Mercer

Student Behavioral Health Incentive Program

Stakeholder Meeting

California Department of Health Care Services
September 10, 2021

A business of Marsh McLennan

1. Welcome: Introductions
2. SBHIP Workgroup:
    A. Overview
    B. Guiding Principles, Goals, and Agreements
    C. Stakeholder Workgroup Meeting Schedule
3. Existing obligations and funding streams
4. Targeted interventions, goals and metrics
5. Incentive payment methodology
6. Open Discussion
7. Next Steps

Agenda

Welcome: Short Introductions

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Workgroup Members

Health Plan

- Andrea Swan, Health Plan of San Joaquin
- Isabel Silva, Kern Health System
- Heather Waters, Inland Empire Health
- Kinisha Milles Campbell, Kaiser Permanente
- Linnea Koopmans, Local Health Plans of California
- Amber Harvey-Ligget, Aetna Better Health Group California
- David Bond, Blue Shield Health Plan
- Arnold Noriega, Community Health Group
- Bridgitte Lamberson, United Health Care
- Ashley Kirk, California Association of Health Plans
- Marie Montgomery, LA Care
- Farid Hassanpour, Chief Medical Office, CenCal Health
- Mark Bontrager, Partnership Health Plan
- Belinda Rolicheck, Health Net and California Health and Wellness
- Natalie McKelvey, Santa Clara Family Health Plan
- Scott Coffin, Alameda Alliance for Health
- Lucy Marrero, Gold Costa Health Plan
- Robert Auman, Contra Coast Health Plan
- Natalie Zavala, CalOptima
- Kathleen McCarthy, Central California Alliance for Health

Behavioral Health

- Michelle Cabrera, CA Behavioral Health Directors Association
- Chris Stoner-Mirtz, CA Alliance of Child and Family Services
- Leora Wolf-Prusan, School Crisis Recovery and Renewal Project
- Le Ondra Clark-Harvey, CA Council of Community Behavioral Health Agencies
- Brent Malicote, Sacramento County Office of Education
- Michael Brodsky, LA Care Behavioral Health and Social Services
- Emi Botzler-Rodgers, Behavioral Health Director at Humboldt County
- Timothy Hougen, San Bernardino County Behavioral Health
- Wendy Wang, Hathaway-Sycamores
- Erica Zamora, Alvord Unified School District
- Greg Palatto, Charter Oak Unified School District
- Aj Kaur, Martinez Unified School District
- Norlon Davis, Los Angeles Unified School District
- Adrienne “Addy” Pacheco, Chaffey Joint Union High School District
- Marni Sandoval, Monterey County Behavioral Health

Workgroup Members

School Districts or County Office of Education

- Rosalee Hormuth, Orange County Dept of Education
- Rhonda Yohman, Madera County Superintendent of Schools
- Michael Lombardo, Placer County Office of Education
- Patrice Breslow, San Diego Unified School District
- Margie Bobe, Los Angeles Unified School District
- Katie Nilsson, San Joaquin County Office of Education
- Belinda Brager, Calaveras USD
- Dave Gordon, Sacramento County Superintendent
- Janice Holden, Stanilaus County Office of Education
- Coreen Deleone, Glenn County Office of Education
- Amanda Dickey, Santa Clara County Office of Education
- Jeremy Ford, Oakland Unified School District
- Will Page, Los Angeles unified School District
- Angelo Reyes, Public Health, City of Pasadena
- Monica Lamelle, San Luis Obispo County
- Andrea Ball, Ball/Frost Group
- Lisa Eisenburg, CA School Based Health Alliance
- Helio Brasil, Small School Districts' Association
- Armando Fernandez, CA Association of School Psychologists
- Toni Trigueiro, California Teacher Association

Government Agencies

- Laila Fahimuddin, CA State Board of Education
- Daniel Lee, California Department of Education
- Stephanie Welch, California Health and Human Services
- Derick Daniels, CRDD, DHCS
- Jillian Mongetta, LGFD, DHCS
- Michel Huizar, MCQMD, DHCS
- Jim Kooler, MCBH, DHCS
- Jacob Lam, HCF, DHCS

SBHIP Workgroup Overview

SBHIP

Overview

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 K-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.

