure development (e.g., building a physical location or telehealth solution)

      IV. Program information exchange, data collection, and analysis

      V. Review and quality assurance process for required assessments and other project-related documents

   b. *Additional tasks to consider in MOUs between MCPs and other Stakeholders (e.g., COEs, County BH Departments, and LEAs):*

      I. Care coordination and referrals between LEAs and MCPs

   c. *Additional tasks to consider in MOUs between collaborating MCPs: Submission of required assessments and other project-related documents*

Needs Assessment

County Needs Assessment Approach

Timeframe:

1. Needs Assessment and resource mapping must be completed by Dec 31, 2022.
2. Targeted Interventions may be implemented prior to completion of assessment upon Project Plan (Milestone One) approval by DHCS.

Partnership:

1. MCPs will be required to meet with the COE(s) to assist with the selection of LEAs, county BH departments, and other stakeholders to engage in the development of the Needs Assessment.
2. There will be one assessment per county.
    a. The Needs Assessment will focus on selected LEAs in the county, not represent the entire county.
    b. Counties with multiple MCPs will only need one Needs Assessment.
3. LEAs, as referenced in SBHIP, apply to school districts and County Offices of Education.

County Needs Assessment Approach (cont.)

MCP Partnership and the Assessment:

1. MCPs collectively must engage at minimum 10% of the LEAs in their county.
2. It is not expected that each MCP, in each county, engages 10% of the LEAs. However, it is expected that each MCP, in a shared county, coordinate to ensure that at least 10% of LEAs are engaged via their combined efforts.
3. Proposed Approach to Implementation:
    a. MCPs in the shared county meet with COE to determine LEAs to engage in SBHIP. As a group they select the LEAs they plan to engage, ensuring there is a minimum of 10% engaged in the county.
    b. MCPs may work together or separately to then complete the Needs Assessment template for their selected LEA(s).
    c. If MCPs do not collaborate with each other to conduct their assessment they may need to check in periodically on progress and/or develop a timeline to ensure all MCPs complete the assessments at the same time.

County Needs Assessment Approach (cont.)

MCP Partnership and the Assessment (Cont.):

1. When the Needs Assessment template is complete, MCPs meet to synthesize the LEA component. This may consist of multiple assessments combined as one, requiring minimal if any changes to individual Assessments. The initial question on the assessment, the LEA Partner Selection Template, will only have one response:
    a. DHCS provided parameters based on specific criteria to utilize when selecting LEA partners for SBHIP. As a component of this Assessment, please identify the specific steps taken to select the participating LEA(s), any distinct characteristics of the selected LEA(s) and describe why that particular LEA(s) was chosen.
    b. If there were LEA(s) that wanted to participate in SBHIP but were ultimately not chosen, please identify those particular LEAs and articulate the specific reasons why those LEAs were not selected to participate.

County Needs Assessment Deliverables

The Assessment includes 5 components, all of which must be completed in their entirety:

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

- DHCS plans to distribute a detailed Needs Assessment template on 2/14/22.
- Stakeholder, surveys, interviews, and focus groups are encouraged as an initial step to inform the template, map, and referral information.
- The intent is to promote coordination among all stakeholders in assessing TK-12 BH needs for the selected LEA.

Targeted Interventions, Goals, and Metrics

Targeted Interventions

1. The Targeted Interventions list is designed to provide broad parameters for acceptable interventions under SBHIP. MCPs, in collaboration with selected 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 school district and the students it is designed to serve.
2. Project Plan (Milestone One) and Project Outcome Report (Milestone Two) are required for each targeted intervention and county.
3. MCPs will be required to implement a minimum number of targeted interventions depending on their maximum funding allocation amount. MCPs may elect to collaborate on selected targeted interventions, which will apply to both MCPs' minimum targeted intervention requirements.
4. A MOU is required for each intervention. However, it is not required that MCPs have multiple MOUs. One MOU may work if multiple interventions are targeted in the same LEA.

Targeted Interventions (cont.)

1. **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, funding 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..
2. **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.

Targeted Interventions (cont.)

3. **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.
4. **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.
5. **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.

Targeted Interventions (cont.)

6. **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.
7. **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.
8. **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.

Targeted Interventions (cont.)

9. **Technical Assistance Support** for Contracts Medi-Cal managed care plans execute contracts with county BH 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.

10. **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.

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 behavioral health interventions. The project may include investments to implement or expand the capacity of existing care teams.

Targeted Interventions (cont.)

12. **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.
13. **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.
14. **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.

Project Plan (Milestone One) Detail

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

1. Description of the student population within the selected LEA(s) where targeted interventions will be implemented.
2. Description of the target population and behavioral health needs of students within the selected LEA(s), including data sources and rationale.
3. Description of how the selected targeted interventions will increase access to services.
4. Description of the project design for implementing selected intervention (implementation steps).
5. Description of activities to be completed and dates of anticipated intervention outcomes.
6. Description of anticipated intervention outcomes within each selected LEA(s).
7. Summary of organizational capacity and leadership support.
8. Description of how proposed intervention will be sustained long-term; post SBHIP.
9. A transition plan will be requested, when applicable, due to 2024 MCP procurement.

