Santa Clara County Office of Education

2021-22 BUDGET INVESTMENTS IN SCHOOL-BASED HEALTH & MENTAL HEALTH

ORGANIZING FRAMEWORKS	COMMUNITY SCHOOLS	WHOLE CHILD APPROACH	COLLECTIVE IMPACT
INTERCONNECTED SYSTEMS	MULTI-TIERED SYSTEMS OF SUPPORT	INTEGRATED SYSTEM OF SUPPORT/CARE	
CULTURE & PRINCIPLES	PBIS	SEL	RTI2
PROGRAMS & SERVICES	WELLNESS CENTERS	SCHOOL-BASED HEALTH CENTERS	MENTAL HEALTH RESOURCE CENTERS	MEDI-CAL ENROLLMENT & CLAIMING
	ACADEMIC & CAREER COUNSELING	BEFORE & AFTER SCHOOL	MENTORING & TUTORING	EARLY LEARNING & CHILDCARE
	FOOD & NUTRITION	TRANSPORTA-TION	HOUSING ASSISTANCE	DEVICES, BROADBAND & IT SUPPORT

ORGANIZING FRAMEWORKS	COMMUNITY SCHOOLS	WHOLE CHILD APPROACH	COLLECTIVE IMPACT

COMMON PILLARS

- **Integrated systems and supports:** multiple local (city/county/district) agencies with their own respective responsibilities work together to meet the needs of the whole child.
- **Collaborative leadership and practices:** decisions are made in collaboration with partner agencies and resources are blended and layered to maximize impact.
- **Family and community engagement:** partner agencies listen to input from those receiving and delivering services and marshal resources accordingly).
- **Expanded and enriched services:** by blending/layering resources, streamlining accessibility, and working in tandem, partners are able to deliver better .services to more children and families

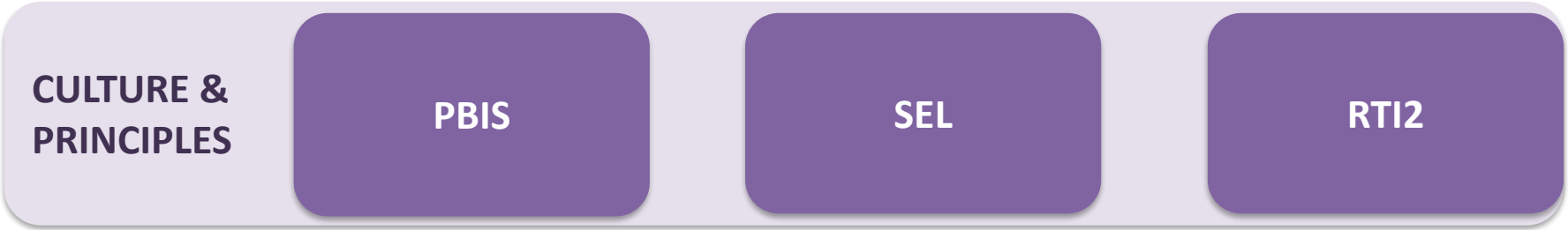
INTER-CONNECTED SYSTEMS

MULTI-TIERED SYSTEMS OF SUPPORT

INTEGRATED SYSTEM OF SUPPORT/CARE

COMMON PILLARS

- **Multiple agencies and systems:** Agencies that would normally work in silos instead work together to meet the academic, health, behavioral, and social-emotional needs of students.
- **LEA and non-LEA partners:** LEAs partner with community based providers, social services agencies (city and county), and each other.
- **Referrals and communication loops:** Agencies cross-refer students to each other and share information and updates on the services provided, progress, and outcomes.
- **3 tiers of support:** the system is organized in three tiers with all students receiving preventative services, some receiving group or short-term intervention services, and a few receiving long-term intervention services.



