Student Behavioral Health Incentive Program Frequently Asked Questions

The following frequently asked questions (FAQs) about the Student Behavioral Health Incentive Program (SBHIP) are organized in seven categories:

- General Program Information
- SBHIP Timeline
- Managed Care Plans (MCPs) and Selected Partnerships
- Memorandum of Understanding (MOU)
- Guidance on Deliverables (New Item – 12/2022)
- Needs Assessments
- Targeted Interventions
- Funding
- Contact Information

General Program Information

1. **What is SBHIP?**

   SBHIP is a program that originated from State law (AB 133, Welfare & Institutions Code Section 5961.3) and is intended to address behavioral health access barriers for Medi-Cal students through Targeted Interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in public schools.

2. **What are the objectives of SBHIP?**

   The objectives of SBHIP are to:

   a. Break down silos and improve coordination of child and adolescent behavioral health services for those enrolled in Medi-Cal through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers.

   b. Increase the number of TK-12 students enrolled in Medi-Cal receiving behavioral health services provided by schools, school-affiliated providers, county behavioral health departments, and county offices of education.

   c. Increase non-specialty services on or near school campuses.

   d. Address health equity gap, inequalities, and disparities in access to behavioral health services.

3. **Which Students are impacted by the program?**

   SBHIP is targeted at TK-12 students enrolled in the State Medicaid program, Medi-Cal. However, it is anticipated the behavioral health infrastructure investments will ultimately benefit all students, including Medi-Cal and non-Medi-Cal beneficiaries.

4. **Will the program be available statewide?**

   SBHIP will be implemented at the county level and is voluntary for Medi-Cal MCPs, which will be implementing the program. While it is expected that the program will be implemented in most counties, there may be some counties in which the MCPs may choose not to participate.

5. **What is a Local Educational Agency (LEA)?**

   Local Educational Agencies (LEA) include school districts, county offices of education, charter schools, California Schools for the Deaf, and California Schools for the Blind (California Education Code Section 9005.1(c)).

6. **Can an MCP use varying performance outcome metrics for similar interventions if the implementation approaches differ (e.g., establishing a BH wellness center vs. expanding a BH wellness center)?**

   Yes, the MCP may use different performance outcome metrics to evaluate the TI's impact if TI implementation approaches are different across LEAs. The MCP will need to clearly identify in the Project Plan why the metrics differ.

7. **Can MCPs that are collaborating on Targeted Interventions submit shared answers in SBHIP deliverables (e.g., the Needs Assessment, Project Plan(s), Bi-Quarterly Reports)?**

   Yes, collaborating MCPs may submit shared answers in SBHIP deliverables (e.g., the Needs Assessment, Project Plan, and Bi-Quarterly Report) as long as the MCPs individually submit the deliverables to SBHIP@DCHS.ca.gov

SBHIP Timeline

1. **When does the program start and end?**

   SBHIP is a three-year program that begins January 1, 2022, and ends December 31, 2024. While funding will no longer be available for the program after 2024, it is DHCS' goal that the infrastructure and partnerships developed as a result of the program will be sustained after the end of the three-year program.

2. **How will the program be implemented (i.e., will the SBHIP services be available on day one)?**

   SBHIP will be implemented in phases. In the first year of the program (2022), the focus will be on building relationships between local educational resources and MCPs to support a behavioral health Needs Assessment of the local student population. The Needs Assessment is intended to inform what behavioral health Targeted Interventions will best support local student population. After the behavioral health Needs Assessment is completed (by December 31, 2022), the MCPs and their local partners will select Targeted Interventions and submit a project plan to implement those Targeted Interventions to the California Department of Health Care Services (DHCS). After DHCS approval of those project plans, the MCPs and local partners will begin implementing those Targeted Interventions in selected schools the first and second quarter of 2023.

3. **Can Targeted Interventions be implemented before the Needs Assessment is completed?**

   Yes, during the program planning phase (August 2021–December 2021), stakeholders recommended that in certain instances, Targeted Interventions should be able to be implemented before the Needs Assessment has been completed. This may include instances where there are existing strong partnerships between the MCPs, and local educational partners and the local behavioral needs are clear. Project Plans for Targeted Interventions to be implemented before the Needs Assessment is completed, must be submitted to DHCS no later than June 1, 2022, to be eligible for payment in October 2022. MCPs may still submit Project Plans after this date but no later than December 31, 2022, to receive payment in April 2023.

   Regardless of the disbursement date, incentive payments will be linked to the rating period in which milestones were completed (e.g., payments made to an MCP for milestones completed in 2022 will be linked to the 2022 rating period). All Project Plans will depend on DHCS approval of the completed Project Plan per the SBHIP Deliverables and Scoring and Evaluation Criteria (Section 9) outlined in the SBHIP Overview and Requirements Document.

