



Realizing One Children's System: California's Children & Youth Behavioral Health Ecosystem - Overview, Development, and Implementation

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CYBHI
Children and Youth
Behavioral Health Initiative



California's Children and Youth Behavioral Health Initiative

Breaking Barriers Symposium
November 14, 2023



California's Youth Need Support

The State of California recognizes the scale and urgency of mental health issues faced by young people. The U.S. Surgeon General has also declared that we are facing a youth mental health crisis.

While the COVID-19 pandemic has exacerbated this crisis, it has been in the making for more than a decade.

Nearly 3 in 5 U.S. teen girls **felt persistently sad or hopeless** in 2021—a nearly 60% increase and **the highest level reported** over the past decade.¹

The rate of suicide among Black youth in California **doubled** between 2014 and 2020.²

Mental health issues are the **leading cause of hospitalization** for children under 18 in California.³

More than half of LGBTQ+ students **experienced poor mental** health and more than 1 in 5 **attempted suicide** in 2022.⁴

Prevention and Early Intervention are Critical

The CYBHI aims to make the strengthening of preventive measures and early intervention a core pillar of its approach to systems transformation and to ensure a continuum of care.

Of all lifetime cases of diagnosable mental illnesses, **half begin by age 14, and 75% begin by age 24.**⁵

Early detection of mental health concerns leads to **improved academic achievement and reduced disruptions at school.**⁶

50% of youth in the juvenile justice system have mental health needs.⁷

Integrating **behavioral health care** with primary care leads to a significant reduction in children's behavioral problems and anxiety.⁸

Governor's Master Plan for Kids' Mental Health

Governor Newsom Announced Master Plan for Kids' Mental Health August 18, 2022

- \$4.7B so every Californian aged 0-25 has greater access to mental health and substance use support
- Whole Child, “All of the Above” Approach
- Multi-year, fundamental overhaul to invest in and build needed system infrastructure
- CYBHI at its core

Other investments and initiatives in California being implemented in coordination and collaboration

- \$4.1B on a community schools' strategy to connect kids and families to essential services including health screenings, meals and more, as well as expanded learning opportunities
- \$5B on a Medi-Cal CalAIM initiative to better integrate health and behavioral health services for low-income kids and improve child health outcomes, including prevention
- \$1.4B to build the healthcare workforce that expands our capacity to meet the health needs of Californians, including children and families
- State budget investments in school-based behavioral health workforce, such as school counselors



What is the CYBHI?

The Children and Youth Behavioral Health Initiative (CYBHI) is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.

The initiative is:

- Reimagining a more integrated, youth-centered, equitable, prevention-oriented system
- Promoting mental, emotional and behavioral health and well-being
- Supporting prevention and early intervention while addressing emerging and existing needs
- Increasing access to mental health and substance use services and supports
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

Built on a foundation of equity and accessibility, the CYBHI is designed to **meet young people and families where they are** to create **an ecosystem that can help them when, where and in the way they need it most.**



CYBHI Workstreams

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage	Public Awareness
Wellness Coach Workforce (HCAI)	<u>Trauma-Informed Educator Training</u> (CA-OSG)	School-Linked Partnership and Capacity Grants (DHCS)	Student Behavioral Health Incentive Program (DHCS)	Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)	Public Education and Change Campaigns (CDPH)
Broad Behavioral Health Workforce Capacity (HCAI)	Youth Mental Health Academy (HCAI)	Behavioral Health Continuum Infrastructure Program (DHCS)	Youth Suicide Reporting and Crisis Response Pilots (CDPH)		ACEs and Toxic Stress Awareness Campaign (CA-OSG)
Behavioral Health Virtual Services Platform and Next Generation Digital Supports (DHCS)				Statewide All-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
Healthcare Provider Training and e-Consult (DHCS)					Parent Support Video Series (DHCS)
Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services (DHCS)					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					



Integration and Cross Sector Collaboration



Aligning to Support Kids Learning and Thriving

- Joint recognition that social and emotional wellbeing and behavioral health impact student attendance and learning
- Deeply shared goals of education and health systems for children to learn and thrive
- Whole Child, Equity-Centered approach of Multiple Statewide Health and Education Initiatives
- Utilizing Multi-Tiered System of Support (MTSS) Education Framework for CYBHI
- CYBHI in service and partnership with education to support kids getting what they need to learn and thrive



Supporting Early Childhood Mental Health

CYBHI seeks to strengthen early childhood mental health as foundational for children's wellbeing and thriving:

- **Scaling What Works**
 - \$60M RFA for scaling early childhood wrap around supports
- **Workforce Capacity**
 - Safe Spaces: Trauma-informed training for early educators; partnering with First 5 CA to disseminate training and provide stipends
 - Wellness Coaches in early childhood settings and building a larger, more diverse, representative BH workforce
- **Supporting Parents**
 - Virtual Services Platform for parents of children ages 0-12
 - Scaling Evidence-based practices for caregiver supports: Round 1 grants awarded Summer 2023
 - Parent Video Series
- **Increasing System Capacity**
 - Medi-Cal dyadic services benefit launched January 2023
 - E-consult launches January 2024
 - BHCIP investments in bricks and mortar, including perinatal services
- **Addressing Stigma and Building Resilience**
 - Stigma reduction campaign
 - ACEs and Toxic Stress Awareness Campaign



TK-12 School-Behavioral Health Partnership to Support Student Well-Being

Schools are a critical component of the ecosystem that supports the emotional, mental and behavioral health of California's children and youth. That's why the CYBHI includes:

- **New statewide fee schedule** for school-linked behavioral health services reimbursement from Medi-Cal and commercial health plans
- **Building infrastructure** through school-linked partnership and capacity grants (\$400M to K-12; \$150M to higher education)
- **Behavioral health workforce investments** and developing a **new Wellness Coach role**, as well as investments beyond CYBHI in school-based (\$20,000 scholarships for PPS providers through Golden State Teacher Grant Program) and overall BH workforce
- **Scaling of evidence-based and community-defined practices**, with an emphasis on racial equity, prevention, early intervention; schools are eligible to apply for funding for a range of practices in multiple rounds of grant funding
- **Supporting partnerships** between Medi-Cal managed care plans and LEAs through SBHIP
- **CalHOPE Student Services program that provides tools and learning community opportunities** for schools for SEL, as well as Healthy Minds, Thriving Kids educator videos
- **Supporting Wellbeing, Mindfulness, and Resilience of Students** through \$65M of new grants
- **Providing training on trauma-informed care** to educators, school personnel and childcare providers.
- **Increasing access** to range of pre-clinical services and navigation to clinical services for students and families through new virtual services platform
- **CalHHS Youth Mental Health Resources Hub** partnered with CDE to include resources for educators



Deepening Cross Sector Collaboration

- Increased collaboration across state agencies
- Extensive engagement of cross-sector partners in design, planning, implementation and evaluation
- Building foundational partnerships locally between Medi-Cal Managed Care Plans, K-12 Schools and County Behavioral Health Departments
- Multi-payer statewide fee schedule for school-linked BH services
- Series of foundational efforts to build path toward greater integration:
 - CYBHI Ecosystem Working Paper
 - Youth at the Center Report
 - Systems Mapping
- Demonstration Project: Coordinated Local Implementation of Community Schools and CYBHI



The Transforming Together (T²) is an integrated-systems project at the intersection of mental health and community schools efforts

Three-year, integrated systems project to improve student behavioral health and well-being through the coordinated implementation of California's Community Schools Partnership Program (CCSPP) and the Children and Youth Behavioral Health Initiative (CYBHI).

Grounded in the **Governor's Master Plan for Kids' Mental Health** and recommendations outline in the **CYBHI Ecosystem Working Paper** the project will demonstrate:

- How local sites can build or strengthen the collaboration and partnership necessary to harmonize implementation of CCSPP and CYBHI
- How these initiatives can be deeply integrated to advance equity and center youth
- What tools, mechanisms and approaches support local partners to integrate across systems

The T² project translates vision into practice in four distinct ways

1

Advancing equitable access by breaking down silos to build coordinated systems that center youth and families.

2

Maximizing impact of historic California system-transformation investments.

