Student Behavioral Health Incentive Program (SBHIP)

August 11, 2021

Agenda

- Introductions
- Overview
- Program Purpose and Scope
- Goals and Priority Areas
- Incentive Mechanism
- Workgroup Schedule
- Questions

Overview

Program Overview

The Incentive Program will launch in January 2022 to 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.

- The State budget allocates $389 million, for three program years, for incentive payments paid to Medi-Cal managed care plans (MCPs) to build infrastructure, partnerships, and capacity, statewide, for school behavioral health services.
- Incentive payments will promote MCP and provider participation in, and capacity building for, behavioral health in schools for K–12 students.
- 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.

Workgroup Scope and Aims

Scope:

- Contribute to the design and implementation of the Incentive Program including:
  - Goals and objectives.
  - Milestones and measures.
  - Payment methodology and allocation.
  - Performance evaluation.

Aims:

- Invite and discuss diverse stakeholder perspectives.
- Obtain subject-matter expertise and ground-level knowledge of needs, gaps, constraints, and strategies.
- Discuss needed guidance and technical assistance.
- Maintain focus on the Incentive Program, not on related programs or school-based services in general.

Related Programs and Initiatives

- **Local Education Agency Billing Option Program (LEA BOP)**
  - The LEA BOP reimburses LEAs (school districts, county offices of education, charter schools, community college districts, California State Universities and University of California campuses) the federal share of the maximum allowable rate for approved health-related services provided by qualified health service practitioners to Medi-Cal enrolled students.
- **School-Based Medical Administrative Activities (SMAA)**
  - The SMAA program reimburses school districts for the federal share of certain costs for administering the Medi-Cal program. These activities include: Outreach and Referral; Facilitating the Medi-Cal Application; Arranging Non-Emergency/Non-Medical Transportation; and Program Planning and Policy Development.

Related Programs and Initiatives

- **Children & Youth Behavioral Health Initiative capacity grants**
  - Grant funding to build infrastructure supporting ongoing behavioral health prevention and treatment services on or near school campuses, by expanding access to BH schools counselors, peer supports, and BH coaches, building a statewide community-based organization network and connecting plans, counties, CBOs and schools via data sharing systems.
- **Senate Bill 75**
  - Through Senate Bill 75 (SB 75), California Department of Education (CDE) and the California Department of Health Care Services (DHCS) to established a Workgroup that developed recommendations on how to improve coordination and expansion of access to available federal funds through the LEA BOP; the SMAA program; and medically necessary federal Early and Periodic Screening, Diagnostic, and Treatment benefits.

Program Purpose and Scope

Program Purpose and Scope

What is the purpose of the Incentive Program?

- To invest in three priority areas of school-based behavioral health services:
  - Planning and coordination
  - Infrastructure
  - Prevention and early intervention

Why Medi-Cal managed care?

- To create positive change for the millions of children who receive physical health and non-specialty mental health care through a MCP.
- To enable, under the CalAIM initiative, person-centered coordination of physical health, behavioral health, and social needs.
- To promote partnerships between MCPs, counties, and schools that will continue after the Incentive Program ends.

Program Purpose and Scope (cont.)

Why behavioral health for K–12 students?

- Child and adolescent mental health hospitalizations, suicide rates and overdose deaths have increased over the last decade—the U.S. is experiencing a youth behavioral health crisis.
- COVID-19, stay-at-home orders and school closures have impacted children and adolescents in an unprecedented manner, causing isolation, trauma, and chronic stress – all of which are associated with higher rates of mental illness and substance use disorders.
- Parents may not recognize their child's problematic behaviors as signs of a mental health condition, and young people rarely seek help until their conditions are quite severe.
- Historically, the adolescent substance use disorder system in California has been under-resourced and under-scaled.
- Behavioral health challenges are borne disproportionately by communities of color, low-income communities, LGBTQ+ communities, and by those with adverse childhood experiences.
- The consequences of not addressing child and adolescent mental health conditions often extend to adulthood.

Program Purpose and Scope (cont.)

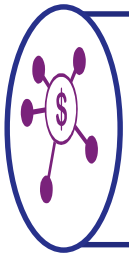
Why school-based behavioral health care?