Bi-Quarterly Report

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:

1. Provide an estimate of the percentage of SBHIP project completed.
2. Description of progress and status update.
3. Identify any changes in SBHIP partners based on initial plan.
4. Identify any changes in student population identified as recipients of selected intervention.
5. Identify internal and external SBHIP challenges.

Project Outcome Report (Milestone Two) Detail

Project Outcome Reports (Milestone Two) 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 BH 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 measure post implementation, supported by measures outlined in project plan
10. Documentation of MOU

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 predetermined Performance Outcome Metrics must also be chosen and reported as part of the Project Plan (Milestone One) and Project Outcome Report (Milestone Two). MCPs, in collaboration with selected partners, will select two distinct measures to demonstrate achievement of the selected Performance Outcome Metric.

1. Increase access to BH services for Medi-Cal beneficiaries on or near campus
2. Increase access to BH services for Medi-Cal beneficiaries provided by school-affiliated BH providers

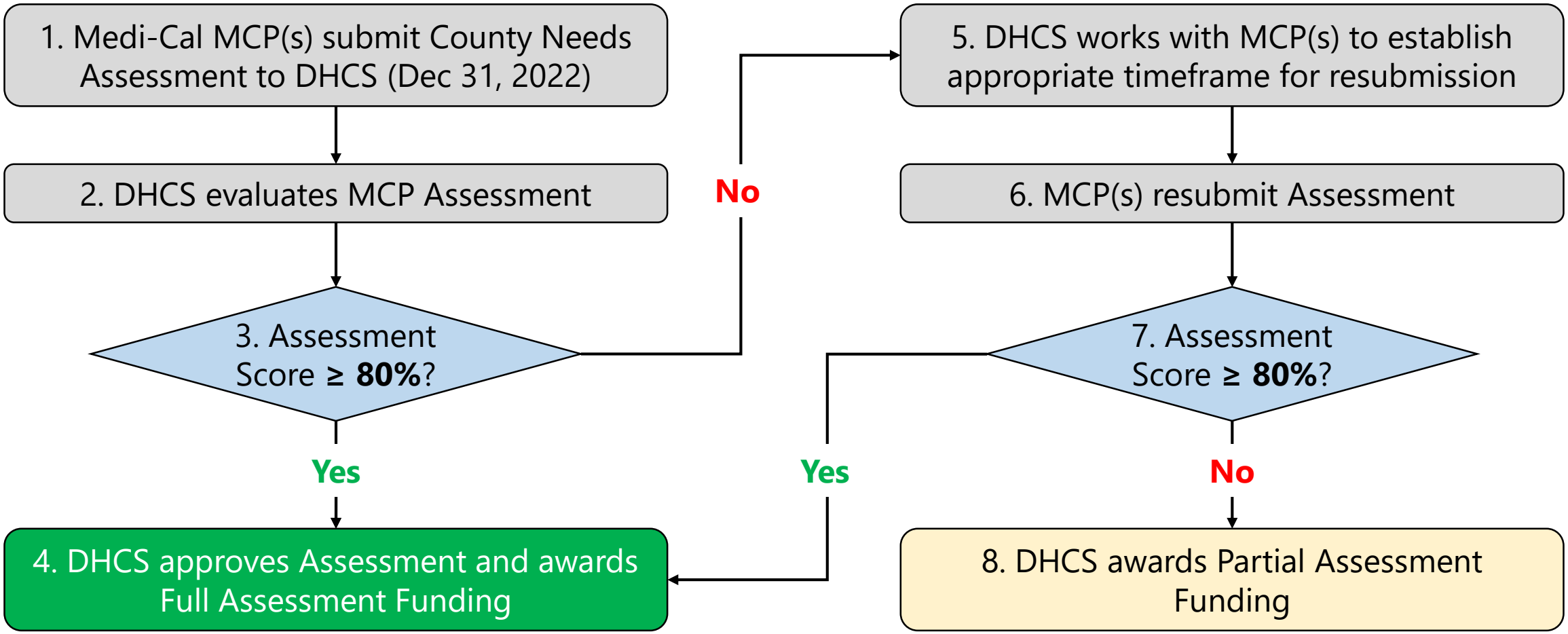
Evaluation Criteria

Three broad deliverables will be scored and evaluated:

