New California Programs and Initiatives Supporting Student Health and Wellness

Introductions

Lisa Eisenberg & Sarah Lance, California School-Based Health Alliance

Melissa Rubio, San Bernardino County Superintendent of Schools

Janet Paine, Anthem Blue Cross

Mike Lombardo, Placer County Office of Education

Workshop Agenda

1. Big Picture Overview of State Funding

2. San Bernardino & the Student Behavioral Health Incentive Program (SBHIP)

3. Anthem Blue Cross & SBHIP

4. California Community Schools Partnership Program

5. Panel discussion & Questions

CHILD & YOUTH BEHAVIORAL HEALTH INITIATIVE

** $4.4 billion over 5 years**

Goal: to transform California's behavioral health system into an innovative ecosystem in which all children and youth 25 years of age and younger, regardless of payer, are screened, supported, and served for emerging and existing behavioral health needs

CalHHS + DHCS, HCAI, CDPH, OSG, DMHC

New State Funding & Programs

Child & Youth BH Initiative

Student BH Incentive Program
- • Stakeholder engagement Sept-December 2021
- • All MCPs submitted LOIs to participate
- • Partnership Form due March 15
- • Needs Assessment & Project Plan due by Dec 2022

Behavioral Health Continuum Infrastructure
- • Multiple rounds of infrastructure grants with child & youth focused round released in August 2022

School-Linked Partnership & Capacity Grants
- • In development, maybe stakeholder process and involvement
- • End of 2022 release?

Community Schools
- • RFP for TA hubs released now/soon
- • Planning and implementation grants to LEAs later this year?

Who is eligible?
Medi-Cal Managed Care Plans
Counties, cities, tribal entities, nonprofit and for-profit organizations
Local Education Agencies, health plans, community-based organizations, county behavioral health, tribal entities
Local Education Agencies

Melissa Rubio
Program Coordinator
Reaching the Whole Child
SBCSS

SBHIP Overview

Assembly Bill 133: Cultivating a Culture of Equity in Health Care

The State Department of Health Care Services shall make incentive payments to qualifying Medi-Cal managed care plans that meet predefined goals and metrics associated with targeted interventions that increase access to preventive, early intervention, and behavioral health services by school-affiliated behavioral health providers for TK-12 children in schools.

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(MCP) eligibility to receive the incentive payment.

DHCS cannot direct Medi-Cal MCPs on how to spend SBHIP incentive payment dollars.

Objectives of SBHIP

- 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.

- 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.

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

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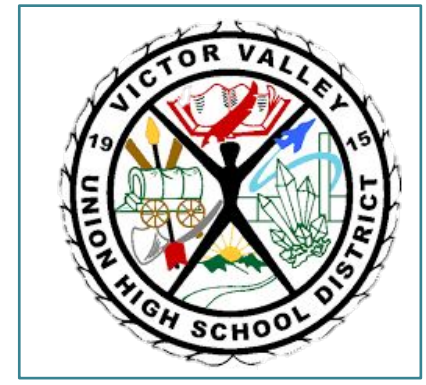

Student Success

Under the direction of DHCS:

In accordance with State law AB 133, the DHCS is directed to design and implement the Student Behavioral Health Incentive Program (SBHIP). $389 million is designated over a three-year period (January 1, 2022-December 31, 2024).

SBHIP goals and metrics are associated with 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.

👉Note: incentive payments shall *supplement* and *not supplant* existing payments to Medi-Cal MCPs.

SBHIP Partners

San Bernardino County LEAs

San Bernardino County Superintendent of Schools
Ted Alejandre, County Superintendent

IEHP
A Public Entity
Inland Empire Health Plan

MOLINA HEALTHCARE
Your Extended Family.

