



# Student Behavioral Health Incentive Program (SBHIP)

Discussion with LEA Community

November 16, 2021



# Introductions

## Department of Health Care Services\*

Local Governmental Financing Division

Capitated Rates Development Division

Managed Care Quality and Monitoring Division

Medi-Cal Behavioral Health

*\* In collaboration with the California Department of Education*



- Worked with DHCS for 15+ years on the LEA Medi-Cal Billing Option Program
- Contracted to provide technical assistance for implementing, coordinating, and managing selected SBHIP methodology
- Meeting facilitation, assistance with removing barriers for coordination
- Identifying opportunities to collaborate and improve access to behavioral health services



# Meeting Goals

## Today's Goals:

- ✓ Provide an informational overview of the Student Behavioral Health Incentive Program (SBHIP)
- ✓ Review current state planning and development of SBHIP and the critical role of LEA collaboration to support behavioral health delivery and outcomes for students
- ✓ Discuss next steps
  - Assessment phase / technical assistance
  - Partnering with Managed Care Plans (MCPs)
  - Benefits of LEA participation
  - Future communication



# Why Are We Here?

Child and adolescent mental health hospitalizations and suicide rates have increased over the last decade, many say we are reaching a youth mental health crisis in the U.S.

- COVID-19, stay-at-home orders, and school closures have impacted children and adolescents in an unprecedented manner, causing additional stress and anxiety
- It is imperative to enhance access to behavioral services and address the mental well-being of children and adolescents
- Development of a cross-system partnership focused on increasing access to behavioral health services in school and school-affiliated settings is critical for improving these outcomes
- DHCS seeks to improve the statewide continuum of care to ensure every child receives needed services and has engaged Guidehouse to provide technical assistance to support this effort



## SBHIP Intends to Increase Access to Preventive, Early Intervention, and BH Services

**SBHIP will support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity** for school-based and school-affiliated behavioral health providers

- Increase in funding **allocated over three program years to fund approximately \$389 million in incentive payments** paid to Medi-Cal MCPs
- Incentive payments will **promote MCP and provider participation and coordination** to enhance behavioral health in schools for TK–12 students
- Incentive payments will **build infrastructure, partnerships, and capacity** to provide a sustainable school behavioral health platform
- Incentive payments **are not intended** to pay for behavioral health treatment services because these services are already eligible for reimbursement through various Medi-Cal delivery systems.

