



Student Behavioral Health Incentive Program (SBHIP)

Stakeholder Meeting
California Department of Health Care Services
January 14, 2022

Agenda

1. SBHIP Workgroup: Overview and Stakeholder Feedback
2. SBHIP Updated Deliverables and Timeline
3. Letter of Intent and Partnership Criteria
4. Needs Assessment
5. Targeted Interventions, Goals, and Metrics
6. Incentive Payment Methodology
7. Technical Assistance Approach
8. Open Discussion
9. Next Steps

SBHIP Workgroup: Overview and Stakeholder Feedback

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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 predefined 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

- Next meeting scheduled for Feb 11, 2022 (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. Any outputs of individual/small group meetings will be shared with stakeholders.

» 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
- Discuss partnership selection criteria and progress
- Provide technical assistance

Future Meetings
(as needed)

Stakeholder Workgroup Meeting 5

Follow up on Feedback

» **Key Themes:** Partnership Forms, Selection Criteria, and Measures

- 1. Partnership Form:** Request for clarification on requirements and to consider including language related to required partners (e.g., County Behavioral Health).
 - a. DHCS added language throughout the SBHIP Overview and Requirements document to encourage collaboration with LEA, MCP and County Behavioral Health for Needs Assessment, Project Plan (Milestone One) and Project Outcome Report (Milestone Two).
- 2. LEA Selection Criteria:** Request to utilize pre-COVID National School Lunch Program (NSLP) figures for LEA Selection Criteria.
 - a. Current methodology for LEA Selection Criteria utilized pre-COVID NSLP figures.
- 3. Targeted Intervention Measures:** Request to provide examples of specific measures that could be used to report on “increased access to behavioral health”.
 - a. DHCS added examples of potential measures in Section 4 of the SBHIP Overview and Requirements titled: "SBHIP Performance Measures and Performance Outcome Metrics".

Stakeholder Workgroup Meeting 5 (Cont.)

Follow up on Feedback

» **Key Themes:** Funding and Assessment Requirements

- 4. Use of Funds/Limitations:** Request for guidance and/or TA around the limitation that funds not be used to supplant existing MCP Medi-Cal payments.
 - a. AB 133 5961.3 States: Incentive payments made pursuant to this section shall be used to supplement and not supplant existing payments to Medi-Cal managed care plans. Please submit specific requests to the SBHIP TA Mailbox: SBHIP@Guidehouse.com.

- 5. Closed Loop Referral System** - Multiple recommendations to remove or adjust requirement due to legal challenges to sharing protected student and health information.
 - a. DHCS is not requesting protected student and health information. DHCS will require MCPs to identify and submit information regarding how the current or upcoming Closed Loop Referral System will function.

Stakeholder Workgroup Meeting 5 (Cont.)

Follow up on Feedback

» **Key Themes:** Funding and Assessment Requirements

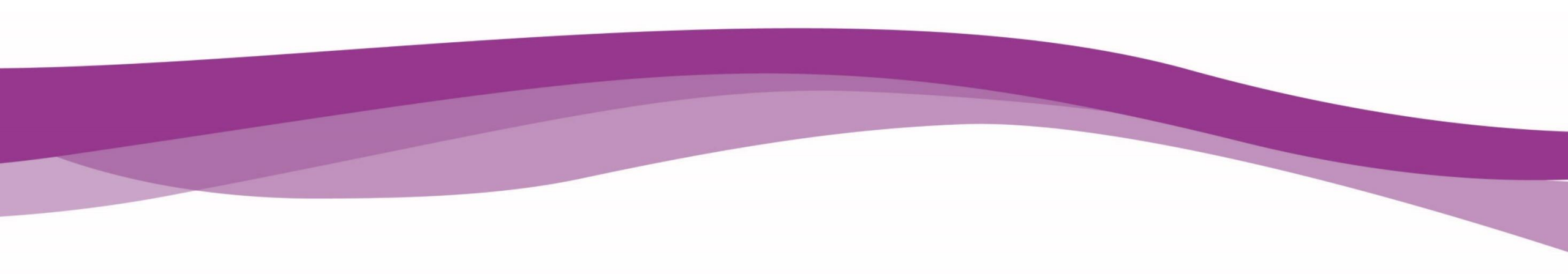
6. Data Collection – Request that county behavioral health and other stakeholder groups be required to participate in the Needs Assessment.