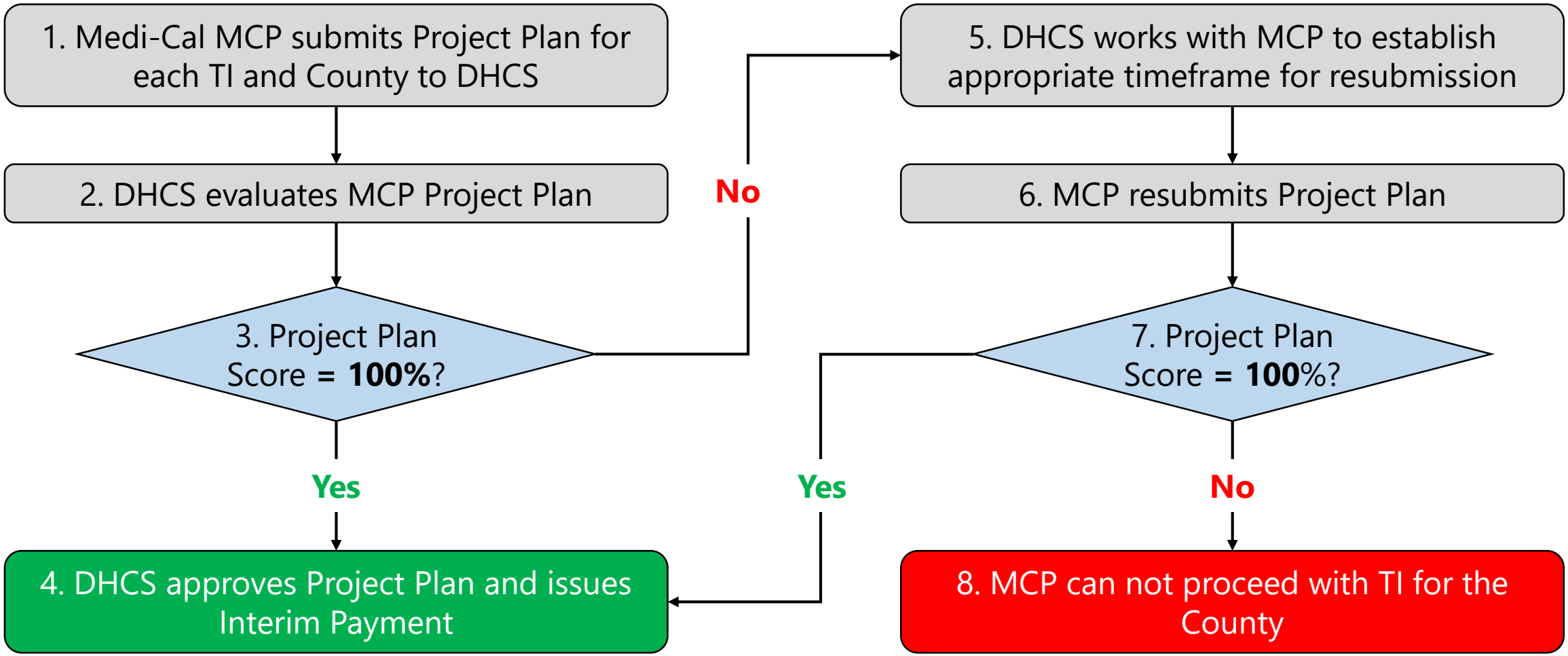
1. Assessment Package:
   a. Minimum Score: ≥ 80%
   b. Resubmission Opportunity: DHCS will coordinate with MCP to determine the appropriate timeframe
   c. Partial Funding Available?: Yes
2. Project Plan (Milestone One)
   a. Minimum Score: = 100%
   b. Resubmission Opportunity: DHCS will coordinate with MCP to determine the appropriate timeframe
   c. Partial Funding Available?: No. MCP can not proceed with TI for the County
3. Project Outcome Report (Milestone Two)
   a. Minimum Score: ≥ 80%
   b. Resubmission Opportunity: DHCS will coordinate with MCP to determine the appropriate timeframe
   c. Partial Funding Available?: Yes

DHCS will assess deliverables to determine the applicability of the proposal, adequacy of submission responses, and designate point values. Not every item within the SBHIP Assessment Package, Project Plan (Milestone One), or Project Outcome Report (Milestone Two) will be scored.

