



Medi-Cal Managed Care Student Behavioral Health Incentive Program (SBHIP)

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Agenda

- Introductions
- Overview of SBHIP in California
 - Assessment Submission
 - Project Plan Submission
 - Funding Disbursement
- Santa Clara County's Accelerated Timeline
- Santa Clara County Office of Education/Anthem Partnership
- Next Steps for Managed Care Plan and County Office of Education
- Questions

AB 133: Pathway to providing Whole Child Care

July 2021, Governor Newsom signs AB 133 which establishes a pathway to development of infrastructure for behavioral health and expanding health care access to children and youth in California.

Benefits of School-Based Health Care in California



Students/Parents

- Access to care
- Improved health (especially chronic)
- Less time off work/travel
- Increased class time
- RX can be written

Schools

- Funding (some cases)
- Increased class time
- Better enrollment
- Peace of mind to reopen (COVID/Flu)
- Improved care for students
- Higher engagement of care

MCOs/COEs/LEAs/BH Depts

- Access to incentives
- Reimbursement opportunities based on state
- Specialty Referral opportunities



Student Behavioral Health Incentive Program (SBHIP)

Assessment: In combination with MCP, COE, and MHP (one assessment per County): Five Components

- Stakeholder Meetings (4)
- Data Collection Strategy
 - Key informant interviews, focus groups, surveys
- Needs Assessment Template
- Community Resource Map
- External Provider Behavioral Health Referral Process

Targeted interventions

- 14 Interventions available to COE/MCP/MHP

Milestones

- Assessment
- Project plan
- MOU between MCP and LEA
- Completed project outcomes

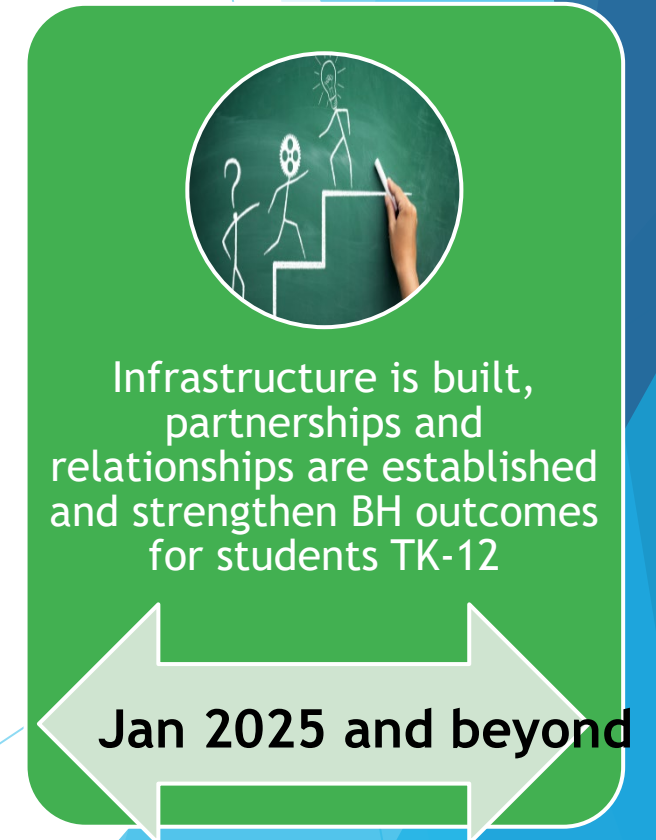
SBHIP Timeline and Activities

\$389 million in incentive payments paid to Medi-Cal MCPs to build sustainable partnerships with COEs/LEAs/BH Departments to increase access to preventive care through early intervention to behavioral health services for TK-12 children in public schools.

SBHIP Timeline



Post SBHIP



Needs Assessment (Year One)

One needs assessment will be completed for the county—this will require collaboration across MCPs with support from the COE and other partners

Needs assessment will focus on the LEAs identified in the Partner Form, due March 15, not the entire county

Can contract with TPA to conduct needs assessment work or work directly with County to conduct assessment

MCPs will coordinate to ensure their combined efforts impact at least 10% of LEAs in their shared county.