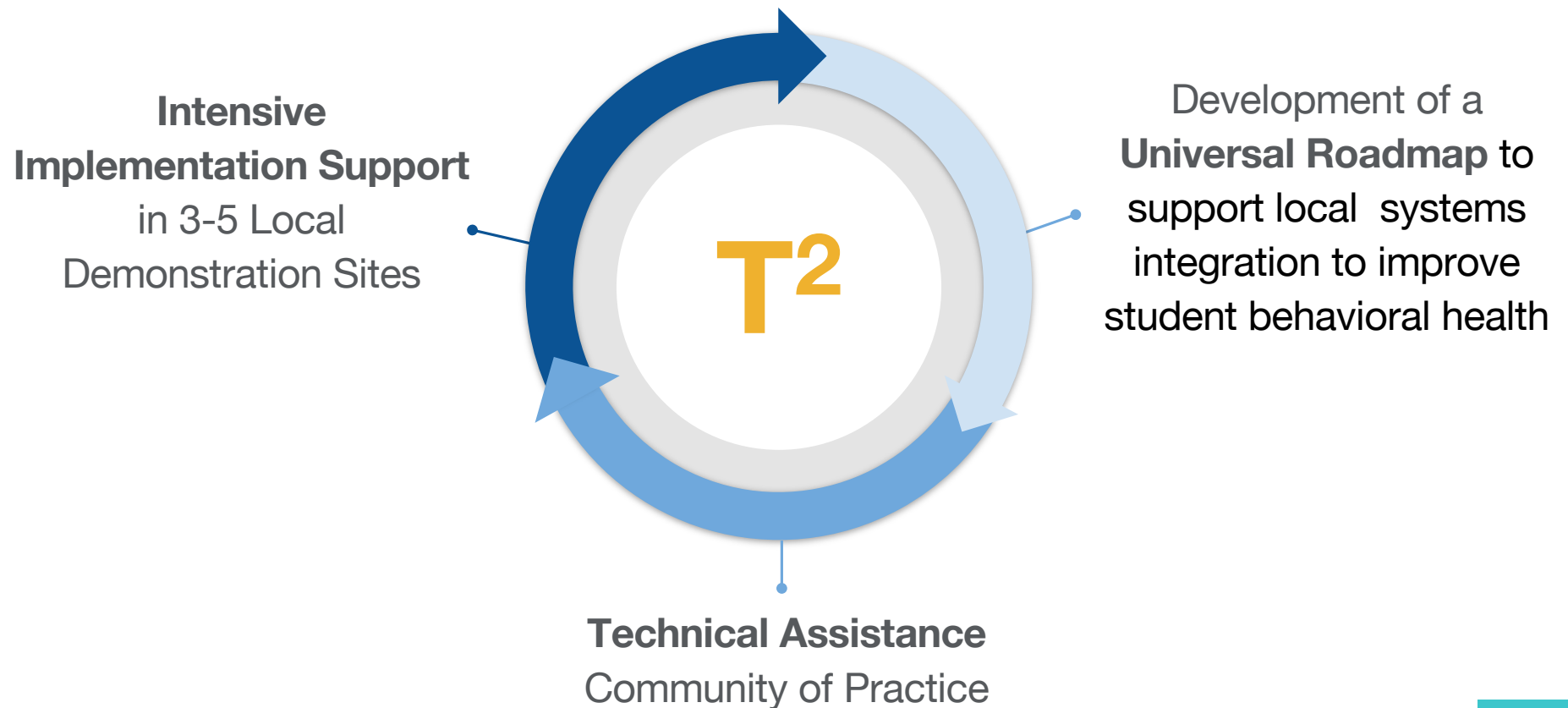
3

Identifying and memorializing flexible, scalable practices of selected demonstration sites.

4

Networking existing and planned technical assistance associated with historic California system transformation investments.

The T² project consists of three components



What is the T² project structure?

1

A **CaIHHS/CYBHI**-initiated project that works in close partnership with **California Department of Education**.

2

The project is housed at the **Southern Inland Community Schools Regional Technical Assistance Center** (San Bernardino County Superintendent of Schools).

3

The **cross-sector Collaborative Leadership Working Group (CLWG)** provides guidance on project development and implementation.

4

Multiple partners at **state and local levels** are collaborating to develop demonstration project elements.

How to learn more about CYBHI?



Ways to Learn More!

- CYBHI Website
- Monthly Written Updates (sign up on website)
- Quarterly Public Webinars

December 7, 3 pm – 5 pm..

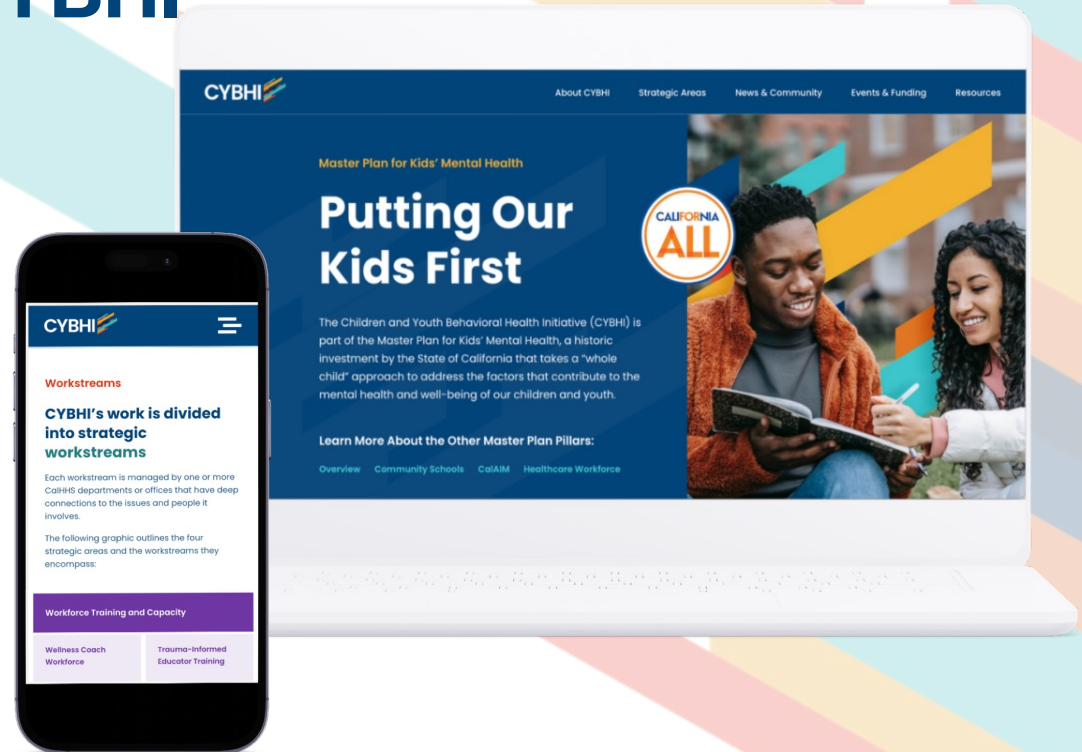
- Department-specific websites, emails and listservs



Learn more about CYBHI

- CYBHI Website:
 - Centralizes Information
 - Progress Updates
 - Workstream Pages
 - News and Community Impact Page
 - Email Sign-up
 - Mobile-friendly

cybhi.chhs.ca.gov



CYBHI Contacts

- To provide input on initiative-wide topics or sign up to receive regular updates about the CYBHI, please email CYBHI@chhs.ca.gov
- To engage on workstream-specific topics, please use the following contact information and resources:
 - Department of Health Care Services:
 - Contact information for questions/feedback: CYBHI@dhcs.ca.gov
 - Children & Youth Behavioral Health Initiative [Webpage](#)
 - Student Behavioral Health Incentive Program (SBHIP) [Webpage](#)
 - Behavioral Health Continuum Infrastructure Program (BHCIP) [Webpage](#)
 - CalHOPE Student Support [Webpage](#)
- Department of Health Care Access and Information (HCAI): CYBHI@hcai.ca.gov
- Department of Managed Health Care: CYBHI@dmhc.ca.gov
- California Department of Public Health: CYBHI@cdph.ca.gov
- Office of the California Surgeon General: info@osg.ca.gov

Source: California Health and Human Services Agency



Children and Youth Behavioral Health Initiative (CYBHI)

Statewide Multipayer Fee Schedule



Breaking Barriers – November 14, 2023

Autumn Boylan, MPH

Vision for the Statewide Multi- Payer School- Linked Fee Schedule

Non-exhaustive

Establish a **sustainable funding mechanism** for school-linked behavioral health services that:

- **Increases access** to school-linked behavioral health services for children and youth
- **Applies to multiple payers** (incl. Medi-Cal MCPs¹, Medi-Cal fee-for-service, commercial health plans, and disability insurers) easing the uncertainty around students' coverage
- **Expands the types of practitioners eligible for reimbursement** for school-based behavioral health services to include **Pupil Personnel Services² credentialed providers and Wellness Coaches³**
- **Creates a more approachable reimbursement model for schools**, given the shift to fee-for-service reimbursement (as opposed to existing cost resettlement programs)
- **Eases burdens around contracting, rate negotiation and navigation of delivery systems** with State-established rates for all included services
- **Provides state-funded supports for payers and providers**, with a third-party administrator being piloted in 2024 to manage the provider network and facilitate claims administration

1. Managed Care Plan

2. Includes specializations in school counseling, school social work, school psychology

3. Pending State Plan Amendment approval for PPS credentialed providers for 2024 and Wellness Coaches for 2025

About the CYBHI Fee Schedule – [Introductory Video \(YouTube\)](#)

A decorative wavy line consisting of two parallel, curved bands. The top band is a dark teal color, and the bottom band is a darker blue color. The line starts on the left, dips down, rises up, dips down again, and then rises up towards the right.

