

CHILDREN & YOUTH BEHAVIORAL HEALTH INITIATIVE (CYBHI) – REIMAGING OUR ECOSYSTEM AND SUPPORTS FOR CHILDREN

Michael Lombardo
Senior Advisor to Human Services
and Education Agencies
October 4, 2024



CALIFORNIA
SCHOOL-BASED
HEALTH ALLIANCE

Putting Health Care Where Kids Are

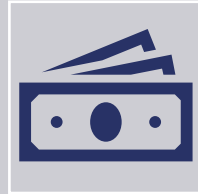
Inland Empire
School-Based Health Symposium

Please note that the views in this presentation are those of the author and not necessarily the views or opinions of California HHS or the Department of Health Care Access and Information.

TODAY'S OBJECTIVES



Overview California's Children and Youth Behavioral Health Initiative



Strategies for Funding Integrated Mental Health



Reimagining a more integrated, youth-centered, equitable, prevention-oriented system

PowerPoint



DEDICATION

PowerPoint





“Children have integrated needs, but current systems are siloed”

***DR. SUNNY PATEL
SENIOR ADVISOR FOR CHILDREN, YOUTH, AND
FAMILIES FOR SUBSTANCE USE AND MENTAL
HEALTH SERVICES ADMINISTRATION (SAMHSA)***

Current Strategies Often Operate in Isolation

Shift to Thinking Outside the Silo!

Children and families have complex needs across multiple domains.

Often service providers are not connected

Practices occur across geographic areas making them difficult to access

Plans are not rarely connect between school based services Insurance Providers or Public Agencies



Health Maintenance
Organization
Managed Care Plan



County
Services



School-
Based MH



School
Supports



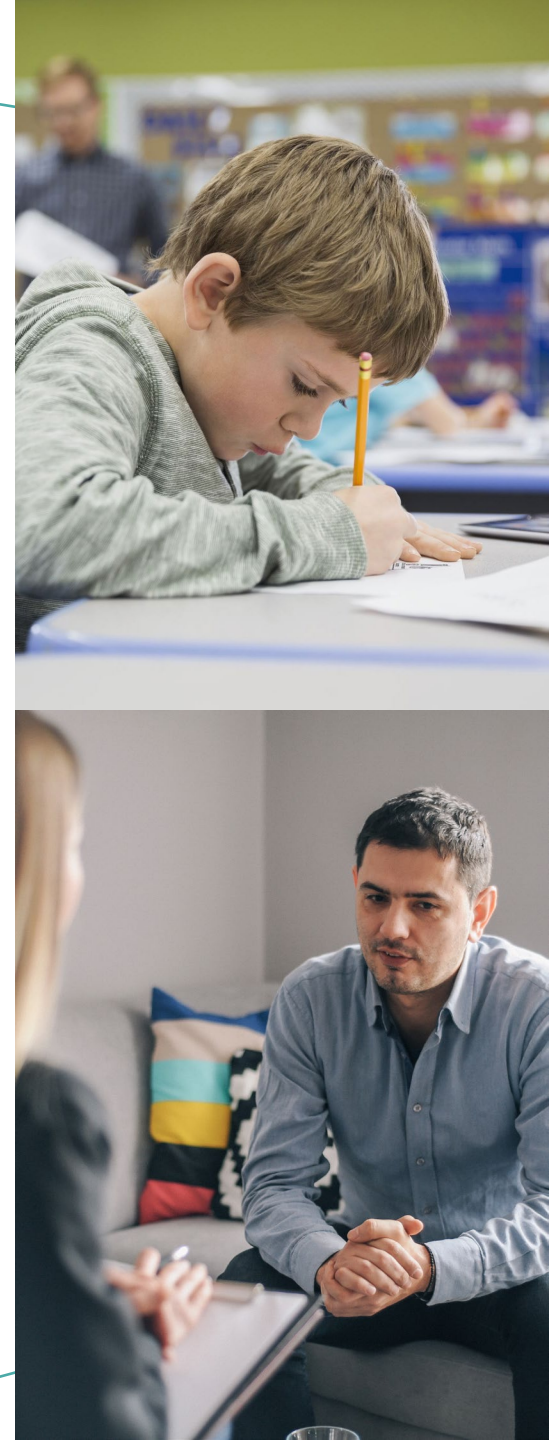
Community Based
Agencies

CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE

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



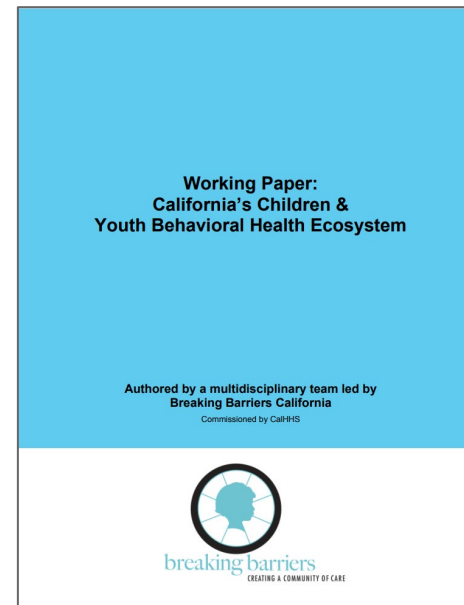
CALIFORNIA'S CHILDREN & YOUTH BEHAVIORAL HEALTH ECOSYSTEM - WORKING PAPER:

In Sum ...

- The CYBHI aims to **reimagine mental health and emotional well-being** for all children, youth and families in California...
- ... by realizing **equitable, appropriate, timely** and **accessible** behavioral health services ...
- ... in **close partnership** with other State agencies, educators, experts, community partners, and children, youth, and families



The "Working Paper on California's Children and Youth Behavioral Health Ecosystem" discusses the how?



- CalHHS commissioned a working paper to **articulate the changes** that must be made to achieve CYBHI's vision
- Through **extensive research**, the writing team found that **integrating** California's child-serving systems with **robust community involvement** and a **shared vision** is key



THE PAPER WAS INFORMED BY DIVERSE SOURCES

Our writing team has diverse work experience and lived experience with the child and youth behavioral health & wellness ecosystem ...