The needs assessment includes five key components that must be completed

- Stakeholder meetings
- Data collection strategy
- Needs assessment template
- LEA(s) and community resource map
- LEA(s) and external provider BH referral processes

SBHIP Needs Assessment

- ❑ 1. Stakeholder Meetings
- ❑ 2. Data Collection Strategy
- ❑ 3. Completed Assessment Template
- ❑ 4. Resource Mapping (Community and LEA)
- ❑ 5. Referral Processes (Community and LEA)

**One assessment per county*

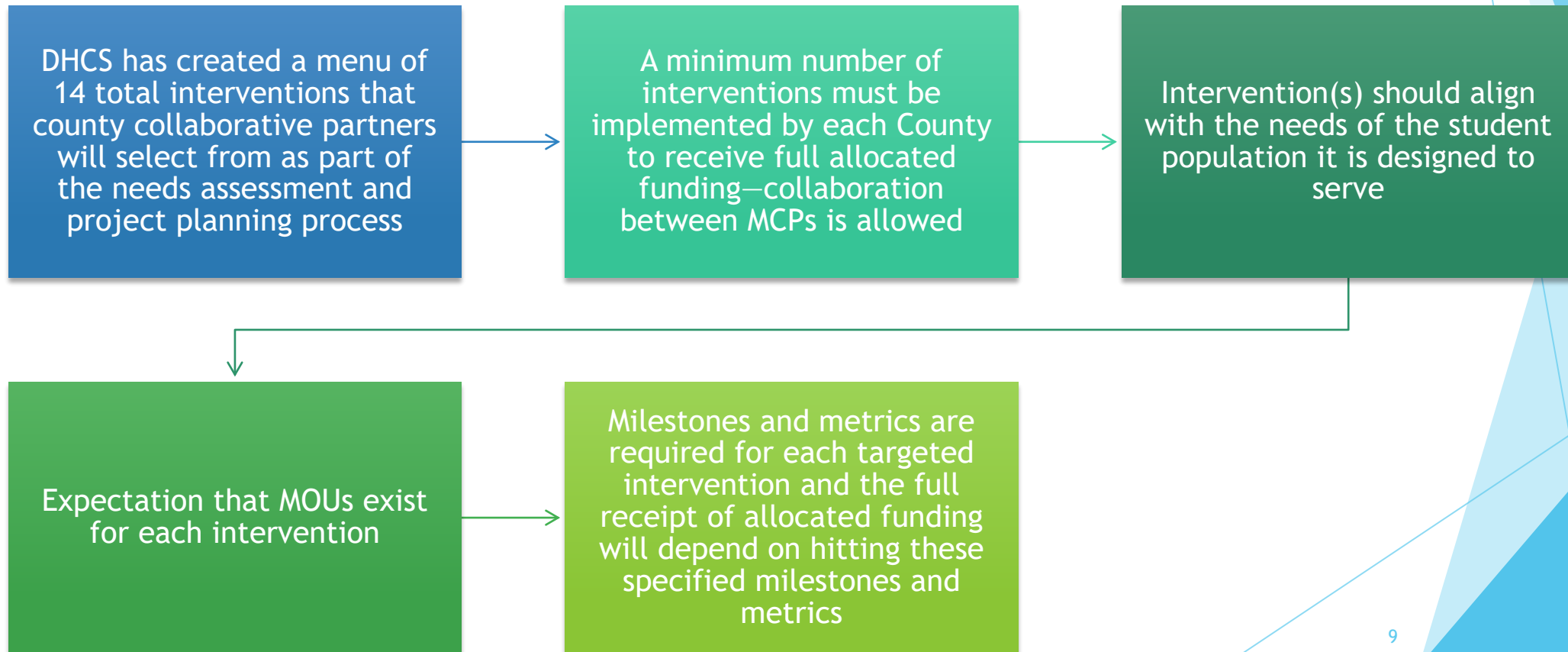
Project Plans Overview

One Project Plan for Each Intervention

Components that Includes:

- Description of the intervention and how it increases student BH access
- Design & implementation process
- Activation schedule and outcomes narrative
- Description of long-term sustainability strategy
- Detailed performance outcome measurement information

Targeted Interventions (Years Two and Three)



Interventions

BH Wellness Programs

Telehealth Infrastructure

BH Screening and Referrals

Suicide Prevention Strategies

Substance Use Disorder

Increasing Access to Medi-Cal Services

Culturally Appropriate and Target Populations

BH Public Dashboards and Reporting

TA Support for Contracts

Expand BH Workforce

Care Teams

IT Enhancements for BH Services

Pregnant Students and Teen Parents

Parenting and Family Services

SBHIP Santa Clara Timeline – Early Adopter

- Managed Care Plans (MCP) will work with The County Office of Education (COE), County Mental Health Plan (MHP) to implement the Student Behavioral Health Incentive Program (SBHIP).
- MCP's, COE, and MHP will collaborate on the following:
 - Partner Form: 3/15/2022 - Submitted
 - Assessment: 6/1/2022
 - Project Plan: 6/1/2022
 - Services Start Date: Fall 2022
 - Program Completion: 12/31/2024
- Funding will be made available for assessment phase, project plan, and project outcomes
 - Up to 50% of assessment dollars (unearned) will be paid out to MCP in May and the second half will be dispersed with the first half of intervention dollars upon approval of the assessment and project plan. All other funds for the interventions will be dispersed after the project outcome report is submitted and approved.

Why Santa Clara Is Ready To Go

- **Leadership.** Student wellness is a top priority for the Santa Clara County Superintendent, Dr. Mary Ann Dewan. In 2019 she established a steering committee on student wellness that includes all 31 district superintendents in the county.
- **Evidence-Based Research.** Santa Clara County Office of Education (SCCOE) had already adopted a wellness mindset and model founded upon decades of research demonstrating that students' physical and emotional needs must be met before a child can learn and achieve academic success. (<https://sccoe.to/wellnessbrief>)
- **Early Grantee/Adopter.** SCCOE was an early grantee for the Mental Health Student Services Act (MHSSA) grants in 2018 and was a pilot grantee for the CA Community Schools Partnership Program grant in 2020.
- **Staff Infrastructure.** Because of these early grants, SCCOE has a Student Health and Wellness Director and 2 Coordinators. SCCOE's Director is a licensed and credentialed social worker who has worked for both the county and schools and understands the language, nuances, and complexities of both settings.
- **Data infrastructure.** SCCOE has data team and data sharing agreements with all districts. This allows us to collect, access, and analyze data (with the appropriate permissions) for all students in the county.

SCHOOLS AS CENTERS OF WELLNESS

Children are 21 times more likely to receive mental health services if they are provided in schools.



◆ EXPANDED & EARLY LEARNING



◆ CONNECTION TO SOCIAL SERVICES



◆ COMMUNITY ENGAGEMENT & EVENTS



◆ BROADBAND & TECHNOLOGY

Learn more about the 50 years of research demonstrating that school-based services are the most effective way to increase student wellness: <https://scoe.to/wellnessbrief>

