CONTRA COSTA
MENTAL HEALTH COMMISSION

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COMMISSION
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Mental Health Commission
Quality of Care Committee Meeting
Thursday, April 20th, 2023, 3:30-5:00 pm

This Meeting will be held in person and via Zoom 'Hybrid'

VIA: Zoom Teleconference: https://zoom.us/j/5437776481
Meeting number: 543 777 6481
Join by phone: 1 669 900 6833 US
Access code: 543 777 6481
In Person: 1340 Arnold Drive, Suite 126, Martinez, CA 94553

AGENDA

I. **Call to order/Introductions**

II. **Public comments**

III. **Commissioner comments**

IV. **Chair comments**

V. **APPROVE minutes from March 16th, 2023, Quality of Care meeting**

VI. **CONTINUE DISCUSSION of Behavioral Health Bridge Housing (BHBH) Program Application Recommendations (if discussion from preceding 4/20/23 Finance Committee meeting is still ongoing)**

VII. **DISCUSS plan for an informal visit to Psych Emergency Services by the Quality of Care Committee and other interested Commissioners**

VIII. **RECEIVE an update on the Student Behavioral Health Incentive Program (SBHIP) implementation -- Robert Auman (Senior Program Manager) and Dr. Nicolas Barcelo (Medical Director), Contra Costa Health Plan (CCHP)**

IX. **DISCUSS creation of ad hoc committees for the K-12 mental health needs analysis project and the Mental Health Commission (MHC) Site Visit program**

X. **Adjourn**

ATTACHMENTS:

A. **Behavioral Health Bridge Housing (BHBH) Request for Applications Presentation**
B. **Student Behavioral Health Incentive Program (SBHIP) Stakeholder Meeting, California Department of Health Care Services, May 24, 2022**
C. **Mental Health Commission Bylaws, 2021, Article VIII Committees, Section 5 Ad Hoc Committees**

Any disclosable public records related to an open session item on a regular meeting agenda and distributed by the Executive Assistant to a majority of the members of the Mental Health Commission less than 96 hours prior to that meeting are available for public inspection at 1340 Arnold Drive, Suite 200, Martinez, CA 94553, during normal business hours.

The Contra Costa County Mental Health Commission is appointed by the Board of Supervisors to advise them on all matters related to the county's mental health system, in accordance with mandates set forth in the California State Welfare & Institutions Code, Sections 5604 (a)(1)-5605.5. Any comments or recommendations made by the Mental Health Commission or its individual members do not represent the official position of the county or any of its officers. The Commission is pleased to make special accommodations, if needed, please call ahead at (925) 313-9553 to arrange.

Behavioral Health Bridge Housing (BHBH) Request for Applications

Roberta Chambers, PsyD
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Ardavan Davaran, PhD
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BHBH Overview

- Contra Costa County has **$20,488,722** available through a non-competitive RFA to provide “Bridge Housing” between **7/1/23** and **6/30/27.**
- Bridge Housing is primarily to pay for the cost of operations and supportive services for housing; bridge housing is not for capital investments.
- Bridge Housing is an interim measure while other capital investments come online (i.e., CCE, BHCIP, other)
- Application is due to the state on 4/28/2023!

Indigo Project

Target Population and Eligibility

- **Who is eligible for bridge housing?**
  - People who meet medical necessity criteria for specialty mental health services and/or DMC-ODS services and are experiencing homeless.
- **Are there any groups that must be prioritized?**
  - CARE court participants must be prioritized for Bridge Housing funds (est. 206- 354 ppl)
- **What happens if you don't prioritize CARE court participants?**
  - If CARE court participants don't receive the housing specified in their CARE plan, the County can be fined.
- **What kinds of behavioral health populations can a community choose to prioritize?**
  - People experiencing crisis and access ED, hospital, and other crisis programs
  - People being released from jail
  - People who are struggling to engage in behavioral health services
  - People who are placed in out-of-county facilities
- **Does a person have to be enrolled in behavioral health services to receive bridge housing?**
  - No, but you can use housing as a part of an engagement process.

Indigo Project

Types of Housing

- **How long is bridge housing?**
  - Bridge Housing is defined as short through medium term services and supports.
  - The maximum term is two years with the option to extend for an additional year.
- **What happens when bridge housing expires?**
  - At the individual level, bridge housing is intended to support a person while they identify longer term housing, obtain an income, etc.
  - At the systems level, the intention is that this one-time infusion of funds bridges the gap while other capital investments come online
- **What kinds of settings are included in bridge housing?**
  - Emergency housing, both shelters and motel vouchers
  - Assisted living, board and care, room and board facilities (licensed or unlicensed congregate care with 24/7 supervision)
  - Shared housing (single family home where people live together, could include a live-in staff or peer mentor)
  - Single or shared apartments (leased to participant or master leased to agency)
  - Peer Respite
- **What is not included?**
  - Anything that is covered by Medi-Cal, such as residential treatment.