Fee schedule: Authorizing statute

DRAFT AS OF 08/29/23

FOR DISCUSSION | NOT EXHAUSTIVE

Authorizing Statute, *California Welfare & Institutions Code section 5961.4*

“The State Department of Health Care Services shall develop and maintain a **school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment** provided to a student 25 years of age or younger at a schoolsite¹”

Intention of the fee schedule²

The fee schedule will:

- **Articulate the services and reimbursement rates**, and establish agreements of payment, that the school and designated providers³ can receive
- **Not supplant nor duplicate existing funding sources** nor requirements to accommodate and provide services to students with disabilities
- **Not alter the accountable payer as already defined** in the current Medi-Cal behavioral health delivery system (e.g., Medi-Cal MCPs⁴ for non-specialty mental health services)

Scope of services²

Services included in the fee schedule at launch on January 1, 2024, will include:

- Psychoeducation
- Screening & Assessment
- Therapy
- Peer support
- Care coordination

1. Per the California Health and Safety Code, “A facility or location used for public kindergarten, elementary, secondary, or postsecondary purposes. “Schoolsite” also includes a location not owned or operated by a public school, or public school district, if the school or school district provides or arranges for the provision of medically necessary treatment of a mental health or substance use disorder to its students at that location, including off-campus clinics, mobile counseling services, and similar locations;” 2. CYBHI Fee Schedule – Outstanding Policy and Operational Questions meeting (April 18, 2023); 3. A LEA or institute of higher education enrolling in the network will enable their “designated providers” to provide services (including employed, contracted, or affiliated provider who an individual school deems part of their provider network and who has the credentials required by DMHC/DHCS); 4. Managed Care Plan

Source: California Welfare & Institutions Code 5961.4 ([link](#)); Section 1374.722 of the Health and Safety Code ([link](#))

Scope of services for the fee schedule

UPDATED AS OF 09/26/23

Category	Service
Psychoeducation	Behavioral Health Prevention Education Service by a Peer
	Family-based behavioral health education
	Health education by Community Health Workers
	Health education by Wellness Coaches ¹
	Preventative wellness and skill building
	Skill training and development for substance use disorder
	Wellness education and skill building
Screenings and assessments	Assessments (e.g., psychological testing, alcohol and/or substance abuse)
	Screenings (e.g., alcohol misuse, depression)
	Structural Screening and Brief Intervention – Alcohol and/or Substance Use (SABIRT ²)
Therapy	Dyadic family training and counseling for child development
	Family psychotherapy
	Family therapy
	Psychotherapy – Standard, Crisis
Care coordination	Case consultation to teacher
	Case management / care coordination ³
	Medication management

1. Pending State Plan Amendment for addition of Wellness Coaches in 2025; 2. Screening, Assessment, Brief Interventions and Referral to Treatment; 3. Case management for Medi-Cal is the responsibility of Medi-Cal managed care plans; 4. Behavioral health; 5. Substance Use Disorder; 6. Managed Care Plan

Information contained in this file is confidential, preliminary, and pre-decisional

Services included in the fee schedule at launch will be limited to **non-specialty mental health services for which Medi-Cal managed care plans (and not county BH⁴) are the payer of responsibility** within the Medi-Cal BH⁴ delivery system. SUD⁵ services will be limited to SABIRT², which is also a Medi-Cal MCP⁶ benefit

Provider network: Authorizing statute

DRAFT AS OF 08/29/23 FOR DISCUSSION | NOT EXHAUSTIVE

Authorizing Statute, California Welfare & Institutions Code section 5961.4

“The department shall **develop and maintain a school-linked statewide provider network** of schoolsite¹ behavioral health counselors”

Authorizing Statute, California Health & Safety Code Section 1374.722 (b)(6)

“A **“schoolsite”** is...used for public kindergarten, elementary, secondary, or postsecondary purposes. “Schoolsite” also includes a location not owned or operated by a public school, or public school district, if the school or school district provides or arranges for the provision of medically necessary treatment of a mental health or substance use disorder to its students at that location, including off-campus clinics, mobile counseling services, and similar locations”²

Entities eligible to enroll in the provider network

1. Local Educational Agencies (LEA), i.e.,

- School district
- County office of education
- Charter school
- California Schools for the Deaf and School for the Blind

2. Public institutions of higher education, i.e.,

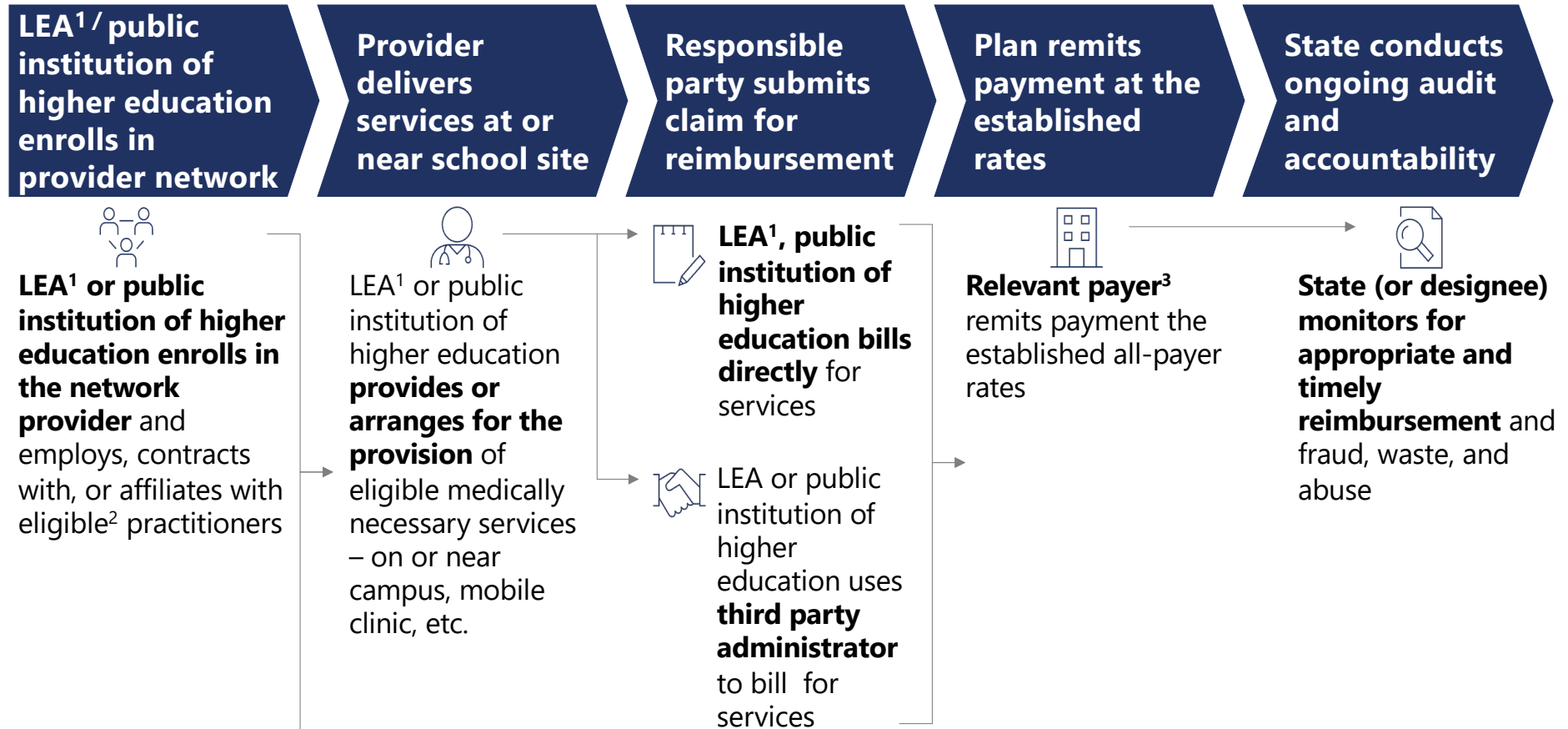
- California Community Colleges
- California State Universities
- University of California campuses

Providers included¹

A LEA or institution of higher education enrolling in the network will enable **their “designated providers” to provide services** (including employed, contracted, or affiliated provider who an individual school deems part of their provider network and who has the credentials required by DMHC/DHCS

Illustrative process for utilizing the fee schedule

NON-EXHAUSTIVE AS OF 07/24/23



1. Local Educational Agency (i.e., school district, charter school, county office of education, California school for the deaf or school for the blind); 2. Eligible providers for reimbursement for specific services will be included in the scope of services of the fee schedule; 3. E.g., Medi-Cal Managed Care Plan, commercial plans

Statewide Multi-Payer Fee Schedule intersections with other programs

■ Future State

Contracts with managed care plans (MCPs), county behavioral health, or commercial **for additional behavioral health services beyond the scope of the fee schedule** (e.g., Enhanced Care Management, Specialty Mental Health Services)

LEA-BOP funding for approved health-related services provided by qualified health service practitioners to Medi-Cal eligible students

Statewide all-payer fee schedule for reimbursement of school-linked behavioral health services from (as applicable):

- Commercial plans, **for all included services**
- Medi-Cal MCPs, **for all included services**

Other existing education funding for mental health - Community Schools, Multi-Tiered System Support (MTSS), Positive Behavior Intervention and Supports (PBIS), etc.

