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JOIN THE CONVERSATION

Increasing Mental Health Support for Students Through
Partnerships Between Managed Care Plans and Schools

School Mental Health 101: A Primer for Medi-Cal Managed Care Plans

Webinar
January 13, 2022



California
Children's
Trust



IMPACT OF COVID: What we feared is coming to pass...



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



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



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 big 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

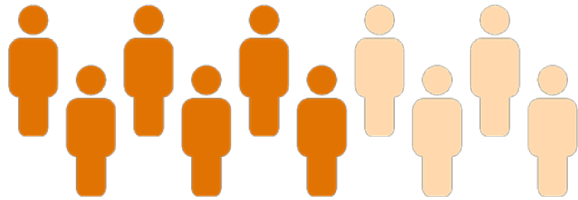
1746%

From 163 visits to 3,009 visits in 8 years

Comparatively, total Emergency Department visits has grown 23% during this same time period



AND ALTHOUGH ELIGIBILITY FOR MENTAL HEALTH SERVICES HAS INCREASED....



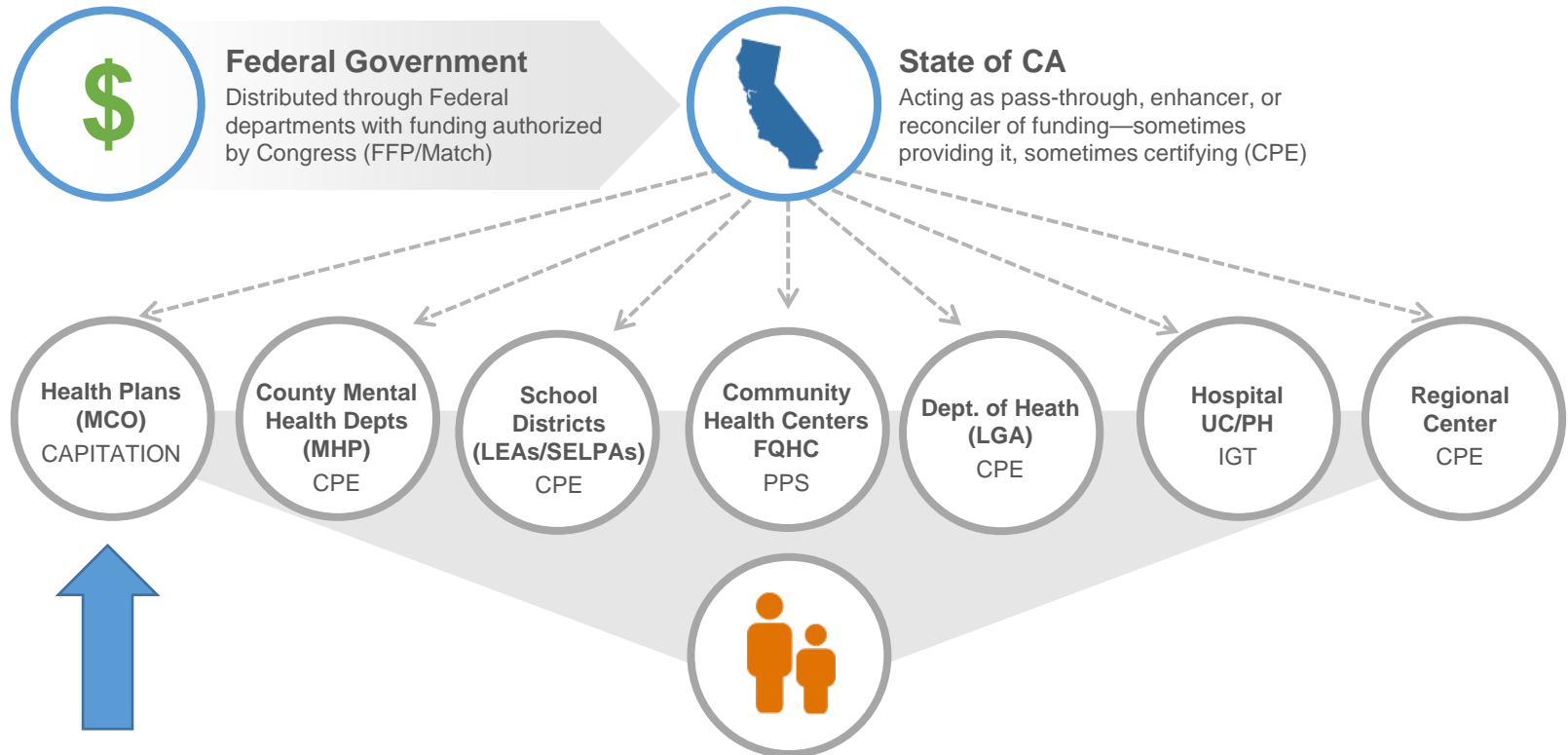
Almost 6 million of California's 10 million children are now covered by Medi-Cal and the EPSDT entitlement
(a 25% increase over last five years)