a. DHCS updated Needs Assessment data collection requirements now include the following language:

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

- i. Students
- ii. School staff
- iii. School behavioral staff
- iv. School administrators
- v. Parents/guardians
- vi. County behavioral health plans
- vii. Community behavioral health providers

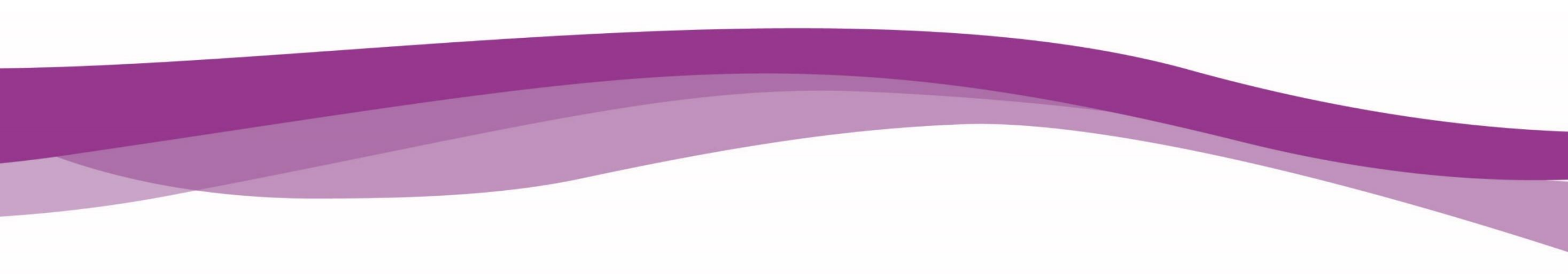
SBHIP Updated Deliverables and Timeline



SBHIP Proposed Timeline and Steps

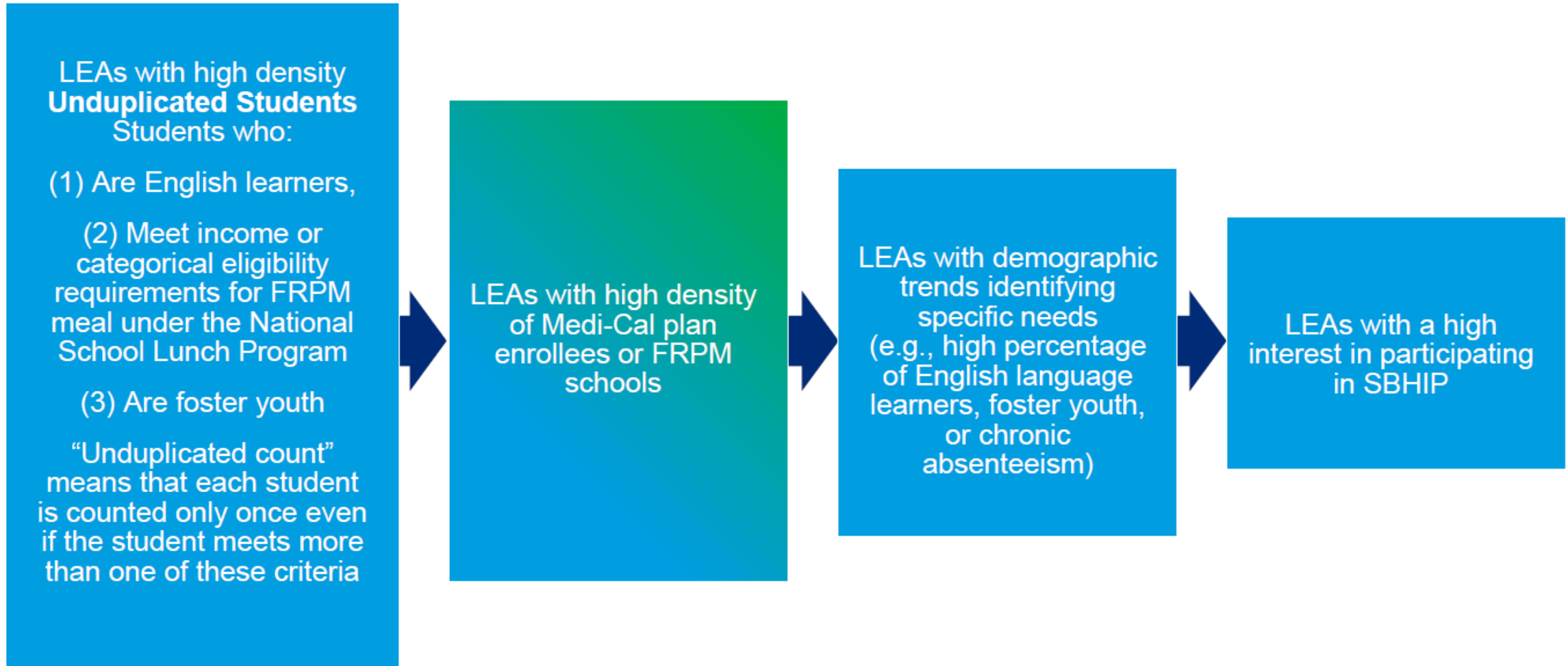
SBHIP Timeline	Date / Deadline
1. Letters of Intent: MCP Letters of Intent due to DHCS	January 31, 2022
2. Identify Partners: MCPs work with the County Office of Education (COE) to select collaborative partners and target student population and submit information to DHCS	March 15, 2022
3. County Needs Assessment: MCPs conduct Needs Assessment and submits to DHCS	December 31, 2022
4. Project Plan (Milestone One): MCPs develop and submit Project Plans to DHCS	December 31, 2022
5. DHCS reviews county Needs Assessment package and provides approval or request for additional information	March 31, 2023
6. DHCS reviews MCP project plan for each MCP and each targeted intervention	March 31, 2023
7. Bi-Quarterly Report	Bi-Quarterly
8. Project Outcome Report (Milestone Two): MCPs submit project outcomes for each target intervention	December 31, 2024
9. SBHIP operations close	December 31, 2024

Letter of Intent and Partnership Criteria



Partnership Assessment Criteria

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



Letter of Intent

- » MCPs must submit the Letter of Intent to DHCS ***no later than 5 p.m. PST January 31, 2022***
- » **The Letter of Intent must include the following:**
 - MCP organization name