Individuals with Disabilities Education Act (IDEA) funding for students with special needs, including Educationally-Related Mental Health Services (ERMHS)


Comparing Funding Streams for School-Based Services

	School-Based SMAA Program	LEA BOP	CYBHI Fee Schedule
Overview	<ul style="list-style-type: none"> Ensures efficient administration of the Medi-Cal program for Medi-Cal eligible students in California public schools, colleges and universities. Reimburses school districts for performing administrative activities associated with or in support of the provision of Medi-Cal-coverable medical services, including those specified in IEP and EPSDT 	<ul style="list-style-type: none"> Reimburses LEAs (school districts, county offices of education, charter schools, community colleges, and university campuses) for health-related services already provided by qualified health service practitioners to Medi-Cal enrolled students. 	<ul style="list-style-type: none"> Develop and maintain a school-linked statewide fee schedule for outpatient mental health or substance use disorder treatment provided to a student 25 years of age or younger at a school-site. Providers of medically necessary services shall be reimbursed, at a minimum, at the fee schedule rate, regardless of network provider status.
Services/ Activities	<ul style="list-style-type: none"> Activities include: <ul style="list-style-type: none"> Outreach; facilitating Medi-Cal application; arranging for NEMT/NMT; translation; program planning and policy development; MAA Coordination and claims administration; training and general administration 	<ul style="list-style-type: none"> Health and Mental Health Evaluation & Education Assessments Psychology and Counseling Also included: Audiology Services; Medical Transportation; Nursing Services; Activities of Daily Living; Nutritional Services; Occupational Therapy; Orientation and Mobility; Physical Therapy; School Health Aide Services; Speech Therapy; Targeted Case Management; Respiratory Therapy 	<ul style="list-style-type: none"> Psychoeducation services, including screenings and health education Individual, group, and family treatment services Case consultation Care coordination
Funding & Authority	<ul style="list-style-type: none"> CPE Program funded by federal and local funds Authorized under 42 U.S.C § 13296(b)(a) and W&I Code §14132.47 	<ul style="list-style-type: none"> CPE Program funded by federal and local funds Authorized under W&I Code § 14132.06 	<ul style="list-style-type: none"> NOT A CPE Program Fee-for-service Fee Schedule Authorized under W&I Code § 5961.3
Audit Requirements	<ul style="list-style-type: none"> LEAs must annually certify that the public funds expended for LEA services provided are eligible for FFP pursuant to CFR, Title 42, Section 433.51. DHCS must reconcile the interim Medi-Cal reimbursements to LEAs with the costs (i.e., cost settlement) to provide the Medi-Cal services. The Schedule is used to compare each LEA's total actual costs for LEA services to interim Medi-Cal reimbursement for the preceding fiscal year. 		<ul style="list-style-type: none"> NO COST SETTLEMENT Fraud, waste and abuse

RECAP:

Overview of phased approach

NOT EXHAUSTIVE

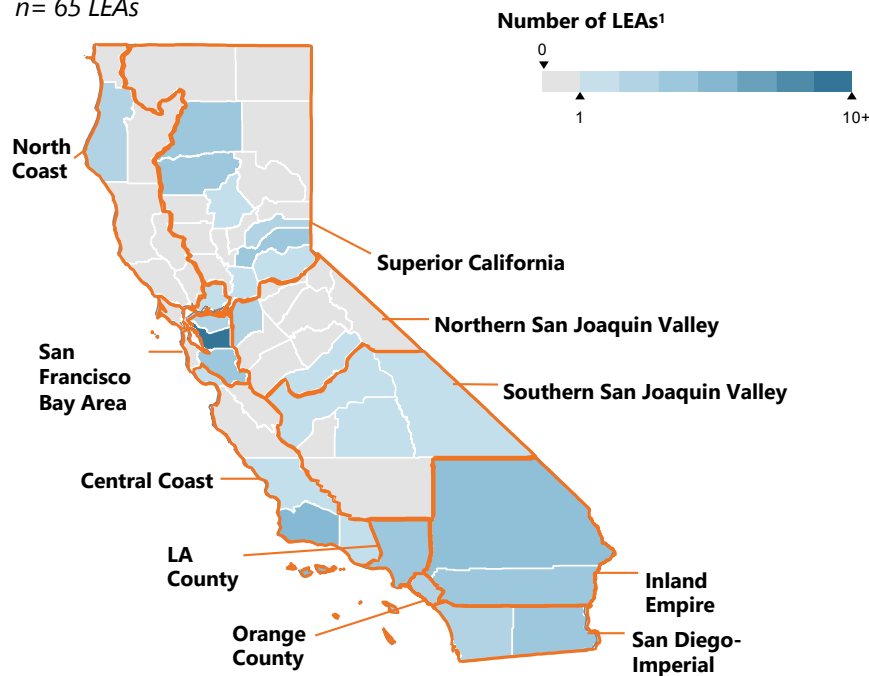
	2024		2025 
<i>Preliminary, non-exhaustive</i>	Jan Phase 1 – Early Adopters <i>Optimize learnings through diverse partners</i>	~ July Phase 2 – Select Expansion	~ Jan onwards Phase 3-Rolling Opt-In
Cohort Participants <i>All proposed cohorts include associated commercial plans and MCPs</i>	Representative group of LEAs with: <ul style="list-style-type: none"> • Some existing Medi-Cal infrastructure (e.g., Medi-Cal enrollment, partnerships with MCPs who participate in SBHIP) • Willingness and capacity to participate <i>Additional criteria to be determined by DHCS</i>	Expansion to: <ul style="list-style-type: none"> • Additional LEAs • Select California Community College campuses <i>Approach for selecting Phase 2 partners to be further determined by DHCS</i>	Includes all LEAs and public higher education campuses (including California Community College, California State University, and University of California campuses) – on a rolling opt-in basis <i>Note: Ongoing opportunities to register / enroll every 6 months</i>

LEA statement of interest and operational readiness review

PRELIMINARY DRAFT AS OF 10/10/23

Responses to LEA statement of interest and operational readiness review survey by county, # of LEAs¹

n= 65 LEAs



Additional detail *(data as of 10/10/2023)*

65 LEAs responded to the LEA statement of interest and operational readiness review. This group of LEAs includes:

45%² (27) of counties

20%² (1.2M) of students across California's TK-12 public schools

70%² (850k) Free and Reduced-Price Meal program participants, compared to 60% state average

1. Local Educational Agency; analysis includes LEAs who submitted the LEA Statement of Interest Survey and Operational Readiness Review Applications by 10/6/2023. 2. Rounded to the nearest 5 percent. Source: COE Statement of Interest responses, CDE data, LEA statement of interest survey and operational readiness review application responses

Local Educational Agency operational readiness requirements



Medi-Cal enrollment

LEAs must **be Medi-Cal enrolled** and meet all federal and state requirements for enrollment

LEAs must agree to complete / submit **all necessary agreements** and certificates of insurance (*to be determined by DHCS*)



Service delivery infrastructure and capacity building

LEAs must demonstrate that they **have capacity and infrastructure to deliver services** (e.g., practitioners who are eligible to provide behavioral health services included in the fee schedule)



Data collection and documentation

LEAs must have defined policies and protocols for **collecting, storing, and transmitting data on:**

- Student information
- Provider network information
- Provision of behavioral health services



Billing infrastructure

LEAs must demonstrate their **ability to collect and submit sufficient claims information** to the TPA

LEAs must have the billing infrastructure in place to **receive payments**

What resources are available to support local education agencies?

School-linked partnership and capacity grants will support for schools in building fee schedule readiness capabilities

NOT EXHAUSTIVE

School-linked partnership and capacity grants workstream

DHCS will disburse \$550M in grants, with a goal to support capacity, infrastructure, and partnerships necessary for fee schedule readiness, including:

1. \$400M in K-12 grants¹
2. \$150M in higher education grants²



Primary goals of the grant program

Goal 1: Meeting operational readiness requirements

- Medi-Cal enrollment to receive state and federal funds,
- Infrastructure and capacity to provide behavioral health services that meet students' needs,
- Tools and practices to collect and document data about student healthcare coverage and health services, and
- Billing infrastructure to enable claims submission and payment remittance

Goal 2: Expanding behavioral health service delivery

- Increasing service delivery capacity through hiring, training, or external partnerships
- Developing collaborative infrastructure across LEAs, MCPs, county behavioral health departments, and CBO providers that focus on child and youth behavioral wellbeing
- Improving equitable access to behavioral health services

1. For publicly funded schools, charter schools, California School for the Deaf, California School for the Blind, and Bureau of Indian Education schools; 2. For publicly funded higher education institutions: University of California system, California State University system, and California Community Colleges;

Source: Children and Youth Behavioral Health Initiative act [5961 - 5961.5] ([link](#))

Role of grant administrator(s)

Grant distribution model for public institutions of higher education to be determined by DHCS in the coming months



Statewide Lead County Office of Education (COE) as the grant administrator(s) for TK-12 grants



DHCS is partnering with the Sacramento County Office of Education (SCOE) and the Santa Clara County Office of Education (SCCOE) to operate as the grant administrator(s) to:

- **Implement a model** established in partnership with DHCS that supports leveraging the expertise of the Statewide Lead COE
- **Act as a fiscal intermediary** to disburse grant funding to all 58 COEs
- **Serve as a coordinator** with COEs to simplify the grant administration process
- **Administer the grants and monitor grant implementation activities**
- **Offer robust technical assistance** that is tailored to the needs of COEs and LEAs to enable every county begin utilizing the CYBHI fee schedule

Goal 1: Example uses of school-linked partnership and capacity grants to help Local Educational Agencies meet operational readiness requirements

UPDATED AS OF 09/26/23 NOT EXHAUSTIVE

Operational readiness requirement	Example uses of grant funds <i>(non-exhaustive)</i>
A. Medi-Cal enrollment	<p>Paying wages for staff time spent enrolling in Medi-Cal</p> <p>Covering administrative costs related to enrolling in Medi-Cal (e.g., any fees, operational burdens)</p>
B. Service delivery infrastructure and capacity building	<p>Hire or contract more eligible providers to provide sufficient behavioral health services to students</p> <p>Modify their physical space (e.g., creating a wellness room) or enabling infrastructure (e.g., provide iPads to access virtual services) to increase access to behavioral health services</p>
C. Data collection and documentation	<p>Build or invest in data exchange/collection system infrastructure (e.g., electronic medical records) for management of behavioral health care</p>
D. Billing infrastructure	<p>Build adequate administrative capacity to facilitate the billing and claims process (e.g., billing and claims specialists, medical administrative assistants) and a technology solution to facilitate the billing and claims process</p>

Goal 2: Example uses of school-linked partnership and capacity grants to help expand student behavioral health services

Non-exhaustive

Example uses of funds include...