SAN BERNARDINO COUNTY
Behavioral Health

San Bernardino City Unified School District

RIALTO Unified School District
BRIDGING FUTURES THROUGH INNOVATION

CENTER FOR PROVISIONAL ACCELERATED LEARNING

ONTARIO · MONTCLAIR SCHOOL DISTRICT

VICTOR VALLEY UNION HIGH SCHOOL DISTRICT
1915

Managed Care Providers (MCPs)

The Inland Empire Health Plan (IEHP) and the Molina Healthcare Family are the San Bernardino County partner providers of SBHIP funded Medi-Cal managed care services. In addition to developing new collaborative initiatives, incentive payments shall recognize successes in "building on" existing school-based partnerships between schools and applicable Medi-Cal MCPs, including Medi-Cal behavioral health delivery systems.

Oversight Program Partner

San Bernardino County Department of Behavioral Health (DBH) will provide oversight to serve as as advisor to SBHIP project.

Equity Partner and Program Delivery

San Bernardino County Superintendent of Schools(SBCSS)(COE) will work to create trust at the program pilot LEAs while breaking down silos and improving coordination of child and adolescent behavioral health services through increased contact and ongoing support of SBHIP selected LEA schools.

COE will assist in effort to 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.

By addressing the *health equity gap*, and inequalities, and *disparities in access* to behavioral health services.

SBHIP Program LEA Partner

Location: City of San Bernardino, CA

Enrollment: **46, 693**

Grades: K-12

Student Profile:

Socioeconomically Disadvantaged (SED)

89.7%

English Learners

20.9%

Foster Youth

0.8%

SBHIP Program LEA Partner

Location: Rialto, CA

Enrollment: **24,461**

Grades: K-12

Student Profile:

Socioeconomically Disadvantaged (SED)

88%

English Learners

22.2%

Foster Youth

0.9%

SBHIP Program LEA Partner

Location: Victorville, CA

Enrollment: **10,641**

Grades: 7-Adult ED

Student Profile:

Socioeconomically Disadvantaged (SED)

88%

English Learners

12.3%

Foster Youth

1.7%

SBHIP Program LEA Partner

Location: Ontario, CA

Enrollment: **19,286**

Grades: Preschool-GR 8

Student Profile:

Socioeconomically Disadvantaged (SED)