January 1, 2022: Incentive program effective date

Intent of incentive payments:

- Break down silos and improve coordination of student behavioral health services through communication with schools, school affiliated programs, MCOs, counties, and MHPs.
- Increase number of K-12 students receiving preventive and early intervention behavioral health services provided by schools, providers in schools, school affiliated community based organization or clinics, county behavioral health departments and school districts, charter schools, and/or county offices of education within the county.
- Get non-specialty services on or near school campuses.

Role of DHCS to develop:

- **Interventions:** Those activities that will be accepted as targeted interventions that increase access to preventive, early intervention and behavioral health providers for K-12 children in schools
- **Goals**: Desired outcomes, locations, and/or populations to reach with each intervention
- **Metrics:** Requirements, steps, and measures to assess selected targeted interventions meet desired goals and outcomes
- **Funding mechanism program/allocation methodology**

SBHIP Key Terms

Prevention and Early Intervention: Is used generically and not in reference to specific contract language. In MH, prevention generally refers to services or interventions that promote positive MH to prevent the onset of a MH condition. Early intervention includes screening, early identification, and treatment services that delay, minimize, or avoid the onset of MH conditions and/or complex behaviors. While prevention services minimize the prevalence of MH conditions in children and youth, early intervention programs employ strategies that reduce the impact MH conditions and/or challenging behaviors can have on children, youth, and their families. *Note: EPSDT Services may overlap with prevention and early intervention. The definition above is not specific to any program, but is also not meant to preclude inclusion of current efforts that may be expanded in support of SBHIP.*

Provider: School-affiliated behavioral health providers for K-12 children in schools. This includes Community Behavioral Health CBOs who are already affiliated with a school.

Interventions: Those activities (or parameters for those activities) that will be accepted as targeted interventions that increase access to preventive, early intervention and behavioral health providers for K-12 children in schools.

Performance: Is evaluated for each MCP against a pre-determined benchmark, standard, or set of evaluation criteria.

Metrics: Requirements, steps, and measures to assess selected targeted interventions meet desired goals and outcomes .

Rating Period: A 12-month period for which actuarially sound capitation rates are developed. All incentive payments must be attributed to one or more rating period(s).

Goals: Desired outcomes, locations, and/or populations to reach with each intervention.

Incentive Payments: The payment to be made to MCPs to support implementation of targeted interventions.

Measure: A target or benchmark against which DHCS will evaluate performance of MCPs and impact of selected targeted interventions.

Incentive Payment 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 priority areas.
5. Minimize administrative complexity while ensuring appropriate oversight and monitoring.
6. Consider variation in existing levels of infrastructure and capacity among school-affiliated behavioral health programs.
7. Ensure use of SBHIP dollars does not overlap with other DHCS incentive programs or with services funded through rates.
8. Measure and report on the impact of the SBHIP.

SBHIP Targeted Intervention Categories

Categories are designed to help guide Medi-Cal managed care plans in partnership with schools and school-affiliated behavioral health providers to determine which targeted interventions (and the subsequent goals and metrics) will best increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for K-12 children in schools.

- **Planning and coordination:** Targeted interventions in areas where there may currently be minimal collaboration and engagement between schools, school-affiliated behavioral health providers, and MCPs. Could include targeted implementations required to assess current state, build stronger relations, etc. an initial step prior to developing a more supportive infrastructure.
- **Infrastructure:** Targeted interventions in areas where there may be some experience, collaboration, and engagement between schools, school-affiliated behavioral health providers, and MCPs. Could include planning for expansion of existing intervention or piloting a new intervention (i.e., expand workforce, create CARE teams, telehealth services).
- **Prevention, early intervention, and other behavioral health services:** Targeted interventions for schools, school-affiliated behavioral health providers, and MCPs quite established in the communities they serve. Focus of these options is to expand and build upon existing targeted interventions (i.e., increase treatment plans, decrease time for MH referrals, connect students to MAT providers).

