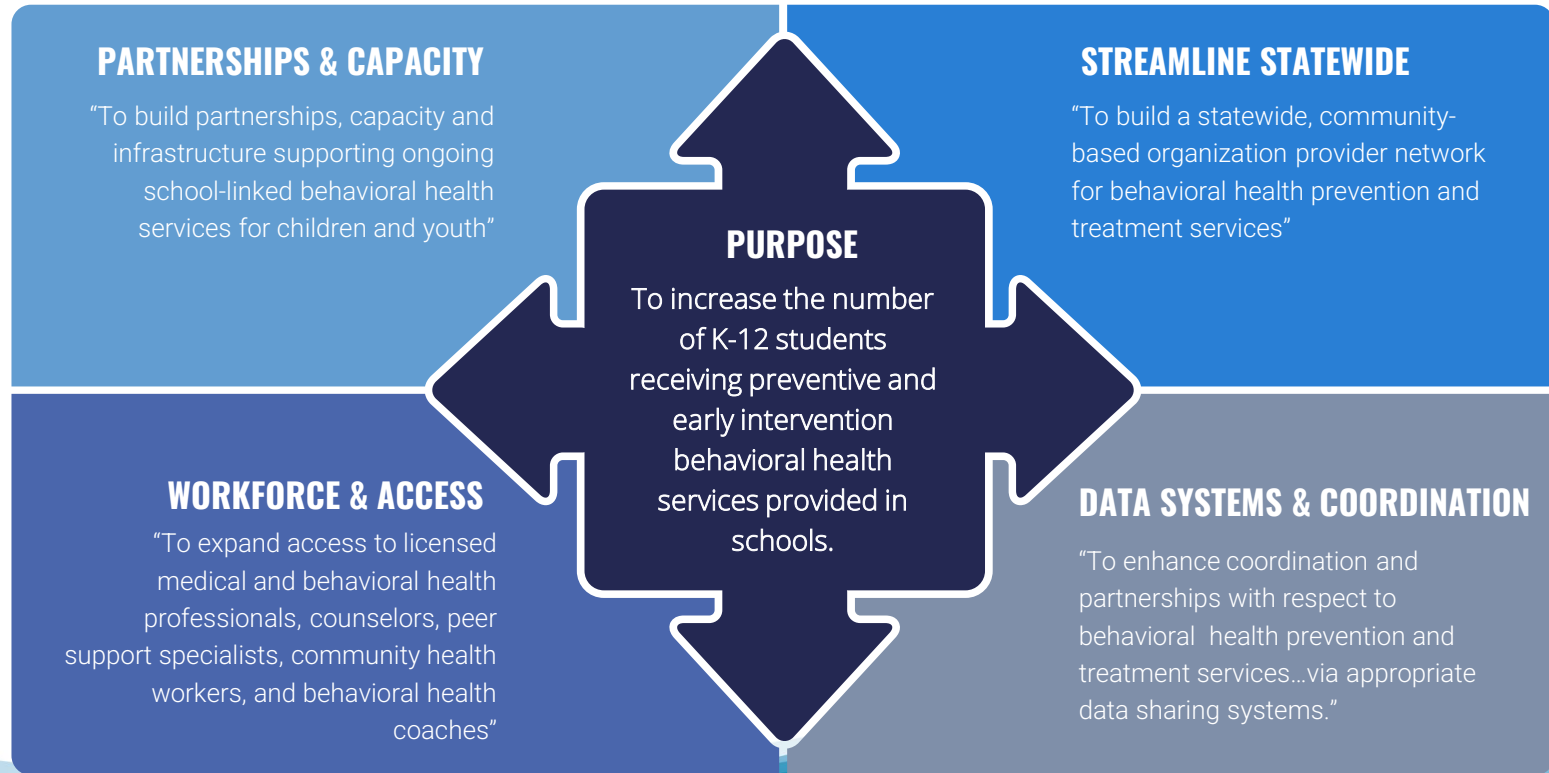


# \$4B CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE



# CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE

6 PIECES DIRECTLY RELATED TO SCHOOLS

**01.** MCO INCENTIVE  
PAYMENTS – \$400M

**02.** PARTNERSHIPS,  
INFRASTRUCTURE &  
CAPACITY GRANTS – \$550M

**03.** WORKFORCE DEVELOPMENT  
GRANTS – \$ 448M