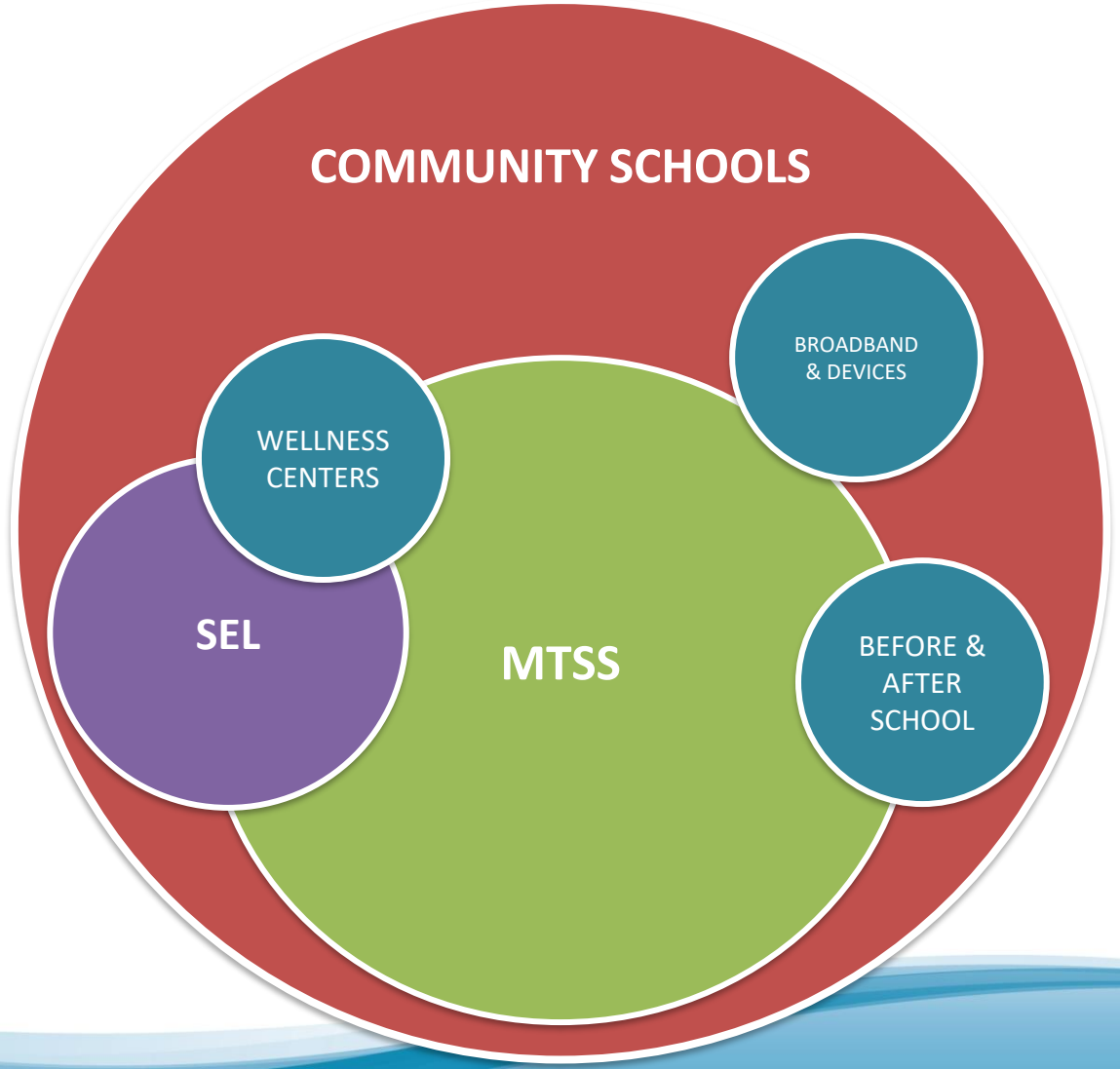
COMMON PILLARS

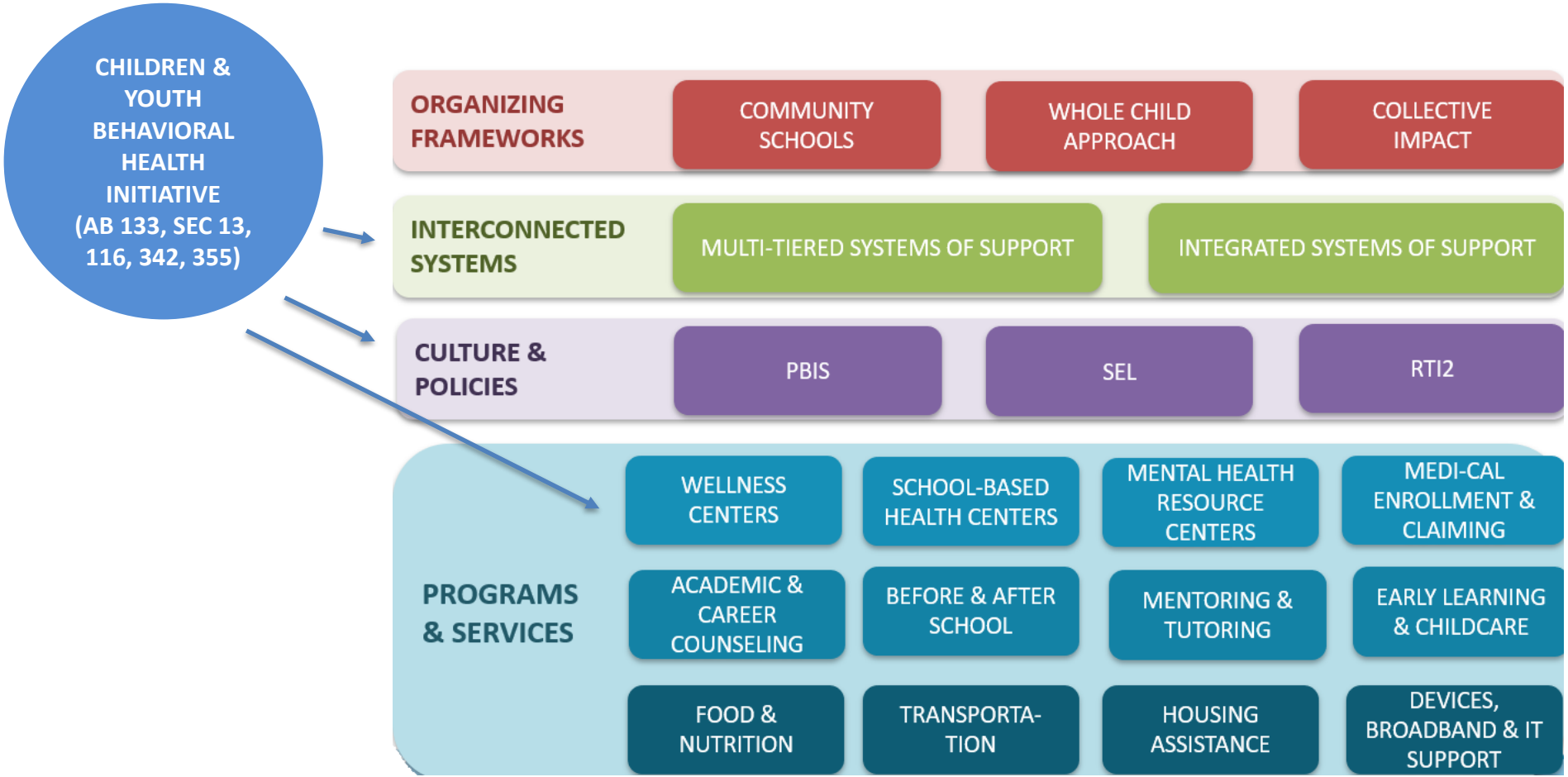
- **Focus on social emotional development:** In both instructional and non-instructional settings, adults foster the development of healthy social emotional interactions and self-regulation.
- **Welcoming and inclusive school culture:** School leaders thoughtfully and intentionally cultivate a school culture focused on equity and mitigating historical and systemic bias and privilege.
- **Positive instead of negative behavior reinforcement:** Adults focus on identifying the cause of unhealthy behaviors and offer supportive interventions rather than punishments that isolate students from their schools and peers.