SBHIP Timeline	Date
SBHIP Design Period: DHCS works with stakeholders to develop metrics, interventions, and goals to inform incentive payments to Medi-Cal MCPs	August 2021 – December 2021
Medi-Cal MCPs submit Letters of Intent to participate in SBHIP due to DHCS	January 31, 2022
Medi-Cal MCPs work with County Office of Education to select SBHIP partners	First Quarter 2022
Medi-Cal MCPs submit SBHIP Partners Form	March 15, 2022
Medi-Cal MCPs and selected partners conduct Needs Assessment	Second/Third Quarter 2022
OPTIONAL: MCPs develop and submit accelerated Project Plan(s) for each Targeted Intervention and each county to DHCS	June 1, 2022
Medi-Cal MCPs submit completed assessment package to DHCS	December 31, 2022
OPTIONAL: MCPs submit Bi-Quarterly Report if they submitted an accelerated Project Plan(s) on June 1, 2022	December 31, 2022
Medi-Cal MCPs: • Select Targeted Intervention(s) and student population focus on selected intervention(s) • Submit project plan to DHCS	December 31, 2022

Medi-Cal MCPs and selected partners implement Targeted Intervention(s)	2023/2024
Exiting Medi-Cal MCPs submit Transition Plans (Updated – 12/2022)	June 2023
Medi-Cal MCPs submit Bi-Quarterly Report	Bi-Quarterly 2023/2024
Medi-Cal MCPs submit Project Outcomes Report for each Targeted Intervention	December 31, 2024
SBHIP operations close	December 31, 2024

4. **Can MCPs submit Project Plans and Needs Assessments between June 1, 2022, and the December 31, 2022, deadline?**

   Yes, DHCS encourages early submission of Needs Assessments and Project Plans. If MCPs submit Project Plans after June 1, 2022, they can start implementing their Project Plans for Targeted Interventions upon DHCS approval but will not receive any Targeted Intervention payments until April 2023. Payments made to an MCP in 2023 for milestones completed in 2022 will be linked to the CY2022 rating period. DHCS will review and approve SBHIP deliverables on a rolling basis.

5. **When are Bi-Quarterly reports due and what do they assess?**

   The SBHIP Bi-Quarterly Report is a required component of the SBHIP. MCPs must submit Bi-Quarterly Reports demonstrating measurable progress on their Targeted Interventions. Documentation of progress must also be submitted to earn payment. MCPs must earn a score of 100% to earn payment for the Bi-Quarterly Reports. SBHIP Bi-Quarterly Reports are required for each Targeted Intervention selected within the following timeframes:

   - If the Project Plan is submitted by June 1, 2022, the first Bi-Quarterly report is due by December 31, 2022. SBHIP Bi-Quarterly Reports are required for each Targeted Intervention selected. Commencing June 30, 2023, for standard Project Plan submissions, the SBHIP Bi-Quarterly report must be submitted by the end of every other quarter throughout the duration of the project or until the Project Outcome Report (Milestone Two) has been submitted.

   - SBHIP Bi-Quarterly Report Submission Deadlines: December 31, 2022 (Accelerated Project Plan submissions only), June 30, 2023, December 31, 2023, and June 30, 2024.

6. **How will MCPs that are leaving the managed care model in 2023 transition their SBHIP involvement?**

   Participating MCPs that will exit a county in which the MCP is participating in SBHIP prior to December 31, 2024, will be required to develop and submit a transition plan to DHCS as an additional deliverable. Transition plans need to be developed in partnership with the remaining MCP in the county and any new-entrant MCPs in the county and must include a detailed description of how the remaining and/or succeeding MCP(s) will sustain the project plan and selected interventions through December 31, 2024. Assumption of responsibility for the project plan and Targeted Interventions by the remaining and/or succeeding MCP(s) will be voluntary. Further details of transition plan requirements will be published at a future date.

Managed Care Plans (MCPs) and Selected Partnerships

1. **What collaboration is expected between local educational partners and the MCPs?**

   The MCPs are expected to work with County Offices of Education (COEs) to identify other Local Educational Agencies (LEAs) for partnership in the program. Once partner LEAs are identified, the MCP and LEA will work together on completing the Needs Assessment and Targeted Intervention project plan, and then implementing those Targeted Interventions. Collaboration is expected throughout the program duration, with the intent of collaboration continuing post-implementation.