Indigo Project

Funding Categories & Estimates

- **At least 75% of the funding must be spent to cover the cost of operating bridge housing**
  - Rental assistance (i.e., rental payment, B&C patch payment, emergency motel voucher)
  - Participant assistance (i.e., emergency utility payment, move-in deposit, furniture)
  - Landlord Outreach and Mitigation (i.e., negotiating with landlords, paying for damage to a unit)
  - Housing navigation services
- **Up to 25% can be spent on other categories**
  - Housing development for units that will be available in less than 12 months
  - Outreach and engagement
  - Program implementation (e.g., administering program, planning, data and reporting)

Total Available	$20,488,722
Minimum to be spent on operations (75%)	$15,366,541
Maximum that can be spent on other categories (25%)	$5,122,180

BHBH Infrastructure Development

- **What rules are there for infrastructure?**
  - Units have a per person limit of $75,000
  - Units must come online within 12 months
  - Acquisition and remodeling are allowable costs
  - Large capital projects are not allowed

- **What are examples of infrastructure development for bridge housing?**
  - RFI for landlords/providers to put a down payment on a property and master lease to County or a provider
  - RFI for B&C operators or other providers for start-up funds to purchase/open an assisted living, B&C, or R&B
    - BHCIP action plan noted need for ~85-90 beds
  - RFI to current providers/operators to remodel existing facilities in order to increase capacity
  - Convert available space into emergency or transitional housing
  - Purchase a vacant hotel or similar property for emergency and/or transitional housing
  - Fund a master-term lease of a vacant motel or similar property
  - Fund a master-lease of project-based or scattered site apartments or houses
  - Fund a master lease of single-family homes for shared housing
  - RFI for a property management company to develop and manage master leasing

Indigo Project

Bridge Housing Administration

- Is bridge housing a part of coordinated entry?
  - No. In the same way that coordinated entry uses a prioritization framework to manage who gets the limited homelessness resources available, bridge housing must prioritize those with the most significant behavioral health challenges, including CARE court participants.
- Should bridge housing coordinate/collaborate with the Continuum of Care?
  - Yes. Bridge housing is time-limited, and participants will need to access the full range of housing options in order to transition into more permanent housing supports, once available.
  - Behavioral health departments will have to provide policies and procedures for managing rental and participant assistance as well as landlord outreach and mitigation. These are likely to leverage existing CoC policies, procedures, and practices.

Indigo Project

Progress to Date

Complete

- Met with AOD Advisory Board
- Met with Office of Consumer Empowerment
- Completed Qualifications and Needs Assessment Sections

In Process

- Meeting with Behavioral Health Care Partnership
- Meeting with MHC Finance Committee
- Developing Management Plan, Program Design, and Budget