PROGRAMS & SERVICES: 3 BANDS

STUDENT WELLNESS	WELLNESS CENTERS	SCHOOL-BASED HEALTH CENTERS	MENTAL HEALTH RESOURCE CENTERS	MEDI-CAL ENROLLMENT & CLAIMING
EXPANDED LEARNING	ACADEMIC & CAREER COUNSELING	BEFORE & AFTER SCHOOL/ EXPANDED LEARNING	MENTORING & TUTORING	EARLY LEARNING & CHILDCARE
SOCIAL SERVICES	FOOD & NUTRITION	TRANSPORTA-TION	HOUSING ASSISTANCE	DEVICES, BROADBAND & IT SUPPORT

EXAMPLE


COMMUNITY SCHOOLS
BROADBAND & DEVICES
WELLNESS CENTERS
SEL
MTSS
BEFORE & AFTER SCHOOL


CHILDREN & YOUTH BEHAVIORAL HEALTH INITIATIVE (AB 133, SEC 13, 116, 342, 355)
ORGANIZING FRAMEWORKS
COMMUNITY SCHOOLS
WHOLE CHILD APPROACH
COLLECTIVE IMPACT
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Children and Youth Behavioral Health Initiative

School-Linked Behavioral Health Partnerships, Infrastructure & Capacity - $100M in 21/22, $450M in 22/23 ($550M total), W&I 5961.2

- $400M earmarked for preschool through 12th grade; $150M for higher education
- DHCS will determine the eligibility criteria, grant application process, and methodology for distribution of funds

Children and Youth Behavioral Health Initiative

School-Linked Behavioral Health Partnerships, Infrastructure & Capacity - $100M in 21/22, $450M in 22/23 ($550M total), W&I 5961.2

Purpose:

- "To build partnerships, capacity and infrastructure supporting ongoing school-linked behavioral health services for children and youth"
- "To expand access to licensed medical and behavioral health professionals, counselors, peer support specialists, community health workers, and behavioral health coaches"
- "To build a statewide, community-based organization provider network for behavioral health prevention and treatment services"
- "To enhance coordination and partnerships with respect to behavioral health prevention and treatment services…via appropriate data sharing systems."

Children and Youth Behavioral Health Initiative

School-Linked Behavioral Health Partnerships, Infrastructure & Capacity - $100M in 21/22, $450M in 22/23 ($550M total), W&I 5961.2

Allowable activities include, but are not limited to:

- Addressing behavioral health disparities while providing linguistically and culturally competent services
- Supporting administrative costs including planning, project management, training, and technical assistance
- Linking plans, counties, and school districts with local social services and community-based organizations
- Implementing telehealth equipment and virtual systems in or near schools
- Implementing data-sharing tools, information technology interfaces, or other technology investments designed to connect to behavioral health services

Children and Youth Behavioral Health Initiative

Medi-Cal & Commercial Health Plans Shall Reimburse for School-Based Services, H&S 1374.722, Insurance 10144.53, W&I 5961.4

Starting on January 1, 2024, all Medi-Cal managed care, commercial health, and disability insurance plans shall reimburse LEAs for:

- All mental health or substance abuse treatment services the plan is responsible for covering (i.e. EPSDT/non-intensive services)
- Provided to an individual aged 0 to 25 who is an enrollee of the Medi-Cal, commercial health, or disability insurance plan
- Provided by a licensed or authorized mental health provider
- Provided at a school a school site (a facility or location used for K-16 purposes and locations not owned or operated by a an LEA if the LEA provides or arranges for the provision of the treatment)
- Regardless of LEA network status (ie cannot deny because an LEA is “out of network”)

Children and Youth Behavioral Health Initiative

Medi-Cal & Commercial Health Plans Shall Reimburse for School-Based Services, H&S 1374.722, Insurance 10144.53, W&I 5961.4

There are only three reasons the plan may deny a claim:

- The individual receiving the services was not actually an enrollee of the Medi-Cal, commercial health, or disability insurance plan
- The services were not provided by a licensed or authorized mental health provider
- The services were not actually provided

The health plan shall reimburse the greater of either the state-established school-linked fee or the health plan/LEA negotiated rate.

- DHCS will establish a school-linked fee schedule

Children and Youth Behavioral Health Initiative

Medi-Cal & Commercial Health Plans Shall Reimburse for School-Based Services, H&S 1374.722, Insurance 10144.53, W&I 5961.4

The health plan cannot require preauthorization. (Caveat- DHCS stakeholder group will decide if there are an exceptions to this rule.)

The health plan must pay claims in a timely manner (generally, 30 days).

Neither the plan nor the LEA may charge a copayment, deductible, or any other form of cost sharing.

*Caveat: This law does not relieve an LEA from the requirement to “accommodate or provide services” to a student with an IEP. DHCS has acknowledged that the legal responsibilities between LEAs and managed care plans needs to be better delineated.

Children and Youth Behavioral Health Initiative

Medi-Cal Managed Care Incentives – Approx. $400M for Managed Care Plans ($227M State Funds, plus federal matching), W&I 5961.3

- Incentive payments for Medi-Cal managed care plans that "increase access to preventative, early intervention and behavioral health services by school-affiliated behavioral health providers for K-12 children in schools."
- Incentive payments shall be used to develop "new collaborative initiatives" and "build on existing school-based partnerships"
- Incentives must supplement, not supplant existing funding
- (Legislative summary states that eligibility is conditioned on Medi-Cal managed care plan entering into a three-party partnership with an LEA and county mental health agency)

Children and Youth Behavioral Health Initiative

Medi-Cal Managed Care Incentives – Approx. $400M for Managed Care Plans ($227M State Funds, plus federal matching), W&I 5961.3

Medi-Cal managed care plans will only receive payments if they meet metrics, interventions, and goals, as defined by a DHCS stakeholder group, in alignment with the following:

- Technical assistance to increase coordination and partnerships between schools and health plans (e.g. contracts, MOUs, agreements)
- Planning efforts to use data to identify needs, gaps, disparities, inequities, and resources and develop a framework for a robust and coordinated system of social, emotional and behavioral health
- Developing or piloting behavioral health wellness programs in school settings (e.g. Mental Health First Aid, SEL)
- Expanding the workforce by using community health workers or peers
- Increasing telehealth services in schools
- Implementing suicide prevention strategies
- Improving performance and outcomes-based accountability for behavioral health access
- Increasing access to substance abuse prevention, early intervention, and treatment

Children and Youth Behavioral Health Initiative

Behavioral Health Services & Supports Virtual Platform- $10M in 2021/22, $750M in subsequent years, W&I 5961.1

- Establish a virtual platform targeted at ages 0 to 25 that offers Tier 1 and some Tier 2 services, with streamlined referrals to health plans for more intensive services.
- Services provided virtually, regardless of insurance or health plan. Includes links to other social services like housing and food assistance.
- Includes screening tools and activities.

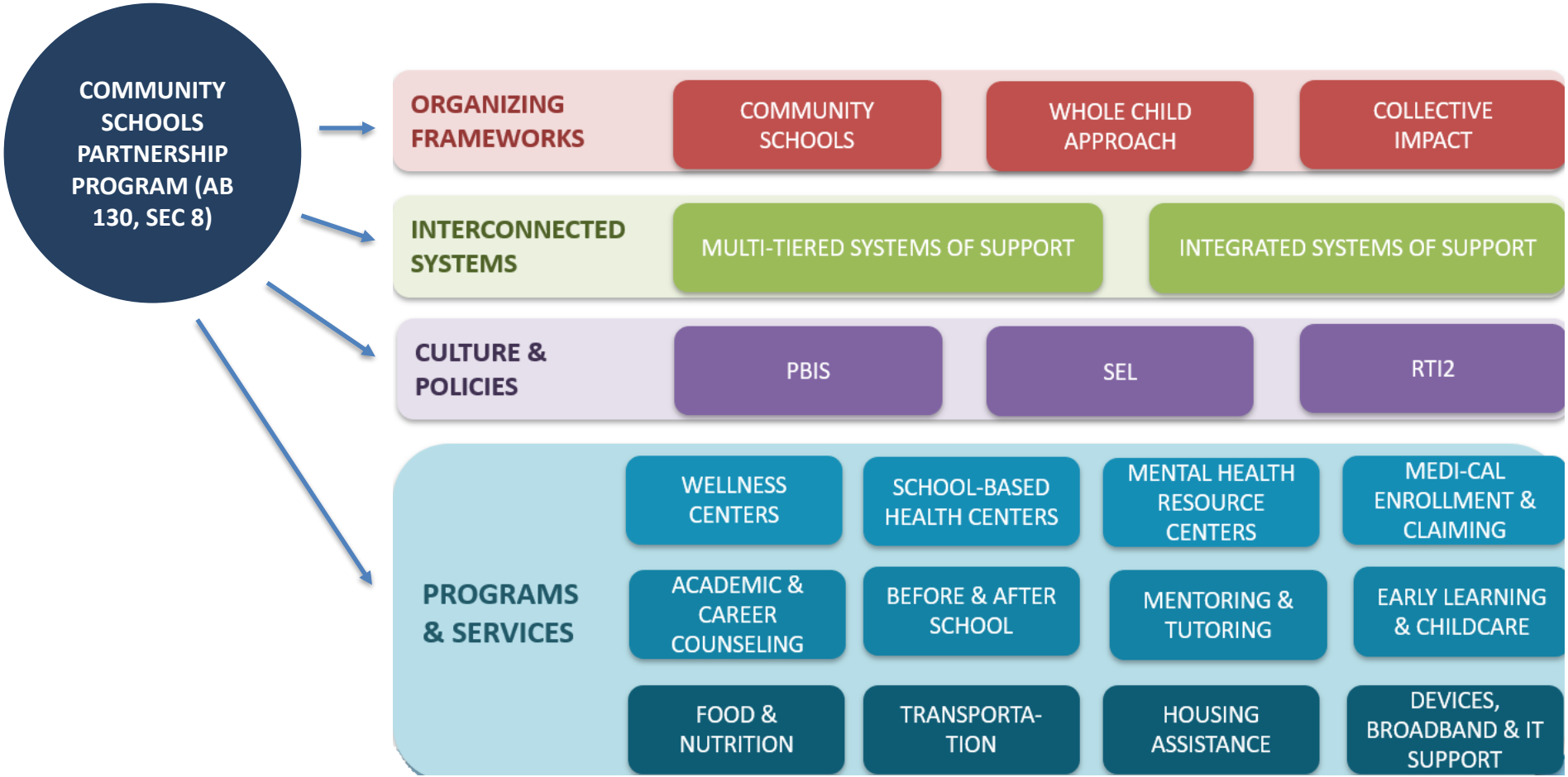
Children and Youth Behavioral Health Initiative

Behavioral Health Workforce Capacity - $- $448M & $352M, H&S 127825, 127885

- Recruit and train 10,000 culturally and linguistically proficient counselors and coaches to serve K-12 and college age youth.
- Increase the number of licensed and unlicensed mental health professionals, including creation of new “behavioral health coaches”
- Funds could pay for training programs, tuition, and mentorship or coaching.