2. **What if MCPs are unable to engage the County Office of Education (COE)?**

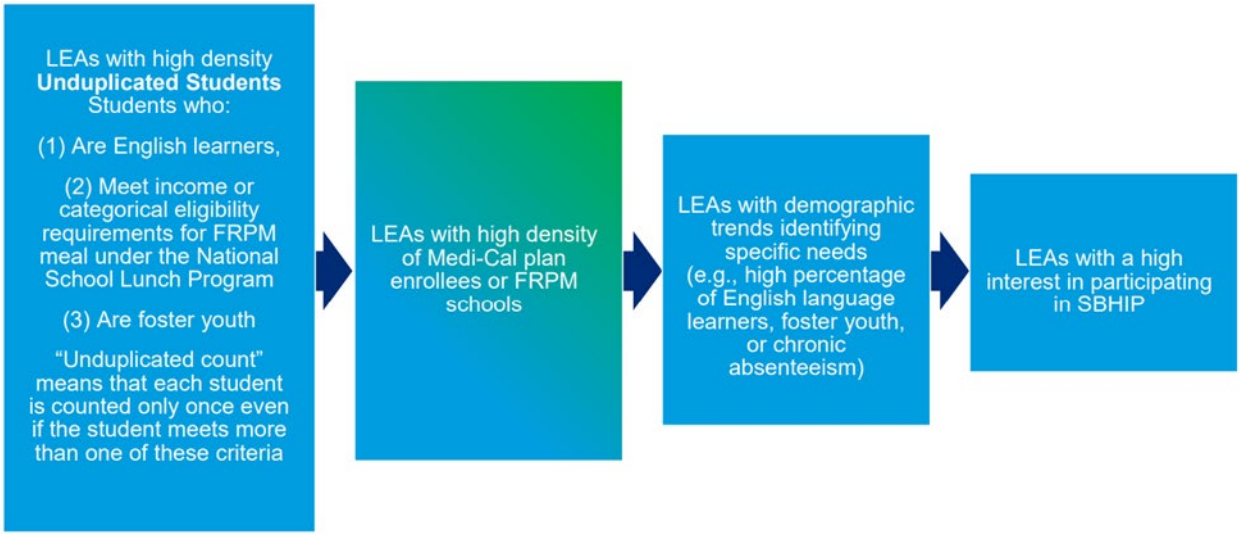
   MCPs are required to show they have attempted to contact the COE. The expectation is the MCP attempts to contact the COE at minimum three times and engages the technical assistance contractor for support in making contact. If the COE is unable to establish engagement, the MCP must work directly with other local educational entities (e.g., school districts, charter schools) and include signatures, as appropriate.

3. **Are MCPs required to partner with all LEAs in a county?**

   All MCPs serving the same county, collaboratively are required to partner with a minimum of 10% of LEAs within the county. On a case-by-case basis, the MCP may partner with fewer than 10% of LEAs if the MCP has demonstrated a good faith effort to partner. MCPs will be required to identify instances when an LEA wanted to partner but was not chosen in the final Needs Assessment document.

4. **Are there criteria for MCPs to determine which LEAs to select for partnership?**

   MCPs are expected to work with County Offices of Education to select LEAs with the greatest need as determined by the MCPs and COE. Understanding that all partnerships are optional, the following depicts the priority order in which LEAs should be considered for partnerships. However, DHCS understands that needs can be different in every county. DHCS encourages MCPs to collaborate with COEs to identify the right LEAs for SBHIP partnership.



5. **Is there a timeframe for MCPs to identify selected partner LEAs?**

   MCPs are required to formally identify LEA partners by March 15, 2022, with DHCS.

6. **What documentation is needed to confirm the partnerships?**

   MCPs will be required to submit documentation of partnerships, including contact information for those partnerships with DHCS. MCPs are expected to receive signatures from the COE superintendents on the form identifying the LEA partners. However, in some instances, this may not be possible. In those exception cases, MCPs will be required to document that the MCP has attempted to contact the COE at least three times and has engaged the technical assistance contractor for support in making that contact. Signatures from LEA partners will be required if COE signatures are not possible.

7. **Is the Partners Form binding for the entire duration of SBHIP?**

   The Partners Form is intended to be binding. When appropriate, DCHS encourages MCPs to add partners. MCPs are not required to submit an amended Partners Form when adding LEA partners. MCPs must notify DHCS of the partner change and provide DHCS with confirmation that the County Office of Education was notified of this change. Alternatively, if a situation arises in which LEAs or other partner stakeholders can no longer participate, DHCS and Guidehouse will offer technical assistance as needed. All partner change notifications need to be sent to the SBHIP mailbox (SBHIP@guidehouse.com).

Memorandum of Understanding (MOU)

1. **Are MCPs required to create MOUs with partners to participate in SBHIP?**

   If there is a partnership in place, MOUs are required for:

   - Partnerships between MCPs, County Offices of Education (COEs), and other Local Education Agencies (LEAs) (e.g., school districts, charter schools)

   - Partnerships between MCPs, County Offices of Education (COEs), and other Local Education Agencies (LEAs) (e.g., school districts, charter schools)

   MOUs are optional between MCPs and County Behavioral Health (BH) Departments.