Indigo Project

Proposed Strategies

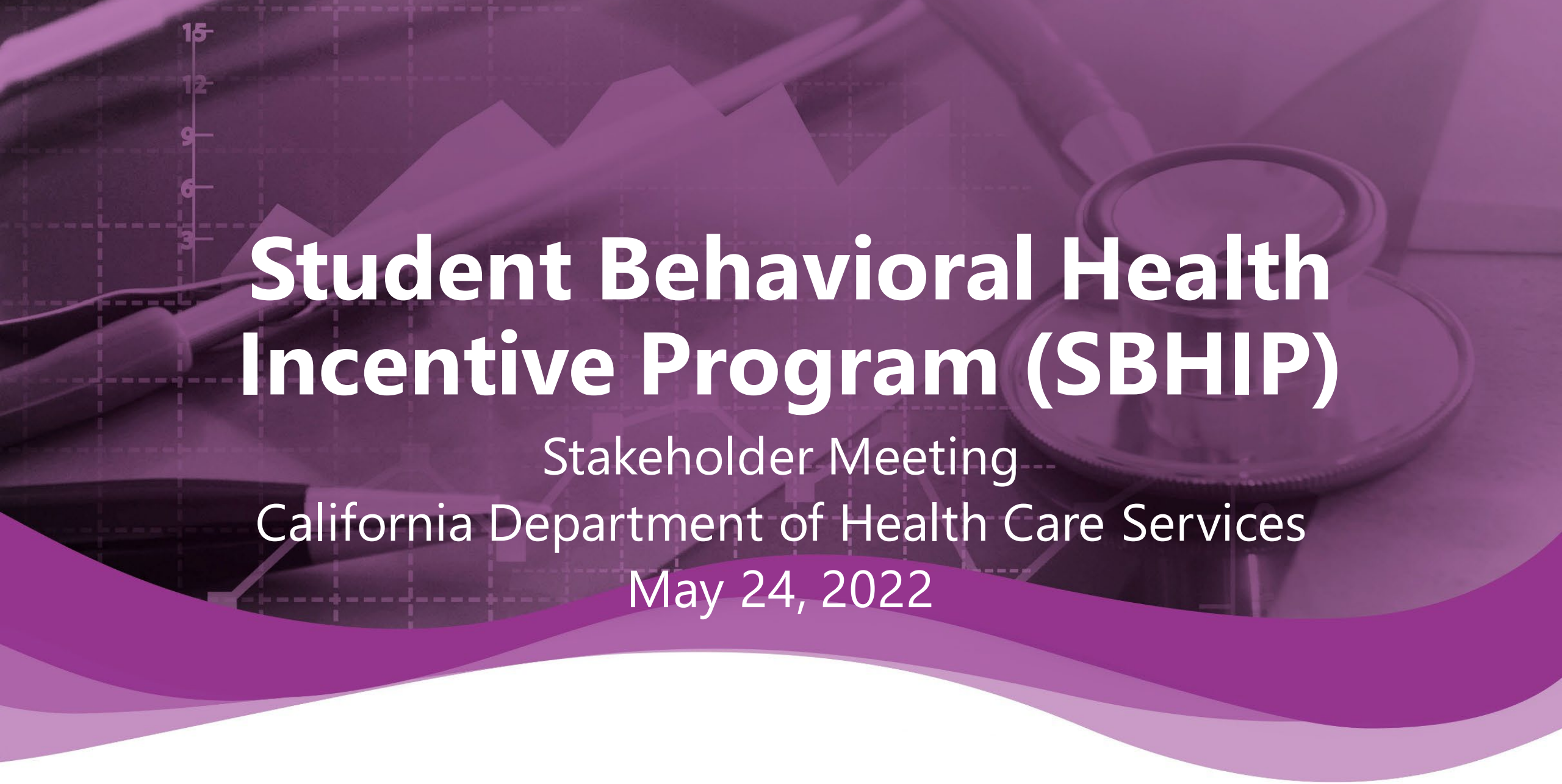
- Emergency motel vouchers
- Licensed board and Care facilities
  - RFP to develop a large board and care facility (e.g., Psynergy, Everwell)
  - RFI to develop 1-2 small board and care facilities
  - Expand capacity in existing board and care facilities
- Shared housing with private bedrooms and supportive services
  - RFI to purchase homes/small apartment complex with onsite support staff
  - BHBH provides down payment and ongoing operations payments
  - Owner services debt with ongoing rental payments from BHBH
- Rental subsidies to support individuals in their own apartments
- Sober living/recovery residences
- Housing navigation

Indigo Project

Next Steps in Developing RFA

- Meeting with partners
  - Mental Health Commission Finance Committee
  - Behavioral Health Care Partnership
  - H3 Meeting
  - Continue developing application sections

Indigo Project



Student Behavioral Health Incentive Program (SBHIP)

Stakeholder Meeting
California Department of Health Care Services
May 24, 2022

DHCS

Agenda

1. Public Health Emergency (PHE) Unwinding
2. SBHIP Overview and Goals
3. SBHIP Deliverables and Timeline
4. Partnership and Needs Assessment Update
5. Targeted Intervention (TI) Update
6. Incentive Payment Methodology Update
7. Children and Youth Behavioral Health Initiative (CYBHI) Alignment
8. Medi-Cal Managed Care Plan (MCP) Partnership and Collaboration Presentations
9. Open Discussion
10. Technical Assistance (TA) Resources / Next Steps

PHE Unwinding

Public Health Emergency (PHE) Unwinding

- **The COVID-19 PHE will end soon and millions of Medi-Cal beneficiaries may lose their coverage.**
- **Top Goal of DHCS:** Minimize beneficiary burden and promote continuity of coverage for our beneficiaries.
- **How you can help:**
  - Become a **DHCS Coverage Ambassador**
  - Download the Outreach Toolkit on the DHCS Coverage Ambassador webpage
  - Join the DHCS Coverage Ambassador mailing list to receive updated toolkits as they become available

DHCS PHE Unwind Communications Strategy

- **Phase One: Encourage Beneficiaries to Update Contact Information**
  - **Launch immediately**
  - Multi-channel communication campaign to encourage beneficiaries to update contact information with county offices.
    - » Flyers in provider/clinic offices, social media, call scripts, website banners
- **Phase Two: Watch for Renewal Packets in the mail. Remember to update your contact information!**
  - **Launch 60 days prior to COVID-19 PHE termination.**
  - Remind beneficiaries to watch for renewal packets in the mail and update contact information with county office if they have not done so yet.

SBHIP Overview and Goals

SBHIP Overview

AB 133, Section 5961.3

DHCS to distribute incentive payments over three years (January 2022-December 2024) to MCPs that meet predefined goals and metrics.