 - Number of counties in the service area and list of counties in the service area
 - Anticipated number of SBHIP collaborative counties and anticipated list of SBHIP collaborative counties
 - MCP contact person, title, telephone number, and email address
 - MCP mailing address
 - Signature of MCP CEO, CFO, or someone of similar status

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 First Quarter of Calendar Year (CY) 2022 once MCPs submit the partnership form.

Needs Assessment

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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.

Partnership:

1. MCPs will be required to partner with the COE(s) to help 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 a county engages 10% of the LEAs in that county. However, it is expected that MCPs coordinate to ensure the impact of their combined effort at least 10% of LEAs in their shared county.
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.):

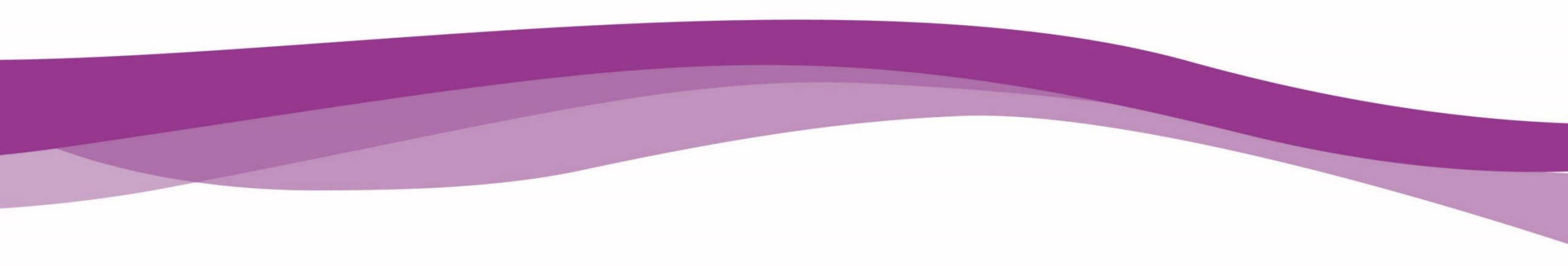
4. When the Needs Assessment template is complete, MCPs meet to synthesize the LEA component. This may consist of multiple assessments combined as one, requiring minimal if any changes to individual Assessments. The initial question on the assessment: the LEA Partner Selection Template, will only have 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
-
- » A detailed Needs Assessment template will be made available to help guide the assessment process.
 - » Stakeholder, surveys, interviews, and focus groups are encouraged as an initial step to inform the template, map, and referral information.
 - » The intent is to ensure 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 following components:

1. Description of targeted intervention selected
2. Information on how intervention increases access to BH 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. Select Performance Outcome Metric and provide detailed information on how it will be measured for specific intervention
9. A transition plan will be requested, when applicable, due to 2024 MCP procurement

Bi-Quarterly Report

The purpose of the SBHIP Bi-Quarterly Report are to provide an opportunity for MCPs to share intervention progress, challenges encountered, successes achieved, inform DHCS of any modifications made to the original project plan submissions, and to ensure the project plan is on target to successfully complete 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

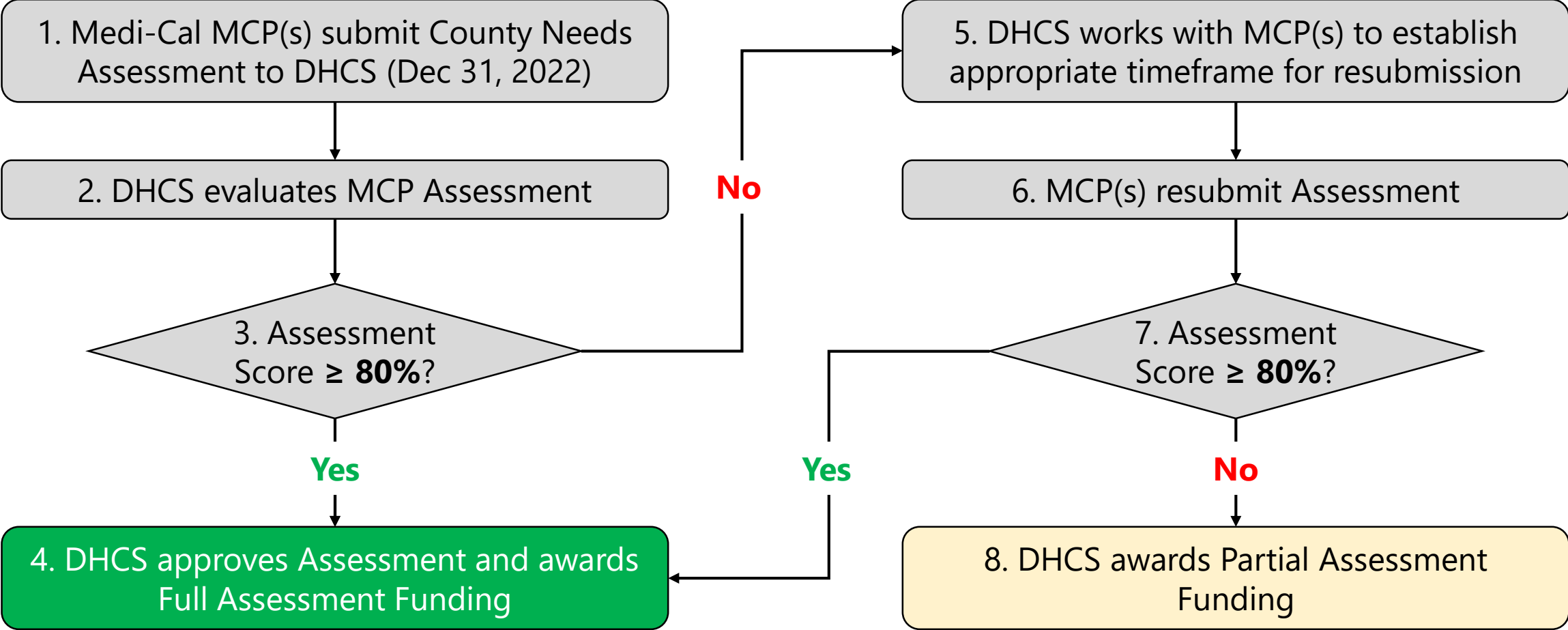
Evaluation Criteria

Three broad deliverables will be scored and evaluated:

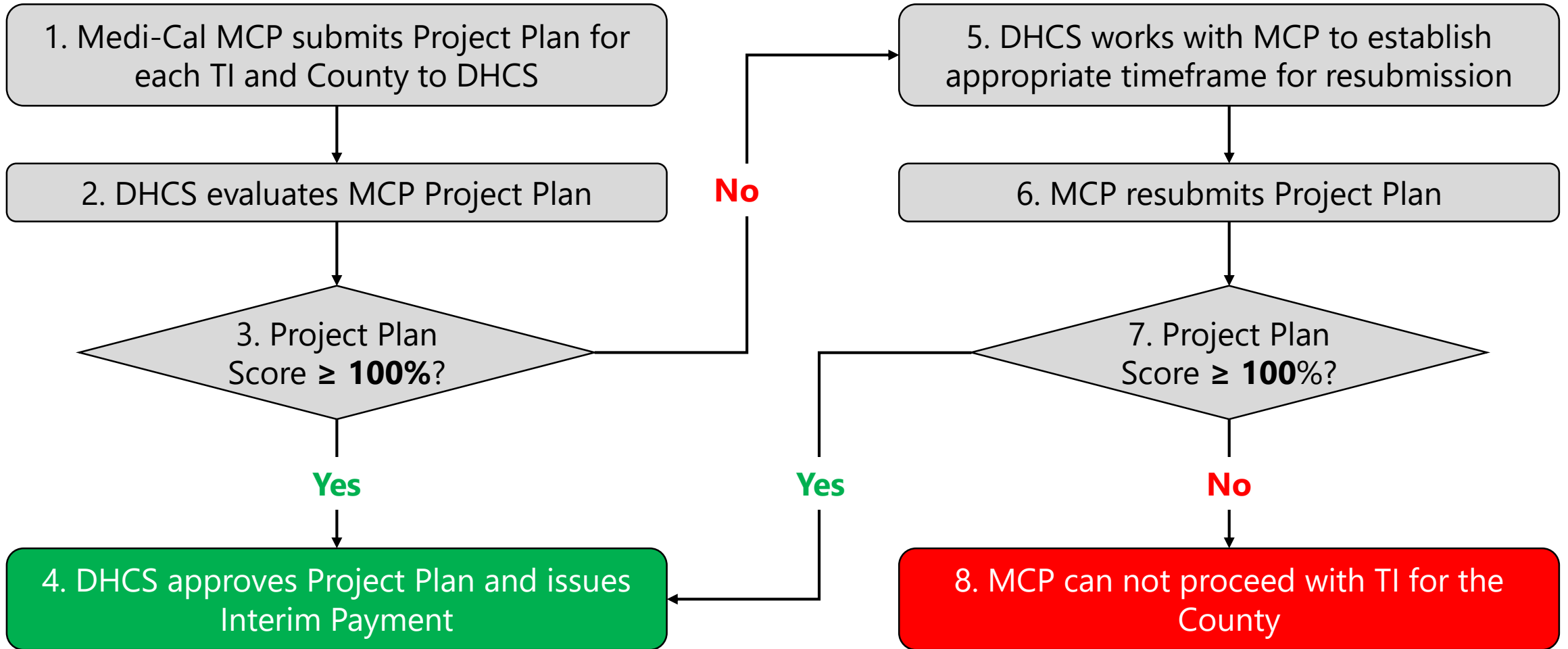
1. Assessment Package:
 - a. Minimum Score: $\geq 80\%$
 - b. Resubmission Opportunity: DHCS will coordinate with MCP to determine the appropriate timeframe
 - c. Partial Funding Available?: Yes
2. Project Plan (Milestone One)
 - a. Minimum Score: $\geq 100\%$
 - b. Resubmission Opportunity: DHCS will 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: $\geq 80\%$
 - 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.

