Mental Health Commission
Quality of Care Committee Meeting
Thursday, June 15th, 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 May 18th, 2023, Quality of Care meeting**

VI. **APPROVE minutes from April 20th, 2023, Finance meeting**

VII. **RECEIVE Presentation on the Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Fiscal Year 2023 - 2026) DRAFT / DISCUSS key issues, Jennifer Bruggeman, Program Manager, MHSA**
  ➢ **Key areas of spending and changes from immediately prior years**
  ➢ **Impact on the Mental Health Commission's (MHC) areas of advocacy**
  ➢ **Legislation relating to MHSA funding areas**

VIII. **DISCUSS and finalize Finance agenda items for 2023**

IX. **DISCUSS decisions relating to the next proposed Site Visit with MHSA, tasks for preparing for the visit, timeline, and recruitment of Commissioners**

X.   **DISCUSS and finalize first priority and future K-12 project topics and brainstorm goal, target audience, output and action for first priority topics**

XI.   **DISCUSS additional Committee meetings schedule for the K-12 mental health gap analysis project**

XII. **Adjourn**

ATTACHMENTS:

A. **Quality of Care meeting notes, June 15, 2023**
B. **Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Fiscal Year 2023 - 2026) DRAFT (https://cchealth.org/mentalhealth/mhsa/)**
C. **Student Behavioral Health Incentive Program (SBHIP) Stakeholder Meeting, California Department of Health Care Services, May 24, 2022**
D. **SBHIP Program Overview and Current Status, April 2023**

Quality of Care 6/15/23 Meeting Notes
Barbara Serwin

I. Potential Finance-related goals/agenda items for 2023

Consider major goals of Finance Committee for 2022 and early 2023 (italicized topics overlap considerably with Quality of Care; mandatory topics are bolded):
- *Tracking on Behavioral Health Continuum Infrastructure Program (BHCIP)*
- *Tracking on Behavioral Health Bridge Housing (BHBH)*
- Tracking on IST funding and *whether the needs of the Incompetent to Stand Trial (IST) population are being met by BHS*
- Tracking on Justice juvenile population transfer from state to county and funding for this (move this topic to *Justice)*
- **Review of MHSA reports, including budget and financials**
- **Review of MHSA annual budget**
- **Review of contracts in support of MHSA reviews and MHC site visits**
- **Tracking on BHS budget development**
- **Tracking on BHS actuals** ("where the money is going") – 2022 stated goal
- *Review new contracts prior to approval by Board of Supervisors*

➔ What are we NOT covering that is important?

➔ What is doable, most essential to basic responsibilities of the Commission, and not replicated by another group in the county?

II. Quality of Care Committee K-12 gap analysis focus

In light of the Student Behavioral Health Initiative Program (SBHIP), what should be our focus? Note: We don't want to duplicate efforts.

Basic/Mandatory:
- Track and report out on the developments of SHIP and keep MHC informed

Immediate Priority Topics:
- Track on and evaluate the success measurements of the specific school-site initiatives.
- Evaluate whether the methods for identifying target students are working.
- Evaluate whether the new mental health services actually being used by the target population?
- Track on the success of the direct billing efforts and whether the cost of providing mental health care services in schools be truly self-funding

<u>Secondary Priority Topics</u>:
- Evaluate what is still needed at the participating school districts and what this cost might be
- Consider the school districts NOT included in this project, e.g. Mt. Diablo USD – what are their needs and how will funding be obtained to meet their needs?
- How are the benefits of the new mental health services reaching mild to moderates and filtering out to benefit all students regardless of income?