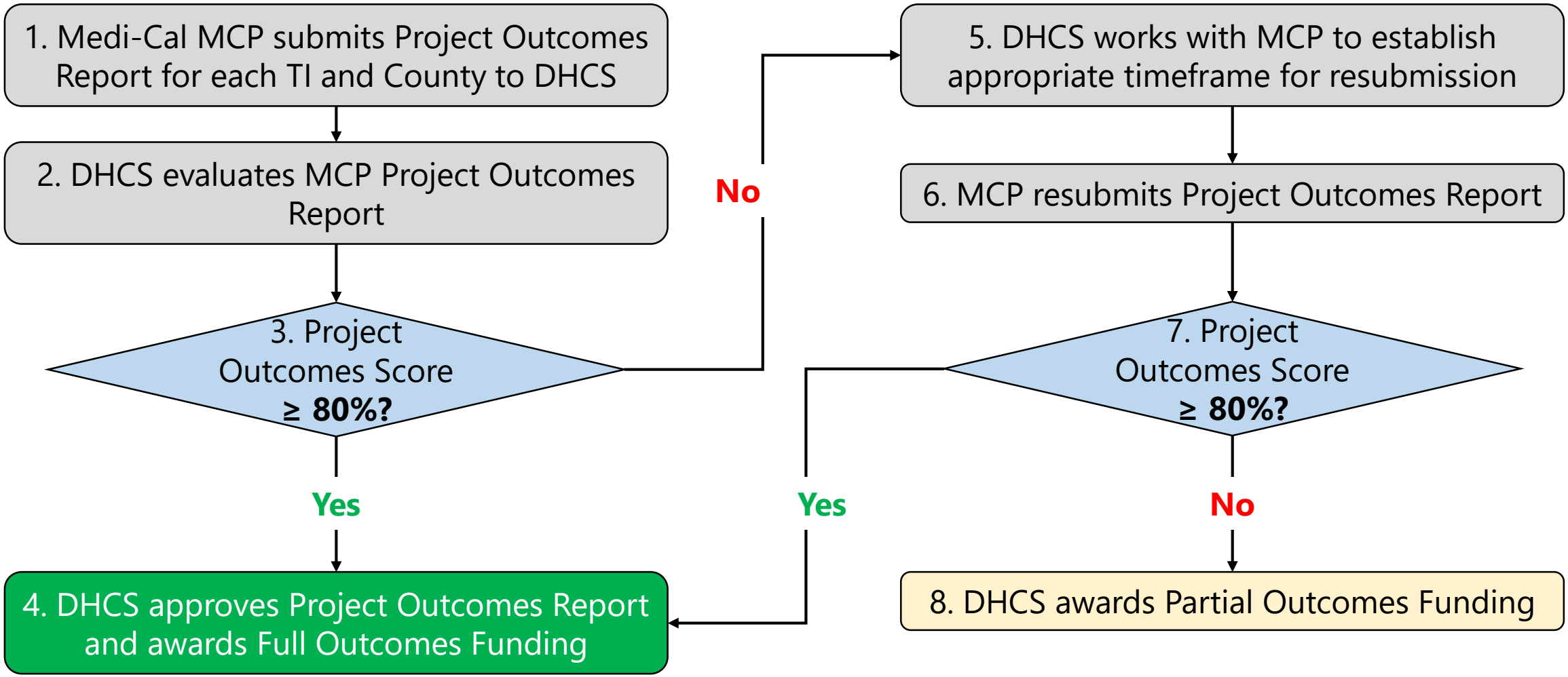
County Needs Assessment Evaluation: *Process Flow*



Project Plan (Milestone One) Evaluation: *Process Flow*



Project Outcome Report (Milestone Two) Evaluation: *Process Flow*



Incentive Payment Methodology

Incentive Payments: Funding Allocation

SBHIP Incentive Payment:

- $389 million over three-year period (January 1, 2022– December 31, 2024)
- Two Fund Groups: Assessment and Targeted Interventions
  - Assessment fund: approximately $39 million
  - Targeted Intervention fund: approximately $350 million

Incentive Payments: Funding Allocation (cont.)

- **Assessment Allocation Methodology Considers:**
  - Allocation with consideration of LEA count, MCP count, and Medi-Cal member month per plan per county
  - Assessment 'floor' for each county: $225,000

- **Targeted Intervention Allocation Methodology Considers:**
  - Allocation by Medi-Cal member month
  - Allocation by unduplicated pupil count
  - Final allocation based on 50% member months, 50% unduplicated pupil count
  - Targeted intervention average 'floor': $500,000

Incentive Payments: Funding Allocation (cont.)

- **Funding Milestones:**
  - Letter of intent/partnership list: 50% of assessment allocation
  - DHCS Needs Assessment approval: 50% of assessment allocation
  - DHCS Project Plan approval for each targeted intervention: up to 50% of outcome allocation
  - Project outcome with achieved metrics for each targeted intervention: remaining % of outcome allocation
- **Payments to be provided bi-annually in alignment with funding milestones**

Note: Upfront funding for LOI/partnership is considered unearned funds until completion and approval of the assessment. Upfront funding for Project Plans is considered unearned funds until completion and approval of the Project Outcome Report. The upfront funds percentage amount is not indicative of what may be earned for LOI/partnership list and the project plan.

Incentive Payments: Funding Allocation and Targeted Interventions

Targeted Intervention Minimums:

1. Counties allocated less than a quarter of a percent of the statewide total are required to complete a *minimum of one intervention*.
2. 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*.
3. 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*.
4. 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*.

Incentive Payments: Funding Allocation and Targeted Interventions (cont.)