**04.** BEHAVIORAL HEALTH  
COACHES – \$352M

**05.** REIMBURSEMENT FOR  
SCHOOL-BASED SERVICES

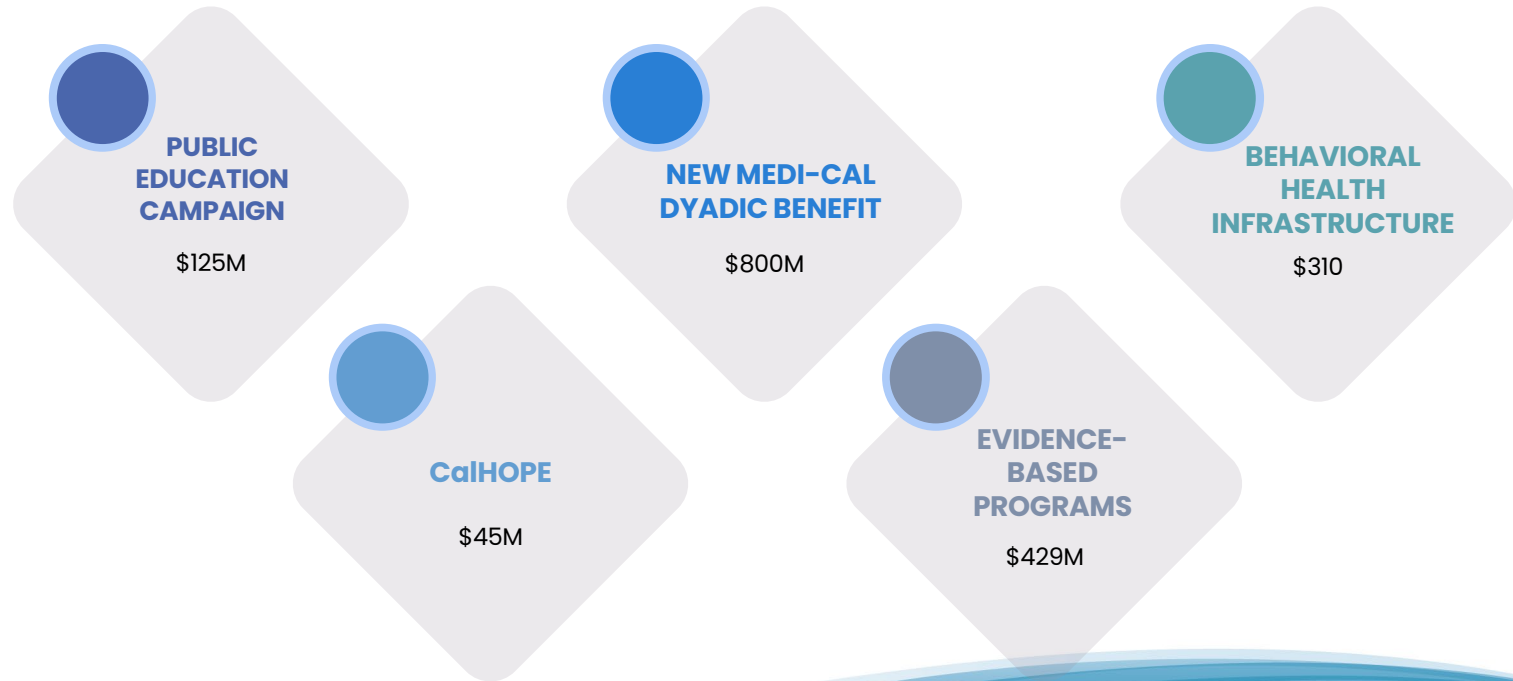
**06.** VIRTUAL PLATFORM –  
\$750M

**Note:** Legislative language was very light on details. Details will be fleshed out through multiple stakeholder processes over the next couple years.