12 WELLNESS CENTERS AT HIGH- NEED DISTRICT CAMPUSES

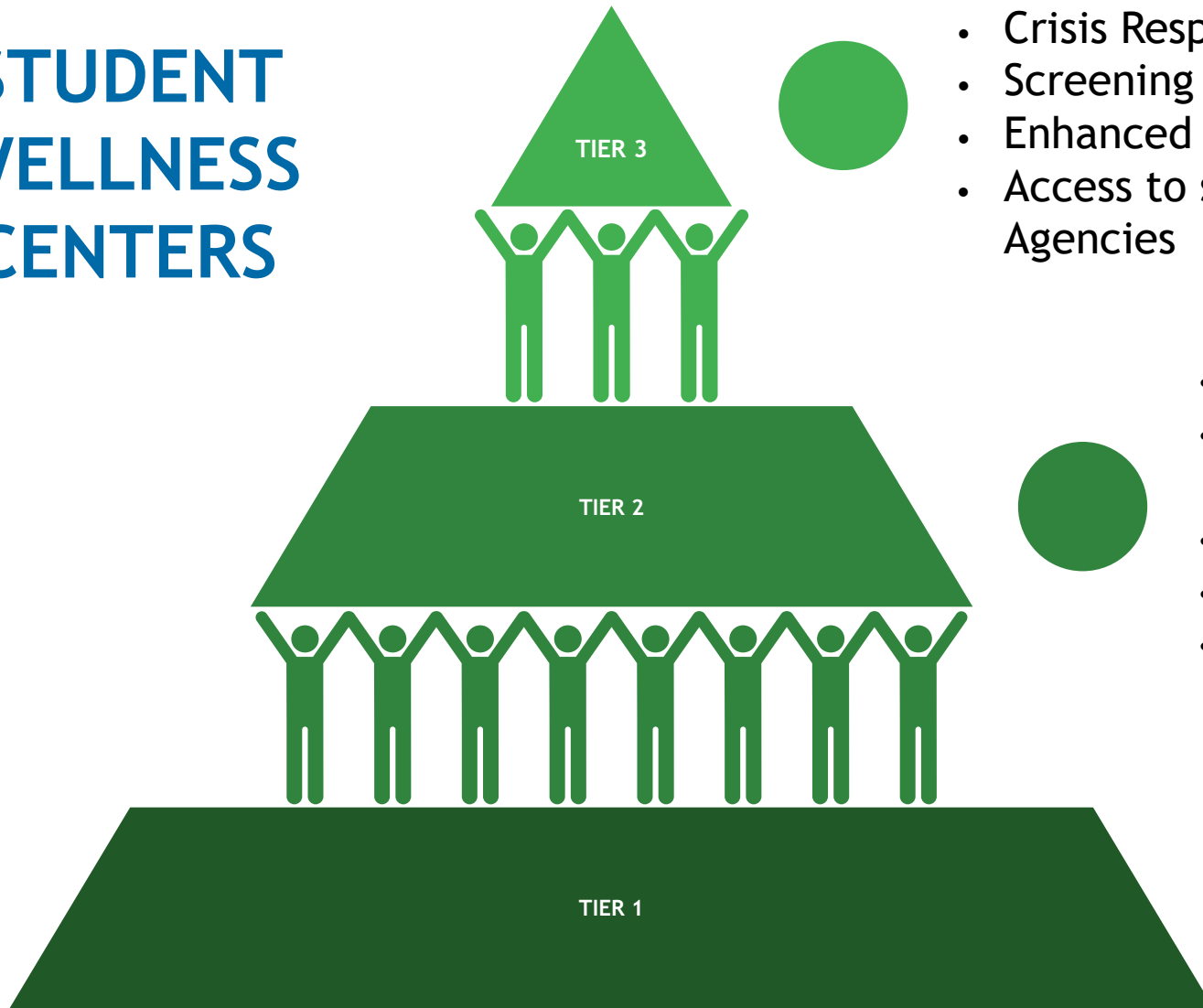
WELLNESS CENTER MODEL



Santa Clara County
Office of Education



STUDENT WELLNESS CENTERS



- Individual Counseling
- Crisis Response & Support
- Screening & Assessment
- Enhanced Care Management
- Access to services provided by Community Based Agencies

- Wellness Groups (ex: Yoga)
- Empowerment Groups (ex: Affinity Groups)
- Therapeutic Groups (ex: Anxiety)
- Social Skills (ex: Zones of Regulation)
- Youth Led Groups

- Student & Family Workshops
- Educator Workshops
- Calming Space (Sensory Stations)
- Student & Family Navigation Services

Learn more about Santa Clara's wellness centers by watching this 6 minute PBS/KVIE mini-doc: <https://insidealed.org/videogallery/video/wellness-centers-students/>

Since the pandemic started:

Increases in self-reported depression and anxiety amongst students

Substance Abuse

Grief

before

Wellness Center Impact

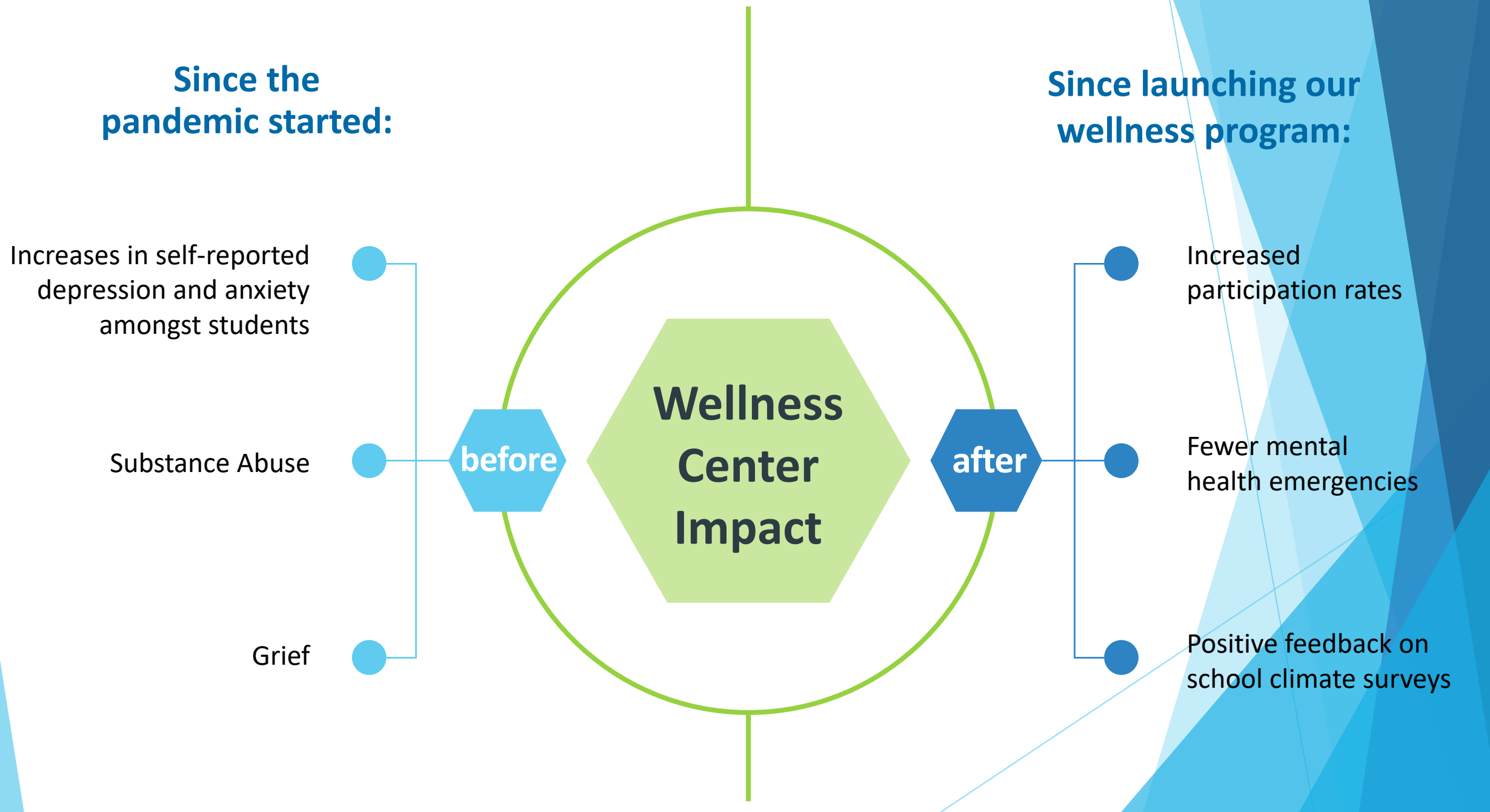
after

Since launching our wellness program:

Increased participation rates

Fewer mental health emergencies

Positive feedback on school climate surveys



Accelerated Implementation

- Chose to accelerate 1 of 4 interventions - Behavioral Health Wellness Program
- Will build upon and expand the success of SCCOE's current wellness center model which has multiple components.
- Collaboration with Anthem is key to ensuring that the wellness centers are successful and sustainable in the long-term.
- Mutually beneficial relationship.
 - SCCOE/schools want students' mental health needs to be met so they can attend school and learn.
 - Anthem wants to improve access to mental health services for children, remove barriers, and increase the number of qualified mental health professionals.