... and recommendations came from a broad set of inputs



Amanda Dickey
Santa Clara COE



Carla Bryant
DIAL Early Ed



Chris Stoner-Mertz
CA Alliance of Child and
Family Services



Elizabeth Estes
Breaking Barriers



Hayin Kimner
Community Schools
Learning Exchange



Jason Willis
WestEd



Judy Li
UC Berkeley School of
Public Health



Ken Berrick
Seneca Center



Lisa Smusz
Social Changery



Lishaun Francis
Children Now



Marni Sandoval
Monterey County
Behavioral Health



Michael Lombardo
Placer COE



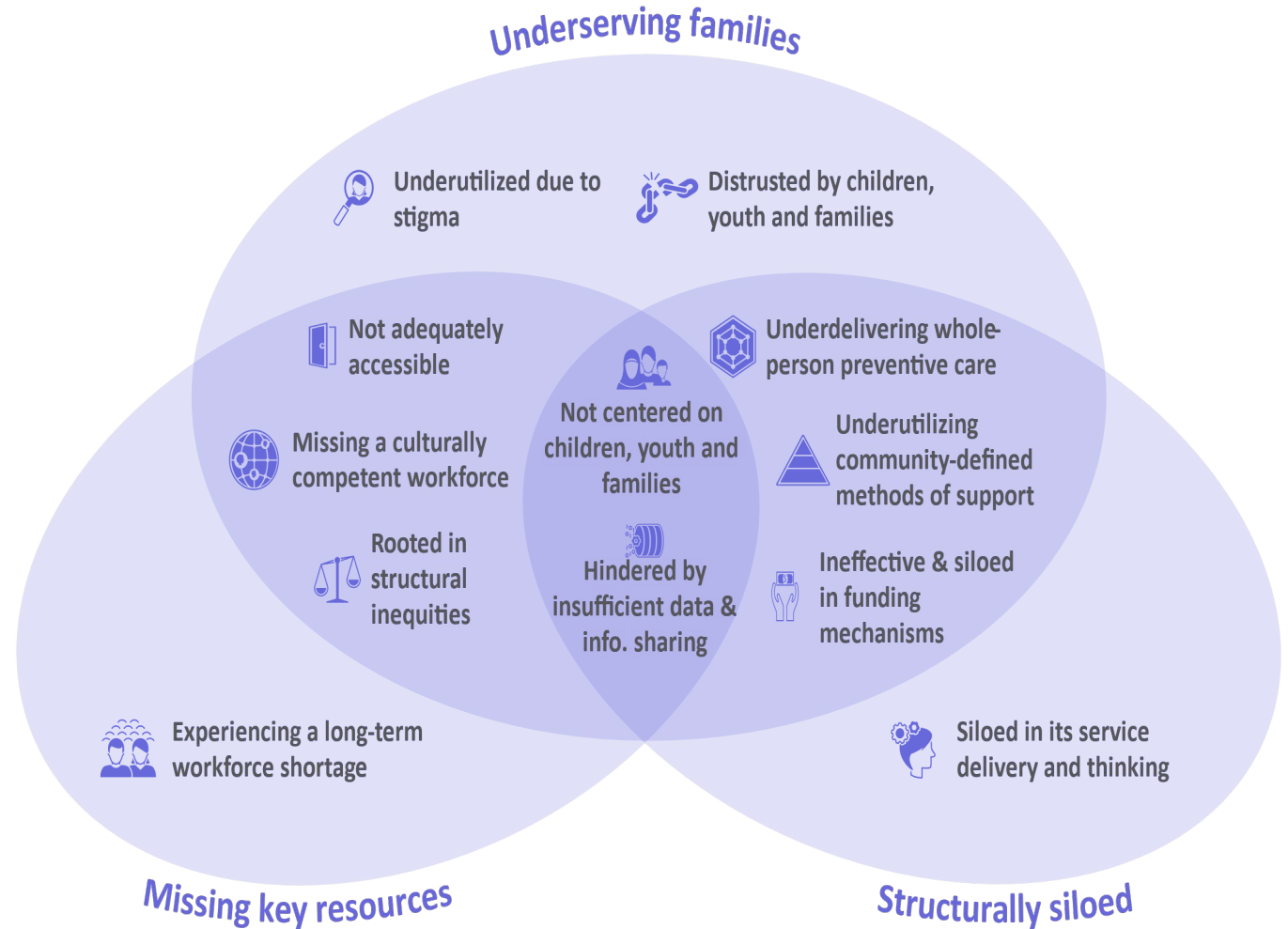
Richard Knecht
Integrated Human
Services Group

With project support and thought-partnership provided by Boston Consulting Group.

- Youth and family input sessions
- Larger advisory group meetings across youth, caregivers, public and state agencies
- Expert interviews with CA and national experts represented
- Secondary research and literature

Special thanks to every one of the youth, families and leaders for sharing their time and expertise!

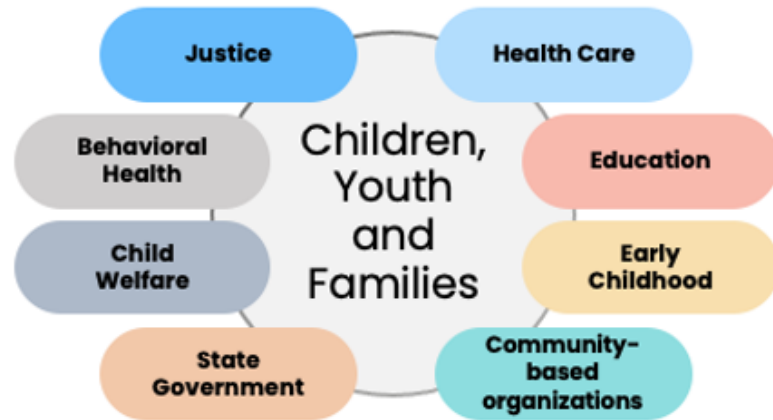
FINDINGS CA ECOSYSTEM: CA'S CURRENT CHILD/YOUTH BEHAVIORAL HEALTH SYSTEM IS...



What will it take?

Who is involved

Young people, families and those who support them



What is required

An Integrated Youth- and Family-Serving System



Centering children, youth and families



Larger, culturally responsive and congruent workforce



Incentives for integrated financing and maximization of state and federal funding