Dedicated campus space for students to access behavioral health (BH) services and platforms (e.g., building (part of) a wellness center, dedicating classrooms during after school times for BH support)



Hiring and training/supervision of BH providers and trusted adults on-campus (e.g., psychologists, counselors, social workers), specifically costs incurred during the first two years



Implementation of selected evidence-based practices (EBPs)/ community-defined evidence practices (CDEPs) (e.g., trainings for teachers, drop-in centers, peer-to-peer programs, wellness and mindfulness programs, etc.)



CYBHI Behavioral Health Virtual Services platform and tools for students to access this service (e.g., tablets or computers from which services can be accessed)



Developing plans, policies, or procedures with a common goal of facilitating collaboration across systems and LEAs within a county to center the needs of children and families



Outsourced clinical training model (e.g., funding graduate students to provide BH¹ services on campus)



Universal BH screenings to identify emerging BH¹ needs amongst the student population

CYBHI Social, Emotional Learning (SEL) Programs

Programs & Implementing Partners



Role(s) and responsibilities



CalHOPE Student Support Program

Contractor: Sacramento County Office of Education, Term 2/1/2022 - 6/30/2024, \$45 Million

CalHOPE Social and Emotional Learning (SEL) includes resources for :

- » CA educators to provide training to teachers and school staff in identifying children in mental health distress, providing emotional support and crisis counseling through: *A Trusted Space: Redirecting Grief to Growth, Angst: Building Resilience, and Look at Me Now: Stores of Hope. Communities of Practices* are being implemented through all 58 counties county of education (CalHOPEsel.org).
- » A toll-free phone line for students to connect with peer counselors for emotional support.
- » Launched in June 2020 and is an ongoing DHCS Initiative.



Schools for Mindfulness, Resilience and Well-Being Grants

Contractor: Sacramento County Office of Education, Term 5/1/2023 - 6/30/2025, \$65 Million

Wellbeing and Mindfulness Programs aims to:

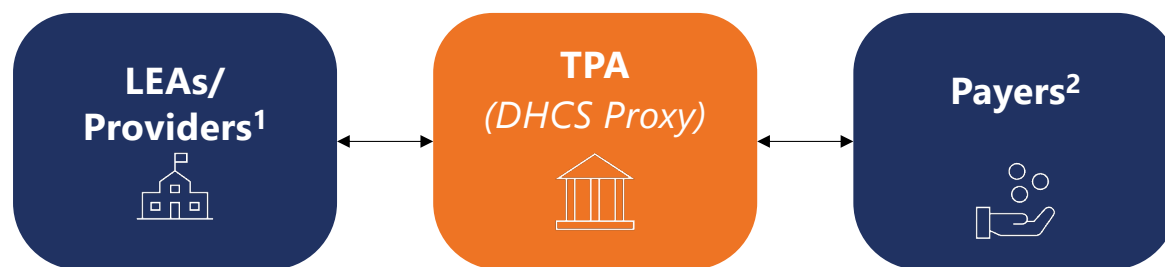
- » Support programs, provided in K-12 school or community-based settings, that teach wellness and mindfulness practices to teachers and students and support schools and community-based programs.
- » Support students and schools to form on-campus clubs for mental health and mindfulness, including NAMI on Campus, Bring Change to Mind High School, and Mindfulness Clubs.
- » Support schools, districts, and COEs with the adoption of evidence-based tools, resources, and programs that support equitable access to mental health and wellness for students, families and staff. We propose to prioritize this programming support to schools with high numbers of American Indians, refugees, and English Learners.

What about state infrastructure?

Operationalizing the fee schedule: Contracting with a third-party administrator

DRAFT AS OF 08/29/23

FOR DISCUSSION | NOT EXHAUSTIVE



The DHCS will contract with a TPA vendor to:

- A. Manage the provider network** of qualified school-linked providers billing under the fee schedule, and
- B. Serve as a claims clearinghouse** to process claims and remit payments under the fee schedule,
- C. Support providers and payers** with onboarding, technical assistance, etc.

1. Local Educational Agencies (LEAs) and public institutions of higher education

2. Managed Care Plans, Medicaid Fee-For-Service, and commercial plans

Source: DHCS, discussions with stakeholders (e.g., COEs, health plan workgroup, fee schedule working group)

Next steps:

- **Launch RFI to refine potential scope of work** and begin sourcing TPA (anticipated in early September)
- **Refine proposed operating model between TPA and payers** based on input from stakeholders and the RFI
- **Onboard TPA(s)** (November 2023)

Note: Intention is to contract with the TPA as a pilot in year 1, using the ~\$10M requested in the May budget revise

Operationalizing the fee schedule: Draft of TPA responsibilities

DRAFT AS OF 09/14/23 FOR DISCUSSION | NOT EXHAUSTIVE



Provider network management

Practitioner credentialing: Validate that designated¹ providers and practitioners have the appropriate credentials for participation in the school-linked behavioral health provider network

Provider list maintenance: Maintain and share provider lists from LEAs and public institutions of higher education that includes employed, contracted and affiliated providers

Network regulatory compliance and quality oversight: Monitor quality and performance, ensuring processes are in place to address issues as they arise (e.g., provider eligibility)

Data exchange and quality monitoring: Work with all participating providers to collect, manage, quality check, and share data (*as appropriate*)



Claims administration and payment remittance

Claims validation: Review claims forms to ensure accurate and necessary information is present, reducing risk of duplication and working with providers as needed to adjust

Benefits coordination: Determine the appropriate payer for claims based on students' insurance coverage

Claims submission: Submit claims to appropriate payers of responsibility

Reconciliation and payment coordination: Respond to any outstanding questions from payers and facilitate reimbursement back to providers

Data management: Process, maintain, and analyze claims data, ensuring effective tracking of services administered, data security, and data integrity

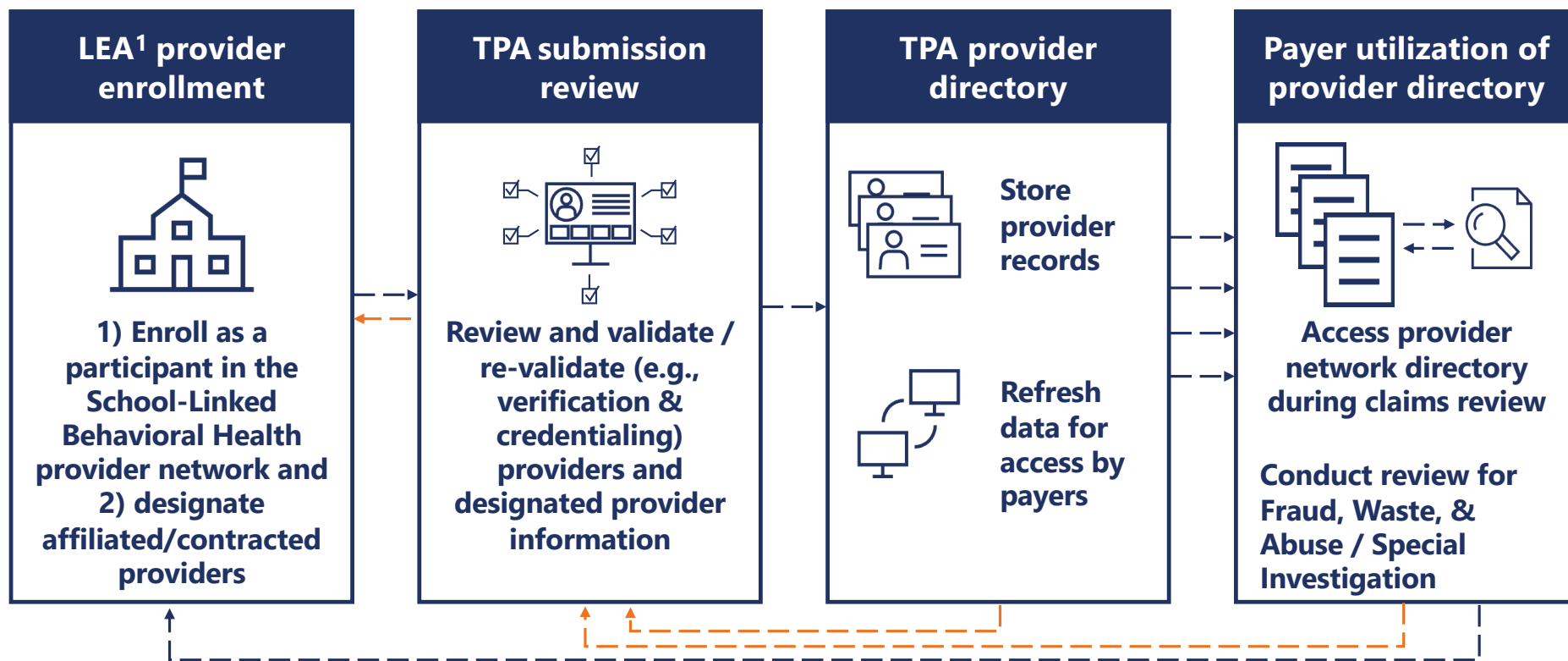
Provider network management: Illustrative roles and responsibilities of the third-party administrator

DRAFT AS OF 07/13/23

FOR DISCUSSION | NOT EXHAUSTIVE

---> Standard provider network management process

←-- Ad hoc refresh of provider directory



Provider network continuously managed and updated based on 1) input from LEA¹, 2) periodic verification from TPA, and 3) request for verification from payer

