HEALING CENTERED SCHOOLS:
HOW SCHOOL AND DISTRICT LEADERS CAN FINANCE SCHOOL MENTAL HEALTH USING MEDI-CAL

February 26, 2021
• The Social and Emotional Health of Children in California: Striking Increases in Utilization and Acuity

• How MediCaid Works and What It Means for Schools: The 7 Essential MediCal Payors and The Need To Know Them All.

• How Schools are Making It Work: 5 Models In Use Across The State

• What’s Next and Where to Begin:

• Systems Change In Practice: What’s Happening and Where: Reform Tables and Review of Investments Proposed in Governor’s Budget

• Appendix: A Step by Step Guide
## THERE IS A CRISIS IN CHILDREN’S MENTAL HEALTH

Consider the facts before COVID-19:

<table>
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<tr>
<th>Increase in inpatient visits for suicide, suicidal ideation, and self injury for children ages 1-17 years old, and 151% increase for children ages 10-14</th>
<th>Increase in mental health hospital days for children between 2006 and 2014</th>
<th>Increase in the rate of self-reported mental health needs since 2005</th>
<th>California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges</th>
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<tr>
<td>104%</td>
<td>50%</td>
<td>61%</td>
<td>43rd</td>
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### Increase in inpatient visits for suicide, suicidal ideation, and self injury
- 104% increase for children ages 1-17 years old, and 151% increase for children ages 10-14

### Increase in mental health hospital days
- For children between 2006 and 2014

### Increase in the rate of self-reported mental health needs
- Since 2005

### California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges
AND ALTHOUGH ELIGIBILITY FOR MENTAL HEALTH SERVICES HAS INCREASED

5+ million of California's 10 million children are covered by Medi-Cal and the EPSDT entitlement (a 30% increase over last five years)

96% of California children are covered by a health plan with a mental health benefit
COVID RELATED STATS: What we feared is coming to pass.....

ED VISITS

Beginning in April 2020, the proportion of children’s mental health–related ED visits among all pediatric ED visits increased and remained elevated through October.

24/31%

Compared with 2019, the proportion of mental health–related visits for children aged 5–11 and 12–17 years increased approximately 24% and 31%, respectively.

25%

One in four young adults between the ages of 18 and 24 say they’ve considered suicide because of the pandemic, according to new CDC data that paints a bleak picture of the nation’s mental health during the crisis.

RADY CHILDREN’S HOSPITAL IN SAN DIEGO:

Between FY2011 and FY2019, annual behavioral health volume has increased 1746%.

From 163 visits to 3,009 visits in 8 years.

Comparatively, total Emergency Department visits has grown 23% during this same time period.
THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN

Many receive the wrong services at the wrong time…in restrictive or punitive settings.

81% of children on medicaid are non white.

The suicide rate for black children, ages 5-12, is 2x that of their white peers.

70% of youth in California’s juvenile justice system have unmet behavioral health needs, and youth of color are dramatically over-represented.

Making Healing Centered Schools a reality isn’t simply a matter of tweaking access or programs…

It requires acknowledgment of how racism and poverty impact the social and emotional health of children.
ELIGIBILITY FOR MENTAL HEALTH SERVICES HAS INCREASED, BUT ACCESS REMAINS LIMITED:

Less than 5% get access to any care, and only 3% are in ongoing care.

The Children’s Trust projects continued increases in MediCal enrollment by fall 2021 as economic impact of the pandemic disproportionately impacts the working poor.
California is in the bottom 1/3 nationally for health spending at $2,500 per child enrollee.

Children represent 42% of enrollees but only 14% of all expenditures.

California ranks 44th in the nation of in access to care for children.

California operates the largest MediCaid Program in the nation—April 2019 Audit exposed significant underperformance under the EPSDT Mandate and Bright Futures Guidelines.
SCHOOLS CAN (and must) BE ESSENTIAL ACTORS IN OUR RESPONSE:

Schools are ground zero for the youth mental health crisis, and our collective failure at supporting them has contributed to the marginalization of black and brown children.

The Health Care System Needs Schools: Children ages 8-18 have the lowest rate of primary care utilization of any demographic in MediCal—and 75% of mental illness manifests in adolescence. Not only are schools essential actors in a reformed mental health system that overtly addresses healing, justice, and structural racism, but they are also essential service settings for children with clinical needs.