The minimum number of targeted interventions have been determined in accordance with the SBHIP Targeted Measure Incentive Funding by County:

Targeted Intervention Allocated Amount	
$ 350,126,000	
Minimum number to Targeted Interventions per County	Funding Band
1	< 0.25% = $500k-$875K
1-2	0.25%-0.50% = $875K-$1.75M
3	0.50%-0.75% = $1.75M-$2.63M
4	> 0.75% = $2.63M and above

Example Calculations for Funding Band 0.25% - 0.50%

Example #1:

$875K / $500K = 1 Targeted Intervention

Example #2:

$1.2M / $500K = 2 Targeted Intervention

Incentive Payments: Funding Allocation and Targeted Interventions (cont.)

Those MCPs in counties with a minimum of one targeted intervention:

- The targeted intervention may utilize up to 100% of the maximum allocation for that MCP.

Those MCPs in counties with a minimum of two targeted interventions:

- Each targeted intervention may utilize up to 20% of the maximum allocation for that MCP. The remaining 60% may be added to support one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.
- Each targeted intervention is capped at 70% of the maximum allocated for that MCP.

Incentive Payments: Funding Allocation and Targeted Interventions (cont.)

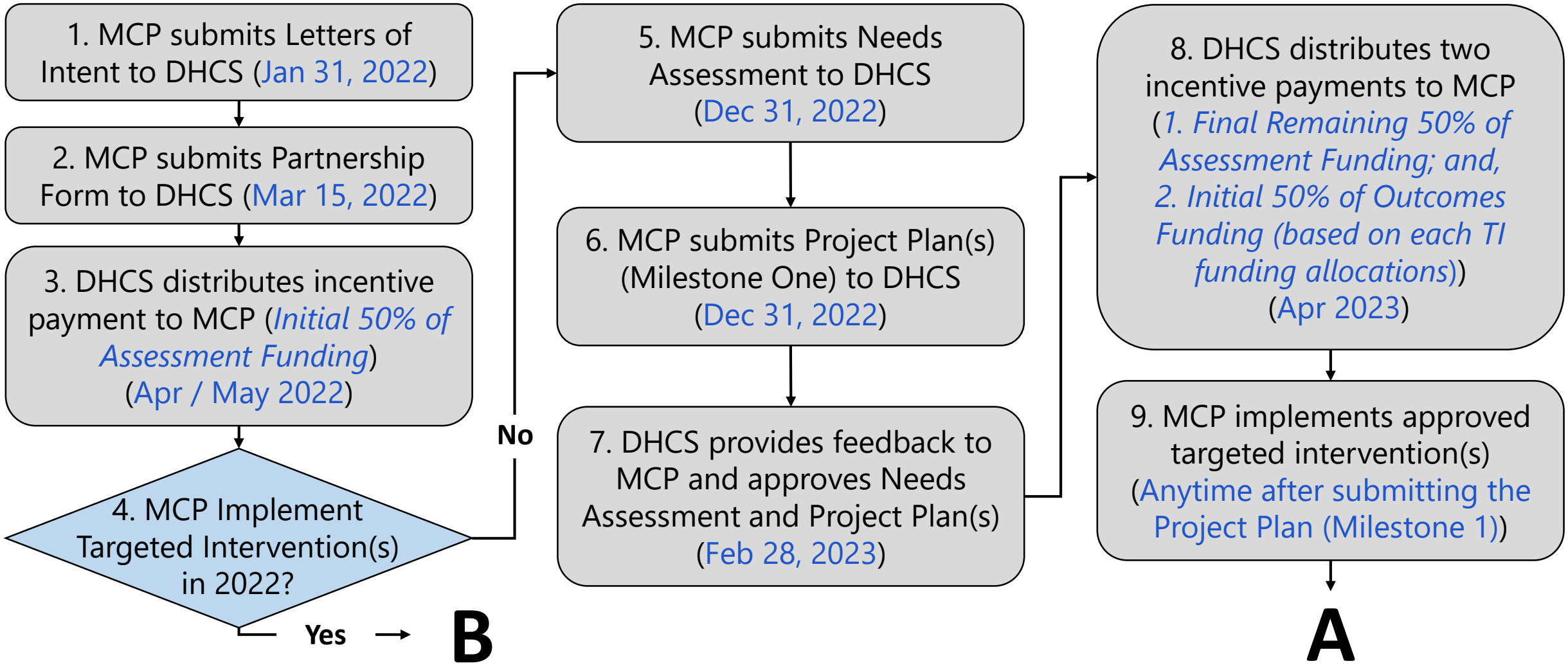
Those MCPs in counties with a minimum of three targeted interventions:

- Each targeted intervention may utilize up to 20% of the maximum allocation for that MCP. The remaining 40% may be added to support one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.
- Each targeted intervention is capped at 55% of the maximum allocated for that MCP.