1. Similar process flow to be developed in subsequent phases for public institutions of higher education

Claims administration and payment remittance: Illustrative roles and responsibilities of the third-party administrator

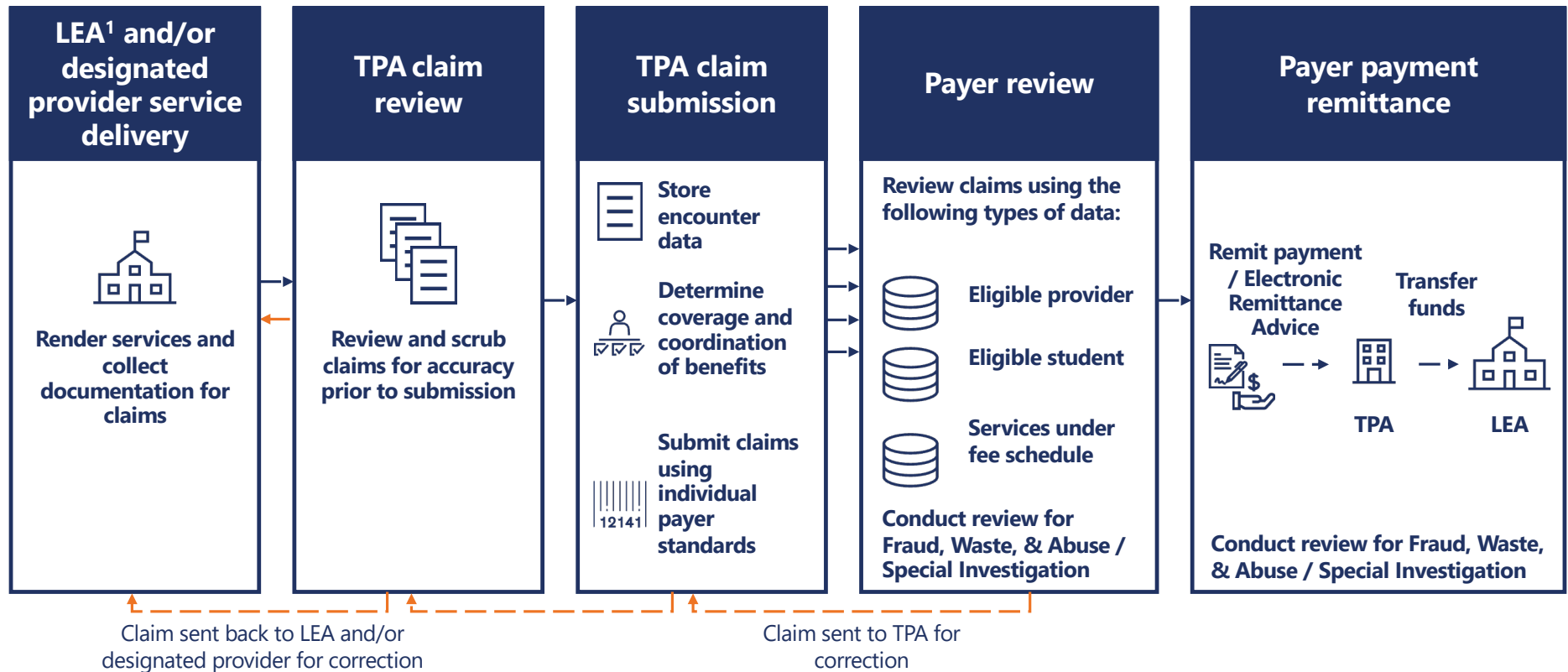
Additional detail on outstanding questions to follow

DRAFT AS OF 07/13/23

FOR DISCUSSION | NOT EXHAUSTIVE

---> Standard claim submission / payment process

<--- Claim correction / resubmission process



1. Similar process flow to be developed in subsequent phases for public institutions of higher education

Select milestones for fee schedule

Note: Timeline illustrated is intended to be latest dates feasible to enable January 2024 launch

UPDATED AS OF 09/26/23 NOT EXHAUSTIVE

★ Current status ◆ Cohort 1 "go live"

August 2023

- ✓ Statement of interest shared with County Offices of Education (COEs) (8/8)
- ✓ Statement of interest and operational readiness review shared with COEs and LEAs (8/29)

October 2023

- TPA RFI closed (10/9) and TPA selected
- Draft guidance document published for plans and providers
- Initial School-Linked Grant funding dollars distributed to COEs/LEAs
- Initial approach for Cohort 2 selection developed
- Draft fee schedule scope of services, provider types, and rates announced

December 2023

- Cohort 1 LEAs finalized
- SPA approved by CMS
- TPA contract executed and TPA onboarded
- Final fee schedule published

February 2024

- Technical assistance support sessions held (*ongoing through 2024*)
- Cohort 2 application process begins

September 2023

- ✓ Technical assistance support held for Cohort 1 applicants (9/14 & 9/28)
- ✓ Third-party administrator (TPA) RFI released (9/18)
- Initial School-Linked Grant Memorandums of Understanding (MOUs) in place with COEs/LEAs

November 2023

- Review of potential Cohort 1 LEA readiness documentation completed
- State Plan Amendment (SPA) for PPS providers submitted to Office of Tribal Affairs and Centers for Medicare and Medicaid Services (CMS)

January 2024

- **Fee schedule launch**
- Technical assistance support sessions held (*ongoing through 2024*)
- Cohort 1 LEAs begin submitting claims under the fee schedule

Potential flexibility on when claims are received versus paid depending on timelines for system changes

Questions?

Email: CYBHI@dhcs.ca.gov



Appendix

NOT EXHAUSTIVE



Focus Area 1: Medi-Cal enrollment

Readiness requirement topics

1. **Enrolled in Medi-Cal** (for Cohort 1, as of July 2023)
2. Have or obtain a **National Provider Identifier**
3. **Agree to complete / submit additional requirements;** examples may include:
 - i. Medi-Cal Provider Participation Agreement
 - ii. CYBHI fee schedule participation agreement/MOU
 - iii. Medi-Cal Disclosure Statement
 - iv. Certificates for general and professional liability coverage and workers' compensation coverage

NOT EXHAUSTIVE



Focus Area 2: Service delivery infrastructure and capacity building

Readiness requirement topics

Source: LEA statement of interest and operational readiness survey

1. **Demonstrated capacity** to furnish covered behavioral health services to students, including students without an Individualized Education Plan (IEP)
2. **Service offerings** by school site
3. Details of the Local Educational Agency's (LEA's) **staffing or contracting model and total FTEs** available to provide services to students
4. LEA's agreement to submit **detailed provider and practitioner information** and a detailed list of service contracts to the third-party administrator upon request

NOT EXHAUSTIVE



Focus Area 3: Data collection and documentation

Readiness requirement topics

Source: LEA statement of interest and operational readiness survey

1. **Detailed description** of existing policies and procedures related to:

- i. Collection, storage, and transmission of data related **to health services rendered**
- ii. Collection of **student health-related records** (e.g., insurance coverage)
- iii. Collection of **provider information**
- iv. Policies or procedures in place related to the **development, storage, and transmission of student treatment plans**
- v. **HIPAA and FERPA** compliance
- vi. **Parental consent** for the release of student information for claims submissions
- vii. **Existing contracts / data-sharing agreements** between LEA and affiliated providers

2. Agreement to **complete all Data Use Agreements required by DHCS**

101

NOT EXHAUSTIVE



Focus Area 4: Billing Infrastructure

Readiness requirement topics

1. **Current model** for claims submission (e.g., through the COE, through the LEA, through each school site)
2. **Technology infrastructure** for claims submission (e.g., medical billing software, claims analytics)
3. Near-terms plans to **expand infrastructure**
4. Current process for **claims administration**
5. **Existing partnerships** with payers

Re-imagining Behavioral Health in Schools

1



ALAMEDA COUNTY
OFFICE OF EDUCATION
Alyse Castro, Superintendent

Our Journey for Today....



Realizing
Community
Schools in CA



Integrated BH in
Schools (CYBHI)



Fee Schedule in
Action

**Welcome to the dream space...
Breathe in your imagination...
Rest and stay in the dream space...
Another world is possible...
You have everything you need...
Stay in imagination...
Welcome to your dream space...**

Tricia Hersey
Artist, Writer, Activist, Theologian, Daydreamer



What is a Community School?

A community school is any school serving students using a “whole-child” approach, with:

- An integrated focus on **academics, health and social services, youth and community development, and community engagement.**
- Community school initiatives enable the local education agency (LEA) and school to work closely with **educators, students, and families** to understand and address the **unique needs, assets, and aspirations** of the **school community.**
- Community schools then design their own curricula and programs to **support the whole child** and partner with **community-based organizations (CBOs)** and **local government agencies** to **align** community **resources** to realize a shared vision for success.
- Community schools meet the needs of children and youth by building a **positive school climate** and **trusting relationships**, along with **rich learning opportunities** that prepare all students to succeed in college, career, and life.