SBHIP Objectives

The SBHIP aims to increase coordination among MCPs, Local Education Agencies (LEAs), and county mental health plans with the understanding it will significantly impact the delivery of services to CA students and ultimately benefit all delivery systems.

SBHIP Goals

- **Break down silos and improve coordination** of student behavioral health services through communication with schools, school-affiliated programs, MCPs, county BH, and BH providers.
- **Strengthen relationships** between MCPs, County Offices of Education (COEs), LEAs, and county behavioral health stakeholders by issuing incentive payments to MCPs and encouraging them to partner and identify appropriate Targeted Interventions to meet the greatest needs of student populations.
- **Increase number of TK-12 students receiving preventive and early intervention BH services** provided by schools, providers in schools, school affiliated community-based organizations or clinics, county BH departments and school districts, charter schools, and/or county offices of education within the county.
- **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)

1. Stakeholder engagement and education
2. Develop program metrics, Targeted Interventions, and goals
3. Determine incentive payment structure to MCPs
4. Develop structures for implementation (oversight and governance)
5. Regular stakeholder workgroup sessions to gather feedback and finalize program design

SBHIP Implementation Period (January 2022–December 2024)

1. ***1/31/22:*** MCPs submit Letters of Intent - ***complete***
2. ***3/15/22:*** MCPs submit Partners Forms - ***complete***
3. ***6/1/22 (Optional):*** MCPs submit early Project Plans
4. ***12/31/22:*** MCPs, in coordination with identified partners:
    a. Conduct Needs Assessments, design TIs, and submit Project Plans
5. ***Project Duration:*** MCPs submit bi-quarterly reports
6. ***12/31/24:*** MCPs submit final Project Outcomes Reports for each TI

Post-SBHIP (January 2025 and beyond)

1. BH infrastructure in schools are strengthened, benefiting Medi-Cal students
2. More MCPs, COEs, County BH Departments, and LEAs have contracts to support Medi-Cal payment for BH services in schools
3. Relationships between MCPs, LEAs, and County BH are strengthened to support coordination of services

SBHIP 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	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

Partnership and Needs Assessment Update

SBHIP Partnership Information Update
Findings as of 5/24/22

	Category	Preliminary Findings*
1.	County Coverage	Partners forms were submitted by 23 of the 23 MCPs, covering 58 of 58 counties
2.	COE Partnerships	MCPs in 57 of 58 counties had a COE representative sign their Partners Forms
3.	MCP Partnerships	a. MCPs are partnering in all 46 counties where multiple MCPs operate b. In counties with multiple MCPs, MCPs are partnering with the same LEA partners
4.	LEA Partnerships	MCPs met the minimum LEA partnership requirement (at least 10% of LEAs) in all counties *(MCPs identified 306 LEA Partners on their Partners Form submissions)*
5.	County Behavioral Health Partnerships	MCPs in 57 of the 58 counties are partnering with local County Behavioral Health Departments *(DHCS is currently working with the outstanding County Behavioral Health Department to potentially mitigate issues barring participation in SBHIP)*

Note: SBHIP partnership information is subject to change given MCPs are still formulating their approaches.

County Needs Assessment Approach

Timeframe:

1. Needs Assessment and resource mapping must be completed no later than Dec 31, 2022 (early submissions are acceptable).
2. Targeted Interventions may be implemented prior to completion of assessment upon Project Plan (Milestone One) approval by DHCS.

Approach:

1. 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. MCPs may work together or separately to complete the Needs Assessment template for their selected LEA(s).
    c. Counties with multiple MCPs will only need one Needs Assessment.
2. 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.
2. For example, 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
    - » 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 Intervention Update

Accelerated Project Plan Submission Update

Anticipated 6/1/2022 Project Plan Submissions

Overview of Responses:

9 MCPs in 7 counties plan to submit Accelerated Project Plans by 6/1

County	MCP	TIs
1. Los Angeles	1. Health Net 2. LA Care	1
2. Modoc	1. Partnership Health Plan	TBD
3. Napa	1. Partnership Health Plan	TBD
4. Sacramento	1. Aetna 2. Anthem 3. Health Net 4. Kaiser* 5. Molina	2
5. San Mateo	1. HP of San Mateo	2
6. Santa Clara	1. Santa Clara Family Health Plan	1
7. Solano	1. Partnership Health Plan	TBD

* Kaiser will submit an Accelerated Project Plan for only one TI in Sacramento

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.

Suggested MOU elements can be found on the SBHIP website: (https://www.dhcs.ca.gov/services/Pages/studentbehavioralheathincentiveprogram.aspx).

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 that will be implemented in bi-quarterly segments, beginning with July – December 2022 for early submissions, and January – June 2023 for regular submissions 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. Description of progress and status update during each bi-quarterly segment. *Provide documentation evidencing the level of progress reported*.
2. Identify any changes in SBHIP partners based on initial plan.
3. Identify any changes in student population identified as recipients of selected intervention.
4. 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

Performance Outcome Metrics

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).