<u>Additional Concerns</u>:
- Track on the implementation of the school-site tracking software – it is key to the project's success
- Track on the extent to which providers are partnering with the school districts and the extent to which there are adequate resources to meet the needs of the target population
- Track primarily on the payment aspect of the project – is implementation proceeding as planned (e.g. software implementation, billing, payment) and will the cost of mental health services be truly self-funding

X. Site Visit direction for remainder 2023

See site visit notes

XI. Objectives for PES and 4C and 4D visit

PES
- Objectives:
  - Understand the new design
  - Understand the benefits of the new design and the way that it is meeting the needs of clients
  - Understand what aspects of the PES needs assessment are not met by the design and how they are being compensated for
  - Understand the main milestones and challenges for completing and using the facility

- Additional questions:
  - Are there staff changes associated with the new design?
  - Are there significant changes to process

4C and 4D

Mental Health Services Act - Three-Year Program and Expenditure Plan (Fiscal Year 2023-2026) Draft (Posted for Review & Public Comment)

Audrey S. Montana
Wed 6/7/2023 4:28 PM

Dear Mental Health Services Act – Advisory Council Members and Interested Community Members:

The Mental Health Services Act (MHSA) Three-Year Program and Expenditure Plan (Fiscal Year 2023 – 2026) Draft has been posted on the MHSA website for review. You may locate the document here: **https://cchealth.org/mentalhealth/mhsa/**

The 30-day public comment period for the MHSA Three-Year Plan FY 23-26 is from June 6 – July 6, 2023. Please send public comments to MHSA@cchealth.org.

PUBLIC HEARING:

The Hearing on the **MHSA Three-Year Plan (FY 2023-2026)** will be held in person and via Zoom on **Wednesday, July 5, 2023** during the Mental Health Commission meeting. The Agenda with the meeting location and Zoom link/Call Info for the hearing will be posted four days before the hearing at: **https://cchealth.org/mentalhealth/mhc/agendas-minutes.php**.

The Mental Health Commission meets in person at: 1025 Escobar Street, Martinez, California 94553.

Please feel free to contact me if you have any questions.

Thank you.

Audrey Montana | She/Her
Clerk – Senior Level, MHSA
Phone: 925-313-9525
Email: audrey.montana@cchealth.org

Student Behavioral Health Incentive Program (SBHIP)

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

ᗡHCS

May 2022

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
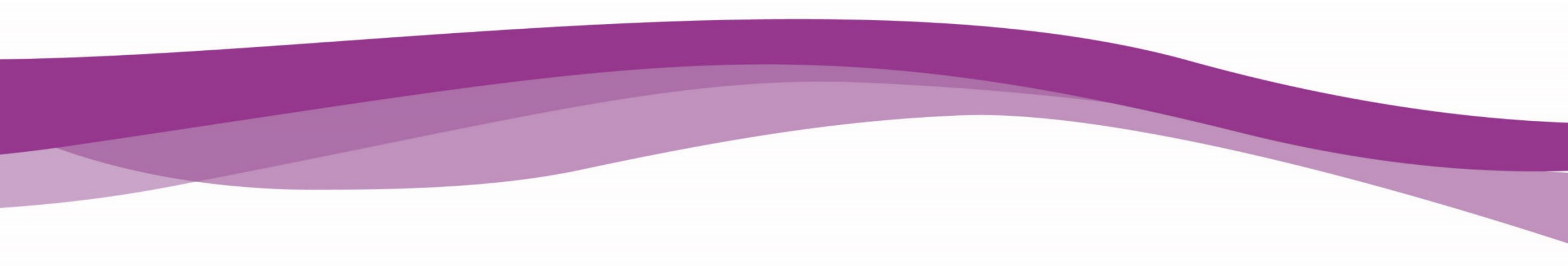
SBHIP Deliverables and Timeline

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
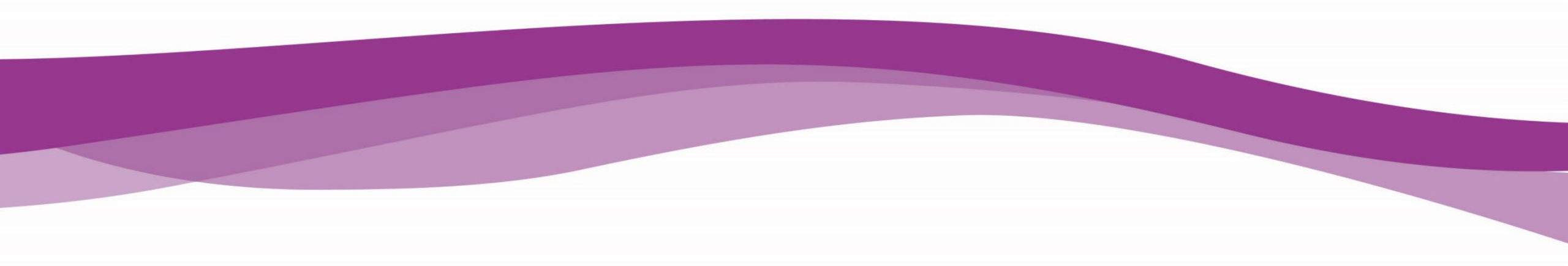
Incentive Payments: Funding Allocation

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.