CA CS Framework

Pillars

1. Expanded learning time and opportunities
2. Integrated student supports
3. Collaborative leadership and practices
4. Active family and community engagement

Key Conditions of Learning

1. Supportive environmental conditions that foster strong relationships and community
2. Productive instructional strategies that support motivation, competence, and self-directed learning
3. Social and emotional learning (SEL) that fosters skills, habits, and mindsets that enable academic progress, efficacy, and productive behavior
4. System of supports that enable healthy development, respond to student needs, and address learning barriers

Cornerstone Commitments

1. A commitment to assets-driven and strength-based practice
2. A commitment to racially just and restorative school climates
3. A commitment to powerful, culturally proficient and relevant instruction
4. A commitment to shared decision-making and participatory practices

Proven Practices

1. Community Asset Mapping and Gap Analysis
2. A Community School Coordinator
3. Site-Based and LEA-Based Advisory Councils
4. Integrating and Aligning with Other Relevant Programs



THE CALIFORNIA WAY

WHAT

Example of What specific programs are to be implemented, defined at the school site level



- Locally contextualized and determined priorities, including services and supports, empowerment and engagement activities, and a positive culture and climate that are centered on teaching and learning

HOW

Capacity Building Strategies: This is HOW you implement the strategy and create coherence and authentic community engagement.



- Shared Understanding and commitment
- Collective Priorities: Setting Goals & Taking Action
- Collaborative Leadership & Decision Making
- Coherence: Policy & Initiative Alignment
- Staffing & Sustainability
- Strategic Community Partnerships
- Professional Learning
- Center Community Based Curriculum & Pedagogy
- Progress Monitoring and Possibility Thinking

WHY

Overarching Values: To ensure the spaces we create embody the values and ethos of the CS strategy.



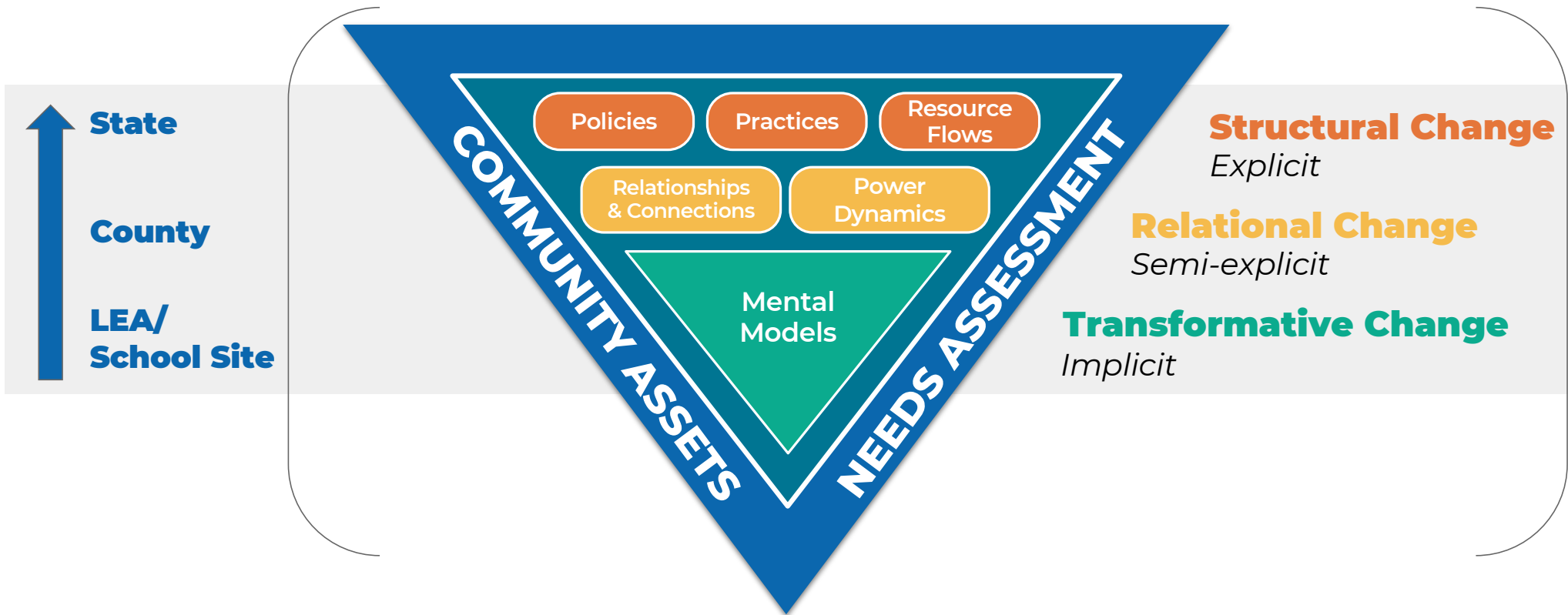
- Racially-just, relationship-centered spaces
- Classroom-community connections
- Shared power
- A focus on continuous improvement

SUSTAINABILITY

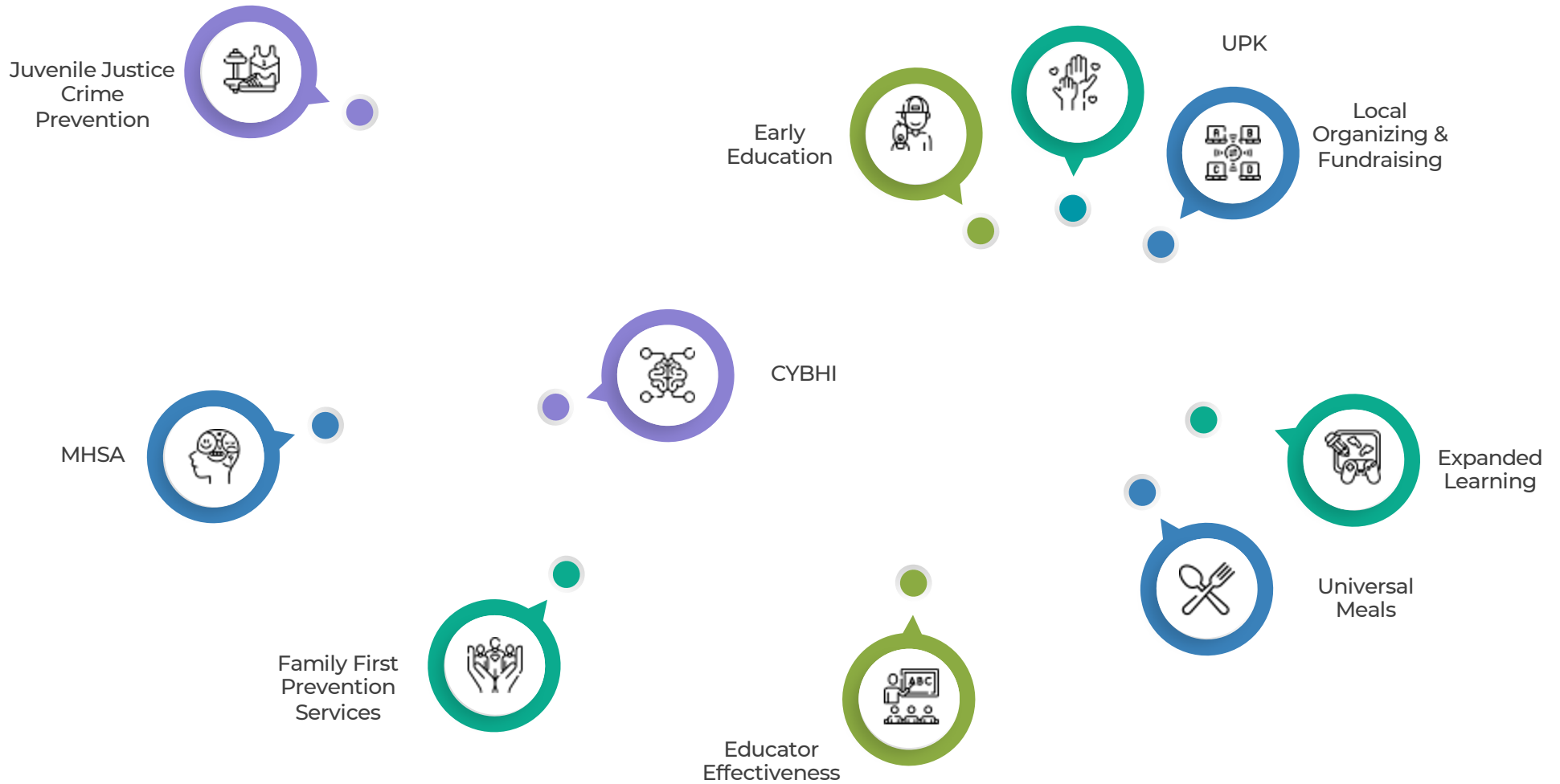
Sustaining Community Schools Strategies: Blending and braiding of one time & nesting ongoing funding and resources to sustain community schools strategies



- UPK
- Local - Community Fundraising & Organizing
- CYBHI Grants
- Statewide All Payer Fee Schedule
- Local Education Agency Billing Option Program
- Mental Health Services Act
- Family First Prevention Services Act
- Juvenile Justice Crime Prevention Act Block Grant
- Title 1 Parent
- ASSETS/ 21st Century
- ELOP



Addressing equity through coordination and alignment at all three levels of systems change.