2. **Since DHCS requires MOUs as part of SBHIP, can MCPs leverage the SBHIP MOU for similar DHCS programs / initiatives or must the SBHIP MOU serve as its own separate document?**

   MCPs can leverage the SBHIP MOU for similar DHCS programs / initiatives, as long as the MOU meets the requirements of the program for which it will be used.

3. **Would an MCP need multiple MOUs in place for each Targeted Intervention – one with the collaborating MCPs, one with the COE and one with each LEA?**

   If an MCP collaborates with the same partners for all TIs in a specific county, MCPs can develop one MOU for all partnering entities participating in the TI(s) within the specific county.

Guidance on Deliverables (New Item – 12/2022)

1. **When deliverable questions indicate 250 words/LEA, does this mean 250 words per LEA (Local Educational Agency)? (Updated – 12/2022)**

   Yes, "250 words/LEA" indicates 250 words per LEA. However, the word limits for all responses are meant to serve only as an approximate guideline. It is acceptable to go over the word limit to respond fully to the question.

2. **If two deliverables ask the same question, does the question need to be answered in both deliverables? (New Item – 12/2022)**

   Yes, MCPs must answer all deliverable questions even if answered in a previous deliverable. Deliverable responses must be self-contained (i.e., contain all the information needed to understand the response to a question without needing to reference the information contained in other deliverables or other question responses within the submission). However, if a response is included in a different question or deliverable, a summary of the previous response, or inclusion the same response that provided in the previous question or deliverable is acceptable.

3. **Does DHCS require MCPs to use the fillable deliverable templates provided by DHCS? (New Item – 12/2022)**

   DHCS developed the fillable Project Plan (PP) templates as a sample. MCPs may use another format of its choosing but must ensure that all questions are addressed. Those who wish to use fillable templates for any of the deliverables can request them through the SBHIP mailbox.

4. **How does DHCS score deliverables submitted prior to the submission deadline? (Updated – 12/2022)**

   DHCS will score deliverables on a rolling basis once submitted, even if early. MCPs will have the opportunity to revise deliverables based on feedback.

5. **Is there a specific file naming convention for deliverable submissions? (New Item – 12/2022)**

   Please include the following in the names of each file:

   - Deliverable Name/Component Number (as applicable)
   - County
   - MCP Name
   - Date

Needs Assessments

1. **What is the Needs Assessment?**

   The Needs Assessment is intended to identify areas for behavioral health opportunities for TK-12 Medi-Cal students within the selected LEAs in each county.

2. **Will there be more than one Needs Assessment in each county?**

   There will be one Needs Assessment per county. In instances where there are multiple MCPs in a county participating in SBHIP, MCPs may work together or separately on completing the Needs Assessment with their selected LEA partners. The MCPs will then collaborate to synthesize assessment(s) into one document.

3. **What are the expectations for the "10% LEA threshold" in completing the Needs Assessment in instances where there are multiple MCPs in a county?**

   In counties with more than one participating MCP, it is expected that the MCPs collectively reach the 10% LEA threshold for partnership. For example, if in a given county the 10% threshold is 10 LEAs and there are two participating MCPs, one MCP (MCP A) could partner with six LEAs and the other (MCP B) could partner with four LEAs. The Needs Assessment for MCP A would reflect the findings for the six partner LEAs and the Needs Assessment for MCP B would reflect the findings for the four partner LEAs. The two MCPs do not need to collaborate on a collective Needs Assessment for that county, but the MCPs will be required to collaborate on timing so that both are completed and submitted at the same time as one document.

4. **What is the denominator used to calculate the "10% LEA threshold"?**

   The denominator is the total number of LEAs within a county, based on the Public Districts Data Files (https://www.cde.ca.gov/ds/si/ds/pubschls.asp). Submitted Needs Assessments must at a minimum include 10% of the LEAs in the county. The formula to calculate the 10% minimum is as follows:

   - [Number of LEAs with whom the MCP(s) is partnering] / [Total number of LEAs within the county]

   In counties with more than one participating MCP, DHCS expects that the MCPs collectively reach the10% LEA minimum threshold for partnership.

5. **If current data is not available, will data from previous years be accepted to fulfill the Data Collection Strategy component of the Needs Assessment?**

   The rationale for requesting data from 2020 or later was to make sure Needs Assessments reflect the current needs of students, in large part due to COVID-19 pandemic, and to capture any potentially "new" needs in the local community. The Needs Assessment should reflect the current needs of students. However, DHCS will allow for data collected prior to 2020 in cases where more recent data is not available. For data collected prior to 2020, the MCP must notify DHCS and indicate efforts to identify more recent data.