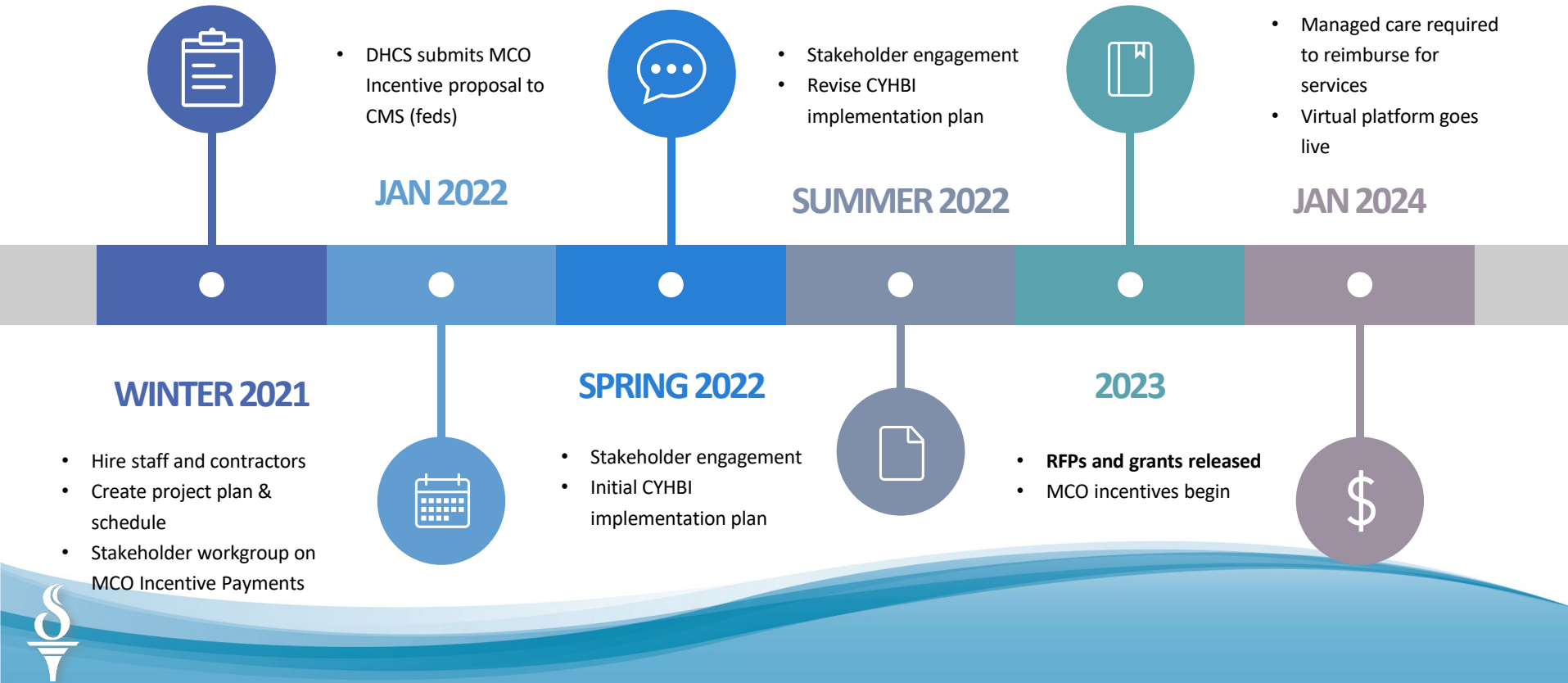
# CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE

## ADDITIONAL PIECES



# CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE

## IMPLEMENTATION TIMELINE



# TODAY'S GOALS

## Children and Youth Behavioral Health Initiative



### LEARN

Learn about the CYBHI, the pieces relevant to education, and how CYBHI could bring more services into schools.