- Schools are a critical point of access for preventive and early intervention behavioral health services.
- School-based health care is a tool for addressing disparities among children and adolescents who experience different outcomes due to their race, ethnicity, or socioeconomic status.
- Better integrating behavioral health services in schools can help break down historical silos and stigma.
- Over 50% of California children are enrolled in Medi-Cal.

Goals, Approach, and Design Principles

Goals and Strategic Approach

Goals



Build appropriate and sustainable school behavioral health capacity

Drive MCP investment in necessary delivery infrastructure

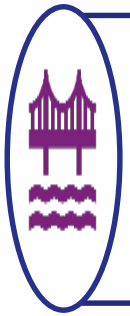
Improve coordination and develop partnerships

Strategic Approach

- Focus investments on the priority areas of planning and coordination, infrastructure, and prevention and early intervention.
- Support coordination and infrastructure needs across geographic areas.
- Encourage partnerships between MCPs, county behavioral health departments ,and school districts, charter schools, and/or county offices of education.
- Design a streamlined program that links plan requirements and incentive payments as straightforwardly as possible.

Goals and Strategic Approach

Goals



Bridge current silos across physical and behavioral health delivery

Achieve improvements in quality performance

Reduce health disparities and promote health equity

Strategic Approach

- Tailor milestones based on capacity and performance needs.
  - Early on, emphasize planning, coordination, and infrastructure development.
  - As the program progresses, focus on promoting quality improvements.
- Enhance, without duplicating, existing performance incentive and quality programs within the state.

Design Principles

1. Develop a clear incentive payment allocation methodology where all plans have an opportunity to participate.
2. Set ambitious, yet achievable, measure targets.
3. Ensure efficient and effective use of all available dollars.
4. Drive significant investments in core priority areas.
5. Minimize administrative complexity while ensuring appropriate oversight and monitoring.
6. Address variations in existing infrastructure and capacity pertaining to school-based behavioral health programs.
7. Ensure use of Incentive Program dollars does not overlap with other DHCS incentive programs or with services funded through rates.
8. Measure and report on the impact of the Incentive Program.

Incentive Mechanism

Authority

Title 42, Code of Federal Regulations, Part 438.6(a):

> *Incentive arrangement means any payment mechanism under which a MCO, PIHP, or PAHP may receive additional funds over and above the capitation rates it was paid for meeting targets specified in the contract.*

Incentive arrangements must:

- Be voluntary.
- Be for a fixed period of time and not renewed automatically.
- Be available to public and private MCPs under the same terms of performance.
- Not condition participation on intergovernmental transfer agreements.
- Measure performance during the applicable rating period(s).
- Be necessary for the activities, targets, performance measures, or quality-based outcomes that support program initiatives as specified in the State's quality strategy.
- Not exceed 5 percent of the approved capitation payments attributable to the enrollees or services covered by the incentive arrangement.

Core Concepts and Terms

Incentive payments reward MCPs for performance on specified measures.

- Incentive payments may not be made to providers directly.
- DHCS may not require MCPs to “pass through” particular incentive payment amounts to providers.
- DHCS will define measures, and evaluate performance, in ways that align with the goal of driving MCP engagement with and investment in school-based behavioral health services.

Key terms:

- A **measure** is a target or benchmark against which DHCS will evaluate performance.
- **Performance** is evaluated for each MCP against a pre-determined benchmark, standard, or set of evaluation criteria.
- A **rating period** is a 12-month period for which actuarially sound capitation rates are developed. All incentive payments must be attributed to one or more rating periods.

Workgroup Schedule

Workgroup Schedule

- August 11, 2021 ✓
- September 10, 2021
  - Recap of prior meeting and stakeholder feedback
  - Payment methodology
    - Measure design
    - Performance measurement
    - Gate and ladder approach
    - Allocation and valuation
- October 7, 2021
  - Recap of prior meeting and stakeholder feedback
  - Payment methodology
    - Allocation and valuation (cont.)
    - High-performance pool
  - Planning & Coordination measures – design, reporting, and evaluation
  - Infrastructure measures – design, reporting, and evaluation

Workgroup Schedule

- November 4, 2021
  - Recap of prior meeting and stakeholder feedback
  - Infrastructure measures – design, reporting, and evaluation (cont.)
  - Prevention and Early Intervention measures – design, reporting, and evaluation
  - Monitoring, oversight, and technical assistance
- Additional workgroup meetings may be scheduled as needed.

Questions?

Thank you.