88.1%

English Learners

26.8%

Foster Youth

0.7%

SBHIP Program LEA Partner

Location: San Bernardino, CA

Enrollment: **302**

Grades: TK-Adult ED

Student Profile:
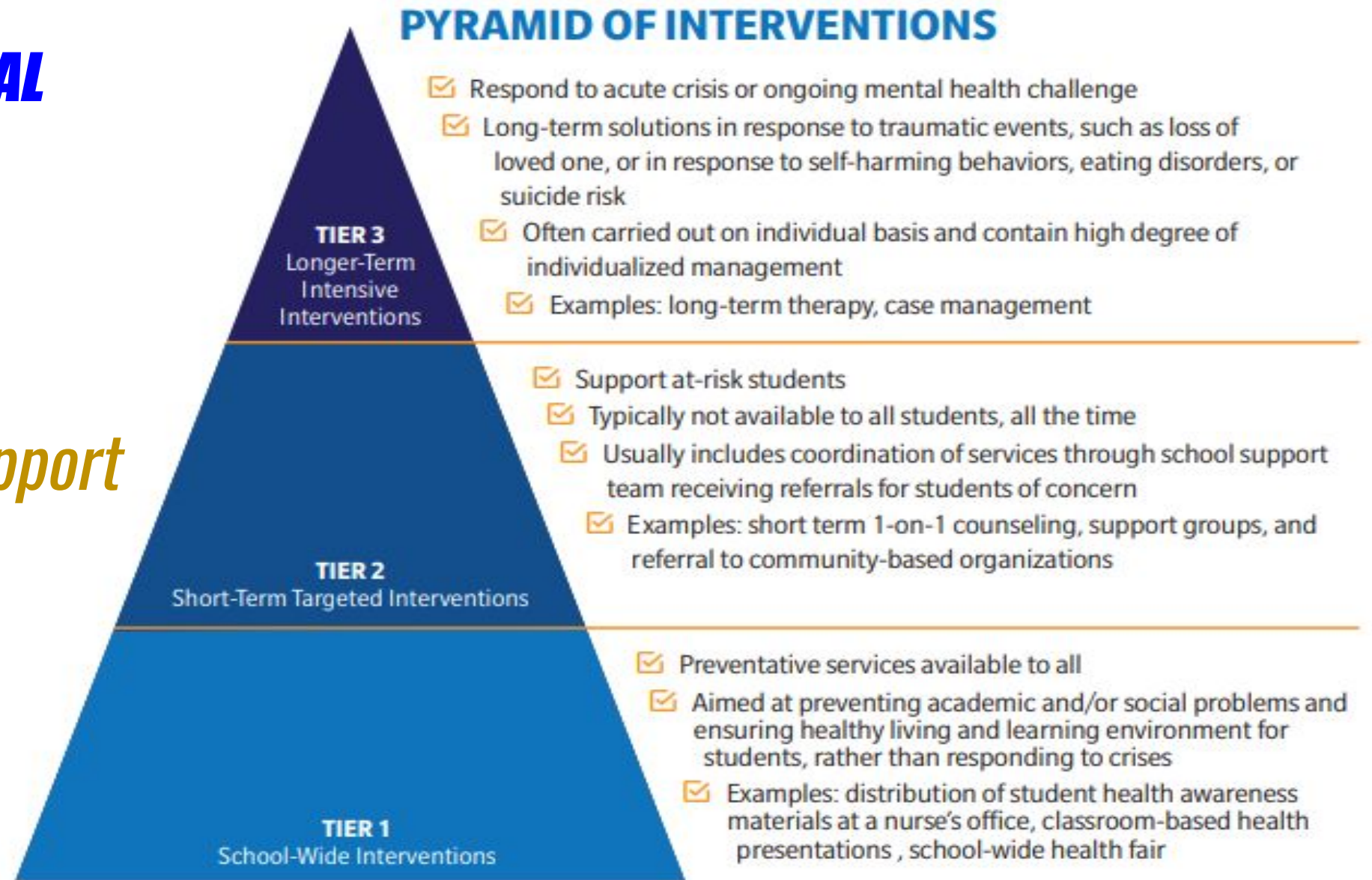
Socioeconomically Disadvantaged

92.1%

English Learners

21.8%

Foster Youth

0.8%

SCHOOL MENTAL HEALTH FRAMEWORKS

Multi-Tiered System of Support (MTSS)

PYRAMID OF INTERVENTIONS

TIER 3
Longer-Term Intensive Interventions

- ☑ Respond to acute crisis or ongoing mental health challenge
- ☑ Long-term solutions in response to traumatic events, such as loss of loved one, or in response to self-harming behaviors, eating disorders, or suicide risk
- ☑ Often carried out on individual basis and contain high degree of individualized management
- ☑ Examples: long-term therapy, case management

TIER 2
Short-Term Targeted Interventions

- ☑ Support at-risk students
- ☑ Typically not available to all students, all the time
- ☑ Usually includes coordination of services through school support team receiving referrals for students of concern
- ☑ Examples: short term 1-on-1 counseling, support groups, and referral to community-based organizations

TIER 1
School-Wide Interventions

- ☑ Preventative services available to all
- ☑ Aimed at preventing academic and/or social problems and ensuring healthy living and learning environment for students, rather than responding to crises
- ☑ Examples: distribution of student health awareness materials at a nurse's office, classroom-based health presentations, school-wide health fair

MTSS is often conceptualized as a pyramid structure, with Tier 1 representing the base of the pyramid with universal services provided to students generally, Tier 2 representing the middle level of the pyramid with services provided to a subset of students, and Tier 3 representing the top of the pyramid, with services provided to a narrower subgroup of high-needs students.