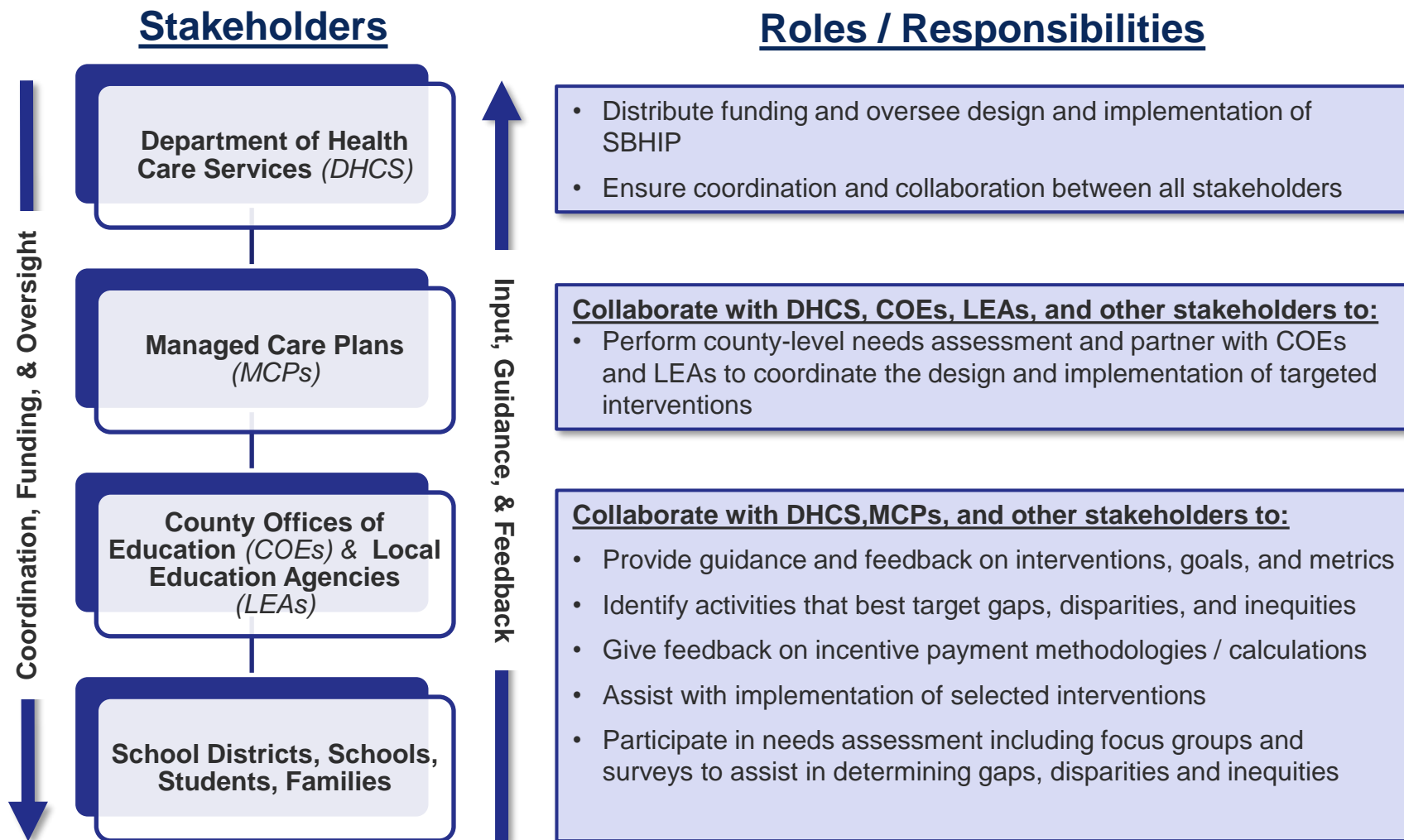


# Benefits of LEA Participation

- ✓ **LEAs are critical to SBHIP's success**
  - LEAs know their student communities
  - Needs, barriers and cultural considerations can be identified and addressed for implementation
- ✓ **Stronger relationships with MCPs will benefit students**
  - Increased communication and a team approach will improve referral and coordination of services for students in need
- ✓ **LEAs have numerous priorities and may benefit from partnership**
  - Funding may provide additional resources
- ✓ **LEA and MCP coordination is on the horizon**
  - Participating now will give LEAs a jumpstart on 2024 LEA/MCP behavioral health fee schedule requirement