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

Performance Measures: MCPs, in collaboration with selected partners, will select two distinct measures to demonstrate achievement of the selected Performance Outcome Metric.

Examples of Performance Measures may include but are not limited to:

- Number of students attending a suicide prevention program, number of BH telehealth services provided, number of BH providers, number of Care Team members, number of BH staff trainings, number of students attending BH trainings, frequency of BH presentations, and number of BH Wellness rooms

Evaluation Criteria

DHCS will score and evaluate four comprehensive deliverables:

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

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.

Evaluation Criteria (cont.)

Four comprehensive deliverables will be scored and evaluated:

3. **Bi-Quarterly Reports *(New scoring and evaluation criteria added May 2022)***
   a. Minimum Score: = 100%
   b. Resubmission Opportunity: DHCS will coordinate with MCP to determine the appropriate timeframe
   c. Partial Funding Available?: No

4. **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.

Incentive Payment Methodology Update

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
- Payments will be made bi-quarterly and will be contingent upon an approved bi-quarterly report that demonstrates progress made towards the completion of the Targeted Interventions).
- If zero progress is reported, an MCP will be considered non-compliant with the terms of the program, and its maximum targeted intervention allocation will be reduced, for each 6-month period in which zero progress was reported, by 25% for early project plan submissions, and 20% for regular project plan submissions.

Incentive Payments: Funding Allocation (cont.)

- **Assessment Funding:**
  - Assessment allocation considers the LEA count, MCP count, and Medi-Cal member month per plan
  - Assessment "floor" for each county: $225,000

- **Targeted Intervention Funding:**
  - Allocation is based on 50% member months and 50% unduplicated pupil count
  - Targeted Intervention average "floor" for each county: $500,000

Incentive Payments: Funding Allocation (cont.)

Milestone	Funding Allocation	Submission Deadline(s)	Funding Distribution Date(s)
Submission of the Letter of Intent and Partners Form	50% of the total Needs Assessment allocation	March 15, 2022	May 2022
DHCS Approval of Needs Assessment	50% of the total Needs Assessment allocation	December 31, 2022	April 2023
DHCS Approval of Project Plan	Up to 50% of the Targeted Intervention allocation	*"Standard" Project Plan Submissions:* December 31, 2022	*"Standard" Project Plan Submissions:* April 2023
		"Optional" Accelerated Project Plan Submissions: June 1, 2022	*"Optional" Accelerated Project Plan Submissions:* October 2022

Incentive Payments: Funding Allocation (cont.)

Milestone	Funding Allocation	Submission Deadline(s)	Funding Distribution Date(s)
DHCS Approval of Bi-Quarterly Report *(New incentive payment funding allocation added May 2022)*	*"Standard" Project Plan Submissions:* 75% of remaining Targeted Intervention allocation (25% allocated to each Bi-Quarterly Report)	*"Standard" Project Plan Submissions:* 1. June 30, 2023 2. December 31, 2023 3. June 30, 2024	*"Standard" Project Plan Submissions:* 1. October 2023 2. April 2024 3. October 2024
	"Optional" Accelerated Project Plan Submissions: 80% of remaining Targeted Intervention allocation (20% allocated to each Bi-Quarterly Report)	*"Optional" Accelerated Project Plan Submissions:* 1. December 31, 2022 2. June 30, 2023 3. December 31, 2023 4. June 30, 2024	*Optional" Accelerated Project Plan Submissions:* 1. April 2023 2. October 2023 3. April 2024 4. October 2024

Incentive Payments: Funding Allocation (cont.)

Milestone	Funding Allocation	Submission Deadline(s)	Funding Distribution Date(s)
DHCS Approval of Project Outcome Report	*"Standard" Project Plan Submissions:* 25% of remaining Targeted Intervention allocation	December 31, 2024	April 2025
	"Optional" Accelerated Project Plan Submissions: 20% of remaining Targeted Intervention allocation	December 31, 2024	April 2025

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

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:

- MCPs may earn up to 100 percent of the maximum allocation for the Targeted Intervention.

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

- MCPs may earn up to 20 percent of the maximum allocation for each Targeted Intervention. The remaining 60% may be earned for one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.
- 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:

- MCPs may earn up to 20 percent of the maximum allocation for each Targeted Intervention. The remaining 40% may be earned for one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.
- 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:

- MCPs may earn up to 20 percent of the maximum allocation for each Targeted Intervention. The remaining 20% may be earned for one additional targeted intervention or be divided among the targeted interventions as deemed appropriate by the MCP.
- Each targeted intervention is capped at 40% of the maximum allocated for that MCP.