Graphic adapted with permission from the California School-Based Health Alliance (CSHA)

SBHIP-SBCSS team Community Partner Engagement

▪ COE is SBCSS: Active engagement and collaboration throughout the cycle of the project.

▪COE ensures DHCS deliverables are submitted in a timely fashion.

▪COE Attendance at Steering Committees and Workstreams

▪COE Provides support, guidance, and ensure project outcomes occur.

▪COE Make decisions that drive the project forward.

▪COE Resolve barriers that Impede progress.

▪COE continually improves and delivers a better customer experience for our school partners

SBHIP Milestone One

Purpose: Identify the targeted intervention (as informed by the gap assessment) that will be implemented within each selected LEA by county COE and address project implementation. **DUE 12/31/22**

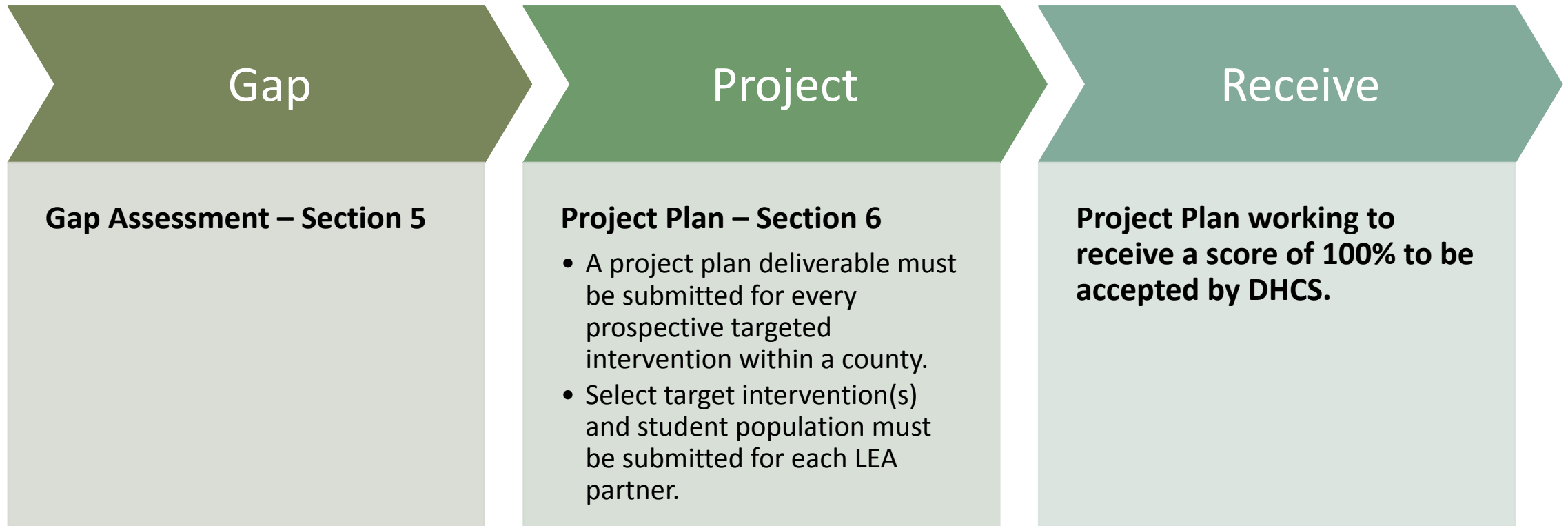Milestone **One** deliverable will be completed in collaboration with the following organizations:

- MCPs (IEHP & Molina)

- Local Educational Agencies (LEAs or school districts)

- County Behavioral Health (DBH)

- Other partners (Tele-Health, Wellness staff, data management, surveying consultants)

Needs AssessmentTask

- Identify data sources for each of the 31 needs assessment questions

- Explore existing data (i.e., recurring reports submitted to the State).
  - ***Data collection prior to 2020 will not be accepted.***
- Identify new data
  - Surveys (families, students, staff, school leaders, community members)
  - Focus groups
  - Key informant interviews
- Identify resources
- Attend and possibly facilitate/ co-lead multiple workstreams
  - Workstreams including key stakeholder representation
- Draft gap analysis report for review by 12/31/22

Components of Milestone One

Gap

Gap Assessment – Section 5

Project

Project Plan – Section 6

- A project plan deliverable must be submitted for every prospective targeted intervention within a county.
- Select target intervention(s) and student population must be submitted for each LEA partner.