### DISCUSS

Break into groups to discuss one piece of the CYBHI and react to draft recommendations.



### ADVISE

Provide feedback that will be used to inform CCSESA and COE staff engaged in DHCS & HHS stakeholder groups.



## QUICK RECAP

Who has the legal and fiscal responsibility to pay for MH services?

### PAYOR

01

#### HEALTH PLAN

Medi-Cal managed care orgs,  
commercial health plans

02

#### COUNTY MENTAL HEALTH

58 county mental health plans (MHPs)

03

#### MHSA/ PROP 63

Flows through the 58 MHPs. Allocation  
is decided locally.

### COVERED SERVICES

#### MILD/MOD

Outpatient services, individual and group  
therapy counseling services, psychology  
services and testing

01

#### MOD/SEVERE, EPSDT

Inpatient services, acute/advanced psychosis,  
case management, Early Periodic Screening  
Diagnosis & Treatment

02

#### CSS/PEI/INNOVATION

Broad discretion, but generally: Community  
services, prevention & intervention, and  
innovation grants.

03



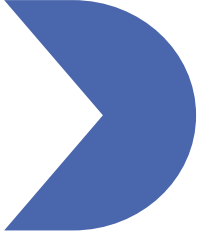
## QUICK RECAP

### Understanding MCOs and their importance




#### **What is an MCO?**

MCO = Medi-Cal managed care organization. These are the health care plans that provide access to Californians that are insured through Medi-Cal. About 50% of students in CA are enrolled in an MCO.




#### **What about students with private/commercial insurance?**

About 40% of students have private/commercial health insurance and are enrolled in a commercial managed care plan (called an MCP).



#### **Who are the MCOs in my county?**

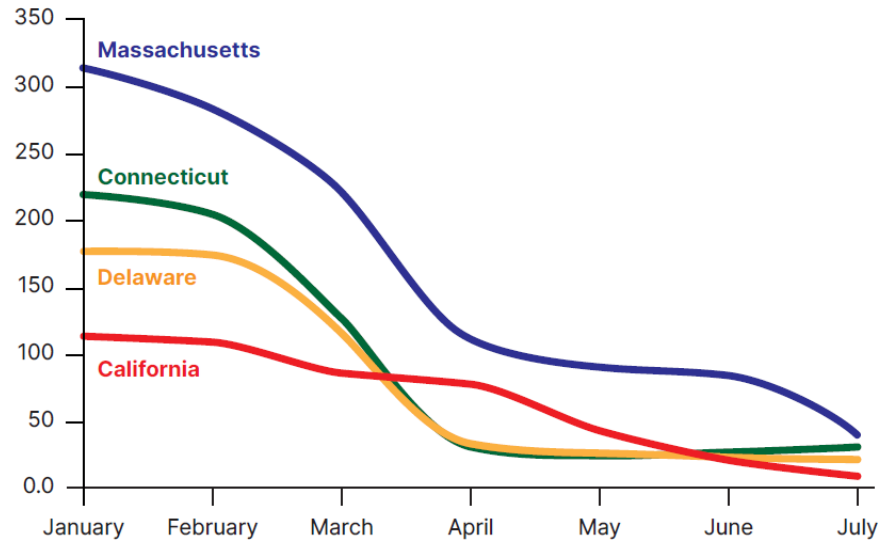
DHCS chooses the MCOs in each county. Many counties have just 1 MCO. Some have more than 6. To find the MCO(s) in your county, visit: <https://www.dhcs.ca.gov/individuals/Pages/MMCDHealthPlanDir.aspx>



## QUICK RECAP

Understanding MCOs and their importance

### CALIFORNIA'S MANAGED CARE PLANS ARE AMONG THE WORST IN THE NATION AT MEETING CHILDREN'S BH NEEDS



### Why is it important to be familiar with the roles and responsibilities of MCOs and MCPs?

In California, MCOs and MCPs are legally and fiscally responsible for providing the short-term and mild/mod mental health services that children most frequently need. But they are currently doing a very poor job of getting these services to children.