Everyone under 21 living in a family that makes less than 250%FPL qualifies for Medi-Cal



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

THE MEDICAID MAP: WHO PAYS FOR FEDERALLY ENTITLED SERVICES TO CHILDREN AND FAMILIES



SCHOOLS CAN (and must) BE ESSENTIAL ACTORS IN OUR RESPONSE:

Schools are and have been 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 (80% of children on Medi-Cal are children of color.) Medi-Cal covers more than half of all children in California, but MCOs have struggled to invest strategically or effectively in Children's Behavioral Health. Children represent 42% of all Medi-Cal Enrollees—but less than 14% of all expenditures.



The Health Care System Needs Schools: Children ages 8-18 have the lowest rate of primary care utilization of any demographic in Medi-Cal—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.

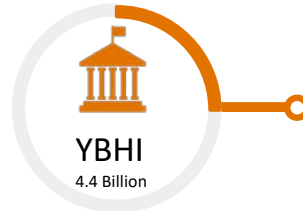


The Finances Align: Schools have what the publicly funded Medicaid system needs: 1) access to kids, 2) braided funding opportunities, and 3) Consensus on Framework (MTSS) and Mechanism (COST)

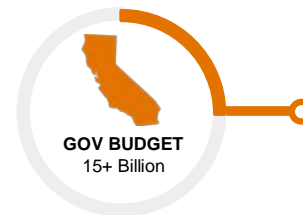


UNPRECEDENTED
INVESTMENT
IS COMING TO SCHOOLS

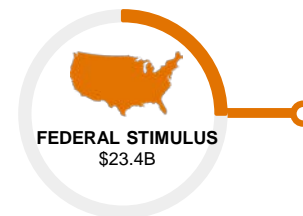
FUNDING OPPORTUNITIES FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH IN SCHOOLS



- SBHIP Managed Care Plans (\$389 million)
- Competitive Grants Program (\$350 million)
- MHSA SSA funding (\$250 million)
- Workforce including BH Coaches (\$800 Million)
- BH Virtual Platform: (\$750 Million)
- Expanding Evidence Based Programs (429 Million)

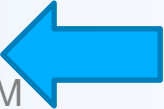


- Expanded Learning Opportunity Grant Program (4.6 Billion)
- Learning Loss Mitigation (5.3 Billion)
- Community School Partnership Grant Program (\$3B)
- Educator Effectiveness Grant (1.5B)
- HCSB/Special Ed/Other....(1.5 Billion)



- ESSER I (CARES Act) - \$1.6 billion
- ESSER II (CRRSA Act) - \$6.7 billion
- ESSER III (ARP Act) - \$15.1 billion

\$ 4.4 Billion Youth BH Initiative

- 01** Behavioral Health Service Virtual Platform: DHCS, \$749.7 M
- 02** School-Linked Behavioral Health Services: DHCS, \$950M 
- 03** Develop and Expand Age-Appropriate, Evidence-Based Behavioral Health Programs: Agency/DHCS, \$429M
- 04** Building Continuum of Care Infrastructure: DHCS, \$310M
- 05** Plan Offered Behavioral Health Services: DHCS, \$800M
- 06** School Behavioral Health Counselor + Behavioral Health Coach Workforce: OSHPD, \$352M
- 07** Broad Behavioral Health Workforce Capacity: OSHPD, \$448M
- 08** Pediatric, Primary Care, and Other Healthcare Providers: DHCS, \$50M
- 09** Comprehensive and Culturally and Linguistically Proficient Public Education and Change Campaign: CDPH + OSG, \$100M
- 10** Oversight, Coordination, Convening, and Evaluation: DHCS, \$70M

SCHOOL BEHAVIORAL HEALTH INCENTIVE PROGRAM (SBHIP)

3 Years

and

\$389 Million

Assembly Bill 133: Section 5961.4

- The State Department of Health Care Services shall make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics developed pursuant to subdivision (b) associated with targeted interventions that increase access to preventive, early intervention and behavioral health services by school-affiliated behavioral health providers for TK-12 children in schools.
- (b) The department, in consultation with the State Department of Education, Medi-Cal managed care plans, county behavioral health departments, local educational agencies, and other affected stakeholders, shall develop the interventions, goals, and metrics used to determine a Medi-Cal managed care plan's eligibility to receive the incentive payments described in this section.