Receive

Project Plan working to receive a score of 100% to be accepted by DHCS.

SBHIP Milestone One: Needs Assessment & GAP Analysis Components

Purpose: Informs, efforts to prioritize and help align behavioral health strategies with student needs so resources are targeted efficiently.

- Seven sections on the gap assessment:
    - ✅ Medi-Cal Managed Care Plan and Partner Selection (complete)
    - ✅ LEA Partner Selection (complete)
    - 3. Student Behavioral Needs
    - 4. Behavioral Health Service Delivery Gaps
    - 5. Population-Specific Behavioral Health Disparities
    - 6. Barriers to Behavioral Health Referrals
    - 7. Behavioral Health Resources and programs Enhancements

1. Responses to each gap assessment question can be answered by gathering data through surveys, focus groups, key informant interviews, and/or existing data
2. Gap Assessment funding will support the CEOs and MCPs in data gathering and assessment writing efforts, including the support of a contractor/vendor to help with "heavier" tasks

California Community Schools Partnership Program

CALIFORNIA
SCHOOL-BASED
HEALTH ALLIANCE
Putting Health Care Where Kids Are

WHAT WE'LL COVER:

- Overview of California Community Schools Partnership Program

- Grant Specifics & Opportunities
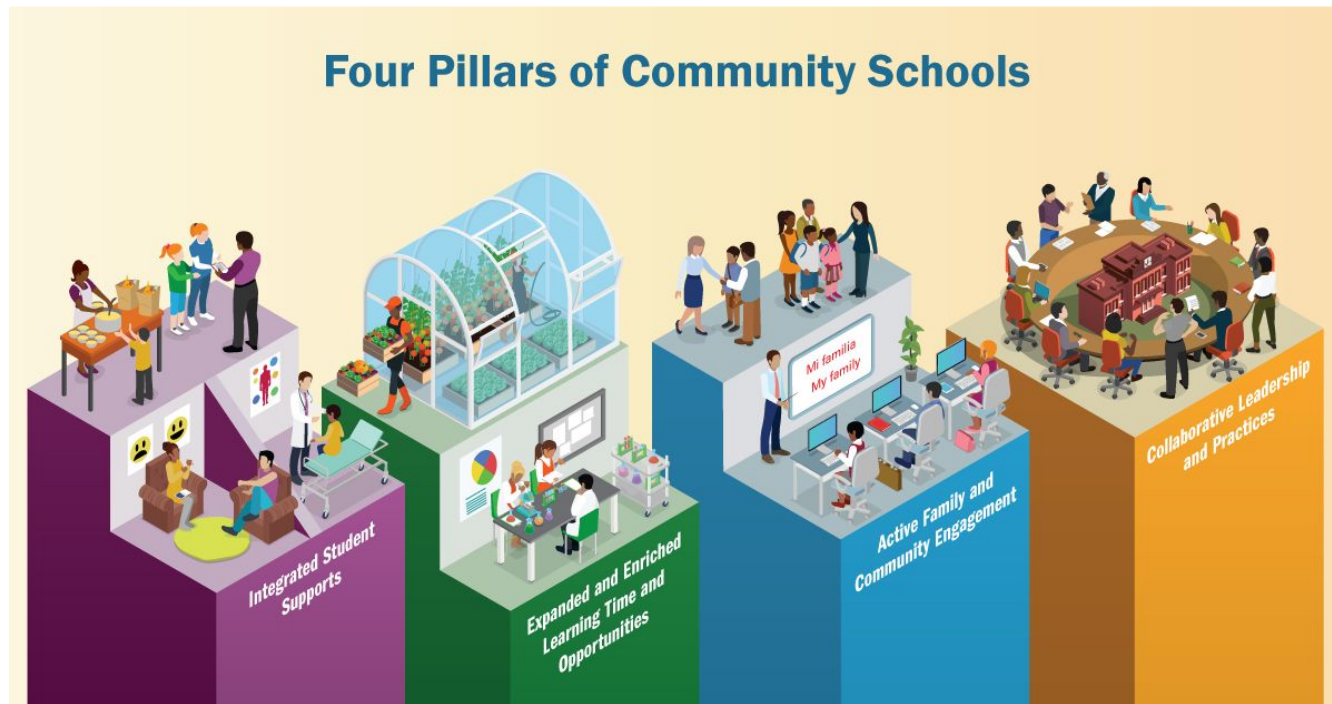
- Considerations & Recommendations