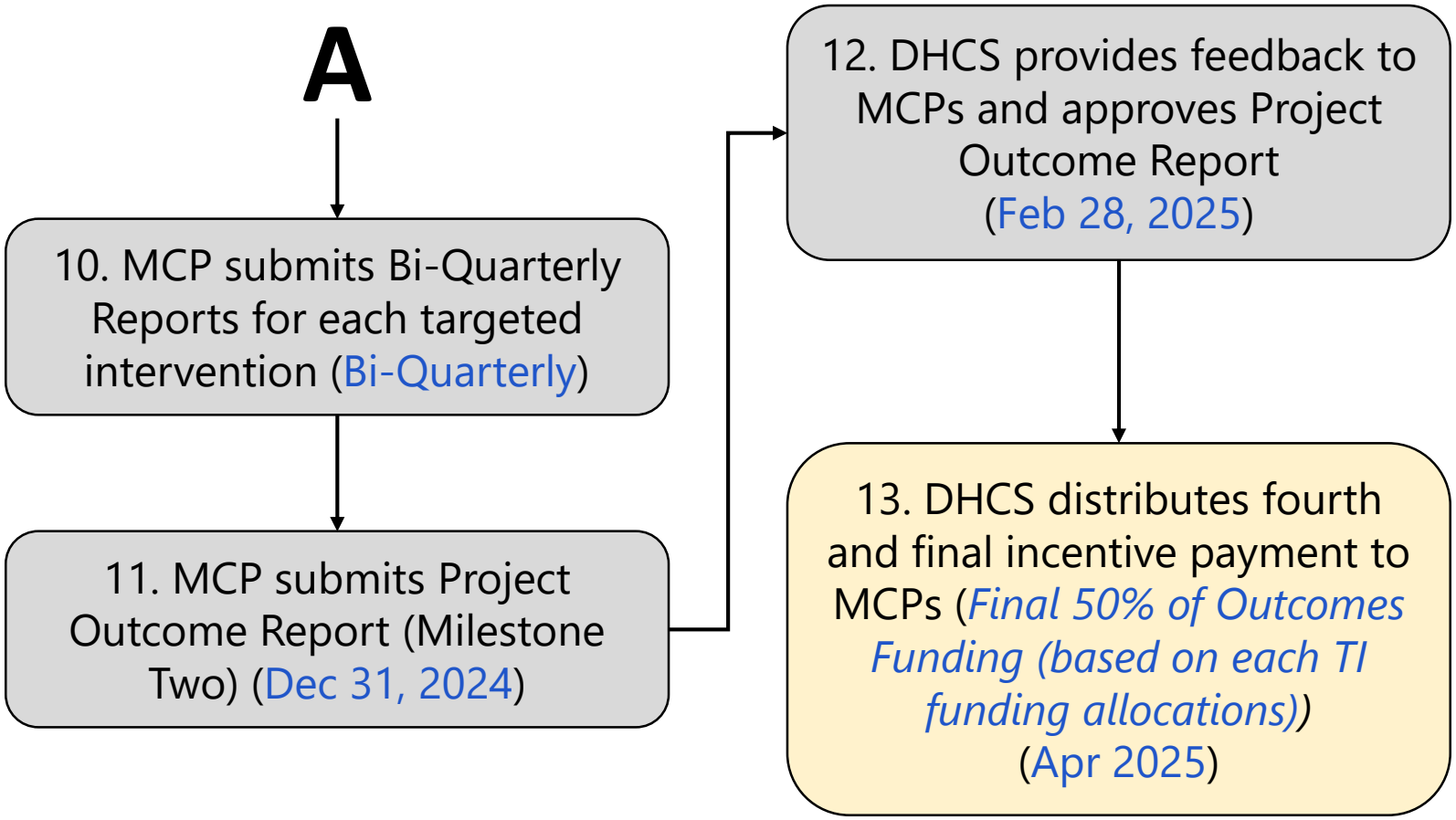
Those MCPs in counties with a minimum of four targeted interventions:

- Each targeted intervention may utilize up to 20% of the maximum allocation for that MCP. The remaining 20% may be added to support one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.
- Each targeted intervention is capped at 40% of the maximum allocated for that MCP.