SBHIP Stakeholder Workgroup

Objective

- Assist DHCS in determining the design and approach to implementation of SBHIP. In particular:
  - Provide feedback and guidance on interventions, goals, and metrics.
  - Help identify activities that best target gaps, disparities, and inequities.
  - Provide feedback on funding mechanism: incentive payment methodology, financial model, etc.

Process

- Four or more two-hour meetings.
- Email responses to requests for feedback or in response to questions raised at meetings.
- Individual/small group meetings, if need to additional meetings may be scheduled with smaller groups to address specific topics in more detail. Any outputs of individual/small group meetings will be shared with the workgroup for feedback.

Expectations of Members

- Attend all SBHIP Stakeholder Workgroup meetings.
- Engage in discussion and secure feedback from your organization as necessary.
- Provide 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.

Meeting Schedule and Topics

Kick- Off

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

SBHIP Overview

- SBHIP Guiding Principles
- Existing obligations and funding streams
- Overview of targeted interventions, goals, and metrics
- Overview of incentive Payment Methodology

Targeted interventions, goals and metrics

- Review suggested targeted interventions, goals, and metrics
- Assess approach for impact to high priority groups
- Assess impacts/considerations for metrics by geography and intervention
- Allocation update

Financial Model

- Incentive payment calculation (location, phase, amount)
- Payment methodology (frequency)

Incentive Plan and Implementation

- Implementation considerations
- Formal guidance and resources
- Oversight and governance plan
- Finalize design

Stakeholder Workgroup Meeting 1

Follow up on Feedback

- **Request to highlight rural/small geographic areas as key in strategic approach and/or prioritize other areas:** How funds are distributed will be something explored as part of the stakeholder workgroup. There is a desire to get funds to small and rural communities but do not want to narrow focus in approach.

- **Will the strategic approach begin with local evaluation by MCPs? (could identify existing partnerships to expand, identify existing barriers, and possible solutions):** DHCS is exploring a technical assistance contract to support implementation of the SBHIP. With intent for contract to begin 1.1.22 and include support for local evaluation in addition to other work.

- **Request for flexibility in milestones and metrics:** DHCS plans to develop Metrics, milestones, goals, and measures with **input and feedback** from the stakeholder workgroup. Flexibility will be considered, but must be balanced with the need for statewide evaluation.

Stakeholder Workgroup Meeting 1

Follow up on Feedback

- **Evaluations and ongoing expectations:** DHCS will oversee the incentive plan with an outside contractor being engaged to provide technical assistance and oversight/assessment of implementation. The intent of the incentive plans is that improved coordination will continue beyond the three year incentive program.

- **Specifics on payment methodology and 'clawbacks':** Payment methodology details will be shared with the stakeholder workgroup for feedback. At this time it is assumed that goals will be tied to payments and if goals are not achieved 'clawbacks' of interim payments could be possible. Details and a baseline for measures will be determined as part of this engagement process.

- **Is there a marketing component to encouraging MCP participation in SBHIP?** DHCS has informed MCPs of the SBHIP at their regular rate meetings. Participation is being encouraged and will continue to be encouraged. However, participation in the program is considered voluntary.