CALIFORNIA COMMUNITY SCHOOL PARTNERSHIP PROGRAM

The California Department of Education has introduced a new investment for the planning, implementation, and support of community schools through the California Community Schools Partnership Program.

- First round of RFAs were due April 1st
  - Second round planned for sometime in the fall 2022
- Planning, Implementation, Coordination, Technical Assistance

Goal: Improve student outcomes through supporting schools in partnering with community agencies and local governments.

https://www.cde.ca.gov/fg/fo/profile.asp?id=5708&recID=5708

WHAT IS A COMMUNITY SCHOOL?

Four Pillars of Community Schools

Integrated Student Supports

Expanded and Enriched Learning Time and Opportunities

Active Family and Community Engagement

Collaborative Leadership and Practices

Mi familia
My family

A community school is a school that utilizes a "whole child" approach to education. They integrate a focus on academics with health, social services, community development and community engagement.

The goals and programs of SBHCs align with those of a community school, and SBHCs often incorporate aspects of these pillars in their work.

PLANNING GRANTS

Funding for local education agencies (LEAs) to develop a community school implementation plan.

- Up to **$200,000** for a **two-year** period
- For LEAs with no existing community schools
- Applicants are required to provide a local **match equal to one-third** of the CCSPP grant amount.
  - Contributed in cash or as services/resources of comparable value, as determined by the CDE.
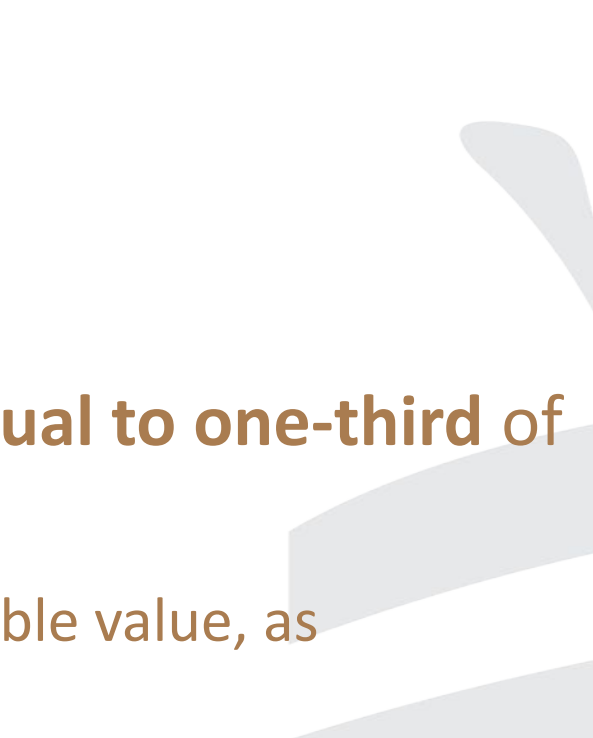
PLANNING GRANTS

Grants fund can be used for:

- Staffing costs for a community school coordinator.