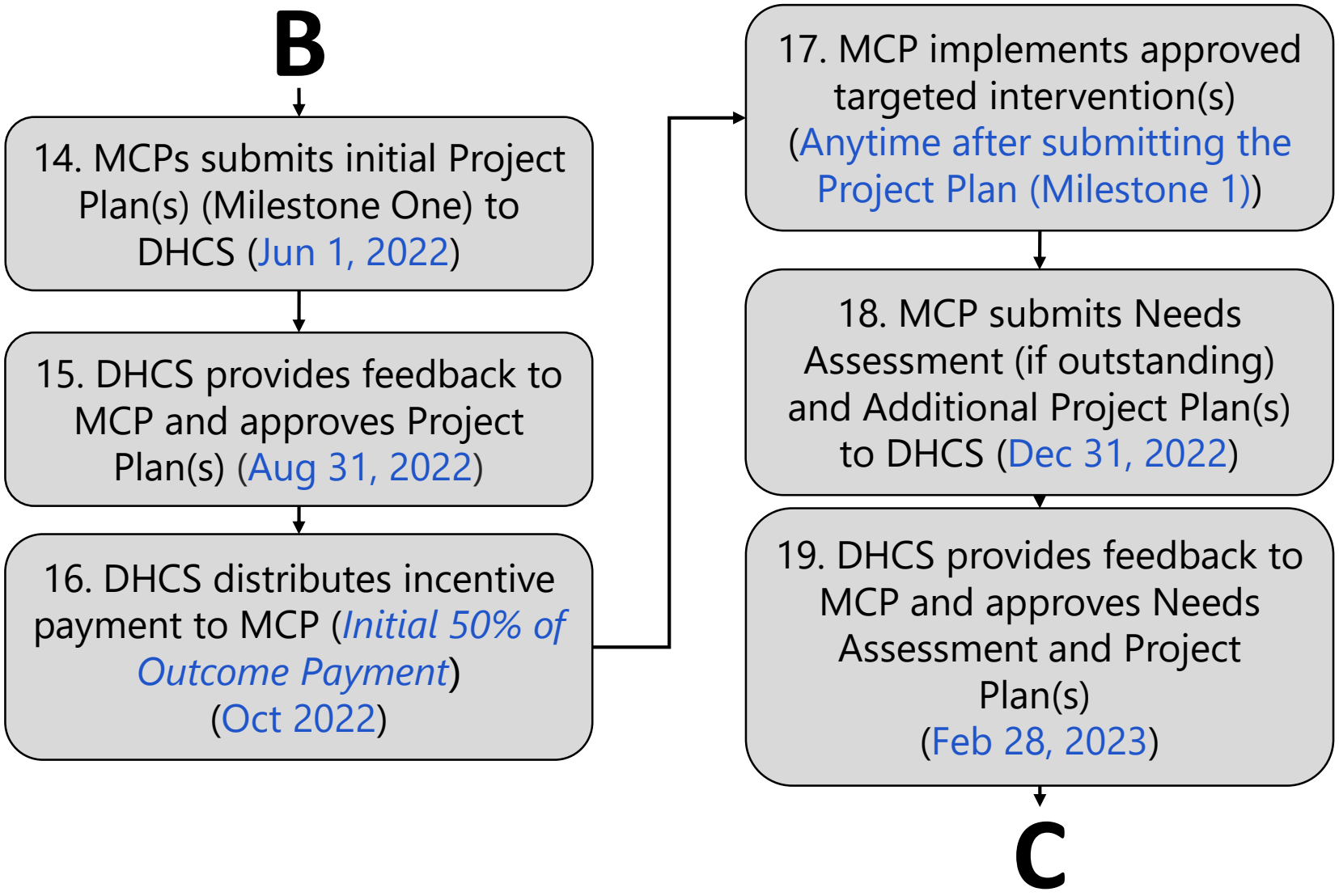
SBHIP Implementation of Targeted Interventions: *Standard Pathway Process Flow*



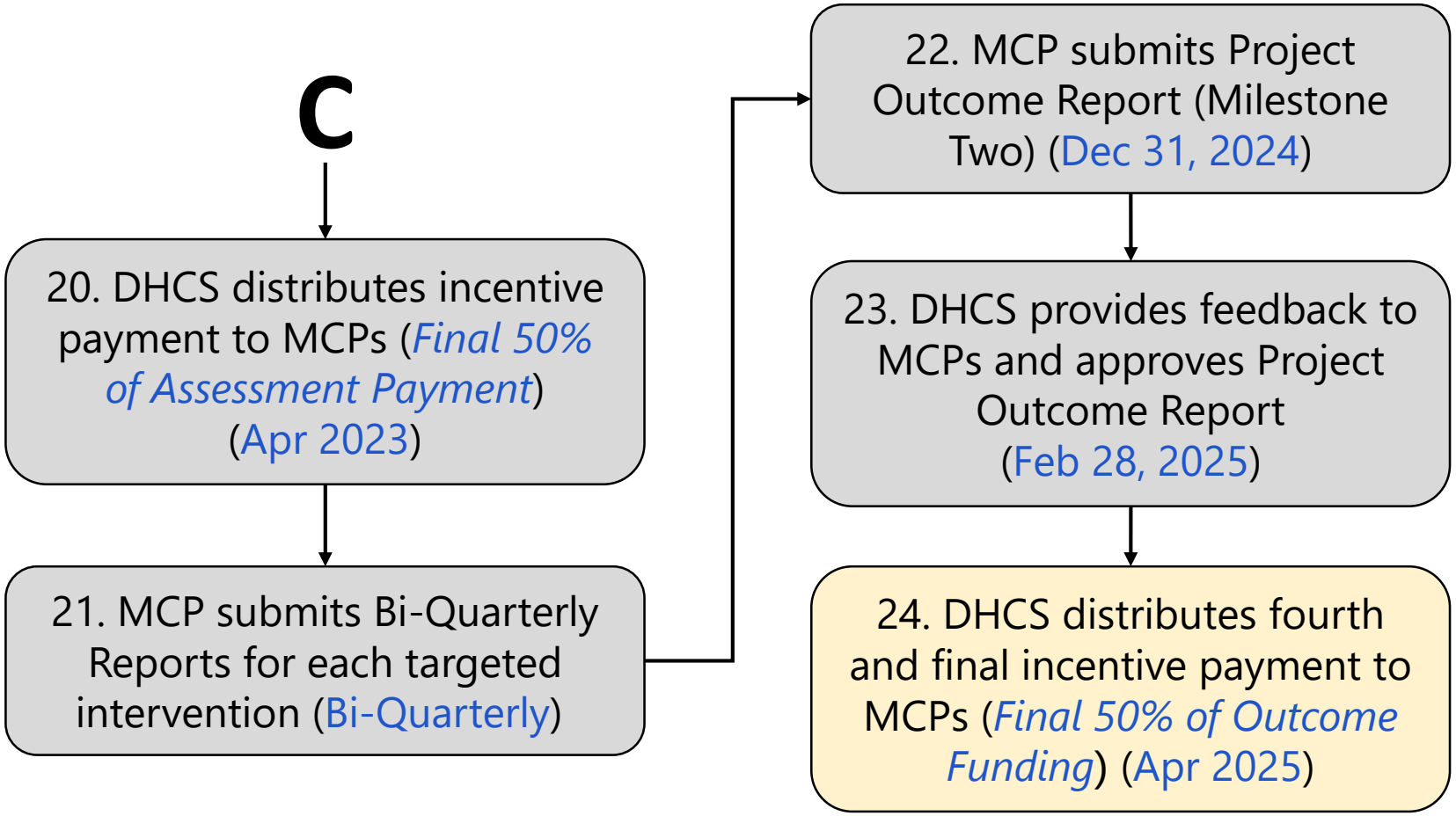
SBHIP Implementation of Targeted Interventions: *Standard Pathway Process Flow*