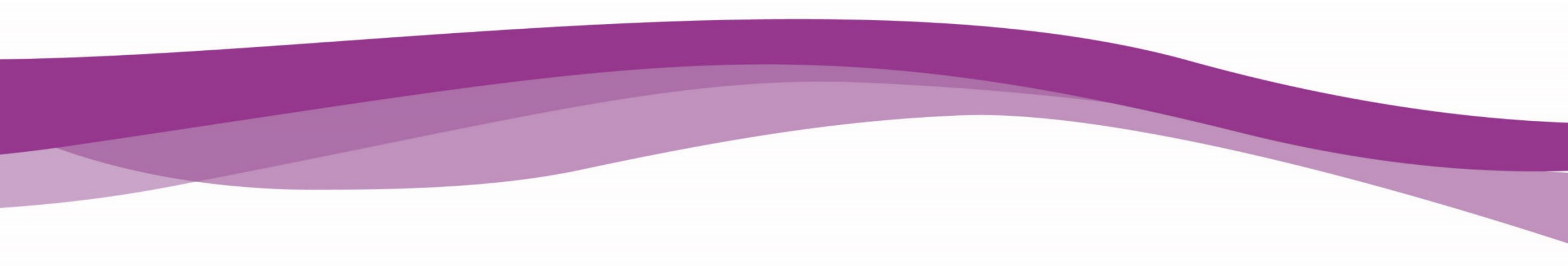# Incentive Payments: Funding Allocation and Targeted Interventions (cont.)

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

Source: California Health and Human Services Agency

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**
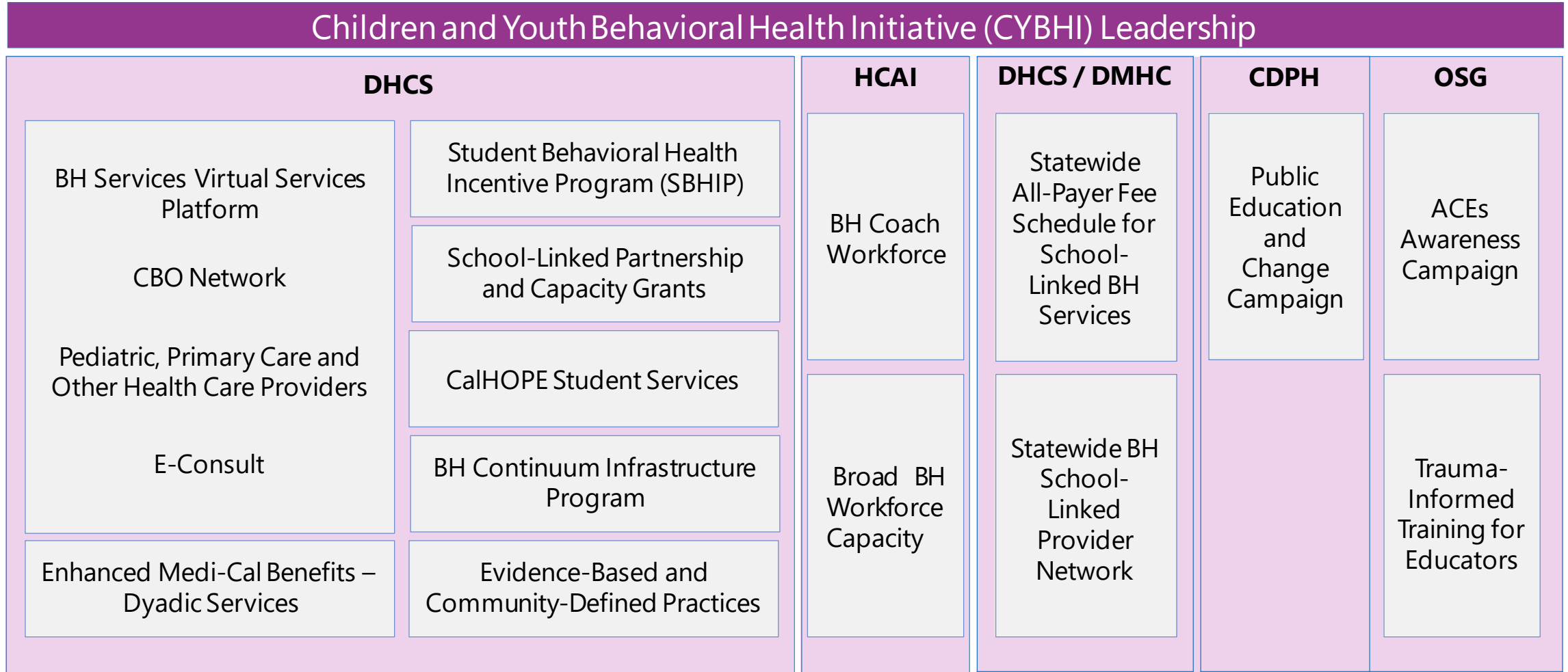