Children and Youth Behavioral Health Initiative

- **Public Education Campaign - $125M**
- **Enhance Medi-Cal Benefits (ACEs & dyadic care) - $825M**
- **Behavioral Health Infrastructure - $- $310M (including $205M for mobile crisis teams)**
- **Evidence-Based Behavioral Health Programs - $429M**
- **CalHOPE - $45M**


COMMUNITY SCHOOLS PARTNERSHIP PROGRAM (AB 130, SEC 8)
ORGANIZING FRAMEWORKS
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COMMUNITY SCHOOLS PARTNERSHIP PROGRAM

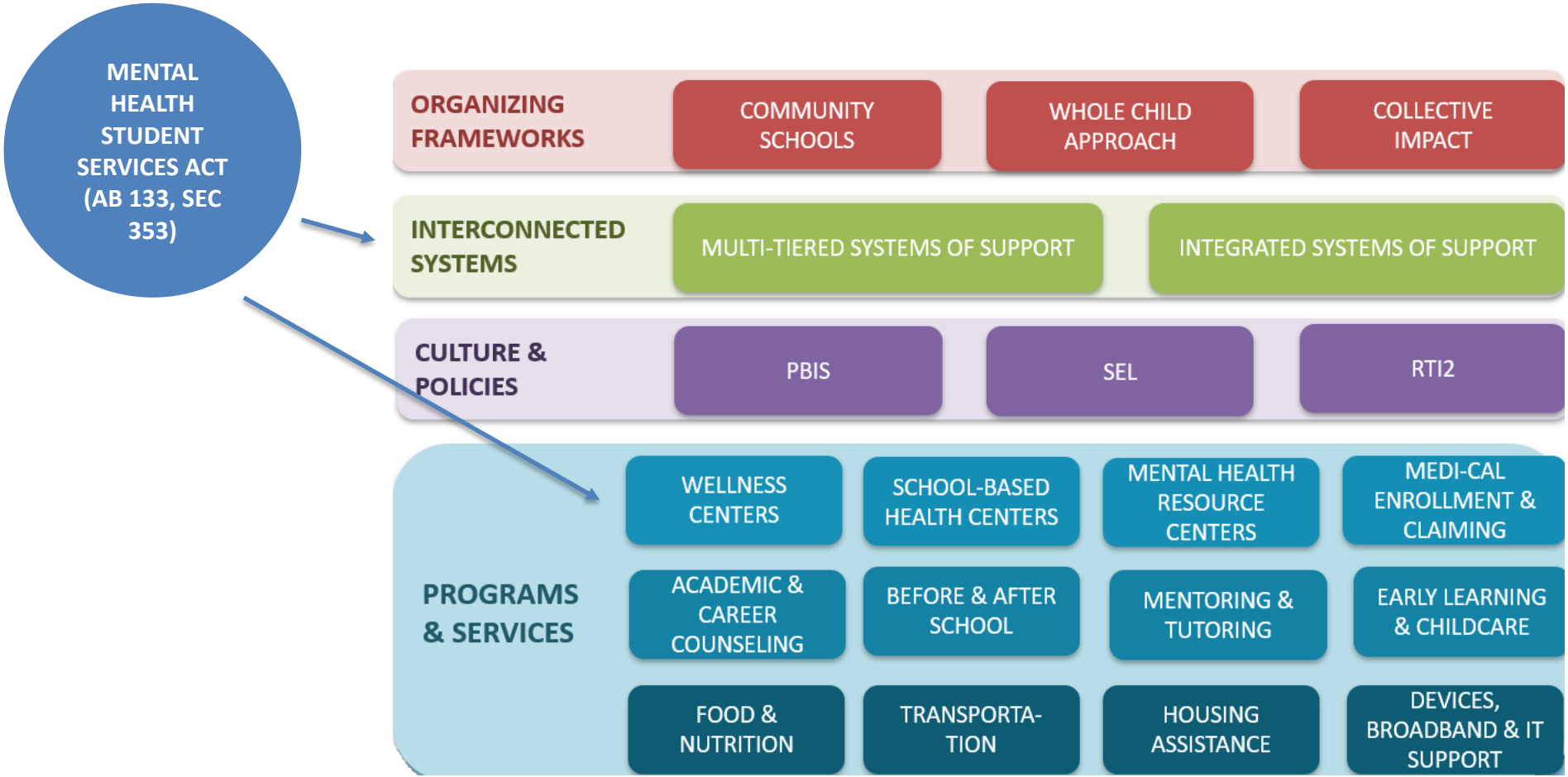
- Provides $2.8B for a second round of funding (grant was created in 20/21 budget)
  - Governor's proposal estimates that this would fund more than half of all schools in CA
- Competitive grant process
- Funds
  - 10% available for 2 year planning grants (up to $200,000 each)
  - 70% for implementation grants (up to $500,000 each annually for up to 5 years)
  - 20% for coordination grants (up to $100,000 annually) from 2024/25 to 2027/28
- Funds available for encumbrance until 6/30/2028
- RFA will be updated by 11/15/2021 (and presumably go out then)
- Grant decisions made by the SPI subject to approval by the SBE

COMMUNITY SCHOOLS PARTNERSHIP PROGRAM

- Eligibility
  - An LEA that meets at least one of the following: 50%+ unduplicated; higher than average dropout rate; higher than average suspension/expulsion rate; higher than average rates of homelessness, foster, or justice involved youth; or can demonstrate an exceptional need or service to a particular population
  - Consortiums are allowed, including those lead by COEs
  - Behavioral health agencies, Head Start grantees, and ELC contractors can apply in partnership with an LEA
  - Prioritizes creation of new community schools and applicants with high FRPM rates
- Prioritization: applicants with 80%+ unduplicated pupils, plans that are sustainable, plans that include early learning and childcare, collaborations with other agencies, plans that demonstrate need, plans to provide health and mental health at the school site, new community schools

COMMUNITY SCHOOLS PARTNERSHIP PROGRAM

- Establishes 5 (or more) new TA leads for a term of 7 years (through 2028/28). Leads would provide:
  - School and community needs and asset assessments
  - Help improving community engagement, creating community partnerships
  - Assist schools to develop and combine funding to create sustainability
  - Coordination of services across agencies and schools
  - Outreach and TA to applicants before and after application awards
  - Development of community school resources, sharing of best practices, and data collection