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**05.**

**REIMBURSEMENT FOR  
SCHOOL-BASED SERVICES**

**06.**

**VIRTUAL PLATFORM -  
\$750M**



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REGIONS  
1 & 4

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REGIONS  
2 & 5

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GRANTS - \$ 448M

REGIONS  
3, 6 & 11

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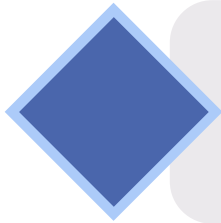
REGIONS  
7 & 9

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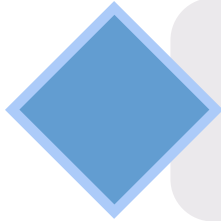
REGIONS  
8 & 10



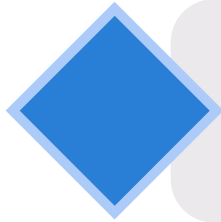
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**If enacted, would the recommendations create the systems changes necessary to increase mental health services for students?**



# 01. MCO INCENTIVE PAYMENTS – \$400M



## PURPOSE

The state will offer incentive payments to 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.”**



## NEW & EXISTING

Incentive payments shall be used to develop “new collaborative initiatives” and “build on existing school-based partnerships.”



## SUPPLEMENT, NOT SUPPLANT

Incentive payments must supplement, not supplant existing funding and services.