6. **What is the timeframe for completing the Needs Assessment?**

   The Needs Assessment is to be completed on or before December 31, 2022.

7. **What should be included in the behavioral health services budget?**

   Behavioral health services are defined as a continuum of mental health and SUD services and supports that include prevention, early intervention, outpatient, crisis, and residential and inpatient services. Budget items may include but are not limited to, salaries, benefits, materials, supplies, training, indirect costs, or other expenses. Items considered to be under the purview of behavioral health services may vary among LEAs, so please include a narrative response or a behavioral health services budget worksheet along with the estimated percentage of behavioral health services funding, relative to the total LEA budget.

8. **What is the resource mapping in the Needs Assessment and how does it relate to the referral section of the Needs Assessment?**

   The purpose of the resource maps is to visually represent internal and external behavioral health services and supports to best align resources with student needs. While the resource maps identify what services / supports are available to students, the referral section of the Needs Assessment demonstrates the steps required to connect students to existing resources. The resource map and referral sections of the Needs Assessment do not need to build off of one another.

9. **Do both the Community Behavioral Health Resource Map and the LEA Behavioral Health Resource Map require MCPs to include resources available within the LEA and available within the community? What is the distinction between the two?**

   The goal of the resource maps is to visually represent internal and external behavioral health services and supports to best align resources with student needs. The LEA Behavioral Health Resource Map should include behavioral health programming and services within the LEA, such as onsite providers or intervention programs. The Community Behavioral Health Resource Map should include local behavioral health programming and services external to the LEA that may or may not have an existing relationship with school districts.

10. **Can the resource maps include information on non-behavioral health services?**

    While behavioral health services are the core focus of the resource maps, non-behavioral health services and supports can also be included.

11. **Are LEAs required to publish and share resource maps with the community?**

    No, LEAs are not required to share the resource map externally. However, DHCS strongly encourages LEAs to take the next step and translate the document into a resource accessible to the external community.

Targeted Interventions (TIs)

1. **What are Targeted Interventions?**

   AB 133, Welfare & Institutions Code Section 5961.3, directed DHCS to work with stakeholders to develop Targeted Interventions for SBHIP incentive payments. The final list of 14 Targeted Interventions is intended to define broad parameters for acceptable behavioral health interventions. The 14 Targeted Intervention categories include:

   - **Behavioral Health Wellness (BHW) Programs:** Develop the infrastructure for, or pilot BHW programs, to expand greater prevention and early intervention practices in school settings (examples include building a school site dedicated and appropriate for BHW activity, planning, partnership development, and capacity building for programs such as Mental Health First Aid and Social and Emotional Learning) by Medi-Cal MCPs. The project may build or expand a dedicated school behavioral health team to engage schools, and address issues for students with behavioral health needs. Projects include, but are not limited to, infrastructure, capacity building, partnership development, materials, training programs, and staff time. If

wellness programs already exist, the project may build on and expand on these efforts.

- **Telehealth Infrastructure to Enable Services and/or Access to Technological Equipment:** Increase behavioral health telehealth services in schools, including app-based solutions, virtual care solutions, and by investing in telehealth infrastructure 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. The project may build the capacity of behavioral health professionals through trainings in order to utilize this mode of service delivery.

- **Behavior Health Screenings and Referrals:** Enhance Adverse Childhood Experiences and other age and developmentally appropriate behavioral health screenings to be performed on or near school campuses, and build out referral processes in schools (completed by behavioral health provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) on or near school campuses and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.

- **Suicide Prevention Strategies:** Implement a school suicide prevention strategy and/or expand/improve upon existing LEA suicide prevention policy obligations. The project may include the development of culturally defined practices for targeted populations.

- **Substance Use Disorder:** Increase access to SUD prevention, early intervention, and treatment, including expanding the capacity for providers to conduct SUD activities on or near school campuses. Capacity building may include efforts to increase Medication Assisted Treatment where feasible and co-occurring counseling and behavioral therapy services for adolescents. The project may include investments to build infrastructure and establish or expand capacity of new or existing collaborations between schools and providers to enhance referral mechanisms to ensure students can be referred for school-based SUD services.

- **Building Stronger Partnerships to Increase Access to Medi-Cal Services:** Build stronger partnerships between schools, MCPs, and county behavioral health plans so students have greater access to Medi-Cal covered services. This may include providing 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.

- **Culturally Appropriate and Targeted Populations:** Implement culturally appropriate and community defined interventions and systems to support initial and continuous linkage to behavioral health services in schools. The

project may focus on unique, vulnerable populations including, but not limited to, students living in transition, students that are homeless, and those involved in the child welfare system. The project may include offers to cover staff time and training for providers on interventions.