- Conducting a comprehensive school and community needs and asset assessment:

  - student and community demographics, school climate, integrated support services, expanded learning time, family and community engagement, new or existing partnerships with governmental entities or community-based organizations, and available funding sources.

- Grant application support, service billing development, and other administrative costs necessary to launch a community schools model at scale.

- Partnership development and coordination support between the grantee and cooperating agencies.

- Providing training and support to LEA and cooperating agency personnel to develop best practices for integrating student supports.

- Preparing a community school implementation plan for submission to the governing board or body of the LEA and to the CDE.

IMPLEMENTATION GRANTS

Funding for local education agencies to establish new community schools or expand/continue an existing community school.

- Up to **$500,000** per school, annually
- **5 Year** grant
  - funding decrease in year 5
- Funding dependent on size of school
- Applicants are required to provide a local **match equal to one-third** of the CCSPP grant amount.
  - Contributed in cash or as services/resources of comparable value, as determined by the CDE.

Enrollment Category	Annual Grant Amount *Years One through Four*	Annual Grant Amount *Year Five*	Total Grant Amount over Five Years
Very Small: 25-150 students	$150,000	$112,500	$712,500
Small: 151-400 students	$250,000	$187,500	$1,187,500
Medium: 401-1,000 students	$300,000	$225,000	$1,425,000
Medium/Large: 1,001-2,000 students	$400,000	$300,000	$1,900,000
Large: 2,001 or more students	$500,000	$375,000	$2,375,000

IMPLEMENTATION GRANTS

Grants fund can be used for:

- Staffing, including, but not limited to, a community school coordinator, and contractor capacity.

- Coordinating and providing support services to pupils and families at or near community schools, including through childcare, expanded learning time before and after school, and during school intersessions.

- Providing training and support to local educational agency personnel, and partner agency personnel on integrating school-based pupil supports, social-emotional well-being, trauma-informed practices, and establishing sustainable community school funding sources.

- Designing and executing community stakeholder engagement strategies.

- Ongoing data collection and program evaluations.

CONSIDERATIONS

"Qualifying Entities are required to provide a local match equal to one-third of the total CCSPP implementation grant amount. The local match shall be contributed in cash or as services/resources of comparable value, as determined by the CDE."

As a heath partner, can you offer your time, services, or additional funding to partner with a school to provide the match funding?

*Funding cannot be used to build new facilities, unless updating to make ADA compliant.

An opportunity to strengthen partnerships between health partners and community schools.

RECOMMENDATIONS

1. **Prioritize Relationship Building**

2. **Find the Staffing Plan That Works for You**

3. **Include the Community Early in the Planning Process**

4. **Collaborate with Funding**

1. Prioritize Relationship Building

The success of a partnership depends on the strength of the relationship.

- When beginning a partnership and developing an MOU, be specific about:

  - facilities, equipment, space, what resources each entity brings to the partnership, confidentiality concerns, how information will be shared, staffing plans, evaluation criteria and method.

- The more specific, the better. When partners are clear about their roles and expectations, implementing services and programs will be more effective.