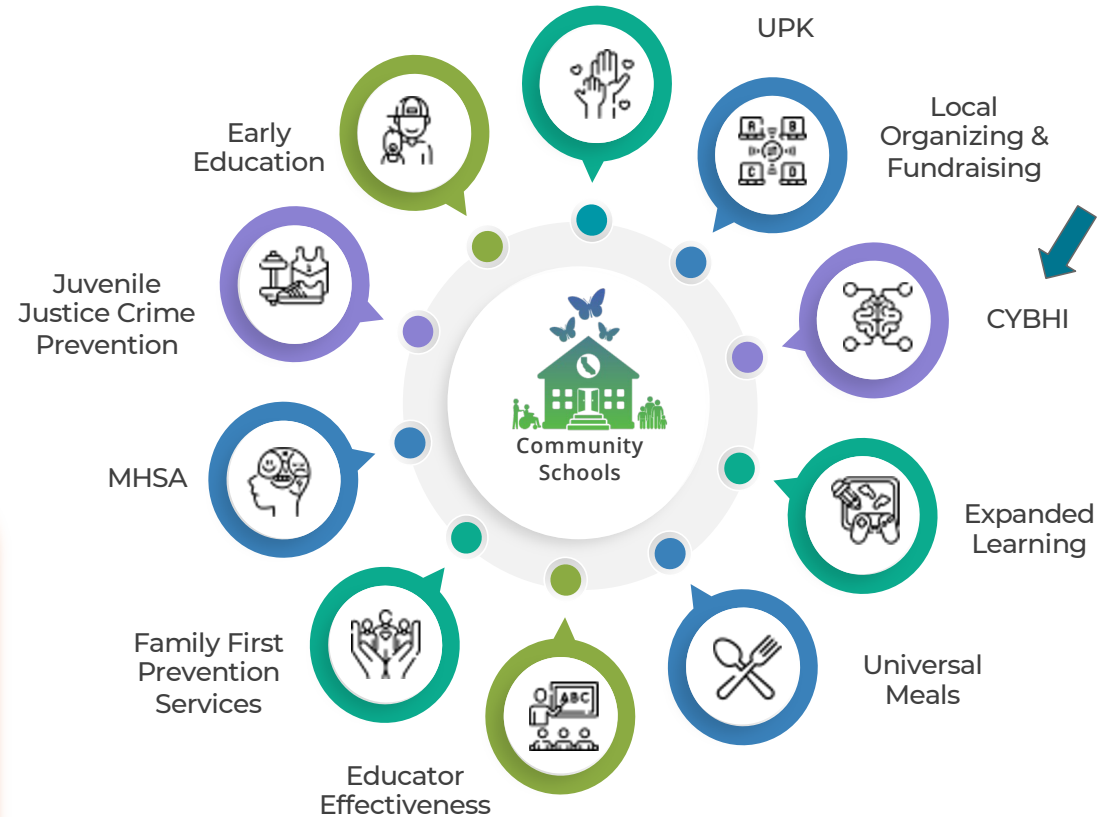


5 CONDITIONS

1. Common Agenda
2. Shared Measurement
3. Mutually Reinforcing Activities
4. Continuous Communication
5. Backbone Support

5 STRATEGIES

1. Grounding the work in data, context and target solutions
2. Focus on systems change in addition to supports and services
3. Shift power within the system of support
4. Listen to and act with the community
5. Build equity leadership and accountability

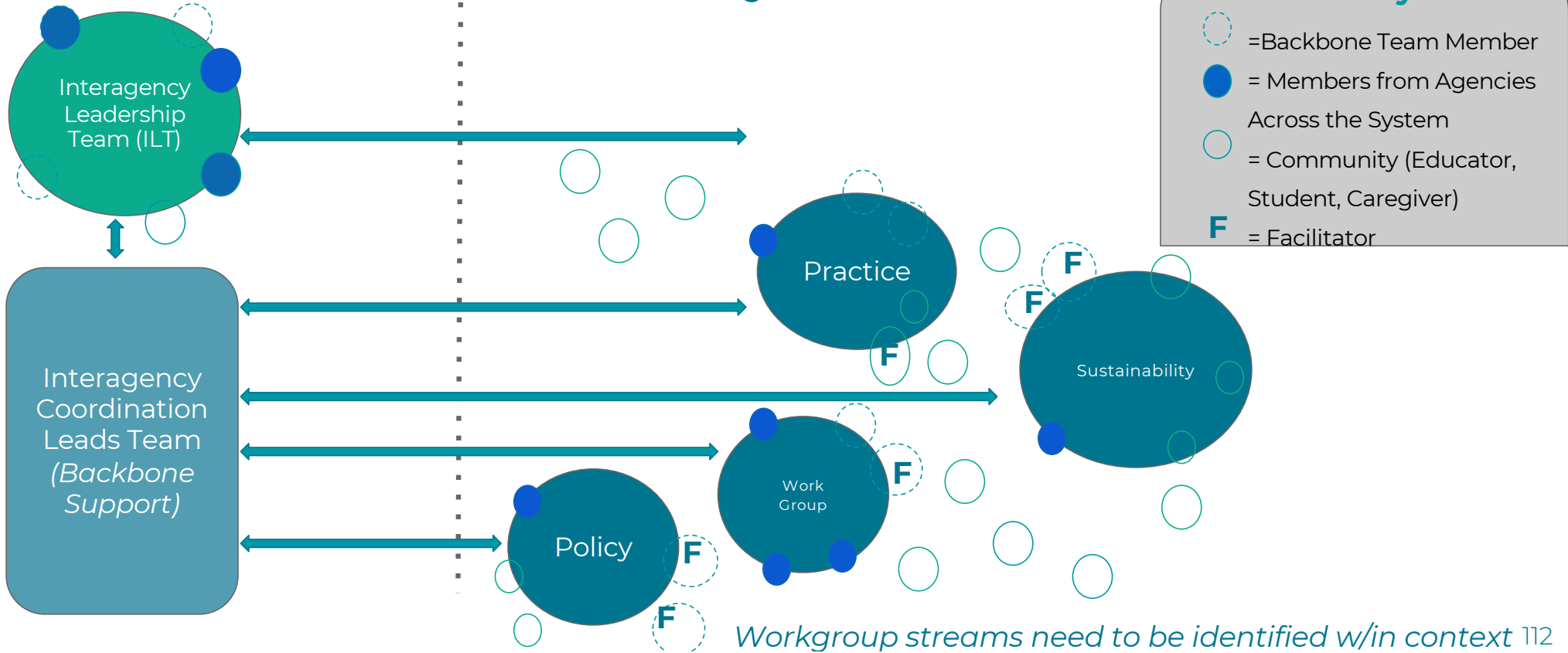


Organizing for Collective Impact

Common Agenda, Methodology, & Metrics | Mutually Reinforcing Activities | Continuous Communication

Strategic Guidance & Support

Collaborative Design & Partner Driven Actions



Framework: Community Schools

Methodology: MTSS

- Interconnected Systems Framework (ISF) - Behavioral Health
 - School & Community Providers
 - Moving past co-location to integration

Strategy to Address Student Behavioral Health

Enabling:

- Workforce/ Wellness Coaches
- Youth Mental Health Academy
- Sustainable Funding
- SBHIP
- Collaboration/Partnerships
- School Partnership & Capacity Grants

All

- Fee Schedule Services
- Parent Support Video Series
- Scaling EBPs & CDEPs
- SBHIP
- Virtual Services Platform
- Youth Peer to Peer Support Pilot
- Mindfulness, Wellbeing, & Resiliency Grants
- Trauma Informed Training for Educators and Staff
- CalHope Student Support

Some

- Fee Schedule Services
- SBHIP
- Virtual Services Platform
- Scaling EBPs & CDEPs

Few

- Fee Schedule Services
- SBHIP
- Youth Suicide Crisis Response Pilots

Adapted from Fenton CYBHI Marketing Group



Jerome Johnson (JJ) High School

JJ is always late and is not engaged in class. He has few friends and seems isolated. The teacher asks JJ about it and he says he is always angry and has hella s*** going on. Then he walks out of class. The teacher refers JJ to the school social worker.



Referral

Referred to School Social Worker (PPS) who conducts an assessment. using CANS.

Student has experienced trauma, child welfare impacted.

Grandparent just died..

History of Depression

COST Team

A cross systems team of professionals who review the behavioral health needs the student at a school site.

Student is assigned a therapist and will be connected to CHW.

Community Health Worker (CHW)

The student is experiencing grief and loss and is not familiar with how that is impacting his but feels different.

CHW meets with student to provide health education.

Therapist (LCSW)

Student meets with a therapist from a Community Based Organization contracted by the county to provide individual therapy at her school site.

COST Team Reconvenes

Reviews student progress using data to determine next steps or termination of services.

JJ shows growth after processing his grief and learning strategies.



August



August



August



August



September





Service Description	Qualified Practitioners	Rate (Paid at 100% of published rate)	CPT/HCPCS Code	Total Reimbursement
Assessment - Psychosocial Status	PPS School Social Worker (LEA)	\$75	96156	\$1,125
Health Education.- 15 minutes, individual	CHW (LEA)	\$50	98960	
Psychotherapy, Standard - individual, 60 minutes	LCSW (CBO/BH)	\$150 x 6 weeks	90837	
Case Management W/O Face to Face, 30 min	PPS School Social Worker (LEA)	\$ 50 x 2	99368	

The information on this chart is meant to be illustrative, actual rates are set to release in Nov/Dec.







“I’m trying to hold this question of ‘how do we change’ - how do we become the people that can meet this moment - and I’m trying to hold it in a way that doesn’t produce more urgency or fear, anxiety, but produces courage and connection and a willingness to get it.”

**Prentis Hemphill (they/them)
Movement facilitator, embodiment coach,
practitioner, writer,**

Hold it AND...

Hold it AND...

Hold it AND...

Hold it AND...

Hold it AND...

Believe

Heal

Engage

Act

1

Innovate Together

Questions?



StudentServices@acoe.org