# SBHIP Stakeholder Roles





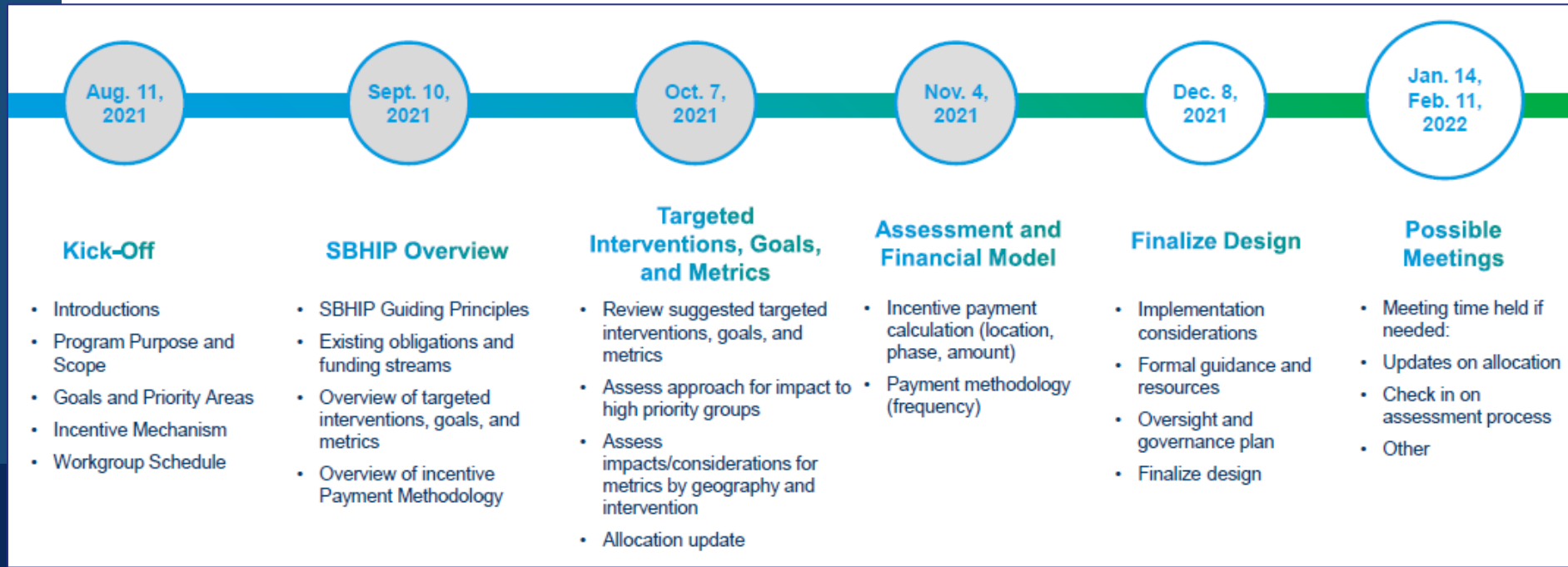
# Summary of Progress To Date

- DHCS and workgroup stakeholders have made great progress on building out components needed to address this challenge
  - **Stakeholder engagement and education**: Four workgroup meetings to discuss payment design structure; several targeted group meetings to hear various stakeholder perspectives
  - **Develop metrics, interventions, and goals**: Developing framework of Targeted Interventions; summarizing qualitative feedback on design components; presenting options for discussion
  - **Reviewing landscape**: Understanding current needs, priorities, capabilities and resources
  - **Initial design of needs assessment**: Developing assessment timeline and process; identifying project milestones
  - **Funding allocation work**: Discussing funding allocation model/criteria; identifying options for funding