Santa Clara County Collaboration



Engagement and
Collaboration Between
MCP, COE and County
BH



COE Leadership of
SBHIP



Addressing Barriers



Learning Together



Sustainability of SBHIP



Wellness Center
Partnership

HOWEVER, SANTA CLARA IS NOT THAT UNIQUE...

All schools:


- ▶ **Collect significant data** for purposes of accountability. Many of these data points, like attendance, drop-outs, and suspension/expulsion rates, are directly correlated with student mental health.
- ▶ **Disaggregate data** by student characteristics including low-income, race, ethnicity, and disability type. Low-income is defined as 185% of the federal poverty rate.
- ▶ Must collect **extensive annual stakeholder feedback** as part of the accountability process. All districts have parent advisory groups and many also have student advisory groups.
- ▶ (Nearly all) **Conduct regular school climate surveys** for students, family, and staff. The most commonly used tool is the CA Healthy Kids Survey which includes questions about health risks and behaviors, school connectedness, school climate, protective factors, and school violence. The tool is now available for free to all schools.
- ▶ Are **required direct providers of health and mental health** services because of the Individuals with Disabilities Education Act (IDEA). Schools must provide necessary health and mental health services so that students can access their education.

Santa Clara Unified

Explore the performance of Santa Clara Unified under California's Accountability System.

[Generate PDF Report](#) 

[View All Schools](#)

[View Additional Reports](#) 