- **Behavioral Health Public Dashboards and Reporting:** Improve performance and outcomes-based accountability for behavioral health access and quality measures through local student behavioral health dashboards, or public reporting.
- **Technical Assistance Support for Contracts** Medi-Cal managed care plans execute contracts with county behavioral health departments and/or schools to provide preventive, early intervention, and behavioral health services. It is expected that this Targeted Intervention would go above and beyond the MOU requirement.
- **Expand Behavioral Health Workforce:** Expand the school-based workforce (including building infrastructure and capacity for) by using community health workers and/or peers to expand the surveillance and early intervention of behavioral health issues in school aged kids. The project may include coverage for the cost to certify peers to provide peer support services on school-based sites. Particular focus on grades 5–12, since young people tend not to see their primary care provider routinely after their vaccinations are complete.
- **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 behavioral health interventions. The project may include investments to implement or expand the capacity of existing care teams.
- **IT Enhancements for 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 MCP and county behavioral health department.
- **Pregnant Students and Teens Parents:** Increase prenatal and postpartum access to mental health and SUD screening and treatment for teen parents. The project may include investments to build the capacity of providers to serve this unique population on or near school campuses by providing training, and specialized program development, including school-based or school-linked sites to provide services.
- **Parenting 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.

2. **Is there a minimum number of Targeted Interventions that must be implemented in each county?**

   MCPs must implement a minimum of one to four interventions in each county (depending on the size of the county's potential incentive payment allocation) to be eligible to receive the full incentive payment amount. The minimum number of Targeted Interventions by county can be found in the table below.

Minimum Number of Targeted Interventions	County
1	Alpine, Amador, Calaveras, Colusa, Del Norte, Glenn, Inyo, Lake, Lassen, Mariposa, Mendocino, Modoc, Mono, Nevada, Plumas, San Benito, Sierra, Siskiyou, Tehama, Trinity, Tuolumne, and Yuba
2	Butte, El Dorado, Humboldt, Marin, Napa, Shasta, Sutter, and Yolo
3	Imperial, Kings, Madera, San Luis Obispo, and Santa Cruz
4	Alameda, Contra Costa, Fresno, Kern, Los Angeles, Merced, Monterey, Orange, Placer, Riverside, Sacramento, San Bernardino, San Diego, San Francisco, San Joaquin, San Mateo, Santa Barbara, Santa Clara, Solano, Sonoma, Stanislaus, Tulare, and Ventura

MCPs have the below options to meet the minimum number of Targeted Interventions:

- If there is only one MCP in the county, the MCP must implement the minimum number of Targeted Interventions to receive full funding.
- If there is more than one MCP in the county, MCPs can:
  - Collaborate on all Targeted Interventions. MCPs must implement the county minimum number of Targeted Interventions to receive full funding.
  - Not collaborate on any Targeted Interventions. Each MCP must individually implement the minimum number of interventions to receive full funding.
  - Collaborate on some but not all Targeted Interventions and implement interventions independently of one another. For example, in a two-plan county with a minimum of two Targeted Interventions, an MCP could implement one Targeted Intervention on its own and collaborate with the county's other MCP on the second Targeted Intervention to meet the two-

intervention minimum. The total number of interventions each MCP is engaged in (including both collaborative and independently implemented interventions) must meet the county's minimum number of interventions for an MCP to receive full funding.

3. **Is there a maximum number of Targeted Interventions that can be implemented in a county? (New Item – 12/2022)**

   There is no maximum number of Targeted Interventions that may be implemented in a county, and funds can be allocated amongst the Targeted Interventions as needed. However, the funding allocated to each Targeted Intervention cannot exceed the percentage limits outlined in the Overview and Requirements document.

4. **If an MCP implements the same Targeted Intervention in multiple LEAs within the same county, will that intervention be considered as more than one Targeted Intervention?**

   No, the same intervention implemented in multiple LEAs will only be counted as one Targeted Intervention.

5. **If an MCP and their partner(s) wish to implement a large initiative that has multiple parts that fall into multiple Targeted Intervention categories, would this count as multiple Targeted Interventions?**

   Yes, if the components fall into more than one distinct Targeted Intervention categories, the initiative will count as multiple Targeted Interventions.

6. **If an MCP and their partner(s) wish to implement more than one Targeted Intervention from a single Targeted Intervention category within the same county, would this count as multiple Targeted Interventions?**

   No, if there are multiple Targeted Interventions from the same category within a county, the interventions would count as one Targeted Intervention.