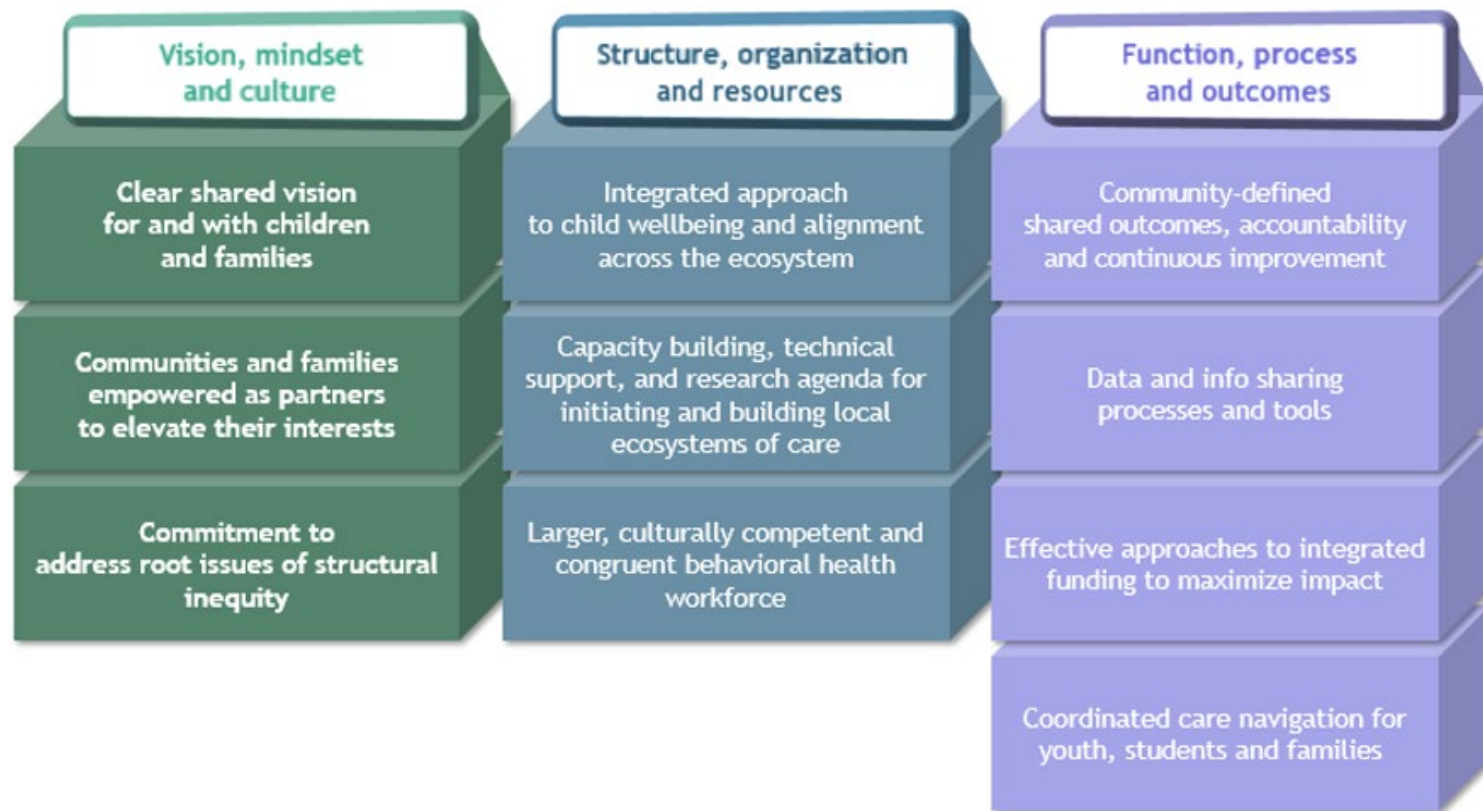
Training and coaching

How

Action at every level



INTEGRATIVE NECESSARY COMPONENTS FOR A REDEFINED ECOSYSTEM

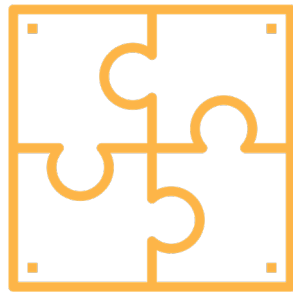


CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE



Collective vision and values:

- Support our children and youth, knowing they're struggling
- Value the whole child and center equity
- Recognize the impact behavioral health and well-being have on school attendance, learning, and school success



CYBHI aligns new opportunities with **existing frameworks:**

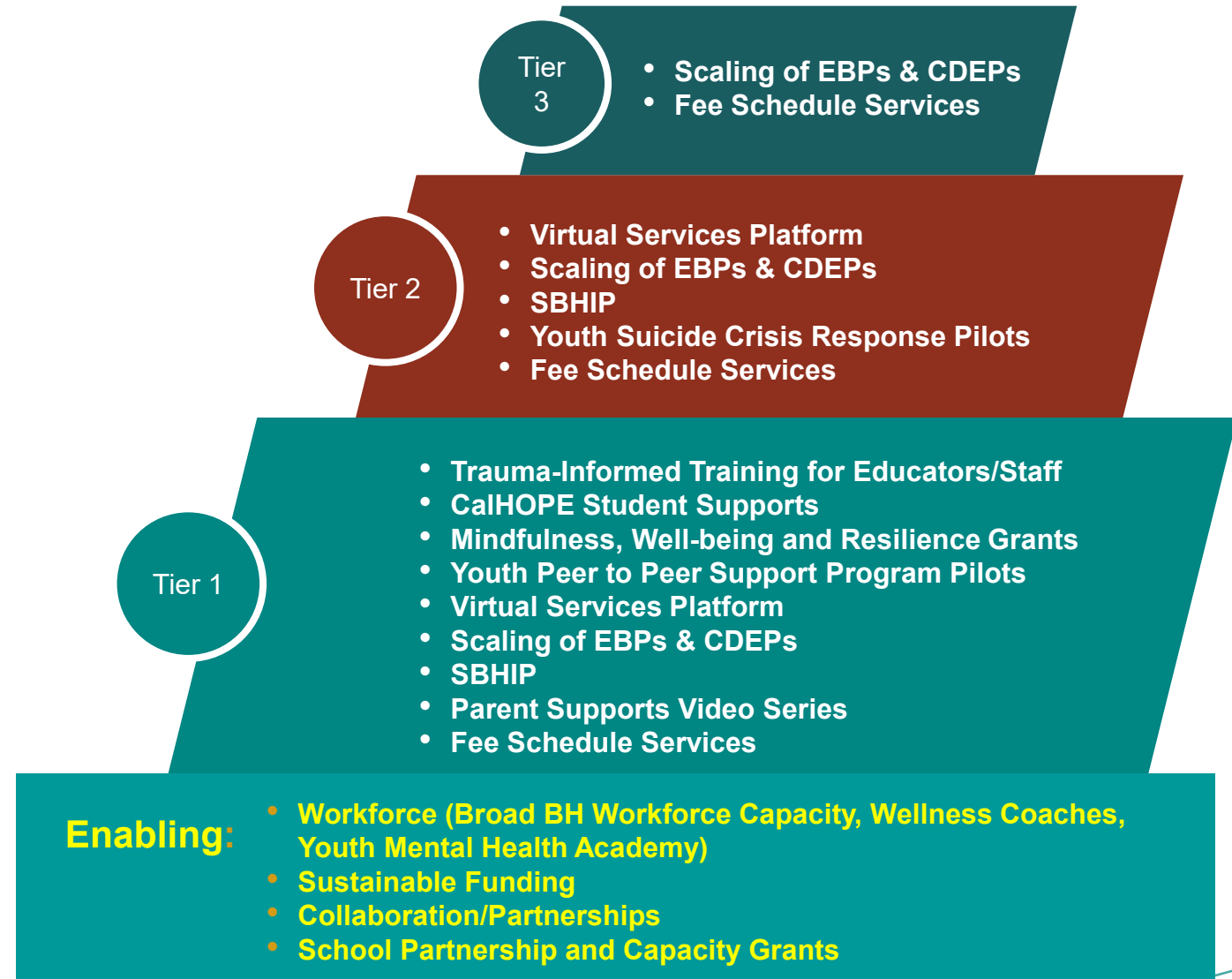
- Utilize Integrated Systems Framework (ISF) / **MTSS** / PBIS / Community Schools as the organizing framework
- Implement CYBHI in the context of that framework
- Incorporate resources and tools of CYBHI to advance goals

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 Multi-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)	Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)
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Scaling Evidence-Based and Community-Defined Practices (DHCS)					
CalHOPE Student Services DHCS) (Ended Transition to					
Mindfulness, Resilience and Well-being Grants (DHCS)					
Youth Peer-to-Peer Support Program (DHCS)					

Link to CYBHI's work is divided strategic workstreams

HOW CYBHI COMPONENTS FIT INTO MTSS FRAMEWORK



Schools and Juvenile Justice 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
- **Behavioral health workforce investments**, including a focus on career pipeline programs and developing a **new Wellness Coach role**, as well as investments beyond the CYBHI in school-based and overall behavioral health workforce
- **Building infrastructure** through school-linked partnerships and **capacity grants**
- **Scaling of evidence-based and community-defined practices**, with an emphasis on racial equity, prevention, early intervention
- **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
- **Supporting Wellbeing, Mindfulness, and Resilience of Students** through new grants
- **Providing training on trauma-informed care** to educators, school personnel and childcare providers.
- **Increasing access** to a range of pre-clinical services and navigation to clinical services for students and families through a new virtual services platform
- **Targeted Youth Suicide Prevention Grants and Outreach Campaign (CDPH)**



HOW CYBHI COMPONENTS FIT INTO MTSS FRAMEWORK

CYBHI for Schools

New resources to support **students** and **staff**

The Children and Youth Behavioral Health Initiative (CYBHI) is bringing services to the places and spaces where youth spend time – like schools!

You play a pivotal role in supporting young people and their families. The CYBHI has many programs that can help you and your students.

Administrators & School Health Personnel

Teachers & School Staff

Students & Families



A CLOSER LOOK CYBHI WORKSTREAM

Workforce Training and Capacity

Wellness Coach
Workforce (HCAI)

Trauma-Informed
Educator Training
(CA-OSG)

Broad Behavioral
Health Workforce
Capacity (HCAI)

Youth Mental Health
Academy (HCAI)

Certified Wellness Coach

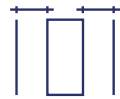
- Develop a pathway for workforce development
- Increase overall capacity to support growing youth behavioral health needs.
- Build a diverse behavioral health workforce with lived experience working in a wide variety of school, health, and community settings.
- Fill some of the workforce gaps that exist today. (i.e., few existing BH roles require 1-4 years of education)
- Ensure the role is both a desirable occupation in and of itself and a stepping-stone to more advanced BH roles.
- Engage directly with youth (aged 0 – 25), while ensuring adequate training and supervision.
- Serve vulnerable populations where they live, study, and work.



increase overall capacity of the workforce



build a diverse behavioral health workforce with lived experience working in a **wide variety of settings.**



fill some of the workforce gaps that exist today.



ensure the role is both **a desirable occupation** and a **stepping-stone to more advanced BH roles.**



engage directly with youth (aged 0 – 25).



serve vulnerable populations where they live, study, and work.