MENTAL HEALTH STUDENT SERVICES ACT (AB 133, SEC 353)
ORGANIZING FRAMEWORKS
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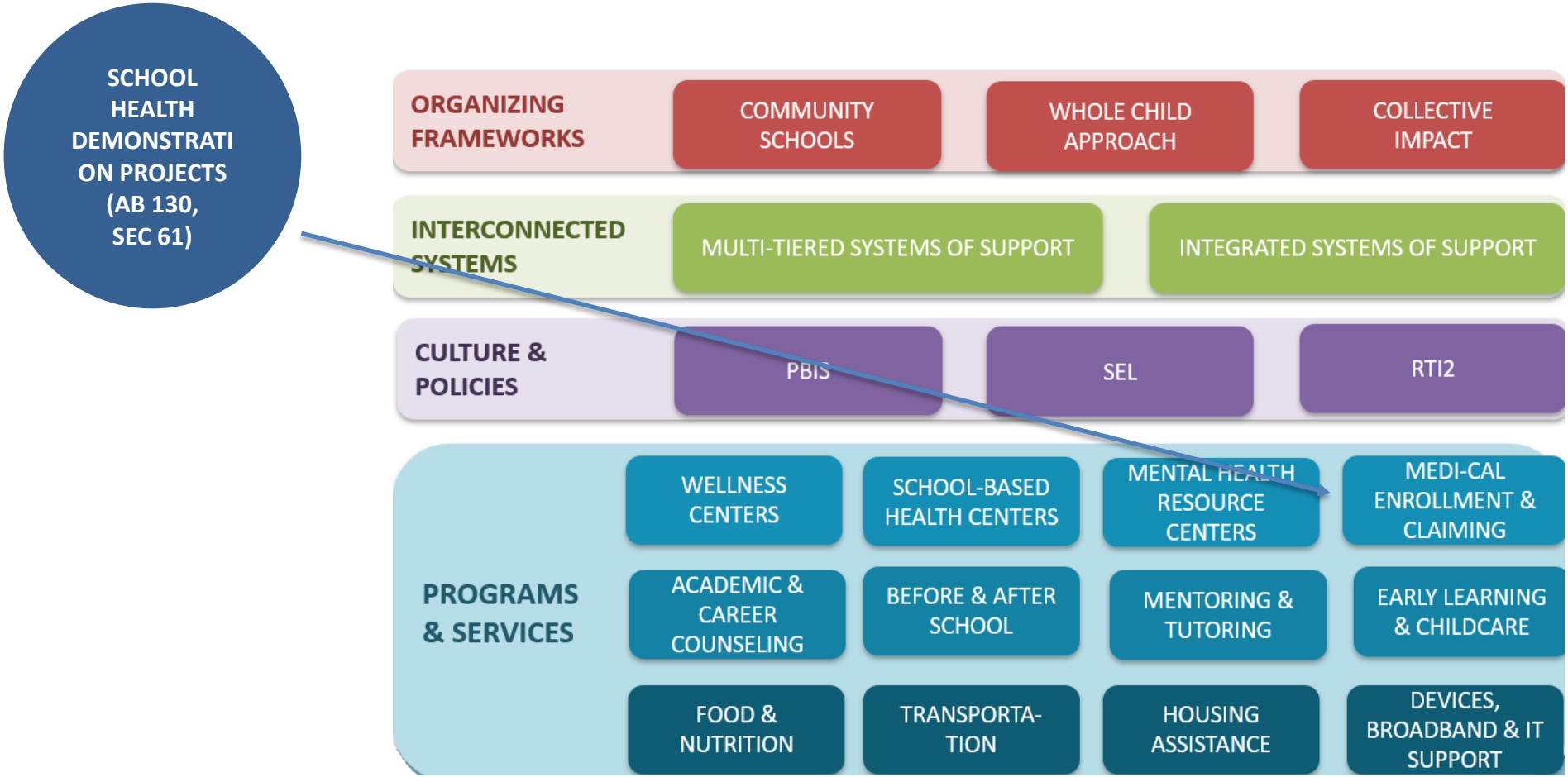
MENTAL HEALTH STUDENT SERVICES ACT

- Provides MHSOAC with a second round of funding ($205M)
- New language:
  - "the commission shall award a grant under this section to a county mental health or behavioral health department or another lead agency, as identified by the partnership within each county that meets the requirements of this section."
  - Plans must include a description of how the "partnership will collaborate with preschool and childcare providers or other early childhood service organizations to ensure the mental health needs of children are met before they transition to a school setting."
- MHSOAC plans to use new funds to fund remaining 1st round recipients not funded (20 counties), counties who have not applied (20 counties), and provide 1st round recipients additional funds ($6 million for large counties, $20 million for LA)


