CONTRA COSTA
MENTAL HEALTH COMMISSION

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MENTAL HEALTH
COMMISSION
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Mental Health Commission
Quality of Care Committee Meeting
Thursday, July 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 June 15th, 2023, Quality of Care meeting**

VI. **RECEIVE an update on the Student Behavioral Health Incentive Program (SBHIP) implementation, Robert Auman, Senior Program Manager, Contra Costa Health Plan**

VII. **REVIEW and finalize top priority Quality of Care Committee K-12 SBHIP project goals, Committee**
- **Track on and evaluate the success measures of the specific school-site initiatives.**
- **Evaluate whether the method for identifying target students is working.**
- **Evaluate whether the new mental health services are actually being used by the target population.**
- **Track on the success of the direct billing and payment efforts.**
  - **Is implementation proceeding as planned (e.g. software implementation, partnering between school districts and insurance providers, billing, payment)**
  - **Whether the cost of providing mental health care services in schools can be truly self-funding**

VIII. **DISCUSS ideas for the K-12 SBHIP project end-product, e.g. what kind of report to produce, who to target, how to get our message out, and how to turn our advocacy into influence, Committee**

(Agenda Continued on Page Two)

CONTRA COSTA COUNTY
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Quality of Care Committee Agenda (Page Two)

Thursday, July 20th, 2023 ◊ 3:30 pm - 5:00 pm

IX. DISCUSS ideas for who and how to connect with people who are running SBHIP at the County, school district, and school levels, Committee

X. DISCUSS schedule for additional K-12 meetings: One or two extra meetings per month in addition to the regularly scheduled Quality of Care Committee monthly meeting, Committee

XI. Adjourn

ATTACHMENTS:

A. SBHIP Update, May 2023

B. SBHIP Frequently Asked Questions (FAQs)

CONTRA COSTA
HEALTH PLAN
A Division of Contra Costa Health Services

Student Behavior Health Incentive Program

Program Overview and Current Status

April 2023

CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

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.

CONTRA COSTA HEALTH PLAN
A Division of Contra Costa Health Services

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

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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

CONTRA COSTA HEALTH PLAN
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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

CONTRA COSTA HEALTH PLAN
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- 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.

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HEALTH PLAN
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Questions?

Student Behavioral Health Incentive Program Frequently Asked Questions

The following frequently asked questions (FAQs) about the Student Behavioral Health Incentive Program (SBHIP) are organized in seven categories:

- General Program Information
- SBHIP Timeline
- Managed Care Plans (MCPs) and Selected Partnerships
- Needs Assessments
- Targeted Interventions
- Funding
- Contact information

General Program Information

What is the SBHIP?

SBHIP is a program that originated from State law (AB 133, Welfare & Institutions Code Section 5961.3) and is intended to address behavioral health access barriers for Medi-Cal students through targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

What are the objectives of SBHIP?

The objectives of SBHIP are to:

i. Break down silos and improve coordination of child and adolescent behavioral health services for those enrolled in Medi-Cal through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.

ii. Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education.

iii. Increase non-specialty services on or near school campuses.

iv. Address health equity gap, inequalities, and disparities in access to behavioral health services.

Which students are impacted by the Program?

SBHIP is targeted at TK-12 students enrolled in the State Medicaid program, Medi-Cal. However, it is anticipated the behavioral health infrastructure investments will ultimately benefit all students, including Medi-Cal and non-Medi-Cal beneficiaries.

Will the Program be available statewide?

SBHIP will be implemented at the county level and is voluntary for Medi-Cal MCPs, which will be implementing the Program. While it is expected that the Program will be implemented in most counties, there may be some counties in which the MCPs may choose not to participate.

SBHIP Timeline

When does the Program start and end?

SBHIP is a three-year program which begins January 1, 2022 and ends December 31, 2024. While funding will no longer be available for the program after 2024, it is DHCS' goal that the infrastructure and partnerships developed as a result of the program will be sustained after the end of the three-year program.