Prerequisites to Enter Program

Degree Required

Majors Accepted

Field Experience Needed

Wellness Coach I

- High school diploma or equivalent
-
- Associate's degree
-
- Social Work
 - Health & Human Services
 - Addiction Studies
-
- 400 hours

Wellness Coach II

- Wellness Coach I certification or associate's in related field
-
- Bachelor's degree
-
- Social Work
 - Health & Human Services
 - Addiction Studies
-
- 800 hours



Prerequisites to Enter Program

Degree Required

Majors Accepted

Field Experience Needed

Wellness Coach I

- Professionals who are currently part of the behavioral health workforce

- Associate's degree
- Social Work
- Health & Human Services
- Addiction Studies
- Child Development/Early Intervention
- Psychology
- Sociology

- 1,000 hours
- Must be in mental health, social work, child welfare, or addiction/substance use

Wellness Coach II

- Bachelor's degree
- Social Work
- Health & Human Services
- Addiction Studies
- Child Development/Early Intervention
- Psychology
- Sociology

- 2,000 hours
- Must be in mental health, social work, child welfare, or addiction/substance use



SERVICES AND COMPETENCIES

Services

*Activities core to the
Certified Wellness Coach roles*

1 Wellness promotion and education

2 Screening

3 Care coordination and extension

4 Individual support

5 Group support

6 Crisis referral

Additional Competencies

*Demonstrated areas of
knowledge to be evaluated
during field experience*

7 Cultural competency, humility, and mitigating implicit bias

8 Professionalism, ethics, and legal mandates

9 Communication

10 Operating in role and different environments

CERTIFIED WELLNESS COACHES IN TIERED SUPPORT

Tier 3

- Support School Counselors
- Crisis referral
- Care coordination

Tier 2

- Check In / Check Out
- Assist in identifying students with Tier III needs
- Life skills (e.g., stress management, time management, problem-solving)
- Assist or lead group interventions/activities that do not require PPS-C or licensure

Tier 1

- Support Universal Screening tools
- Teach and reinforce classroom social, emotional, behavioral lessons under guidance of mental health or PPS staff
- School-wide Bully-Prevention Programs such as Stop, Walk, and Talk
- Provide mental health and wellness information across campus in the forms of visuals, posters, flyers, and more...
- Assist in identifying students with Tier II needs
- Deliver structured curriculum to groups or classrooms, focusing on wellness promotion and education such as building positive relationships, bullying prevention, nutrition, and exercise in relation to behavioral health





A CLOSER LOOK CYBHI WORKSTREAM

Workforce Training and Capacity

Wellness Coach
Workforce (HCAI)

Trauma-Informed
Educator Training
(CA-OSG)

Broad Behavioral
Health Workforce
Capacity (HCAI)

Youth Mental Health
Academy (HCAI)

Safe Spaces

- Resource for all school staff
- Online July 2023 Professional Learning Modules



SAFE SPACES

Training helps adults recognize and respond to signs of trauma and stress.

1

Online

2

2 Hours

3

3 Age Groups

4

Self-Paced



SAFE SPACES TRAINING GOALS



Goal 1: Provide greater awareness of the impact of stress and trauma on health, development and learning.

Goal 2: Deepen knowledge of practices that create safe and supportive learning environments for everyone.

CYBHI WORKSTREAMS

Workforce Training and Capacity		Behavioral Health Ecosystem Infrastructure		Coverage	Public Awareness
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Link to CYBHI's work is divided strategic workstreams

***BEHAVIORAL
HEALTH VIRTUAL
SERVICES
PLATFORM***



BEHAVIORAL HEALTH VIRTUAL SERVICES PLATFORMS

On January 16, 2024, DHCS launched two free behavioral health services applications for all families with children, teens, young adults, and their caregivers, regardless of insurance coverage or immigration status:

BrightLife Kids is for parents/caregivers and kids ages 0-12.

Soluna is for teens and young adults ages 13-25.

The platforms were designed with input from more than 1,000 children, youth, families/caregivers, behavioral health professionals, and subject matter experts.

Platforms are a cornerstone of Governor Newsom's **Master Plan for Kids' Mental Health** and the **CYBHI**.



Soluna
BrightLife Kids



EXISTING
SERVICES

HEALTH PLANS

COUNSELING

SCHOOLS

BRIGHTLIFE KIDS AND SOLUNA OFFERINGS

- **Professional Coaching:** Live 1:1 (or 2:1 for younger children and parents/caregivers) coaching sessions through in-app chat or video visits. Telephone coaching will also be available in all Medi-Cal threshold languages with the assistance a Language Line interpreter.
- **Educational Content:** Age-tailored educational articles, videos, podcasts, and stories.
- **Assessments and Tools:** Stress-management tools and clinically validated assessments to understand and monitor behavioral health over time.
- **Care Navigation Services:** Self-service searchable directory (via Find Help) of local behavioral health resources and live care navigation support to connect users to the individual's health plan (when applicable), school-based services, or to a network of CBOs affiliated with each vendor.
- **Peer Communities:** Pre-moderated forums and programs to connect users with other youth or caregivers.
- **Crisis and Safety Protocols:** Crisis and emergency safety resources for people experiencing a mental health crisis or who require immediate assistance.

LEARN MORE AT CALHOPE.ORG



HOPE LIVES HERE

Current Services >>

CalHOPE Connect

Red Line

Student Support

Together for Wellness

CalHOPE Schools

Digital mental health support for youth, young adults, and families

>> Launching January 2024

A groundbreaking new program providing free, safe, and confidential mental health support for young people and families across the state with two easy-to-use mobile apps:



BrightLife Kids

Mental health coaching and
resources for parents with kids
ages 0-12

[Learn More](#)

**soluna**

Mental health coaching and
resources for teens and young
adults ages 13-25

[Learn More](#)

**Download
the
Partner
Toolkit
Today**

BrightLife Kids

A CalHOPE program by Brightline



BrightLife.Kids/ca

 **soluna**

a CalHOPE Program by Kooth



SolunaApp.com

CYBHI WORKSTREAMS

Public Awareness

Public Education and
Change Campaigns
(CDPH)

ACEs and Toxic
Stress Awareness
Campaign (CA-OSG)

Targeted Youth
Suicide Prevention
Grants and Outreach
Campaign (CDPH)

Parent Support
Video Series
(DHCS)

Live Beyond

- The Live Beyond ACEs and toxic stress campaign is a key component of the groundbreaking multibillion-dollar, five-year effort to transform how California supports children, youth, and families.
- Centering the needs of young people and uniting the efforts of the agencies and organizations that serve them, CYBHI is dedicated to ensuring young people and families can find support for their emotional, mental, and behavioral health needs.

live
beyond



CYBHI WORKSTREAMS

Public Awareness

Public Education and
Change Campaigns
(CDPH)

ACEs and Toxic
Stress Awareness
Campaign (CA-OSG)