The Finances Align: Schools have what the publicly funded Medicaid system needs…access to kids and the non federal dollars to claim against (CPE).
Certified Public Expenditure (CPE) = A governmental entity, including a governmental provider (e.g., county hospital, local education agency) incurs an expenditure eligible for FFP under the state’s approved Medicaid state plan (DHCS definition).

Federal Financial Participation (FFP) = The federal share of Medicaid dollars when all state and federal requirements are met.
THE MEDICAID MAP: WHO PAYS FOR FEDERALLY ENTITLED SERVICES TO CHILDREN AND FAMILIES

Federal Government
Distributed through Federal departments with funding authorized by Congress (FFP/Match)

State of CA
Acting as pass-through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying (CPE)

Health Plans (MCO) CAPITATION
County Mental Health Depts (MHP) CPE
School Districts (LEAs/SELPAs) CPE
Community Health Centers FQHC PPS
Dept. of Heath (LGA) CPE
Hospital UC/PH IGT
Regional Center CPE
WHO ARE THE MOST IMPORTANT PAYORS FOR SCHOOLS?

- **Federal Government**
  - Distributed through Federal departments with funding authorized by Congress

- **State of CA**
  - Acting as pass-through, enhancer, or reconciler of funding

- **Health Plans (MCO)**
  - CAPITATION

- **County Mental Health Depts (MHP)**
  - CPE

- **School Districts (LEA BOP/MAA)**
  - CPE

- **Community Health Centers (FQHC)**
  - PPS

- **Dept. of Heath (LGA TCM/MAA)**
  - CPE

- **Hospital UC/PH (P14)**
  - IGT

- **Regional Center**
  - CPE
There Are Five Models That Schools Use to Interact With Medical Payors

- Community Based Orgs (CBO)
- County Health Authority (MHP/DPH)
- County Office of Education (COE)
- School District (LEA)
- Special Education Local Plan Area (SELPA)

WE HAVE A ONCE-IN-A-GENERATION OPPORTUNITY TO ADDRESS THE CRISIS

Public opinion and policymaker agendas are aligned

Political Will: New administration has a stated focus on children’s well-being and has expressed interest and willingness to engage.

Community Support: Half (52%) of all Californians say their community does not have enough mental health providers to serve local needs.

Emerging Consensus and Consciousness: Of the impact of adversity, structural racism, and the pandemic on the social and emotional health of children.

TO TAKE ADVANTAGE OF THIS MOMENT IN TIME WE MUST:

• Embrace the critical need to reform our financing and delivery models in schools so that they are healing and relationship centered.

• Adopt a concurrent but aligned paradigm shift across child serving systems, with particular focus on the role of MediCal in schools.
SYSTEMS CHANGE IN PRACTICE

Federal, state, and local systems leaders are increasingly active at the nexus of health and education.

HERE ARE REFORM INITIATIVES TO TRACK:

✔ SB75: Medi-Cal For Students
✔ LEA Billing Option Program State Plan Amendment (SPA) Implementation
✔ MHSA Mental Health Student Services Act
✔ DHCS Family Therapy Medical Necessity Guidance
✔ ASES Funding Expansion and Leveraging Opportunities
✔ CalAIM (Medi-Cal Reform Initiative)
✔ HHS Behavioral Health Taskforce
WHAT WILL CALIFORNIA DO— AS THE FIFTH LARGEST ECONOMY IN THE WORLD— WHEN IT SEES THAT TWICE AS MANY OF ITS CHILDREN ARE TRYING TO KILL THEMSELVES?
THE BIG THREE AND THE GOVERNOR’S FY 21-22 BUDGET

Federal Government
Distributed through Federal departments with funding authorized by Congress (FFP/Match)

State of CA
Acting as pass through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying (CPE)

Health Plans (MCO) CAPITATION
$400 million

County Mental Health Dept’s (MHP) CPE
$75 million

School Districts (LEAs/SELPAs) CPE
$265 million

Community Health Centers FQHC PPS

Dept. of Heath (LGA) CPE

Hospital UC/PH IGT

Regional Center CPE
2021 Governor’s Budget Proposal: Increased Access to Student Behavioral Health Services