How will the program be implemented (i.e., will the SBHIP services be available on day one)?

SBHIP will be implemented in phases. In the first year of the program (2022), the focus will be on building relationships between local educational resources and MCPs to support a behavioral health needs assessment of the local student population. That needs assessment is intended to inform what behavioral health targeted interventions will best support local student population. After the behavioral health needs assessment is completed (fourth quarter of 2022), the MCPs and their local partners will select targeted interventions and submit a project plan to implement those targeted interventions to the California Department of Health Care Services (DHCS). After DHCS approval of those project plans, the MCPs and local partners will begin implementing those targeted interventions in selected schools the first and second quarter of 2023.

Can targeted interventions be implemented before the needs assessment is completed?

Yes. During the Program planning phase (August 2021–December 2021), stakeholders recommended that in certain instances, targeted interventions should be able to be implemented before the needs assessment has been completed. This may include instances

where there are existing strong partnerships between the MCPs and local educational partners and the local behavioral needs are clear. Project Plans for targeted interventions to be implemented before the needs assessment is completed, must be submitted to DHCS no later than April 1, 2022. All Project Plans will depend on DHCS approval.

SBHIP Timeline	Due Date/Timeframe
SBHIP Design Period: DHCS works with stakeholders to develop metrics, interventions, and goals to inform incentive payments to Medi-Cal MCPs	August 2021–December 2021
Medi-Cal MCPs submit Letters of Intent to participate in SBHIP due to DHCS	January 31, 2022
Medi-Cal MCPs work with County Office of Education to select SBHIP partners	First Quarter 2022
Medi-Cal MCPs submit SBHIP Partners Form	March 15, 2022
Medi-Cal MCPs and selected partners conduct assessment	Second/Third Quarter 2022
Medi-Cal MCPs submit completed assessment package to DHCS	December 31, 2022
Medi-Cal MCPs: **Select targeted intervention(s) and student population to target with selected intervention(s)** **Submit project plan (Milestone One) to DHCS**	December 31, 2022
DHCS reviews Medi-Cal MCP project plan for each Medi-Cal MCP and each targeted intervention*	First Quarter 2023
Medi-Cal MCPs and selected partners implement targeted intervention(s)	2023/2024
Medi-Cal MCPs submit Bi-Quarterly Report	Bi-Quarterly 2023/2024
Medi-Cal MCPs submit Project Outcome Report for each targeted intervention	Third/Fourth Quarter 2024
SBHIP operations close	December 31, 2024

*Targeted interventions may be implemented prior to completion of assessment. If so, the Project Plan (Milestone One) must be submitted no later than April 1, 2022, and 1st bi-quarterly report will be due end of Q4 of CY 2022.

MCP and Selected Partnerships

What collaboration is expected between local educational partners and the MCPs?

The MCPs are expected to work with county offices of education (COEs) to identify Local Education Agencies (LEAs) for partnership in the program. Once partner LEAs are identified,

the MCP and LEA will work together on completing the needs assessment and targeted intervention project plan, and then implementing those targeted interventions. Collaboration is expected throughout the program duration, with the intent of collaboration continuing post-implementation.

What if MCPs are unable to engage the County Office of Education (COE)?