Targeted Youth
Suicide Prevention
Grants and Outreach
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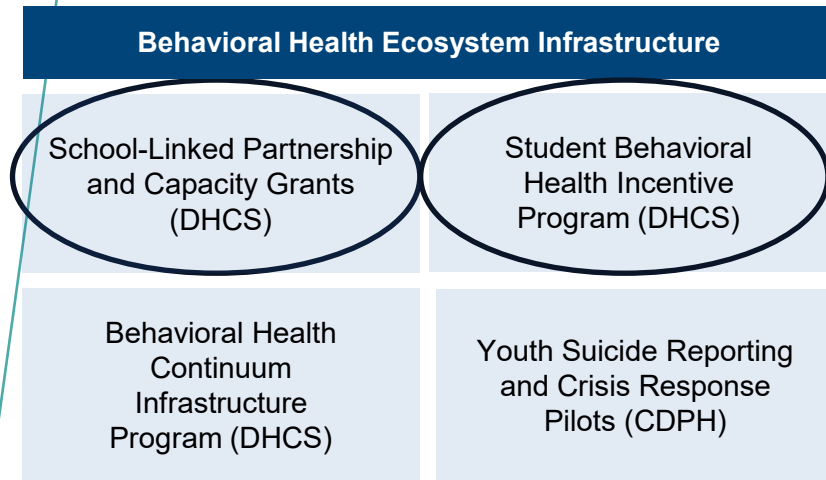
Live Beyond

- Address behavioral health access barriers for Medi-Cal students through **Targeted Interventions that increase access**
- **Prevention, early intervention, or other behavioral health services** provided by school-affiliated behavioral health providers for TK-12 children in public schools.

LIVE BEYOND



CYBHI WORKSTREAMS




Student Behavior Health Incentive Program (SBHIP)

- Address behavioral health access barriers for Medi-Cal students through **Targeted Interventions that increase access**
- **Prevention, early intervention, or other behavioral health services** provided by school-affiliated behavioral health providers for TK-12 children in public schools.

School-Linked Partnership and Capacity Grants

- Strengthen school-linked behavioral health services and provide California public K-12 schools.
- Support institutional readiness for the statewide all-payer fee schedule by providing resources to schools to expand its provider capacity, develop critical partnerships, and build the necessary infrastructure.



STUDENT BEHAVIOR HEALTH INCENTIVE PROGRAM

- Aim to increase coordination among Managed Care Plans (MCP), Local Education Agencies (LEAs), and county mental health plans (January 2022-June 2025)
- Goals:
 - Break down silos and improve coordination
 - Increase number of TK-12 students receiving preventive and early intervention BH services
 - Strengthen relationships between MCPs, County Offices of Education (COEs), LEAs, and county behavioral health stakeholders

****** New DHCS Guidance for MCPs to collaborate with LEAs in the provision of Behavior Health Services for their members.

CYBHI WORKSTREAMS: FEE SCHEDULE AND CAPACITY GRANT

Capacity Grant (Allocation)

One-time investment to build operational readiness for the multi-payer fee schedule



Multi-Payer Fee Schedule

New funding source to support student mental health. (Medi-Cal, Commercial and Disability Insurer) to reimburse covered services

CYBHI WORKSTREAMS

Coverage

Enhanced Medi-Cal
Benefits – Dyadic
Services (DHCS)

Statewide Multi-Payer
Fee Schedule for
School-Linked
Behavioral Health
Services
(DHCS/DMHC)

Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services (Fee for Service)

- Build a fee schedule for schools to bill for both Medi-Cal and Commercial Insurance
 - Implemented in cohorts starting in January 2024 - Cohort of Early Adopters
 - Where can activity happen: at schools or community locations if a school-linked service.
 - Who can bill:
 - TK-12: COEs (including COEs that also act as LEAs) or LEAs (i.e., school districts and charter schools in
 - Higher education (Students up through 25)
 - At the practitioner level, this provider network could include all of the following:
 - Pupil Personnel Services (PPS) credentialed providers (i.e., PPS school psychologists, PPS social workers, PPS counselors, and registered credentialed school nurses) employed by or contracted with the LEA;
 - Licensed or supervised mental health specialists employed by or contracted with the LEA; and/or,
 - Community-based organizations or behavioral health practitioners
- *Wellness Coaches will be added in January 2025

CYBHI WORKSTREAMS

Provider Types

School-Based Licensed Mental Health Practitioners

School Linked Licensed Mental Health Staff

PPS Credentialed Practitioners

Certified Wellness Coaches (Jan 2025)

Fee Schedule Services (non Specialty Mental Health Services)