Children and Youth Behavioral Health Initiative (CYBHI)

Overview of the Children and Youth Behavioral Health Initiative

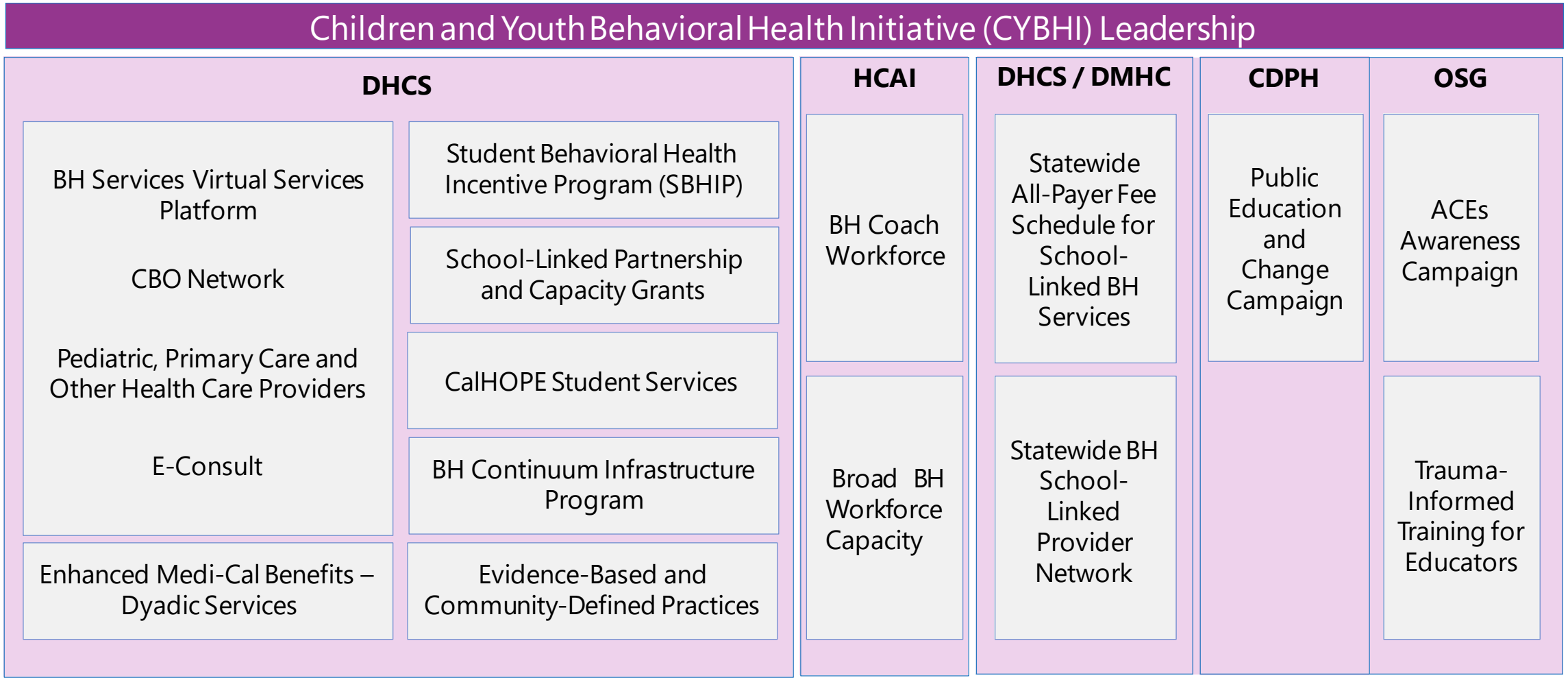
The goal of the **Children and Youth Behavioral Health Initiative is to address the behavioral health challenges** facing children and youth **by reimagining the systems that support behavioral health and wellness for children, youth, and their families**

The initiative will take a **whole system approach** by creating **cross-system partnerships –** involving stakeholders from the various systems that support children and youth behavioral health **–** to ensure that **the reimagined system is children and youth centered and equity focused**

Source: California Health and Human Services Agency

Overview of CYBHI Workstreams

DRAFT as of April 1, 2022



Source: California Health and Human Services Agency, DHCS, DMHC, HCAI, CDPH, OSG

Statewide Fee Schedule and Provider Network for School-Linked Services

PRELIMINARY AS OF 4/20/2022

Objective

By January 1, 2024, DHCS, in collaboration with DMHC, will develop and maintain:

- A school-linked statewide fee schedule for outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site
- A school-linked statewide provider network of at or near school-site behavioral health counselors

Background on Medi-Cal Delivery System

Medi-Cal managed care plans, county BH plans, AND commercial health plans are required to reimburse providers for a predefined set of medically necessary outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site

Source: California Department of Health Care Services

School-Linked Partnership and Capacity Grants

PRELIMINARY AS OF 4/13/2022

Workstream Overview

Provides direct grants to support new services to individuals 25 years of age and younger from schools, providers in school, school affiliated CBOs, or school-based health centers