SCHOOL HEALTH DEMONSTRATION PROJECTS (AB 130, SEC 61)
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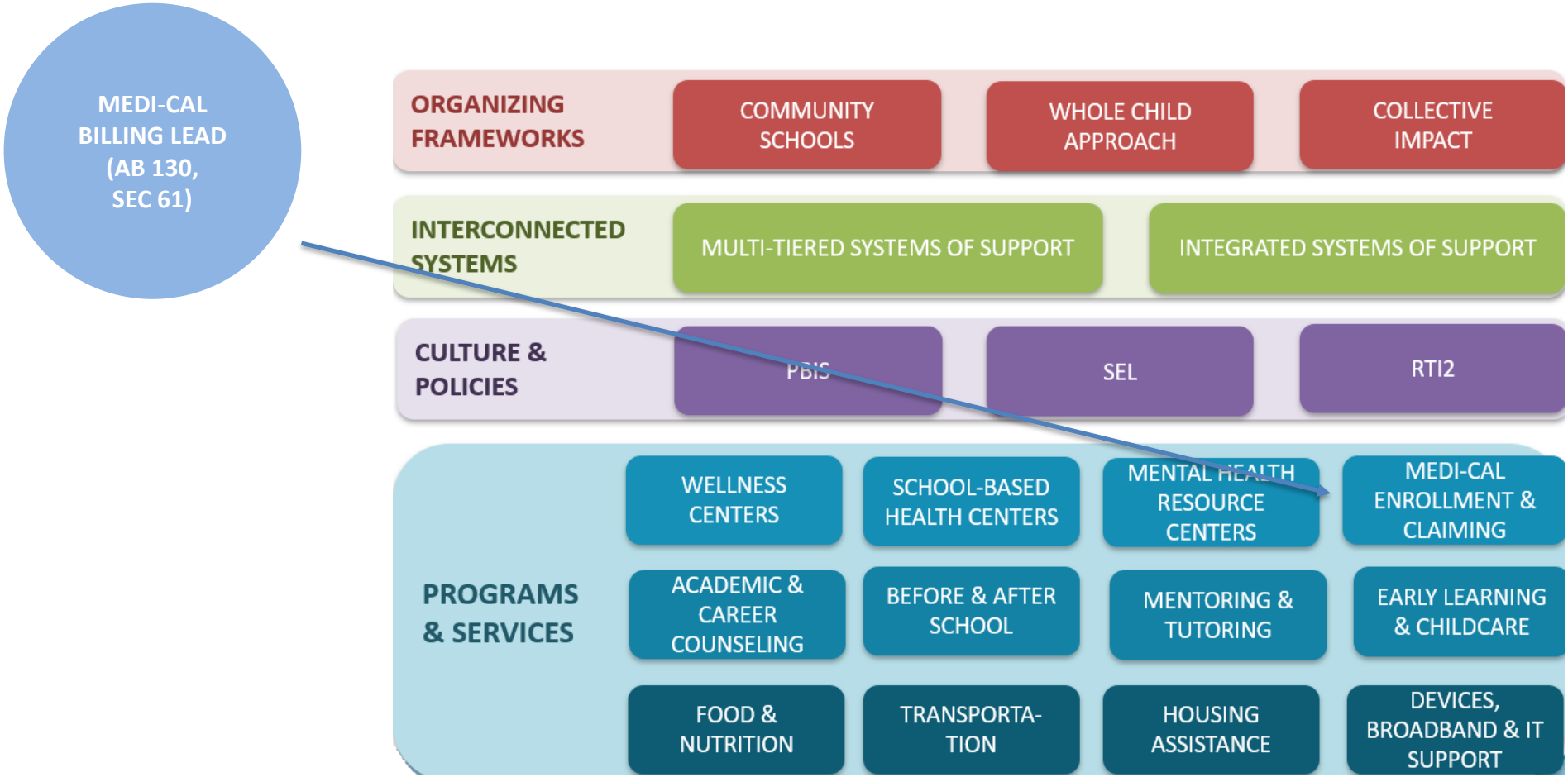
MEDI-CAL BILLING LEAD (AB 130, SEC 61)
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Student Health, Mental Health, and Medi-Cal

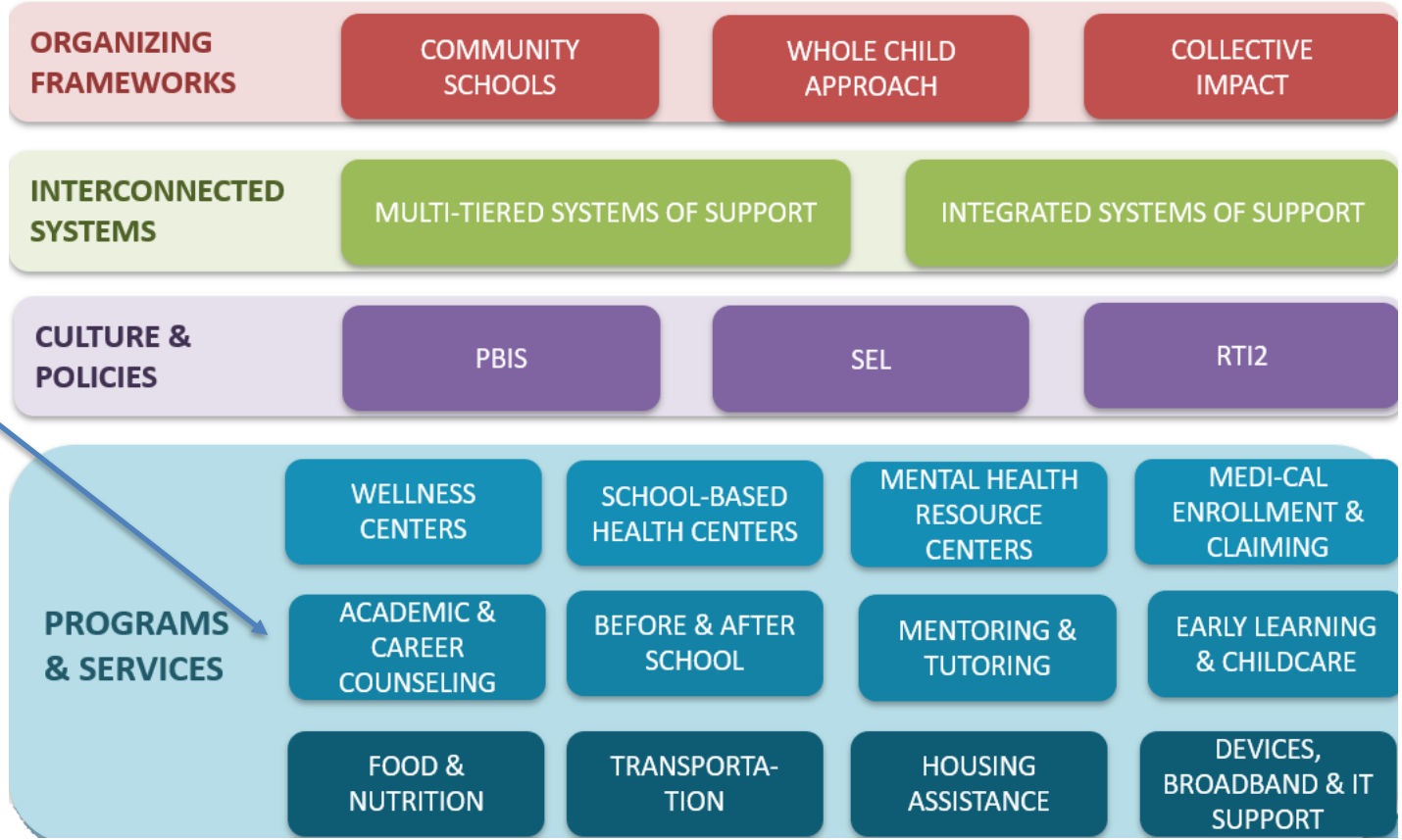
SCHOOL HEALTH DEMONSTRATION PROJECTS

- $2.5 million to fund 25 LEAs to participate in a pilot for the purpose of assessing and maximizing Medi-Cal reimbursement (LEA BOP, SMAA, managed care, EPSDT, county mental health)
- $2.5 million for 3 LEA technical assistance leads to provide TA to the 25 LEA grantees.