Psychoeducation

Screening and Assessment

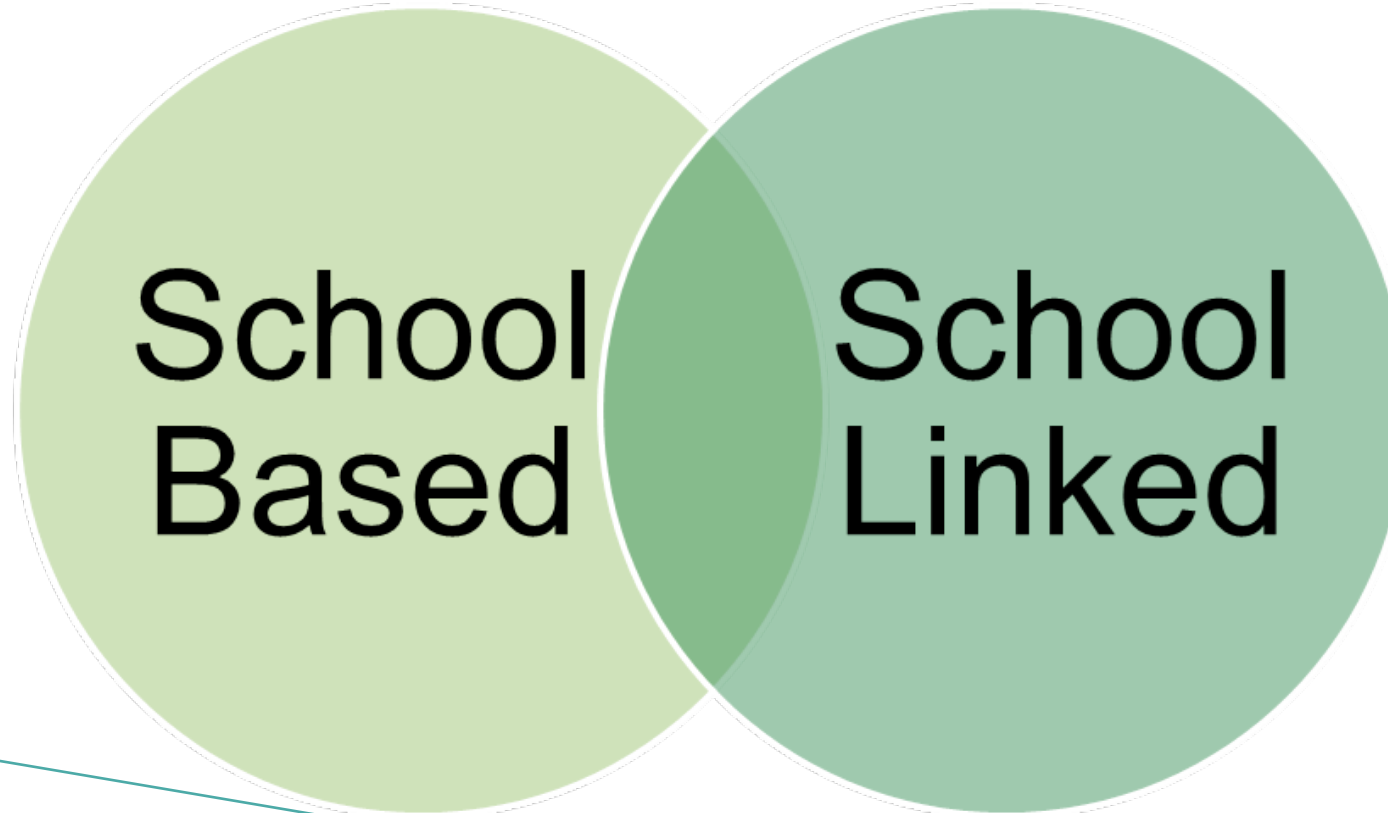
Therapy

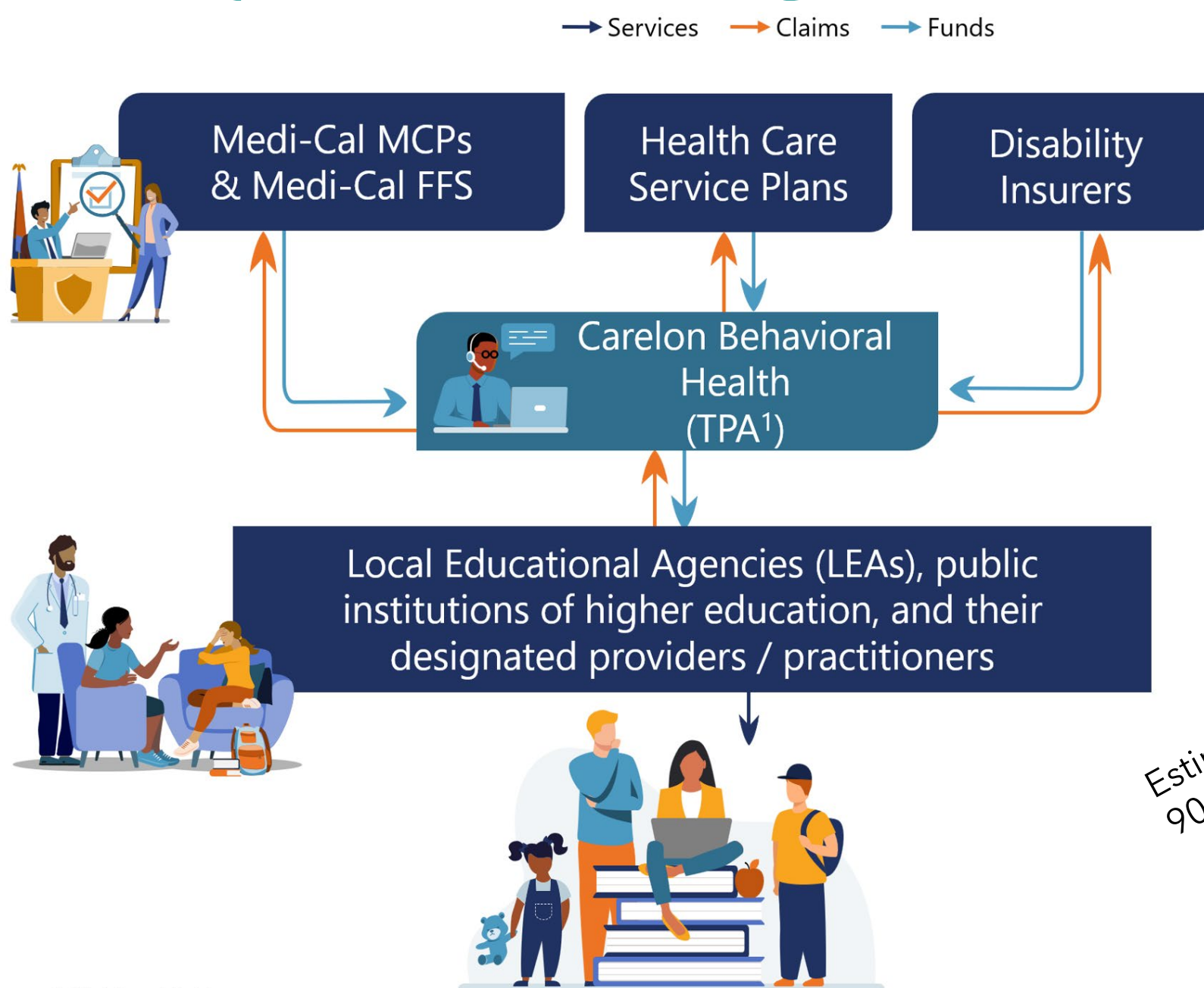
Care Coordination

Please see the [CYBHI Fee Schedule Scope of Services, Codes, and Reimbursement Rates PDF](#) to learn more.

CYBHI WORKSTREAMS

Where can Activity Happen





Estimated to be a
90 Day Process

1. Third-Party Administrator

Source: CYBHI fee schedule guidance document

Graph provided by DHCS

CYBHI WORKSTREAMS

Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services (Fee for Service)

Example

Service Category	Procedure Code	Service Description	Eligible Practitioner	Fee Schedule Rate
Case Management	99366	Case Management with patient or family present (Face to Face), 30 min	PA, NP, RN, Psych, Ed. Psych, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor	\$36.71

Note: Currently, PPS Credentials are being added to the State Plan Amendment (SPA). They are not eligible at this time.

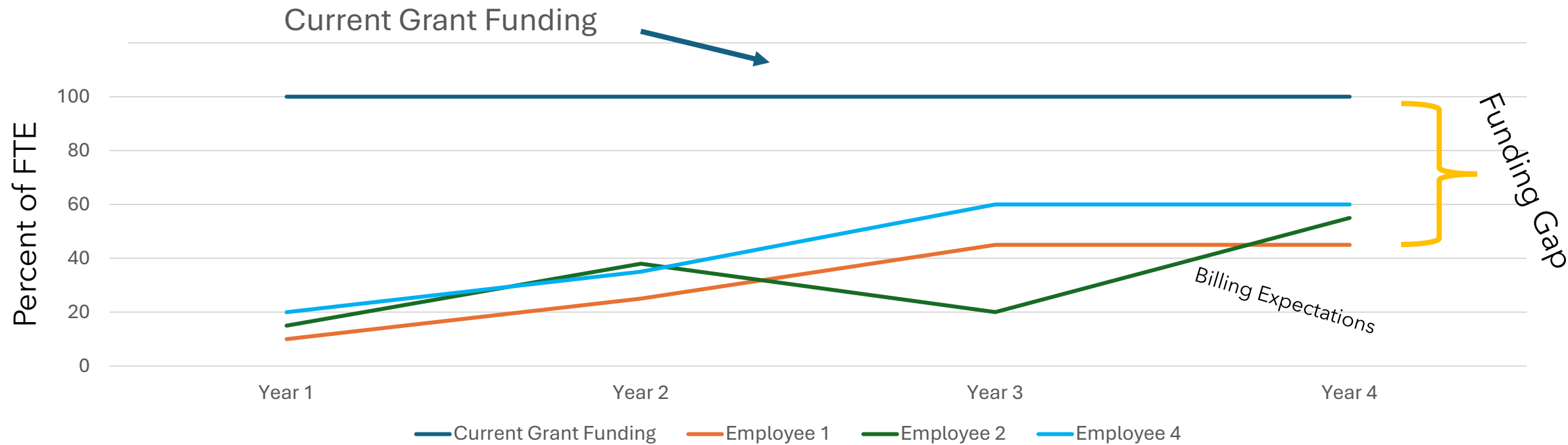
Sustainability financial model

Fee Schedule and Reimbursement

Type of Staff Position Here LCSW					Calculated Field	Calculated Field	Calculated Field
Procedure Code	Type of Activity (Enter Common Type of Activities Here)	Per Hour	FTE, per Submitted Budget	Productivity Expectation	Yearly Billable Hours	Estimated Yearly Revenue Payment	Hours a Week
99366	Case Management with patient or family present (Face to Face), 30 min@\$36.71	\$73.42	1.00	20%	347.20	\$25,491.42	8
90837	Psychotherapy session, individual, 53 or more min	\$131.97	1.00	15%	260.40	\$34,364.99	6
90846	Family psychotherapy session; single family without patient present, 50 min	\$86.64	1.00	5%	86.80	\$7,520.35	2
99403	Preventive Medicine, Individual Counseling – 45 minutes	\$77.91	1.00	5%	86.80	\$6,762.59	2
				0%		\$74,139.35	18
	Sample Salary and Benefits Cost			45%		\$130,000.00	Total Hours Per Week
	Difference, what you will need to make salary and benefits if the staff meets these percentages.					-\$55,860.65	Sample Salary Benefits
							Amount over or under cost
	*Mental Health Specialist 8 hours/day, 217 days = 1,736 hours per year						
	* The above are payments less than full hour, but are calculated as full hours for example purposes.						