Existing Obligations and Funding Streams

Existing Obligations

Student BH Services in Medi-cal

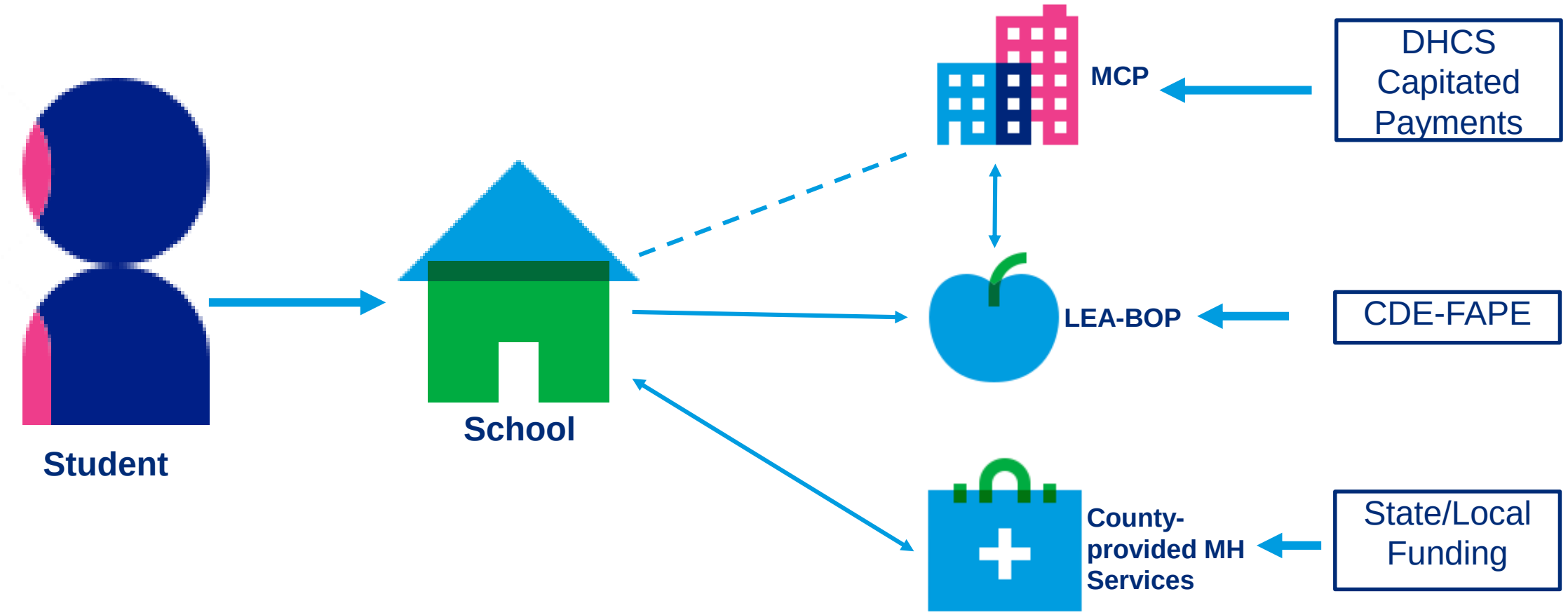
- There are multiple ways that eligible children can access BH services:
  - **Schools** are responsible for providing MH services for students who receive special education and can elect to offer BH services to all their students.
  - **The LEA BOP** may provide limited assessments and treatments for eligible students.
  - **County BH** is responsible for providing a set of MH services known as SMHS, which generally are more intensive MH services for beneficiaries (including children) with higher needs. In addition, outside of the Medi-Cal program, counties often provide BH services to children of all levels of need, which may include prevention and early intervention activities. Counties can pay for these services using their own fund sources, without being reimbursed through Medi-Cal. Counties also are responsible for providing Medi-Cal SUD services in much of the state.
  - **Medi-Cal Managed Care plans** are responsible for providing a more limited set of less intensive MH services for beneficiaries with more moderate needs, including prevention and early intervention activities.

Medi-Cal EPSDT

- EPSDT is a federally mandated program that requires states to provide a broad range of screening, diagnosis, and medically necessary treatment services — including BH services — to Medi-Cal beneficiaries under age 21. Under EPSDT, the list of Medi-Cal BH services that children are eligible for is more comprehensive than the list available to adults. In California, counties provide this comprehensive set of services through SMHS.

Current Funding Streams in Medi-Cal

LEA, MCPs, and MHPs all cover a specific subset of EPSDT services, so they must partner if they aim to offer a comprehensive suite of EPSDT services to Medi-Cal -enrolled students.