Will support statewide school-linked fee schedule and behavioral health network of providers

Workstream Objective

By January 1, 2024, DHCS, in collaboration with DMHC, will develop and maintain:

- A school-linked statewide fee schedule for outpatient mental health and substance use disorder services provided to a student, 25 years of age or younger, at or near a school-site
- A school-linked statewide provider network of at or near school-site behavioral health counselors

Potential Recipients

- LEAs
- Institutions of higher education
- Childcare & preschools
- Health plans
- CBOs
- BH providers
- County BH
- Tribal entities

Source: California Department of Health Care Services

Scale up of evidence-based interventions (EBIs) and community-defined practices (CDPs)

Source: CYBHI Public Webinar, 3/15/22

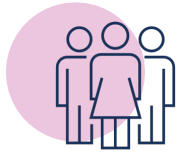
Workstream Overview

With input from stakeholders, DHCS will select a limited number of evidence- based practices (EBPs) to scale throughout the state based on robust evidence for effectiveness, impact on racial equity, and sustainability

Grantees will be required to share standardized data in a statewide behavioral health dashboard

2021 Budget Act includes $429,000,000 in FY 2022-2023

DHCS will enter into an Interagency Agreement with Mental Health Services Oversight & Accountability Commission (MHSOAC); 10% of total funds earmarked for MHSOAC



Potential Recipients

- Managed Care Plans
- Commercial Health Plans
- Community Based Organizations
- Behavioral Health Providers
- County Behavioral Health
- Tribal Entities

Key Milestones

- Preliminary scope of granting program defined **~August 1, 2022**
- Grants open on **~December 1, 2022**

Workstream: BH Virtual Services and E- Consult Platform

Source: CYBHI Program Brief; CYBHI Think Tank Application

Workstream Overview

Build and drive adoption of the Behavioral Health Virtual Services Platform for all children, youth and families in California

Support delivery of equitable, appropriate, and timely behavioral health services from prevention to treatment to recovery

Provide an E-Consult platform for pediatric and primary care providers to E-Consult with BH providers

Solicit input from Think Tank members to advise DHCS on the functionality and operationalization of the platform

2021 Budget Act includes $230,000,000 in FY 2022-2023

Potential Recipients

- Children and youth
- Parents and caregivers
- Educators
- Pediatricians and primary care physicians (E- Consult)

Key Milestones

- Solicitation of services: **Q4, 2022**
- User engagement sessions: **Timeline TBD**
- Platform launch: **January 1, 2024**

MCP Partnership and Collaboration Presentations

MCP Partnership and Collaboration: Anthem and CA Health & Wellness / Health Net

Overview of Partnership and Collaboration	Key Takeaways & Lessons Learned
• Statewide Collaboration: Anthem/CHW/Health Net have 23 shared Counties • Shared data collection strategies • County Relationships: Both MCPs work closely with County Health and Human Services Departments and local community organizations	• Clear and Consistent Communication • Relationship Building between MCPs, COE, and County Behavioral Health
Barriers Encountered	**Collaboration & Mitigation Strategies**
• School Timelines: Summer Break • County Hesitation/Reluctance • Staffing Needs / Capacity	• Meetings with Stakeholders • Consultants and Program Implementation

MCP Partnership and Collaboration: Healthy San Diego

Overview of Partnership and Collaboration	Key Takeaways & Lessons Learned
• Healthy San Diego is the umbrella in which our 7 Medi-Cal Managed Care Plans have operated since Geographic Managed Care began in July of 1998. • San Diego's Medi-Cal Managed Care Plans are Aetna, Blue Shield Promise Health Plan, Community Health Group, Health Net, Kaiser Permanente, Molina and United. • San Diego County Health & Human Services Agency, inpatient and outpatient providers, FQHC's, Substance Use providers, advocates other stakeholders. • We are looking to hire a vendor to managed our needs assessment and gap analyses.	• Our County Behavioral Health system of care has done an outstanding job working with our schools throughout San Diego County including contracting for school-based services. • Medi-Cal Managed Care Plans need to be more involved with the services provided on school sites.

MCP Partnership and Collaboration: Healthy San Diego (cont.)

Barriers Encountered	Collaboration & Mitigation Strategies
• Limited engagement between Medi-Cal Managed Care Plans and our local school system.	• Under the Healthy San Diego (HSD) umbrella is the HSD Behavioral Health Subcommittee, HSD CalAIM Work Group, HSD Leadership Team, HSD SBHIP Task Force. • The HSD SBHIP Task Force consists of our 7 San Diego Medi-Cal Managed Care Plans, County Mental Health Plan, Office of Education, School Board representation and multiple school districts. • This Task Force will work collaboratively to ensure no duplication of funding, appropriate and needed services are implemented and services will be sustainable for our school aged kids throughout San Diego County.