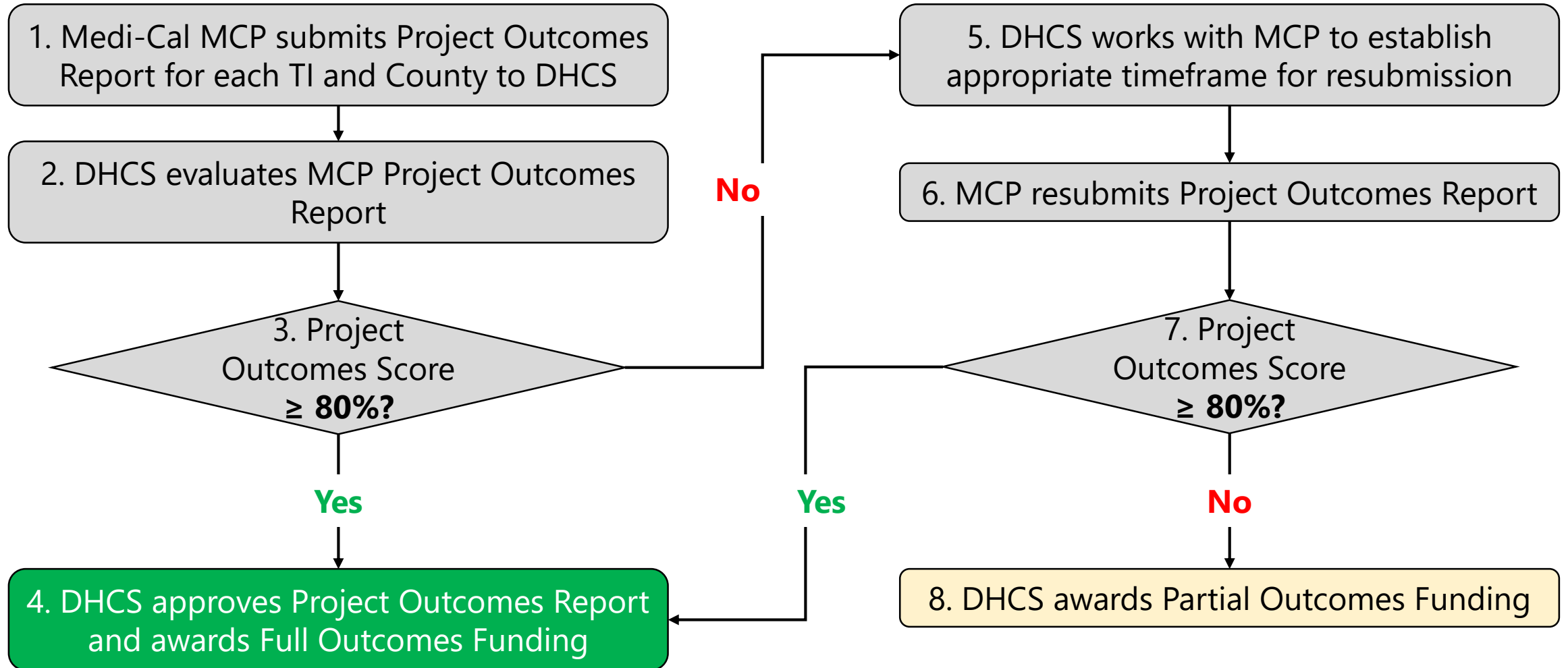
County Needs Assessment Evaluation: *Process Flow*



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



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



Incentive Payment Methodology

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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:

$$\$875K / \$500K = 1 \text{ Targeted Intervention}$$

Example #2:

$$\$1.2M / \$500K = 2 \text{ Targeted Intervention}$$

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.