The initiative will take a **whole system approach** by creating **cross-system partnerships –** involving stakeholders from the various systems that support children and youth behavioral health **–** to ensure that **the reimagined system is children and youth centered and equity focused**

Overview of CYBHI Workstreams

DRAFT as of April 1, 2022

Children and Youth Behavioral Health Initiative (CYBHI) Leadership				
DHCS	**HCAI**	**DHCS / DMHC**	**CDPH**	**OSG**
BH Services Virtual Services Platform CBO Network Pediatric, Primary Care and Other Health Care Providers E-Consult Enhanced Medi-Cal Benefits – Dyadic Services	Student Behavioral Health Incentive Program (SBHIP) School-Linked Partnership and Capacity Grants CalHOPE Student Services BH Continuum Infrastructure Program Evidence-Based and Community-Defined Practices	BH Coach Workforce Broad BH Workforce Capacity	Statewide All-Payer Fee Schedule for School-Linked BH Services Statewide BH School-Linked Provider Network	Public Education and Change Campaign	ACEs Awareness Campaign Trauma-Informed Training for Educators

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)

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
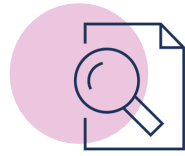- County Behavioral Health
- Tribal Entities

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
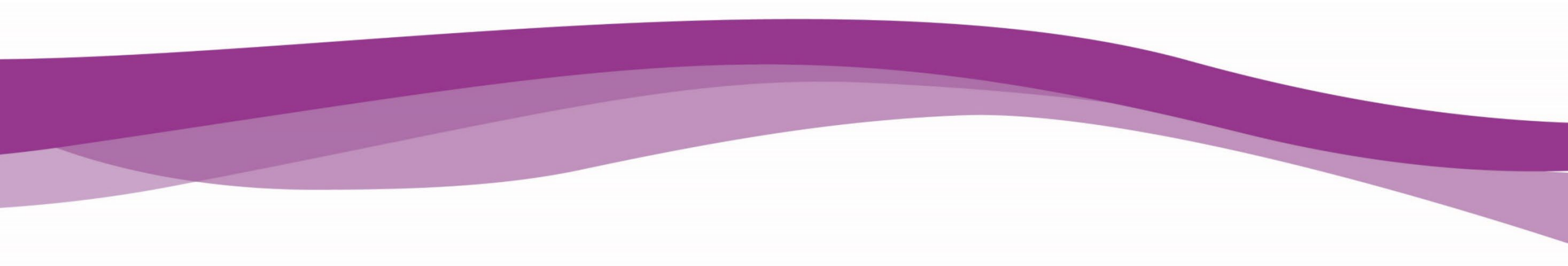
Potential Recipients

- 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**	**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