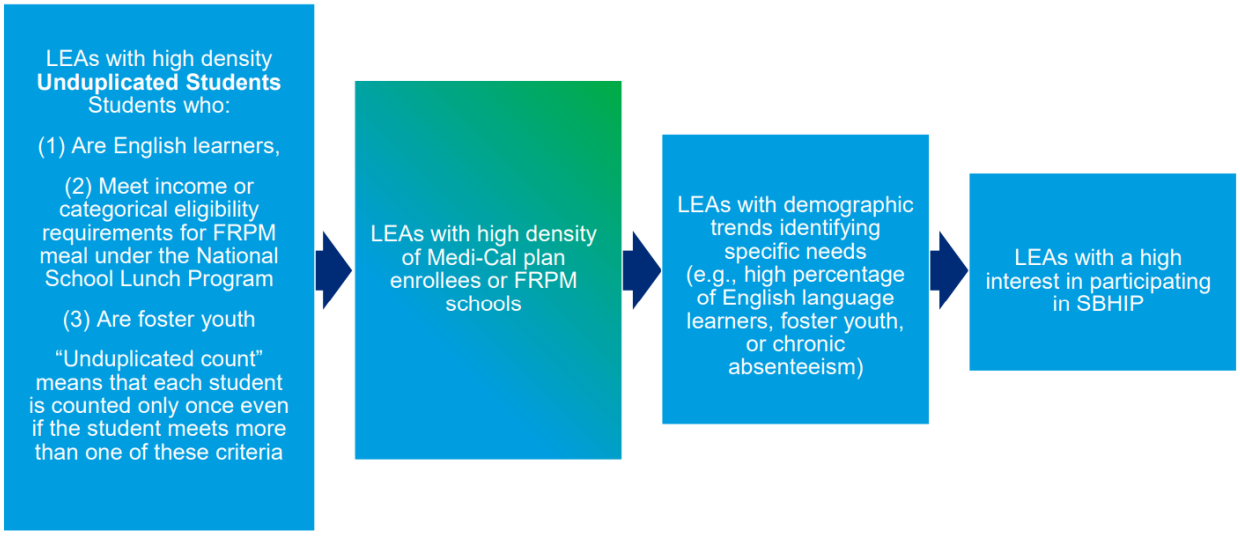
MCPs are required to show they have attempted to contact the COE. The expectation is the MCP attempts to contact the COE at minimum three times and engages the technical assistance contractor for support in making contact.

Are MCPs required to partner with all LEAs in a county?

All MCPs serving the same county, collaboratively are required to partner with a minimum of 10% of LEAs within the county. On a case-by-case basis, the MCP may partner with fewer than 10% of LEAs if the MCP has demonstrated a good faith effort to partner. MCPs will be required to identify instances when an LEA wanted to partner, but was not chosen in the final needs assessment document.

Is there criteria for MCP to determine which LEAs to select for partnership?

MCPs are expected to work with county offices of education to select LEAs with the greatest needs. Understanding that all partnerships are optional, the following depicts the priority order in which LEAs must be considered for partnerships.



Is there a timeframe for MCPs to identify selected partner LEAs?

MCPs are required to formally identify LEA partners by March 15, 2022 with DHCS.

What documentation is needed to confirm the partnerships?

MCPs will be required to submit documentation of partnerships, including contact information for those partnerships with DHCS. MCPs are expected to receive signatures from the COE superintendents on the form identifying the LEA partners. However, in some instances this may

not be possible. In those exception cases, MCPs will be required to document that the MCP has attempted to contact the COE at least three times and has engaged the technical assistance contractor for support in making that contact. Signatures from LEA partners will be required if COE signatures are not possible.

Needs Assessments

What is the needs assessment?

The needs assessment is intended to identify areas for behavioral health opportunities for TK-12 Medi-Cal students within the selected LEAs in each county.

Will there be more than one needs assessment in each county?

There will be one needs assessment per county. In instances where there are multiple MCPs in a county participating in SBHIP, MCPs may work together or separately on completing the needs assessment with their selected LEA partners. The MCPs will then collaborate to synthesize assessment(s) into one document.

What are the expectations for the "10% LEA threshold" in completing the needs assessment in instances where there are multiple MCPs in a county?

In counties with more than one participating MCP, it is expected that the MCPs collectively reach the 10% LEA threshold for partnership. For example, if in a given county the 10% threshold is 10 LEAs and there are two participating MCPs, one MCP (MCP A) could partner with six LEAs and the other (MCP B) could partner with four LEAs. The needs assessment for MCP A would reflect the findings for the six partner LEAs and the needs assessment for MCP B would reflect the finds for the four partner LEAs. The two MCPs do not need to collaborate on a collective needs assessment for that county, but the MCPs will be required to collaborate on timing so that both are completed and submitted at the same time as one document.