Technical Assistance Approach

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Guidehouse will provide technical assistance for implementing, coordinating, and managing the SBHIP

Technical Assistance support activities will include:

1. Create educational materials to assist stakeholders to understand SBHIP processes
2. Track and monitor assessment and targeted intervention progress
3. Establish project management tools and regular status updates to track and monitor assessment and targeted intervention progress
4. Create educational materials to assist stakeholder understanding of SBHIP processes
5. Coordinate activities across all stakeholders (DHCS, MCPs, COEs, LEAs, Students and their Families [as appropriate], etc.) to align on program requirements and objective

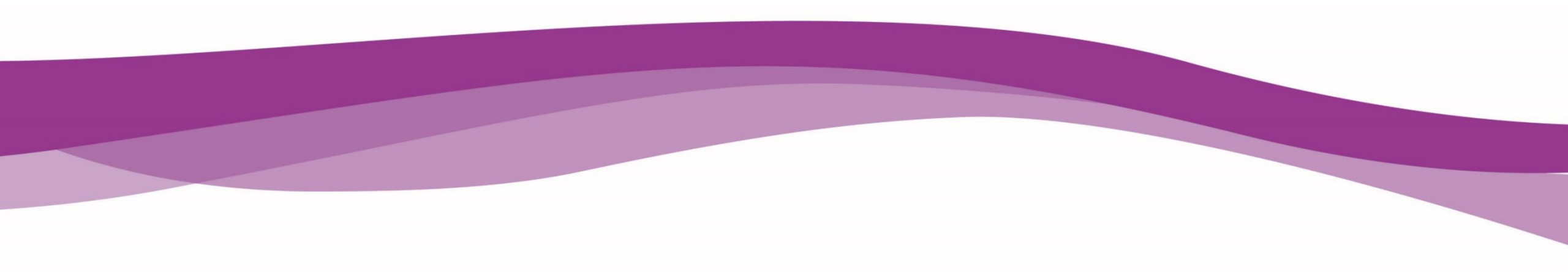
Open Discussion

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Open Discussion

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

Next Steps



Next Steps and Upcoming Events

Upcoming Meetings:

- » Additional Large-group stakeholder meeting on February 11, 2022
- » Upcoming Office Hours Logistics:

Every 2nd Tuesday of the month

3:00-4:00pm PST

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 323-457-5649,,756199933#](#)

Phone Conference ID: 756 199 933#

Every 4th Thursday of the month

9:00-10:00am PST

Microsoft Teams meeting

Join on your computer or mobile app

[Click here to join the meeting](#)

Or call in (audio only)

[+1 323-457-5649,,366823085#](#)

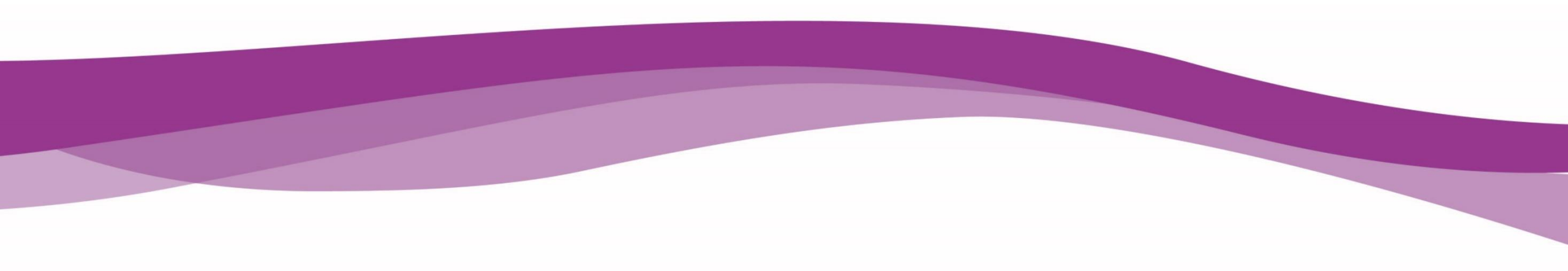
Phone Conference ID: 366 823 085#

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.

Email TA questions to: sbhip@guidehouse.com

SBHIP Webpage: <https://www.dhcs.ca.gov/studentbehavioralheathincentiveprogram>

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 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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