- $400 million ($200 million General Fund), over three years, to increase the number of K-12 students receiving preventive and early intervention behavioral health services offered by school affiliated behavioral health providers.
- Distributed via incentive payments that include a variety of interventions.
- Incentive payments will be paid through Medi-Cal Managed Care Plans, in partnership with county behavioral health departments, to build infrastructure, partnerships, and capacity for school behavioral health services.
- Incentives will **not** include payments for treatment services themselves.
- Eligible school affiliated behavioral health providers include schools, providers in schools, school affiliated community based organizations or clinics, or school-based health centers.
2021 Governor’s Budget Proposal:
Increased Access to Student Behavioral Health Services

75 Million in MHP Directed Investments
- 25 million expansion of Student Services Act
- 25 million Prop 98 Matching Funds
- 25 million MHP Match

265 Million in LEA Directed Investments
- 260 Community Schools
- 5 million LEA Learning Collaborative
THIS IS THE TRUST’S FRAMEWORK FOR SOLUTIONS

- **Expand Access and Participation**: Expand who is eligible, who can provide care, what is provided, and the agency of the beneficiary.
- **Maximize Funding**: Increase state and county spending, and fully claim the federal match.
- **Equity + Justice**: Increase transparency and accountability.
- **Reinvent Systems**
FIVE ACTIONS SCHOOL LEADERS CAN TAKE NOW:

Commit to social, emotional, and mental health as a district priority: Identify activities (immediate, short, longterm) that can be done to address the youth mental health crisis which has only grown more stark during the current pandemic.

Identify your key collaborators: Connect with your thought partners and potential agency collaborators. If applicable, determine who will provide the services and who will do the billing.

Prepare financial scenarios: Determine your Medi-Cal eligible student population. Identify the costs you are incurring that can be claimed from direct and administrative services. Estimate the new and/or additional Medi-Cal revenue that could be generated.

Design your partnership: Develop the new, enhanced, or expanded services to be financed with the new and/or additional Medi-Cal revenue. Convene a working group to apply the step-by-step process outlined in the next section.

Execute your strategy: Bill Medi-Cal for services and ensure revenue is reinvested to support students’ social and emotional well-being.

FIVE MODELS FOR FINANCING SCHOOL-MENTAL HEALTH PARTNERSHIPS

INNOVATIVE PARTNERSHIP: FRESNO COUNTY COLLABORATION
Join CCT for an Upcoming Webinar!
March 4th 10:00 -11:30am
Navigating Youth Mental Health Services in Medi-Cal Managed Care and Schools Register

@CACChildrenTrust
www.cachildrenstrust.org

# DEEPEN YOUR UNDERSTANDING OF STUDENT NEEDS IN YOUR DISTRICT

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<th>KEY ACTIONS</th>
<th>CRITICAL QUESTIONS AND STRATEGIC TIPS</th>
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| Review the existing plans and documents that articulate student needs and current strategies to support their academic and social emotional well-being. | Key documents include:  
  - Local Control Accountability Plan (LCAP)  
  - SELPA Local Plan  
  - Single Plans for Student Achievement (SPSA)  
  - Strategic Plan |
| Consolidate data on student demographics, social, emotional and mental well-being, and needs. |  
  - California Dashboard, CA Healthy Kids Survey, KidsData, Race Counts, CANS  
  - Use proxy indicators to estimate students who are Medi-Cal eligible, e.g., free/reduced meals, student level data in Title 1 schools.  
  - Review students receiving mental health related services through IEPs¹³ |
| Convene key stakeholders to contextualize the data and understand the root causes. | Engage a diverse cross-section of individuals that can represent various perspectives including school and district leaders, teachers, students, families and community partners. |
| Develop consensus among your team regarding the students most in need of mental health services. | Which populations, schools, neighborhoods, or regions in your district are the highest priority? |

¹³ Note that the non-federal portion of your school district’s AB 114 funding could be used as the state and local match to draw down federal Medicaid funds.
EVALUATE YOUR DISTRICT’S CURRENT APPROACH TO SOCIAL, EMOTIONAL, AND MENTAL HEALTH SERVICES AND IDENTIFY GAPS