MCP Partnership and Collaboration: Kern Health Systems (KHS)

Overview of Partnership and Collaboration	Key Takeaways & Lessons Learned
• Kern County • COE, CBH, Commercial & Delegated Medi-Cal Plans, School Districts, local research firm • Virtual Stakeholder and Workgroup Meetings; Vendor hired to perform assessment and develop project plans; prioritized data collection with students, parents and districts due to summer break	• Engage all LEAs earlier in the process to gather concerns, interest and address questions. • Leverage existing relationships allowed for early buy-in and interest from targeted LEAs. • Upfront transparency with stakeholders on what is known vs unknown. • Overcommunicate the intent of SBHIP.
Barriers Encountered	**Collaboration & Mitigation Strategies**
• Limited capacity/resources and competing priorities • Timeline to identify and hire vendor to start data collection for needs assessment • Limited responses to LEA interest survey • School holidays, Spring and Summer breaks	• Strategy sharing with other counties and transparency • Early and frequent discussions with KHS CEO and stakeholders on barriers and possible solutions • 1:1 phone calls to superintendents from COE and KHS • Set expectations and priorities and leverage data collected from other county efforts

Open Discussion

Open Discussion

- Questions/feedback on today's agenda

Next Steps and Technical Assistance (TA) Resources

Next Steps and TA Resources

1. **SBHIP Office Hours:**

Every 2nd Tuesday of the month
3:00-4:00 pm PT
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
9:00-10:00 am PT
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

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

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

MCP Contact Information

Plan	Contact Name	Phone Number	Email Address
Aetna	Karen Heim	412-553-5592	kmheim@aetna.com
Alameda Alliance for Health	Stephanie Wakefield	510-220-8969	swakefield@alamedaalliance.org
Anthem Blue Cross	Alicia Pimentel	510-282-8411	Alicia.pimentel@anthem.com
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

MCP Contact Information (Cont.)

Plan	Contact Name	Phone Number	Email Address
Contra Costa Health Plan	Robert Auman	925-608-7927	Robert.Auman@cchealth.org
Gold Coast Health Plan	Lucy Marrero	805-889-5853	LMarrero@goldchp.org
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
Kaiser (San Diego)	Hilary Frazier Andy Hua	626-660-9951 818-415-1459	hilary.a.frazer@kp.org andy.hua@kp.org
Kaiser (Sacramento)	Kinisha Campbell Sarah Linville	510-390-2935 510-207-9516	kinisha.m.campbell@kp.org sarah.y.linville@kp.org

MCP Contact Information (Cont.)

Plan	Contact Name	Phone Number	Email Address
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L.A. Care	Alexandria Cheung	(213) 694-1250 ext. 5825	SBHIP@lacare.org
Molina	Ruthy Argumedo	888-562-5442 x127710	ruthy.argumedo@molinahealthcare.com
Partnership Health Plan of CA	Mark Bontrager	707-419-7913	Mbontrager@partnershiphp.org
San Francisco Health Plan	Nina Maruyama	415-615-4217	nmaruyama@sfhp.org
Santa Clara Family Health Plan	Natalie McKelvey	408-761-9713	nmckelvey@scfhp.com
United Healthcare	Jessica Fonte	763-292-6203	Jessica.fonte@uhc.com

SECTION 5. AD HOC COMMITTEES

5.1 Purpose

Ad Hoc Committees shall be established by the Commission as needed to address issues within the normal course of Commission responsibilities, including but not limited to applicant interviews and officer nominations. They shall be required to report back to the Commission.

5.2 Composition

An ad hoc committee shall consist of a minimum of three (3) and a maximum of five (5) members of the Commission.

5.3 Appointment

The Commission shall appoint Commission members to an ad hoc committee.

5.4 Meetings/Actions

All matters coming before an ad hoc committee shall be determined by a majority of the members of the ad hoc committee.

5.5 Chairpersons

a) Selection

Each ad hoc committee shall have a Chairperson, and may have a Vice Chairperson, selected by a majority of the members of the ad hoc committee. In the event of a vacancy in the position of Chairperson of an ad hoc committee, the Commission Chairperson may serve as temporary Chairperson of the ad hoc committee for up to sixty (60) days while the ad hoc committee selects a new Chairperson.

b) Duties

1) The Chairperson shall preside at all meetings of the ad hoc committee and perform his or her duties consistent with the procedures outlined herein. The Chairperson shall be in consultation with the Commission Chairperson.
2) The Chairperson shall direct the preparation and distribution of agendas for the ad hoc committee in the manner required by the Brown Act and the County's Better Government Ordinance.
3) The Chairperson shall provide monthly reports to the Commission.

5.6 Removal

The Chairperson of the ad hoc committee may request of the Chair of the Commission replacement of a member who fails to regularly attend the ad hoc committee meetings.