14 Targeted Interventions

All Aligned with Multi Tiered Systems of Support (MTSS)

1. Behavioral Health Wellness Programs
2. Telehealth Services and Access
3. Behavioral Health Screenings
4. Suicide Prevention Strategies
5. Substance Use Disorder
6. Building Stronger Partnerships to Increase Medi-Cal Reimbursement Services
7. Culturally Appropriate and Targeted Populations
8. Behavioral Health Public Dashboards and Reporting
9. Technical Assistance Support for Contracts
10. Expand Behavioral Health Workforce
11. Care Teams
12. IT Systems to Support Behavioral Health Services
13. Pregnant Students and Teen Parents
14. Parent and Family Services

SBHIP IS DESIGNED AS A BRIDGE TO DEEPER AND MORE PERMANENT PARTNERSHIPS BETWEEN SCHOOL AND MANAGED CARE ORGANIZATIONS

They are a way to initiate partnerships that help scale support for the social and emotional welfare of children—with a focus on essential future state partnership with schools for:



Non-Specialty Mental Health Services

including the New Family Therapy Benefit and Expanded Provider Classes:

Non-Specialty **BH** Services for children are being rapidly and fundamentally reformed including new provider types. New providers, a new and broader definition of medical necessity, and new codes offer the promise of increased access and participation.



Care Coordination and Case Management for Carved in

and Carved out Services: MCOs have growing opportunities to partner with schools on care coordination including new and upcoming benefits (ECM/PHM) and their obligations to children pursuant to EPSDT and existing contract language.

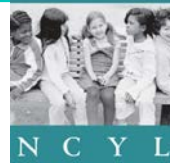
SCHOOL MENTAL HEALTH 101

A Primer for Medi-Cal Managed Care Plans



School Mental Health 101: A Primer for Medi-Cal Managed Care Plans

Brief Resource Overview
January 13, 2022



HOPE LAB

Primer Content Overview

Executive Summary

Introduction & Background

Funding for MCP-School Partnerships in California's Budget

How MCPs Can Prepare for Effective School Partnerships

California's K-12 Education System

Mental Health in Schools

Appendices: *Resources, School Health Terms, Sample Questions*



Preparing for Effective MCP-School Partnerships



Learn about the student population being served, and about existing systems and structures for supporting students in each partnering district/county, including any perceived gaps or needs



Understand how education has changed during the pandemic, and how the changes are impacting students and families, their experiences, and their needs



Identify and build relationships with key education and community stakeholders



Engage youth and families, and embrace a student-centered and family-centered approach; meaningfully incorporate youth and family input into planning and implementation



Be prepared to introduce the MCP and explain its goals, operations, and strategic direction to potential school district partners



Jointly develop and document a shared vision, and strategies to complement, expand, and strengthen existing school-based services

California's K-12 Education System



California's Students

State-Level Leadership and Oversight

County-Level Leadership and Oversight

Special Education Local Plan Areas (SELPA)

School Districts

School Sites

Key Players in K-12 Education

Local Control, School Funding, and Accountability Plans

Education Data Systems

California School Climate, Health, and Learning Surveys



School Mental Health

School Mental
Health
Frameworks /
MTSS

School Staff
Providing Mental
Health &
Wellness Services

IEPs, 504s, &
ERMHS

SBHCs

County-School
Mental Health
Partnerships

CBO-School
Partnerships

MCPs and
Schools

Interdisciplinary
Teams

Community
Schools

Other School-
Based Programs

Schools and
Medi-Cal
Financing

Additional
Considerations in
School-Based
Service Delivery

Learning More & Getting Started

- *Appendix A* for resource list
- *Appendix B* for school terms and acronyms
- *Appendix C* for sample questions for developing school partnerships
 - Student population
 - Leadership and key stakeholders
 - Existing school-based mental health services and partnerships
 - Medi-Cal financing
- Up Next: Perspectives from School Leaders