7. **How will the effectiveness of the Targeted Interventions be measured?**

   Medi-Cal MCPs will be required to select one of two performance outcome metrics for each Targeted Intervention. Performance outcome metrics include:

   - *Performance Outcome Metric #1*: Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries on or near campus

- *Performance Outcome Metric #2*: Increase access to behavioral health services (capacity, infrastructure, sustainability, behavioral health service) for Medi-Cal beneficiaries provided by school-affiliated behavioral health providers

Medi-Cal MCPs, in collaboration with selected partners, will be required to select two, distinct Performance Measures to demonstrate achievement of the Performance Outcome Metric. Examples of Performance Measures may include but are not limited to: number of students attending a suicide prevention program, number of BH telehealth services provided, number of BH providers, number of CARE Team members, number of BH staff trainings, number of students attending BH trainings, frequency of BH presentations, number of BH Wellness rooms).The performance measures and performance outcome will be defined in the initial project plan and reported on in the final project outcome report, which will be completed at the end of the program.

8. **Some Targeted Interventions show more progress during the first year of implementation than during following years of implementation. Is it acceptable for MCPs to report different levels of progress during different years on the Bi-Quarterly reports?**

   Yes, MCPs can report different levels of progress during different years of implementation of the Targeted Interventions. As long as MCPs show some progression towards Targeted Intervention milestones identified in the Project Plan, it is acceptable to show different levels of progress during different years of implementation. At the end of CY 2024, MCPs should achieve 100% implementation of their Targeted Interventions.

9. **What documentation with the LEA is needed to execute the Targeted Intervention?**

   The MCPs will be required to execute memorandums of understanding (MOUs) with selected partners for each Targeted Intervention. One MOU may be signed with an LEA if multiple Targeted Interventions are being implemented in that LEA. If an MOU is being executed between the MCP and a community-based organization (CBO), documentation of an agreement between the CBO and LEA will also be required.

10. **Do MCPs need to implement all Targeted Interventions in all LEAs? Are there any restrictions or limitations on how many targeted interventions are implemented in each LEA? (Updated – 12/2022)**

    There are no limitations or restrictions on how Targeted Interventions are distributed among the LEAs. However, MCPs must implement the minimum number of Targeted Interventions and are required to implement the Targeted Interventions with LEAs and other partners; Targeted Interventions cannot be implemented solely by the MCP.

11. **Can MCPs submit a single Project Plan for multiple Targeted Interventions? (New Item – 12/2022)**

    No, MCPs must submit an individual Project Plans for each prospective Targeted Intervention within a county. Additionally, where applicable, individual responses must include specific answers for each LEA partner identified as a recipient of the Targeted Intervention.

12. **How many performance and outcomes measures need to be selected for each LEA? (New Item – 12/2022)**

    MCPs must work with their SBHIP partners to select one of the two performance outcome metrics under which their chosen Targeted Intervention falls: 1. Increase access to behavioral health services for Medi-Cal Beneficiaries on or near campus; or 2. Increase access to behavioral health services for Medi-Cal beneficiaries provided by a school-affiliated behavioral health provider. MCPs must also identify and describe two ways they plan to measure achievement of the selected intervention. MCPs have the flexibility to determine how to best demonstrate these achievements. Examples that demonstrate an increase in behavioral health resources or access include:

    - Four schools with prevention programs in a district that originally had one school with a prevention program;
    - Increased number of students receiving behavioral health screenings;
    - Provision of telehealth services where they did not exist before;
    - Increased number of behavioral health providers from 14 to 20.

13. **Is it acceptable for MCPs to implement a single Targeted Intervention in LEAs or schools that are at different stages of intervention development? (New Item – 12/2022)**

    Implementation of a single Targeted Intervention at different stages of development across LEAs is permissible if the performance measures and

overall scope remain consistent across the intervention. If the performance measures and / or overall scope of a Targeted Intervention varies between LEAs, DHCS will work with stakeholders to ensure the chosen interventions fall under the correct Targeted Intervention category.

14. **Can MCPs amend Project Plans after they are submitted? (New Item – 12/2022)**

    MCPs cannot significantly amend Project Plans after they are submitted. Once DHCS has reviewed and scored the submitted Project Plans, an MCP that receives a score below 100% will have the opportunity to make revisions based on DHCS' feedback. If additional changes are required later, MCPs must capture modifications in Bi-Quarterly Report submissions.

Funding

1. **How much funding is allocated for SBHIP and who will receive it?**

   SBHIP is funded with $389 million over the three-year timeframe of the program. Payments will be made to MCPs. Of the $389 million, $39 million is available to be distributed for completing the Needs Assessment and $350 million is available to be distributed for the Targeted Interventions.

2. **Are MCPs required to submit financial reporting to DHCS regarding use of SBHIP funding?**

   No, DHCS does not expect MCPs, COEs, or other stakeholders to submit budgetary information to DHCS. MCPs are required to identify in the Project Plan the percentage of the allocation funding for each identified Targeted Intervention. However, DHCS is not directing Medi-Cal MCPs on how to spend incentive payment dollars.