Targeted Interventions, Goals, and Metrics

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SBHIP Targeted Interventions

Targeted Intervention Categories	Possible Targeted Interventions
Planning and Coordination	• Local Planning Efforts • Building Stronger Partnerships Between Schools and MCPs • Implement Culturally Appropriate BH Interventions • Public Dashboards to Improve Performance/Outcome Based Accountability
Infrastructure	• Expanding CHW and Peer Support Programs • Increasing Telehealth for BH Services
Prevention, Early Intervention, and other BH Services	• Developing/Piloting Wellness Programs • Implementing Suicide Prevention Programs • Increasing Access to SUD Prevention, Intervention, and Treatment • Increasing ACE Screenings

SBHIP Targeted Interventions

Possible Process Milestones	Possible Outcome Measures
• Submission of completed project plans • Submission of narrative plans for future program implementation • Submission of signed MOUs • Submission of executed contracts	• Number of prevention programs implemented • Number/percent of students receiving telehealth services • Number of students completing wellness programs • Number of peer support staff • Number of SUD/MAT referrals

Possible Areas of Focus

- Students experiencing homelessness
- Students living in transition
- Pregnant students/teen parents
- Small and rural schools
- Involved in the child welfare system
- Targeted interventions designed specifically to reduce health equity gap

Questions for SBHIP Workgroup

- Possible interventions, goals, and metrics outlined in AB 133 include, but are not limited to, the following:
  - Local planning efforts (compile data, identify gaps, convene stakeholders, develop framework for coordinated systems, etc.)
  - TA to increase coordination and partnerships between schools and MCPs (contracts, MOUs)
  - Developing/Piloting wellness programs
  - Expanding Community Health Worker (CHW) Peer Support
  - Increasing Telehealth
  - Implementing suicide prevention programs
  - Public dashboards to improve performance/outcome based accountability
  - Increasing access to SUD prevention, intervention, and treatment

Are there other interventions, goals, and metrics that should be highlighted?

Questions for SBHIP Workgroup

- Are there other student groups and/or geographical areas that should also be considered areas of focus?
- The SBHIP is a three-year program. With consideration of your experience, could any of these interventions be implemented in a one-year time frame?
- Do you anticipate MCOs, LEAs, county BH departments and/or other stakeholders undertaking multiple interventions during the program cycle, or focusing on only one intervention?
- Are there challenges to develop and implement the interventions outlined in AB 133 that DHCS should consider when developing metrics?
- Do you foresee some interventions requiring initial funding to support development and implementation?