# Timeline – Work to Date

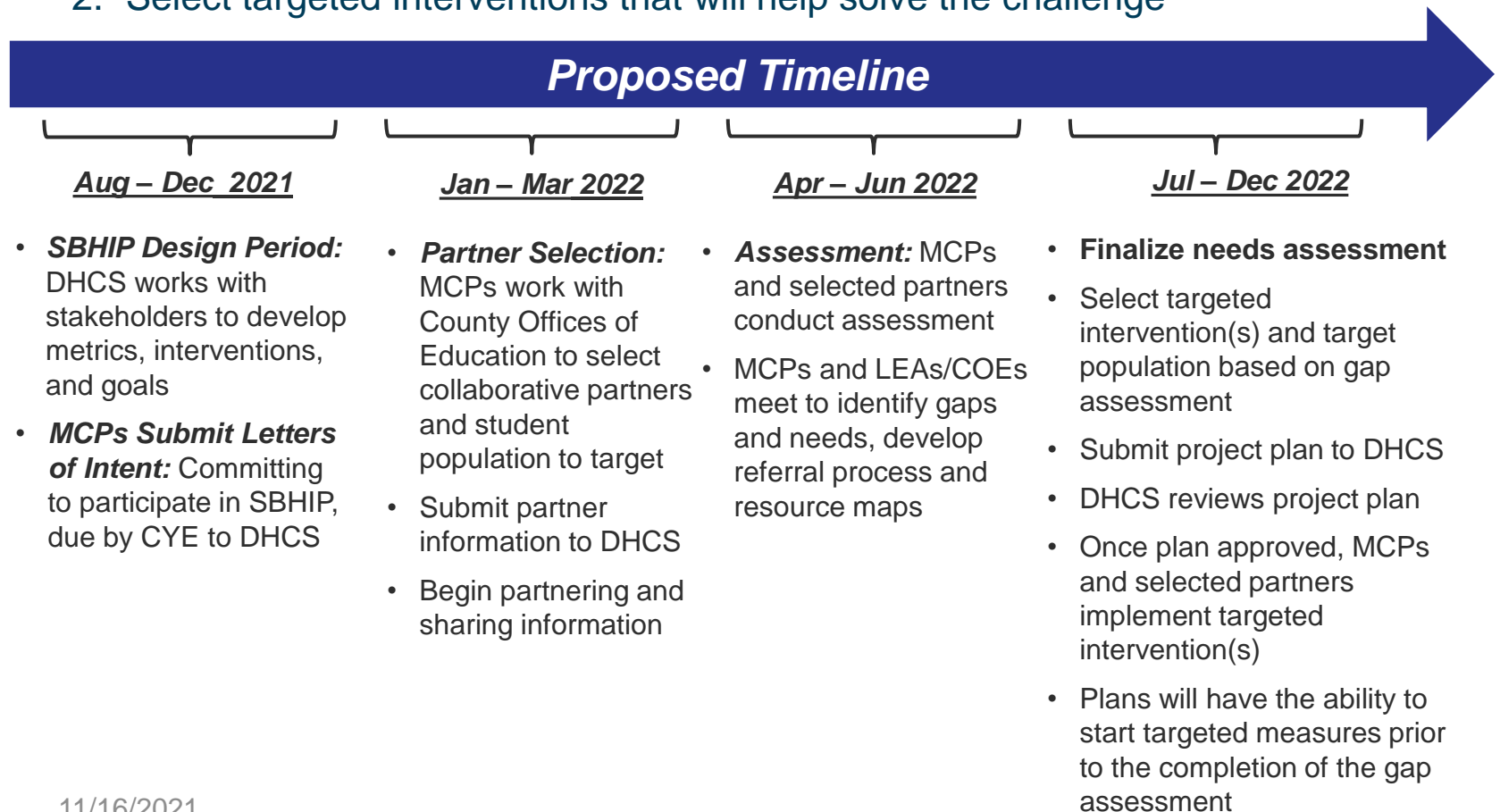




# Proposed Timeline of Next Steps

## MCPs will work with stakeholders to:

1. Collaborate with identified partners to assess gaps and identify needs
2. Select targeted interventions that will help solve the challenge





# SBHIP Elements

1. Total funding pool of \$389 million; incentive payments are required to go to the Medi-Cal managed care plans as directed by AB 133
2. Incentive payments are intended to build infrastructure, partnerships, and capacity for school behavioral health services (versus paying for 'services')
3. Needs assessment with up-front MCP funding
4. Project plan to be submitted by MCPs with areas to target per county; plan to include milestones, metrics, and partners
5. MCP/COE/LEA involvement is critical for program success
6. School-affiliated providers and county behavioral health departments can be included in potential solutions
7. 14 Targeted Interventions identified



# Targeted Interventions

- 1. Behavioral Health Wellness Programs:** Develop or pilot BH wellness programs to expand greater prevention and early intervention practices in school settings (examples include Mental Health First Aid and Social and Emotional Learning) by Medi-Cal managed care plans and county BH departments building a dedicated school BH team to engage schools and address issues for students with BH needs. If wellness programs already exist, funds may be used to build on and expand on these efforts.
- 2. Telehealth Services and Access to Technological Equipment:** Increase BH telehealth services in schools, including app-based solutions, virtual care solutions, and 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.
- 3. Behavioral Health Screenings:** Enhance developmentally appropriate BH screenings (ACE and other) and referral processes in schools (completed by BH provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.



# Targeted Interventions (Cont.)

4. **Suicide Prevention Strategies:** Implement a school suicide prevention strategy.
5. **Substance Use Disorder:** Increase access to substance use disorder prevention, early intervention, and treatment, including MAT where feasible and co-occurring counseling and behavioral therapy services for adolescents.
6. **Building Stronger Partnerships to Increase Medi-Cal reimbursable services:** Incentive funds may provide 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:** Community defined interventions and systems to support initial and continuous linkage to BH services in schools. Incentives may focus on unique populations including the most vulnerable communities, such as students living in transition or homeless and those involved in the child welfare system.
8. **Behavioral Health Public Dashboards and Reporting:** Improve performance and outcomes-based accountability for BH access and quality measures through, local student BH dashboards or public reporting.