3. **How is funding allocated by county for the Needs Assessment and for the Targeted Intervention?**

   The Needs Assessment funding methodology is based on LEA count, MCP count, Medi-Cal member months per plan per county, and other factors as appropriate. The Targeted Intervention funding methodology is based on Medi-Cal enrollment, the number of unduplicated pupils by county, and other factors as appropriate.

4. **Is there a minimum amount allocated for each county?**

   Each county will receive at least $225,000 for the Needs Assessment and at least $500,000 for the Targeted Interventions.

5. **How many Targeted Interventions are required to receive full funding?**

   - Counties allocated less than a quarter of a percent of the statewide total are required to complete a minimum of one intervention.

   - Counties allocated between a quarter of a percent to one half of a percent (minimum $500k per Targeted Intervention on average) are required to complete a minimum of two interventions. Those counties that would receive less than $500k per intervention on average will be required to complete a minimum of one intervention.

   - Counties allocated between a half of a percent to three quarters of a percent (minimum $500k per Targeted Intervention on average) are required to complete a minimum of three interventions. Those counties that would receive less than $500k per intervention on average will be required to complete a minimum of two interventions.

   - Counties allocated between three quarters of a percent and up (minimum $500k per Targeted Intervention on average) are required to complete a minimum of four interventions. Those counties that would receive less than $500k per intervention on average will be required to complete a minimum of three interventions.

6. **Is there a minimum or maximum amount to be spent on any one Targeted Intervention? (New Item – 12/2022)**

   The percentages outlined in the Project Plan are the maximum amounts that a plan can earn per Targeted Intervention. DHCS cannot direct MCPs on how to spend incentive dollars and will not require an accounting of how the funds were spent.

7. How and when will funding be distributed?

Funding Milestones	Funding Allocation	Funding Distribution Date(s)
Submission of the Letter of Intent and LEA Partners Form	50% of the total Needs Assessment allocation	May 2022
DHCS Approval of Need Assessment	50% of the total Needs Assessment allocation	April 2023
DHCS Approval of Project Plan	Up to 50% of the Targeted Intervention allocation	*"Standard" Project Plan Funding Distribution Date:* April 2023 (Project Plans submitted after June 1, 2022) *"Optional" Accelerated Project Plan Funding Distribution Date:* October 2022 (Project Plans submitted on or before June 1, 2022)
DHCS Approval of Bi-Quarterly Report	*"Standard" Project Plan Funding Allocation:* 75% of the remaining Targeted Intervention allocation (25% allocated to each Bi-Quarterly Report) *"Optional" Accelerated Project Plan Funding Allocation:* 80% of the remaining Targeted Intervention allocation (20% allocated to each Bi-Quarterly Report)	*"Standard" Project Plan Funding Distribution Dates:* 1. October 2023 2. April 2024 3. October 2024 *"Optional" Accelerated Project Plan Funding Distribution Dates:* 1. April 2023 2. October 2023 3. April 2024 4. October 2024
DHCS Approval of Project Outcome Report	*"Standard" Project Plan Funding Allocation:* 25% of remaining Targeted Intervention allocation "*Optional" Accelerated Project Plan Funding Allocation*: 20% of remaining Targeted Intervention allocation	April 2025

Note: Upfront funding for Letter of Intent and LEA Partners Form is considered unearned funds until completion and approval of the Needs Assessment. A percentage of upfront funding for the Project Plan is considered unearned funds until completion and approval of the Project Outcome Report. The upfront funds percentage amount is not indicative of what may be earned for the Letter of Intent and LEA Partners Form and the Project Plan.

8. **If an MCP does not meet the identified performance milestones on a Bi-Quarterly Report, will the missed funding allocation be available for the MCP to earn on the next Bi-Quarterly Report?**

   If a MCP fails to report any progress for a given bi-quarterly segment or fails to provide documentation evidencing the reported progress, then the payment for that bi-quarterly timeframe will not carry over to a subsequent period and will not be earned by the MCP.

9. **Can SBHIP incentive payments be used to reimburse mild to moderate services rendered on a school campus if it's tied to a Targeted Intervention?**

   SBHIP payments are intended to help build school-based behavioral health services infrastructure and cannot be used for direct service reimbursement.

Contact Information

1. **Whom do I contact for more information?**

   SBHIP webpage: https://www.dhcs.ca.gov/services/Pages/studentbehavioralheathincentiveprogram.aspx

   SBHIP Deliverables Email: sbhip@dhcs.ca.gov

   SBHIP Technical Assistance Contractor: sbhip@guidehouse.com