Note that this is an exercise and not an exact representation of your billing. It should not be considered what will happen at your site but rather a suggestion of how you might determine reimbursement in your LEA.

Possible Fee Schedule Scenario



OPPORTUNITIES FOR SUSTAINABILITY “FILLING THE GAP”

- Partner with County Behavioral Health to explore braiding funding sources such as:
 - Specialty Mental Health Services and Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) (Medi-Cal)
 - Administered / Authorized by County Behavioral Health
 - Student must be Medi Cal and must establish medical necessity
 - Available to beneficiaries up to the age of 21
 - Major changes to increase access and ability to implement
 - “CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care.
 - Extend supports and services beyond hospitals and health care settings directly into California communities.

Changed Rates Under Cal Aim

Opportunities for Sustainability

(This is only a sample and may not by your rate)

Contractor- XX		Medi-Cal Eligible Students Only		Calculated Field	Calculated Field
Direct Service Staff		FTE, per Submitted Budget	Productivity Expectation	Billable Hours	Estimated Payment
Psychiatrist/ Contracted Psychiatrist	\$ 926.86	1.00	45%	-	\$ -
Physicians Assistant	\$ 415.69		40%	-	\$ -
Nurse Practitioner	\$ 460.90		40%	-	\$ -
RN	\$ 376.48		40%	-	\$ -
Certified Nurse Specialist	\$ 460.90		40%	-	\$ -
LVN	\$ 197.77		40%	-	\$ -
Pharmacist	\$ 443.66		40%	-	\$ -
Licensed Psychiatric Technician	\$ 169.55		40%	-	\$ -
Psychologist/Pre-licensed Psychologist	\$ 372.75		40%	-	\$ -
LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 241.22		40%	694.40	\$ 167,501.78
Occupational Therapist	\$ 321.10		40%	-	\$ -
Mental Health Rehab Specialist	\$ 181.48		35%	-	\$ -
Peer Recovery Specialist	\$ 190.55		35%	-	\$ -
Other Qualified Providers - Other Designated MH Staff that Bill Medical	\$ 181.48		40%	-	\$ -
		1.00		694.40	\$ 167,501.78

Sample County Comparison Medi-Cal vs Fee Schedule

Specialty MH vs Fee Schedule Non-Specialty Example						Calculated Field	Calculated Field
Direct Service Staff		Rate	FTE, per Submitted Budget	Productivity Expectation	Billable Hours	Estimated Payment	
Medi-Cal Specialty MH	→ LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 241.22	1.00	40%	694.40	\$ 167,501.78	
Fee for Service	→ LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 131.97	1.00	40%	694.40	\$ 91,639.97	

- Specialty Mental Health is considered “Intensive Mental Health Services.
- Fee for Service is considered “Mild to Moderate Services”
 - Tier III type of Services vs Tier II Services

Non-Specialty Mental Health Services / Specialty Mental Health Services

Specialty Mental Health Services

- Medi-Cal Only
- Mental Health Plan (All 58 Counties)
- Include mental health treatment, crisis intervention, targeted case management, intensive care coordination, outpatient residential treatment, and inpatient services.
- Intensive services

Non-specialty Mental Health Services

- Medi-Cal Only
- Managed Care Plan
- Mild to Moderate Services
- Mental health evaluation and treatment, including individual, group, and family Psychotherapy...



MINDFUL MOMENT

Please be mindful during this presentation and as you move forward with implementing many new strategies for funding Mental Health in Schools.

This work is not a sprint. It is a marathon and will take time, preparation, and deep cleansing breaths.

To be successful, it will require new partnerships, strategies, and staff /collaborations that you may not be used to.

Don't try to do everything at once, and seek assistance from partners who can help.

OPPORTUNITIES FOR SUSTAINABILITY

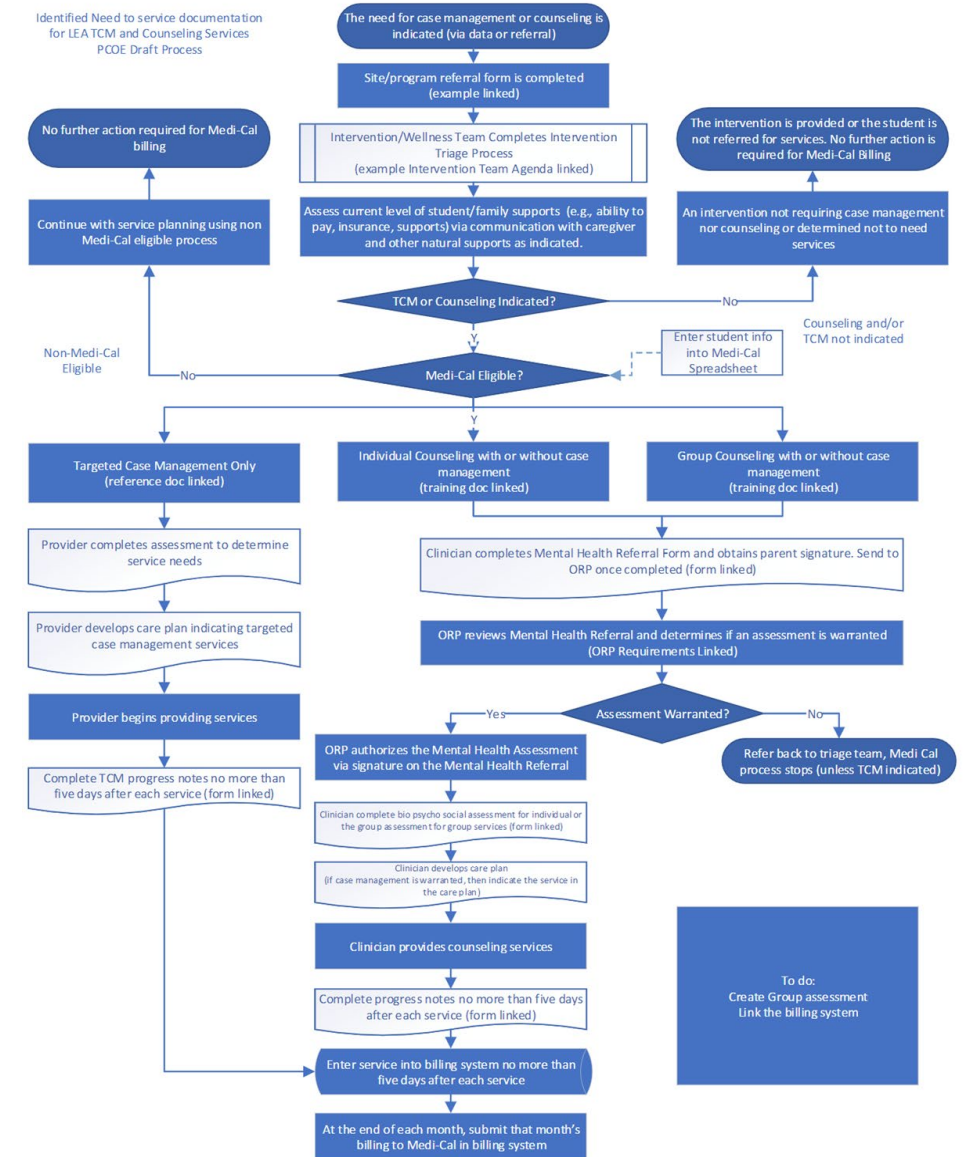
Two Types of LEA Medi Cal Funding:

1. (Medi-Cal Administrative Activities, & Local Educational Agency Medi-Cal (LEA Program Targeted Case Management))
2. Designed a Process Map for **LEA Targeted Case Management TCM** and Pilot Project
 - Goal:
 - Identify processes and forms necessary for TCM
 - Determine the number of Medi Cal Eligible Students using Mental Health Supports
 - Identify quality improvement and documentation strategies

EVALUATE PROCESS FOR LEA BILLING OPTION PROGRAM (BOP)

Develop a process map for the workflow to identify barriers, trigger points, and detailed processes for LEA- BOP.