2019 

Chronic Absenteeism



Yellow

Suspension Rate



Orange

English Learner Progress



No Performance Color

Graduation Rate



Orange

College/Career



Yellow

English Language Arts



Green

Mathematics



Green

Basics: Teachers, Instructional Materials, Facilities

STANDARD MET

Implementation of Academic Standards

STANDARD MET

Parent and Family Engagement

STANDARD MET

Local Climate Survey

STANDARD MET

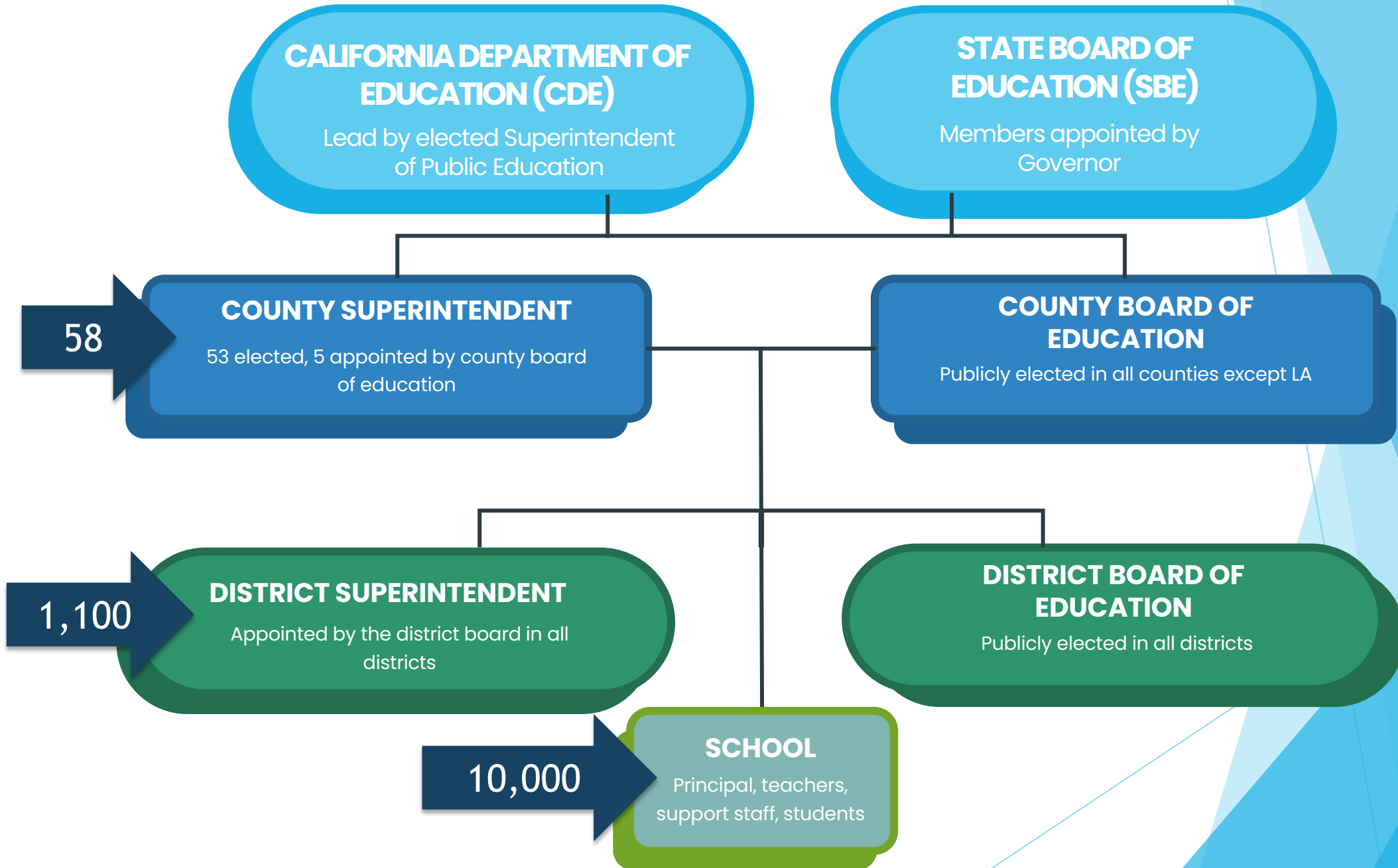
Access to a Broad Course of Study

STANDARD MET

HOWEVER, SANTA CLARA IS NOT THAT UNIQUE...

All schools:

- ▶ Are **supported by an extensive infrastructure** system. Every school sits with a district, every district sits within a county office of education jurisdiction.
- ▶ **Rely on their districts** for most business and operations management, including budgeting, billing, data systems, hiring and human resources, curriculum decisions, etc. Staff are employees of the district, not the school.
- ▶ **Rely on their county office of education** for operation of regional programs, support with implementation of program, professional development, deep content expertise, and intervention when schools are not meeting accountability goals.
 - ▶ Because there are so many schools (10,000+) and students (6 million+) in California, the state has **delegated many oversight and accountability activities to the county offices of education**. In some cases, the COEs are more similar to DHCS in their role.
 - ▶ Note: The **county superintendents are constitutional officers**. Most (53 of 58) are²¹ elected officials.



HOWEVER, SANTA CLARA IS NOT THAT UNIQUE...

Most schools:

- ▶ **Participate in the school-based Medi-Cal billing programs** called the LEA Billing Option Program and the School-Based Medi-Cal Administrative Activities program (SMAA).
- ▶ Participation in these programs requires that the **school and staff have provider numbers and are appropriately licensed** (with the Board of Behavioral Sciences) and/or credentialed (with the California Teacher Credentialing Commission).
- ▶ Work with a **billing vendor to submit claims for reimbursement**. The reimbursement process for schools is similar to the reimbursement process for county behavioral health departments. (Although this is changing due to CalAIM.)
- ▶ If they participate in the school-based Medi-Cal programs, their school **sites have been Medi-Caid certified**. Schools have flexible certification requirements.



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