What is the timeframe for completing the needs assessment?

The needs assessment is expected to be completed by the end of 2022.

Targeted Interventions

What are targeted interventions?

AB 133, Welfare & Institutions Code Section 5961.3, directed DHCS to work with stakeholders to develop targeted interventions for SBHIP incentive payments. The final list of 14 targeted interventions is intended to define broad parameters for acceptable behavioral health interventions. The 14 targeted intervention categories include:

1. **Behavioral Health Wellness (BHW) Programs:** Develop the infrastructure for, or pilot BHW programs, to expand greater prevention and early intervention practices in school settings (examples include building a school site dedicated and appropriate for BHW activity, funding planning, partnership development, and capacity building for programs such as Mental Health First Aid and Social and Emotional Learning) by Medi-Cal MCPs.

The project may build or expand a dedicated school behavioral health team to engage schools, and address issues for students with behavioral health needs. Projects include, but are not limited to, infrastructure, capacity building, partnership development, materials, training programs, and staff time. If wellness programs already exist, the project may build on and expand on these efforts.

2. **Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment:** Increase behavioral health telehealth services in schools, including app-based solutions, virtual care solutions, and by investing in telehealth infrastructure within the community health worker or peer model. Ensure all schools and students have access to equipment to provide telehealth services, like a room, portal, or access to tablets or phones, within their school with appropriate technology. The project may build the capacity of behavioral health professionals through trainings in order to utilize this mode of service delivery.

3. **Behavior Health Screenings and Referrals:** Enhance Adverse Childhood Experiences and other age and developmentally appropriate behavioral health screenings to be performed on or near school campuses, and build out referral processes in schools (completed by behavioral health provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) on or near school campuses and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.

4. **Suicide Prevention Strategies:** Implement a school suicide prevention strategy and/or expand/improve upon existing LEA suicide prevention policy obligations. The project may include the development of culturally defined practices for targeted populations.

5. **Substance Use Disorder:** Increase access to SUD prevention, early intervention, and treatment, including expanding the capacity for providers to conduct SUD activities on or near school campuses. Capacity building may include efforts to increase Medication Assisted Treatment where feasible and co-occurring counseling and behavioral therapy services for adolescents. The project may include investments to build infrastructure and establish or expand capacity of new or existing collaborations between schools and providers to enhance referral mechanisms to ensure students can be referred for school-based SUD services.

6. **Building Stronger Partnerships to Increase Access to Medi-Cal Services:** Build stronger partnerships between schools, MCPs, and county behavioral health plans so students have greater access to Medi-Cal covered services. This may include providing for technical assistance, training, toolkits, and/or learning networks for schools to build new or expand capacity of Medi-Cal services for students, integrate local resources, implement proven practices, ensure equitable care, and drive continuous improvement.

7. **Culturally Appropriate and Targeted Populations:** Implement culturally appropriate and community defined interventions and systems to support initial and continuous linkage to behavioral health services in schools. The project may focus on unique, vulnerable populations including, but not limited to, students living in transition, students that are homeless, and those involved in the child welfare system. The project may include offers to cover staff time and training for providers on interventions.

8. **Behavioral Health Public Dashboards and Reporting:** Improve performance and outcomes-based accountability for behavioral health access and quality measures through local student behavioral health dashboards, or public reporting.

9. **Technical Assistance Support for Contracts:** Medi-Cal managed care plans execute contracts with county behavioral health departments and/or schools to provide preventive, early intervention, and behavioral health services. It is expected that this targeted intervention would go above and beyond the MOU requirement.

10. **Expand Behavioral Health Workforce:** Expand the school-based workforce (including building infrastructure and capacity for) by using community health workers and/or peers to expand the surveillance and early intervention of behavioral health issues in school aged kids. The project may include coverage for the cost to certify peers to provide peer support services on school-based sites. Particular focus on grades 5–12, since young people tend not to see their primary care provider routinely after their vaccinations are complete.