MEDI-CAL BILLING LEAD

- $250,000 ongoing annually for an LEA to provide TA on school-based Medi-Cal programs in coordination with CDE, DHCS, and the state system of support leads.

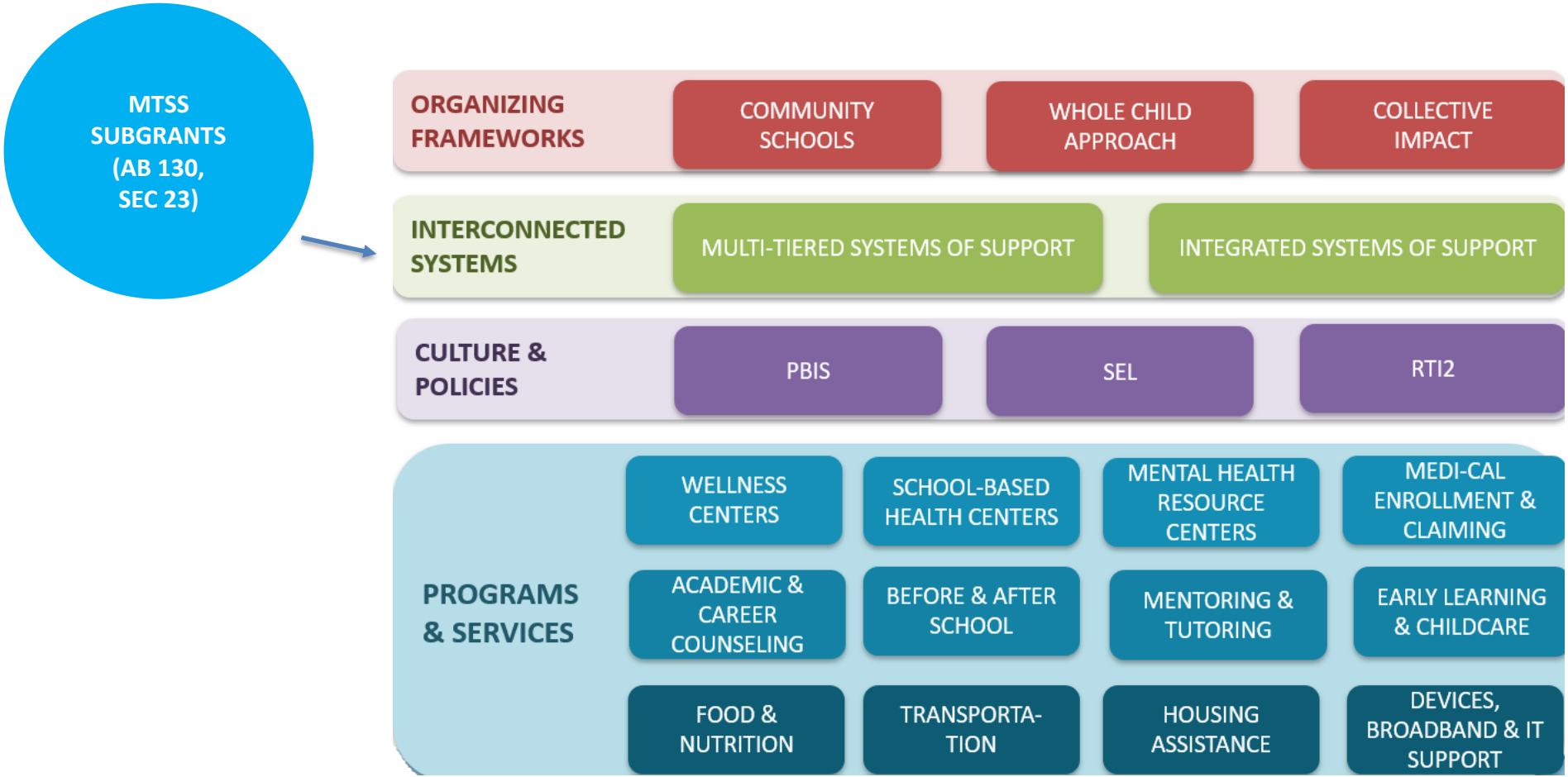
EXPANDED LEARNING OPPORTUNITIES GRANT (AB 130, SEC 52)



EXPANDED LEARNING GRANT
AB 130, SECTION 52

- Starts in 2021/22
- Ongoing (presumably)
- Noncompetitive, for all LEAs serving grades TK to 6 with unduplicated pupils (except non-classroom based charter schools)
- Generally aligns with ASES requirements/standards (ie credentialed teacher not required, can contract out)
- Requires that all LEAs receiving the grant provide:
  - 175 school days, 9 hours of combined instructional time and expanded learning ("opportunities to engage pupils in enrichment, play, nutrition, and other developmentally appropriate activities").
  - Plus 30 additional non-school days of expanded learning

2021-2022	**Must serve 50% of unduplicated pupils (by end of year)**
2022-2023	**Must serve 100% of unduplicated pupils**


MTSS SUBGRANTS (AB 130, SEC 23)
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Student Health, Mental Health, and Medi-Cal

OTHER INVESTMENTS

- Established an Office of School Based Health at CDE.
- Requires CDE to hire a nurse consultant.
- Provides CDE with funding to train LEAs on use of school climate surveys and standardize surveys.
- $30 million for COEs to provide tutoring, mentoring, counseling, and direct interventions to foster youth.