Appendix
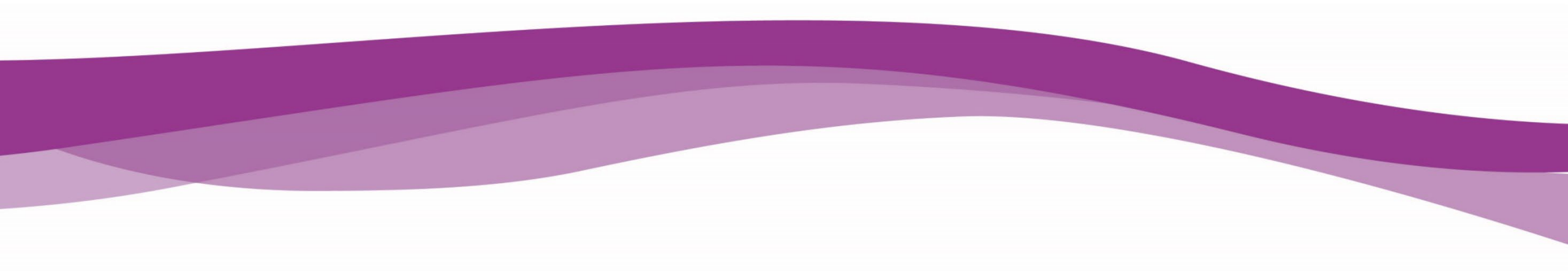
Acronyms

- 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
Kern Health Systems	Isabel Silva	661-664-5117	isabelc@khs-net.com
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

Student Behavior Health Incentive Program

Program Overview and Current Status

April 2023

SBHIP Program Goals

- Increase access to and use of behavioral health services on or near school campuses.

- Develop and strengthen ties between Medi-Cal MCPs and local school districts.

SBHIP Program Overview

- 4 Districts: Antioch, Pittsburg, John Swett, West CC, plus CCCOE

- 2 Medi-Cal MCPs: CCHP and Anthem

- 13 different "interventions" spread across 5 categories

- Assessment/Planning period: 2022

- Implementation period: 1/1/23 to 12/31/24.

- Total Program Budget: $9 Million

Antioch USD Planned Interventions

- Expand existing program of therapists in elementary schools by adding 4 therapists so all elementary students have access

- Add district-level Crisis Counselor

- Contract with Care Solace - a 24/7 Behavioral Health referral service for students and families

- IT enhancements for better tracking and eventual connection to CCHP for billing

Pittsburg USD Planned Interventions

- 4 new Behavioral Health Specialists at district level to provide services at the elementary school level

- IT enhancements for better tracking and eventual connection to CCHP for billing

John Swett Planned Interventions

- New School Wellness Center
  - 2 Mental Health & Wellness Center coordinators
  - Supplies & materials (in existing available space)

- Expand existing MH Counselor program by 1.5 FTE

- Add 1 Registered Behavior Tech + 1 Psych Intern

- Implement AVID Program – professional development program to drive college readiness, especially in students from disadvantaged backgrounds

- Implement BASE SEL program – staff development program to help teachers recognize and improve social-emotional skills in students

- IT enhancements for better tracking and eventual connection to CCHP for billing

West Contra Costa Planned Interventions

- 4 Behavioral Health Interventionists, middle schools

- 2 Restorative Practice facilitators

- 2 AOD Counselors

- Laptops, supplies, trainings for above

- IT enhancements for better tracking and eventual connection to CCHP for billing

Additional Interventions

- Software implementation, training, and support at COE to support their programs, approximately 400 students.

- Software integration with CCHP systems so that all the information derived in districts can be shared with CCHP providers – "closing the loop" on behavioral health interactions and referrals.

- Eventually, this software will allow districts to bill CCHP directly for services rendered – essentially, district BH providers become contracted providers for us, and are paid as part of our normal operations.

  State is pushing towards this model of billing for school-based care, and away from current billing model known as LEA-BOP. This will be a multi-year transition, but our software enhancements now lay the groundwork for the future.

Current Status

- DHCS has approved our project plans.

- Working on MOUs with Districts and COE
  - Interim step: Create LOAs so money can be distributed quickly (allow districts to post for positions).

- Working with Districts to identify success metrics and baseline numbers.

- Working with Districts in preparation for software implementation.

Questions?