2. Find the Staffing Plan That Works for You

Each community is different so each staffing plan will be different. Find what works best for the school, partners, students, parents, and community. When designing your plan, keep in mind **maximizing partner collaboration** *and* **implementation of services and programs.**
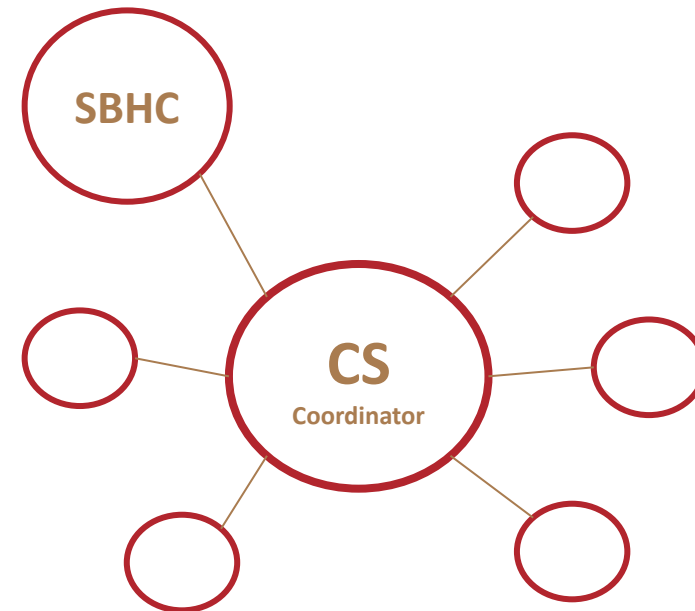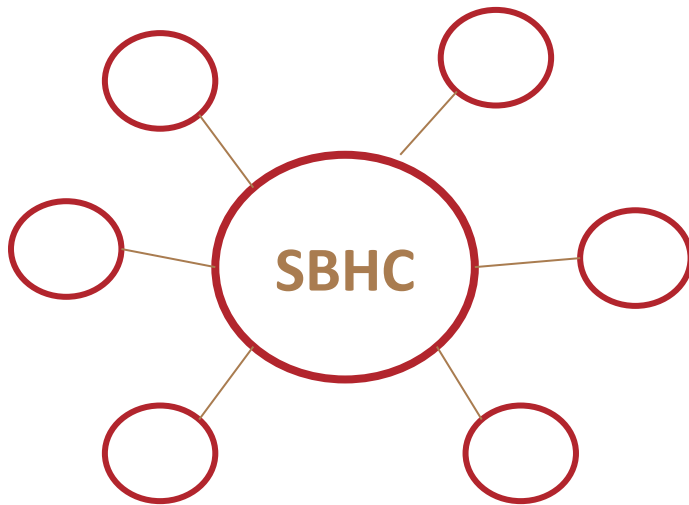
3. Include the Community Early in the Planning Process

This planning process should reflect the diverse racial, ethnic, religious, class and cultural composition of the community and acknowledge community priorities.

- Root your partnership in community needs and participation.

- Parents and community members can be some of your biggest allies and collaborators.

- Many community-based health care partners have structures and existing capacities to engage, collect, and reflect input from community members. For example, patient advisory panels.

4. Collaborate with Funding
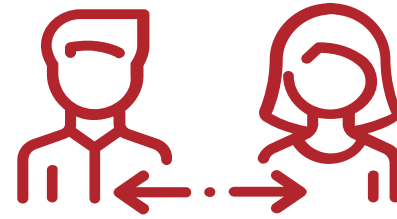
Already have a partnership? Include each other in grant applications and combine your resources.

- Build a plan for sustainability into partnerships and application plans.

- Partner with community based providers that are already medi-cal providers or other third party reimbursement programs. They can come in with the existing infrastructure to bill for existing expenses.

- Match requirements for CCSPP grants- staffing and/or infrastructure costs from partners could be included in the match costs.
  - *Examples: FQHC contributes 1/4 of staff time to CS planning efforts; for implementation cost of staff providing services and/or facilities for new/existing SBHCs*

CCSPP Overview:

https://www.cde.ca.gov/ci/gs/hs/ccspp.asp

Planning Grant:

https://www.cde.ca.gov/fg/fo/profile.asp?id=5708&recID=5708

Implementation Grant:

https://www.cde.ca.gov/fg/fo/profile.asp?id=5707

Community Schools Playbook:

https://communityschools.futureforlearning.org/

Thank you!

Sarah's slides

Panel Discussion & Audience Questions

CALIFORNIA SCHOOL·BASED HEALTH ALLIANCE
Putting Health Care Where Kids Are

STAY CONNECTED

🌐 schoolhealthcenters.org

✉️ info@schoolhealthcenters.org

🐦 sbh4ca

📷 sbh4ca

Gracias 謝謝
Thank you
Cảm ơn Salamat

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