# Targeted Interventions (Cont.)

9. **Technical Assistance Support for Contracts and Agreements:** Medi-Cal managed care plans and/or county BH departments execute contracts with schools to provide preventive, early intervention, and BH services.
10. **Expand Behavioral Health Workforce:** Expand the workforce by using community health workers and/or peers to expand the surveillance and early intervention of BH issues in school aged kids. Funding may cover the cost to certify peers to provide peer support services on school-based sites. Particular focus on grades TK–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 BH interventions.
12. **IT Systems to Support 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 managed care plan and county BH department.



# Targeted Interventions (Cont.)

- 13. Pregnant Students and Teen Parents:** Increase prenatal and postpartum support services, increasing access to mental health and substance use disorder screening and treatment for teen parents.
- 14. Parent and Family Services:** Providing evidence-based parenting and family services for families of students, including, but not limited to, those that have a minimum of “promising” or “supported” rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare.



# Project Pending Decisions

1. How will success be measured? What data is available? What needs to be collected during implementation?
2. Final funding allocation by county – determined by DHCS (occurs after LOIs submitted by MCPs)
3. How many LEAs will participate in the assessment process? (MCPs will work with counties, counties will work with LEAs)
4. How will the project plans be evaluated?
5. What if LEAs don't have capacity to participate?

**What else do we need to consider that hasn't been identified?**





# Assessment Phase

## (2022)

### **DHCS Role:**

- Finalize funding allocation once LOIs are submitted
- Finalize criteria for LEA involvement
- Finalize templates and assessment reporting criteria
- Communicate expectations related to assessment to all stakeholders

### **MCP Role:**

- Identify partner LEAs in each county (Technical Assistance available)
- Partner with COEs/LEAs to identify behavioral health needs and gaps in each county (standardized survey template and stakeholder meetings to inform process)
- Identify needs in report to DHCS
- Specify which Targeted Interventions will address needs
- Define metrics to measure successful outcomes
- Begin formalizing partnerships with LEAs/COEs as opportunities become clear

### **LEA/COE Role:**

- Participating LEAs will assist in survey completion (COEs will need input from LEAs)
- Meet with MCP(s) to discuss strengths and opportunities
- Provide feedback on metrics to measure successful outcomes
- Identify areas for improved coordination
- Begin formalizing partnerships as opportunities to address Targeted Interventions become clear



# Open Discussion

- **Ability for LEAs to participate, given many competing priorities**
  - In rural counties, can COEs represent LEAs?
  - Is there a need for LEA participation in **all** counties?
  - How can technical assistance support LEAs with little/no bandwidth?
- **Needs assessment**
  - Does it impact level of commitment to have LEAs/COEs sign off on the needs assessment?
  - Are there concerns from LEAs/COEs signing off on 'gaps' within the county?





# Next Steps and Resources

- [SBHIP website](#) established and will contain resources
- Continue educating stakeholders on SBHIP
- MCP and LEA/COE partnering discussions
  - MCP contact list and SBHIP fact sheet sent to LEA BOP listserv; LEAs can reach out to MCPs if interested in partnering
  - Some MCPs are already reaching out to LEAs/COEs to begin discussions; reports of no response
- Letters of Intent from MCP due in December
- Partner LEAs identified
- December SBHIP workgroup meeting will finalize outstanding design components prior to January 1, 2022
- Clear communication plan and process being developed
  - Today's meeting is the initial step of communication to LEAs



# Please Submit Your Questions

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| <b><i>Feedback Template: Student Behavioral Health Incentive Program (SBHIP)</i></b>  |
| Date:   |
| Name:   |
| Organization:   |
| Feedback / Questions:   |

## Template for Questions, Comments, and Feedback:

- We will send out a template after the presentation today to gather your feedback
- Please take a moment and provide us with any outstanding questions or comments on SBHIP

**Please Email Additional Technical Assistance Questions, Comments, and Feedback to: [SBHIP@guidehouse.com](mailto:SBHIP@guidehouse.com)**