Incentive Payment Methodology

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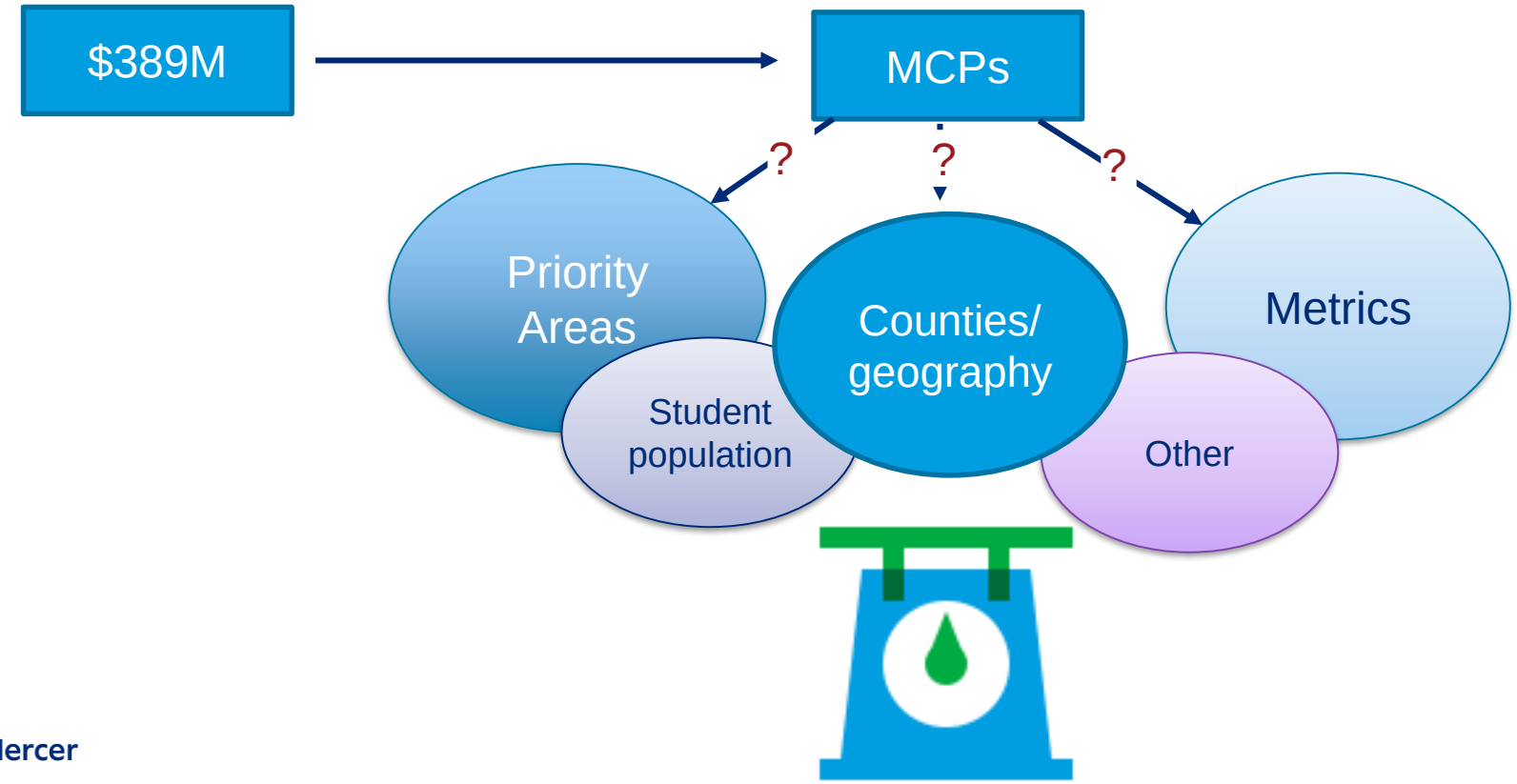
Incentive Payment Methodology

The State allocated approximately $389 million, available over three years, for incentive payments paid to Medi-Cal managed care plans to build infrastructure, partnerships, and capacity, statewide for behavioral health services by school-affiliated behavioral health providers for K-12 children in school.

Payment Allocation



Incentive Payment Methodology

Funding Evaluation

For the $389 million to be paid to MCPs over the course of three years, DHCS is considering allocation of funds by the evaluation of such data points and sources as:

- Medi-Cal enrolled student population within each county.
- Title 1 schools within each county.
- FRPM schools within each county.

Incentive Payment Methodology

Payment Considerations

- Are there other data points or sources for the allocation method that should be considered?
- Should there be a minimum allocation amount (floor) per county?
- Are there other allocations methods that might be more appropriate than examples provided in the previous slide?

Open Discussion

Open Discussion

- Questions/feedback on today’s agenda
- Request for information for future meetings
- Other areas for discussion

Next Steps

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Next Steps

- Email responses to questions to shannon.kojasoy@mercer.com by September 15
- Email any feedback to Shannon at any time, Shannon will route to the appropriate staff at DHCS
- Next meeting October 7: Draft approaches to targeted interventions, goals, and metrics.

Acronyms

ACE	Adverse Childhood Experience
CBO	Community-Based Organization
CDE	California Department of Education
CHW	Community Health Worker
DHCS	Department of Health Care Services
EPSDT	Early and Periodic Screening, Diagnostics, and Treatment
FAPE	Free Appropriate Public Education
FRPM	Free or Reduce Price Meal
LEA	Local Education Agencies
LEA BOP	Local Educational Agency Billing Option Program
MAT	Medication Assisted Treatment
MCO	Managed care organization
MCP	Managed Care Programs
MH	Mental Health
MOU	Memorandum of Understanding
SBHIP	Student Behavioral Health Incentive Program
SMHS	Specialty Mental Health Services
SUD	Substance use disorder

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