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| Map the current array of programs to support student services. | • What social, emotional and mental health services are students provided? How are they funded? How effective are they?  
• Do schools have established Coordination of Service Teams (COST)?  
• How do schools invite student and family engagement in district and school level decision making?  
• Where are the gaps in services and supports? |
| Map the supports available to staff. | • Are staff trained in best practices in social and emotional learning\(^\text{14}\) (i.e., trauma-informed and healing-centered approaches, implicit bias)? |
| Identify your framework. | • Does your district have an MTSS strategy including social, emotional, and mental health services and supports for students?  
• What enhancements can you make to the framework based on the student data and landscape assessments above?  
• If you do not have an MTSS strategy, how can you build a comprehensive framework that can be used to guide your approach? |
| Assess your district’s current Medi-Cal strategy. | • Are you leveraging Medi-Cal reimbursement to provide mental health services?  
• Are any current district expenditures potential Certified Public Expenditures eligible to draw down Medi-Cal reimbursement? |

\(^\text{14}\) See The Collaborative for Academic, Social, and Emotional Learning (CASEL) [https://casel.org](https://casel.org)
## CONDUCT ASSET MAPPING IN YOUR COMMUNITY

### KEY ACTIONS

- Identify essential health and human service providers (public, private, and nonprofit) in your community.
- Invite key stakeholders to your school campus to understand current and future program offerings, align interests, and discuss potential collaboration to support students.

### CRITICAL QUESTIONS AND STRATEGIC TIPS

- What non-profits provide mental health services in your area and/or district? How are they funded?
- Are there any programs, initiatives or trainings designed to support social, emotional, or mental health needs of students provided by your county office of education? Your county health authority?
- What health plans are available in your county? Which ones are your students enrolled in?
- What managed care organizations are in your county? Are they currently partnering with school districts?

- Develop an asset map of resources in your community that your school district can tap into when designing your model.
- Are there county programs, hospitals, foundations, faith-based organizations, non-profits, etc. to tap into for support?
SELECT THE PARTNERSHIP MODEL(S) MOST APPROPRIATE FOR YOUR NEEDS

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<tr>
<td>Given the needs of your students and the current infrastructure and assets</td>
<td>• What are the pros and cons of:</td>
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<tr>
<td>of your school community, determine which of the five School-Medi-Cal models</td>
<td>o Developing your capacity as a school district to directly administer Medi-Cal billing for mental</td>
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<tr>
<td>(LEA, CBO, SELPA, COE, CHA) your district can pursue to leverage Medi-Cal to</td>
<td>health services to obtain federal reimbursement?</td>
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<td>provide student services</td>
<td>o Hiring school district staff to provide services to students and/or directly contracting out the</td>
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<td>work to community-based agencies?</td>
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<td></td>
<td>o Partnering with another agency (CBO, SELPA, COE, CHA) to handle Medi-Cal billing and/or hire</td>
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<td>and supervise staff to provide services to students?</td>
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<td></td>
<td>• How will the Medi-Cal revenue model impact your cash flow projections? Can your existing cash</td>
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<td>management tools address the impact?</td>
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<td>• How can you plan for and/or absorb the impact of potential negative audit results? Can you establish</td>
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<td>a contingency to minimize the financial impact?</td>
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<td>• How can this work be integrated into the organizational structure? Is there a position or team ready</td>
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<td>to take on the tasks? Would a stand-alone position serve you best?</td>
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CREATE FORMAL CONTRACTUAL AGREEMENTS FOR YOUR PARTNERSHIP MODEL(S)

**KEY ACTIONS**

Determine what formal and informal structures are needed to support the delivery of services in the selected partnership model.

- Clearly articulate any financial commitments between partners from the beginning.
- Develop shared goals, outcomes, data collection and sharing agreements.
- Identify individuals with primary responsibility to be decision makers and assign staff to be the day-to-day liaison between agencies (and between district and schools).

Create MOUs between partner agencies to define roles in partnerships and support with coordination and implementation.

Key issues to address in contract language:
- Staffing
- Facilities
- HIPAA, FERPA, IDEA, and 504 Plans
- Access to student records
- Grievance procedures
- Communication protocols

Manage and monitor the MOU upon execution.

- Train staff involved in legal compliance and hold regular trainings (at least annually).
- Regularly assess partnerships and data for results to ensure services are improving outcomes for students’ academic, social, emotional, and behavioral health needs.