Script each move with deliberation.



OPPORTUNITIES FOR SUSTAINABILITY

- [The California State Plan Amendment 15-021 was approved on April 27, 2020](#)
 - Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
 - “Expands reimbursements to include covered services under an Individualized Health and Support Plan (IHSP), which will allow **LEAs to receive reimbursement for eligible beneficiaries without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)**, resulting in increased services for Medi-Cal eligible general education students.”

OPPORTUNITIES FOR SUSTAINABILITY

- [Early Related Mental Health Services \(ERMHS\) Expansion & Senate Bill 98](#) ([Link Here](#))
 - Starting in 20-21, ERMHS funds can be used for mental health-related services, including:
 - Out-of-home residential services for emotionally disturbed students
 - Counseling and guidance service (including counseling, personal counseling, and parent counseling and training)
 - Psychological services
 - Social work services
 - Behavioral interventions (ADDED)
 - Other mental health-related services not required by IDEA (ADDED)
- 

OPPORTUNITIES FOR SUSTAINABILITY


- *****Early Childhood Education*****

- AB-2698 "California state preschool programs: general child care and development programs: mental health consultation services: adjustment factors."
- Assembly Bill 2698 – Effective January 1, 2019
- "Assembly Bill 2698 allows contractors to receive an additional adjustment factor of 1.05 for children who are served in a California state preschool program, infants and toddlers who are 0 to 36 months of age and are served in general child care and development programs, or children who are 0 to 5 years of age and are served in a family child care home education network setting funded by a general child care and development program, where early childhood mental health consultation services, as defined, are provided, pursuant to specified requirements."
- CA State Preschools must take steps to prevent Expulsion or disenrollment due to behavior. ([Link to CDE Information Letter Here](#))

OPPORTUNITIES FOR SUSTAINABILITY FFPSA

Family First Prevention Services Act (FFPSA)

FFPSA amends the Title IV-E foster care program and revises Title IV-B, subparts 1 and 2 programs.

- Included in FFPSA:
 - Title IV-E reimbursement for evidence-based, trauma-informed prevention services.
 - Support for kinship (relative) caregivers.
 - Limits on congregate care placements.
 - Improvements to services for older and transitional-aged youth.
- 

OPPORTUNITIES FOR SUSTAINABILITY

FFPSA

Family First Prevention Services Act (FFPSA)

- Link to State Website for FFPSA ([Click Here](#))
 - Link to “CA’s Five Year State Prevention Plan ([Click Here](#))
 - CA Vision for FFPSA
 - Shifting the focus from the protection of children and youth who have been harmed by abuse or neglect to the strengthening of families within a reimagined child and family well-being continuum in order to support the prevention of child maltreatment and the recurrence of maltreatment.
 - “An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children and youth”.
 - “Vision involves a system of care supported by a framework for prevention that includes **primary**, **secondary**, and **tertiary** strategies, grounded in principles of fairness and equity.”
- Potential Candidates for FFPSA Consideration - Read Carefully pages 19-22 ([Click](#))

OPPORTUNITIES FOR SUSTAINABILITY FFPSA

Potential Candidates for FFPSA
Consideration - Read Carefully
pages 19-22 ([Click Here](#))

IDENTIFIED POPULATION OF POTENTIAL CANDIDATES

Children in voluntary or court-ordered Family Maintenance	Homeless Youth
Probation minors subject to a petition under section 602	Lesbian, Gay, Bisexual, Transgender and Queer/questioning (LGBTQ) children
Children whose guardianship or adoption arrangement is at-risk of disruption	Substance-exposed newborns
Children with a "substantiated" or "inconclusive" disposition of a child abuse or neglect allegation	Trafficked children
Children who have siblings in foster care	Children exposed to domestic violence
Children whose caretakers experience a substance use disorder	Children or youth experiencing other risk factors that when combined with family instability or safety threats

OPPORTUNITIES FOR SUSTAINABILITY FFPSA

Current CA Ten Approved Programs:

APPENDIX A - EBP TABLE Page 49
([link](#))

Nurse-Family Partnership	Family Check-Up
Healthy Families America (HFA)	Functional Family Therapy
Parents As Teachers	Homebuilders
Brief Strategic Family Therapy	Motivational Interviewing for Substance Use
Multisystemic Therapy	Motivational Interviewing

SUSTAINABILITY FINANCIAL MODEL MANAGED CARE PLANS – ENHANCED CARE MANAGEMENT (ECM)

- Managed Care Plans (MCP)s provide medical and mental health services to eligible Medi-Cal individuals services to
- In 2025, MCPs will establish relationships with LEAs through either Contracts or Memorandums of Understanding.
 - “Must collaborate and execute MOUs with LEAs in each county within Service Area
 - By 2025, Contractor is required to provide Covered Services, including preventive services and adolescent health services provided in schools or by school-affiliated health providers. referring, and ensuring
 - Care Coordination and non-duplication of services for Members who are eligible for or who are already receiving contracted school-based services, such as EPSDT and Behavioral Health Services, from either LEAs, FQHCs or community-based organizations.

SUSTAINABILITY FINANCIAL MODEL MANAGED CARE PLANS – ENHANCED CARE MANAGEMENT (ECM)

ECM

Provides systematic coordination of services and comprehensive care management that is community based, interdisciplinary, high touch and person centered.

Eligible Students

Experiencing Homelessness

At Risk for Avoidable Hospital or ED Utilization

With Serious Mental Health and/or Substance Use Disorder Needs

Enrolled in California Children's Services (CCS) or CCS WCM

Involved in Child Welfare



SUSTAINABILITY FINANCIAL MODEL MANAGED CARE PLANS – ENHANCED CARE MANAGEMENT (ECM)

Foster Youth Example

Managed Care Contract with COE for Direct Services ECM:

1. Provide coordination of services and comprehensive care management
2. Community or school Based
3. Part of interdisciplinary team
4. Have at least 1 contact per month
5. Reimbursed at \$400 per Foster/Homeless Youth per Month

75 Foster Youth x \$400 = \$30,000 per month

*Must be Medi-Cal and Must meet ECM individual status requirements such as Foster or Homeless

DEDICATION

PowerPoint



Sample Footer Text



*CHILDREN & YOUTH BEHAVIORAL HEALTH
INITIATIVE (CYBHI) - REIMAGING OUR ECOSYSTEM
AND SUPPORTS FOR CHILDREN*

PowerPoint



Contact Information

*Michael Lombardo
Senior Advisor to Human Services
and Education Agencies
October 4, 2024*



*Inland Empire
School-Based Health Symposium*



Please note that the views in this presentation are those of the author and not necessarily the views or opinions of California HHS or the Department of Health Care Access and Information.