11. **Care Teams:** Care teams that can conduct outreach, engagement, and home visits, as well as provide linkage to social services (community or public) to address non-clinical needs identified in behavioral health interventions. The project may include investments to implement or expand the capacity of existing care teams.

12. **IT Enhancements for Behavioral Health Services:** Implement information technology and systems for cross-system management, policy evaluation, referral, coordination, data exchange, and/or billing of health services between the school and the MCP and county behavioral health department.

13. **Pregnant Students and Teens Parents:** Increase prenatal and postpartum access to mental health and SUD screening and treatment for teen parents. The project may include investments to build the capacity of providers to serve this unique population on or near school campuses by providing training, and specialized program development, including school-based or school-linked sites to provide services.

14. **Parenting and Family Services:** Providing evidence-based parenting and family services for families of students, including, but not limited to, those that have a minimum of "'promising" or "supported" rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare.

Is there a minimum number of targeted interventions that must be implemented in each county?

MCPs must implement a minimum of one to four interventions (depending on the size of the potential incentive payment allocation) to be eligible to receive the full incentive payment amount. In counties with multiple MCPs, targeted interventions implemented collaboratively by MCPs will count towards each targeted intervention requirement.

Who will be involved in implementing each targeted intervention?

MCPs will be required to implement the targeted interventions with the LEAs and other local partners. Targeted interventions cannot be implemented solely by the MCP.

How will effectiveness of the targeted interventions be measured?

Medi-Cal MCPs will be required to select one of two performance outcome metrics for each targeted intervention. Performance outcome metrics include:

- **Performance Outcome metric #1:** Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries on or near campus

- **Performance Outcome metric #2:** Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries provided by school-affiliated behavioral health providers

Medi-Cal MCPs, in collaboration with selected partners, will be required to select two, distinct Performance Measures to demonstrate achievement of the 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, number of BH Wellness rooms).The performance measures and performance outcome will be defined in the initial project plan and reported on in the final project outcome report, which will be completed at the end of the Program.

What documentation with the LEA is needed to execute the targeted intervention?

The MCPs will be required to execute memorandums of understanding (MOUs) with selected partners for each targeted intervention. One MOU may be signed with an LEA if multiple targeted interventions are being implemented in that LEA. If an MOU is being executed between the MCP and a community based organization (CBO), documentation of an agreement between the CBO and LEA will also be required.

Funding

How much funding is allocated for SBHIP and who will receive it?

SBHIP is funded with $389 million over the three-year timeframe of the Program. Payments will be made to MCPs. Of the $389 million, $39 million is available to be distributed for completing the needs assessment and $350 million is available to be distributed for the targeted interventions.

How is funding allocated by county for the needs assessment and for the targeted intervention?

The needs assessment funding methodology is based on LEA County, MCP count, and Medi-Cal enrollment by county. The targeted intervention funding methodology is based on Medi-Cal enrollment and the number of unduplicated pupils by county.

Is there a minimum amount allocated for each county?

Each county will receive at least $225,000 for the needs assessment and at least $500,000 for the targeted interventions.

How many targeted interventions are required to receive full funding?

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

- **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.

- **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.

- **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.

How and when will funding be distributed?

MCPs will receive funding bi-annually when the following milestones have been successfully completed and approved:

- 50% of the total needs assessment allocation when the MCP submits the letter of intent to participate and the LEA partnership list (2022 Q1/Q2)

- 50% of the total needs assessment allocation when the needs assessment has been completed and approved by DHCS (2022 Q4/2023 Q1)

- Up to 50% of the targeted intervention allocation when the project plan for each targeted intervention is approved by DHCS (2023 Q1)

- Remaining % of the targeted intervention allocation when the project outcome is documented with the achieved metrics for each targeted intervention (2024 Q4)

Contact Information

Whom do I contact for more information?

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

SBHIP Deliverables Email: sbhip@dhcs.ca.gov

SBHIP Technical Assistance Contractor: sbhip@guidehouse.com