SBHIP Implementation of Targeted Interventions: *Accelerated Pathway Process Flow*



SBHIP Implementation of Targeted Interventions: *Accelerated Pathway Process Flow*



Next Steps and Technical Assistance (TA) Resources

Next Steps and TA Resources

1. **SBHIP Office Hours:**

Every 2nd Tuesday of the month	**Every 4th Thursday of the month**
3:00-4:00 pm PT	9:00-10:00 am PT
Microsoft Teams meeting	Microsoft Teams meeting
Join on your computer or mobile app	Join on your computer or mobile app
Click here to join the meeting	Click here to join the meeting
Or call in (audio only)	Or call in (audio only)
+1 323-457-5649,,756199933#	+1 323-457-5649,,366823085#
Phone Conference ID: 756 199 933#	Phone Conference ID: 366 823 085#

If you would like to receive a standing Calendar Invitation for these Office Hour Sessions, please email Jackie Yim (hyim@guidehouse.com) and she will add you to the invitation

2. **SBHIP Mailbox:** Email TA questions to SBHIP@guidehouse.com
3. **SBHIP Webpage:** https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram
4. **Individualized TA Support:** Available upon request, please reach out to the SBHIP mailbox

Open Discussion

Open Discussion

- Questions/feedback on today's agenda
- Requests for future meeting content

Appendix

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 Med-Cal Managed Care Plans
- MH Mental health
- MHP Mental Health Plan
- 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

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

Workgroup Members

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 Offices 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

Workgroup Members

Government Agencies

- Laila Fahimuddin, CA State Board of Education
- Derick Daniels, CRDD, DHCS
- Stephanie Welch, California Health and Human Services
- Toua Vang, Local Government Finance, DHCS
- Jillian Mongetta, Local Government Finance, DHCS
- Joel Gomez, 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

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Blue Shield Promise	Kimberly Fritz	619-528-4817	Kimberly.Fritz@blueshieldca.com
California Health and Wellness	Belinda Rolicheck	916-246-3715	brolicheck@cahealthwellness.com
CalOptima	Mike Wood	714-246-8415/ 714-975-4648	mwood@caloptima.org
CalViva Health Plan	Mary Lourdes Leone	559-540-7856	Compliance@calvivahealth.org
CenCal	Karen Kim	805-685-9525 X 1975	co@cencalhealth.org
Central CA Alliance for Health	Kathleen McCarthy	831-430-5807	kmccarthy@ccah-alliance.org
Community Health Group	George Scolari	800-404-3332	gscola@chgsd.com

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Health Net	Belinda Rolicheck	916-246-3715	brolicheck@cahealthwellness.com
Health Plan of San Joaquin	Primary Contact: Elizabeth Campos-Martinez Secondary Contact: Jeanette Lucht	209-933-3662 209-933-3658	ecmartinez@hpsj.com jlucht@hpsj.com
Health Plan of San Mateo	Megan Noe	650-616-2077	Megan.Noe@hpsm.org
Inland Empire Health Plan	Amrita Rai	909-727-7496	Rai-A@iehp.org
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