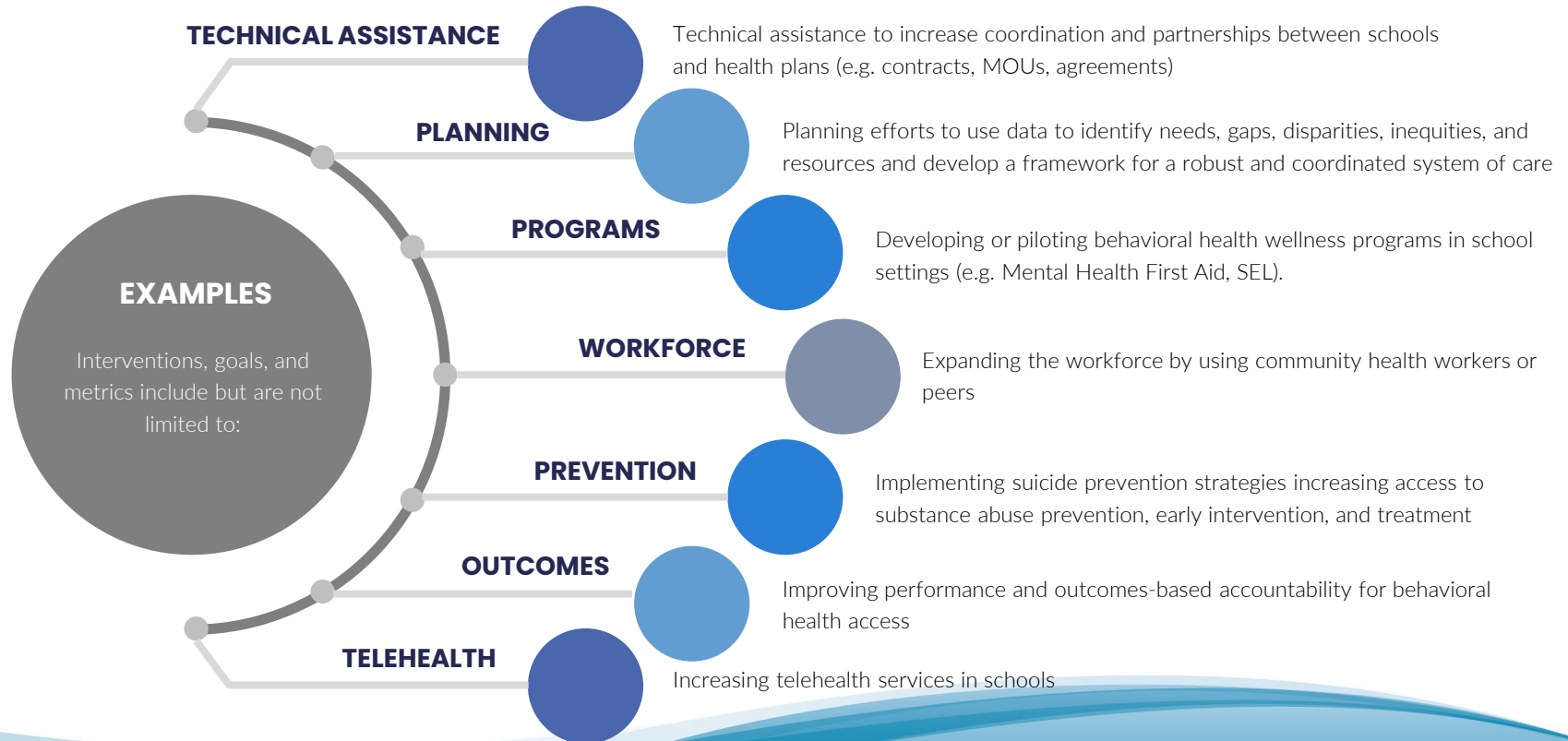
## STAKEHOLDER INPUT

DHCS shall hold stakeholder workgroups to develop interventions, goals, and metrics used to determine eligibility



01.

## MCO INCENTIVE PAYMENTS – \$400M



# 02.

## PARTNERSHIPS, INFRASTRUCTURE & CAPACITY GRANTS – \$550M

**Note:** \$400M earmarked for grants benefitting preschool to 12<sup>th</sup> grade students

### PARTNERSHIPS



Build partnerships, capacity, and infrastructure for ongoing school-linked BH services for children 0 to 25

### COORDINATION



Enhance coordination and partnerships providing BH prevention and treatment via data sharing systems

## PURPOSE



### ACCESS



Expand access to licensed medical and BH professionals, counselors, peer support, community health workers, and BH coaches

### NETWORK



Build a statewide community-based provider network for BH treatment of children



02.

## **PARTNERSHIPS, INFRASTRUCTURE & CAPACITY GRANTS – \$550M**

### **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



### 03.

## WORKFORCE DEVELOPMENT GRANTS – \$ 448M

### PURPOSE

“Competitive grants to entities and individuals OSHPD deems qualified to expand the supply of BH counselors, coaches, peer supports, and other allied health care providers serving children and youth, including those at schoolsites”

Training new and existing staff on working with youth



Scholarships, loan repayment, coaching, and stipend programs



Expansion of existing workforce programs and creation of new programs





04.

## BEHAVIORAL HEALTH COACHES – \$352M



**The state agency shall create and define the qualifications for a new category of behavioral health provider that is trained to address the unmet MH and substance abuse needs of children and youth**

- Purpose: Increase the diversity and capacity of the MH profession
- Engage and support youth in cultural, linguistic and age-appropriate services
- Refer and link to higher levels of care
- Included as members of a care team, supervised by licensed staff
- Training and qualifications may include, but are not limited to, psychoeducation, system navigation, crisis de-escalation, safety, planning, coping skills, and motivational interviewing



05.

## REIMBURSEMENT FOR SCHOOL-BASED SERVICES

Must be provided  
By a licensed or  
Authorized mental  
Health provider

### HEALTH PLANS WILL BE REQUIRED TO REIMBURSE SCHOOLS FOR SERVICES PROVIDED TO YOUTH AGES 0-25

#### WHO?

Applies to MCOs, MCPs, and disability insurance plans

#### WHAT?

All mental health and substance abuse services that the plan is required to cover

#### WHERE?

Schools: A facility or location used for K-16 purposes and locations not owned or operated by an LEA if the LEA provides or arranges for the provision of the treatment

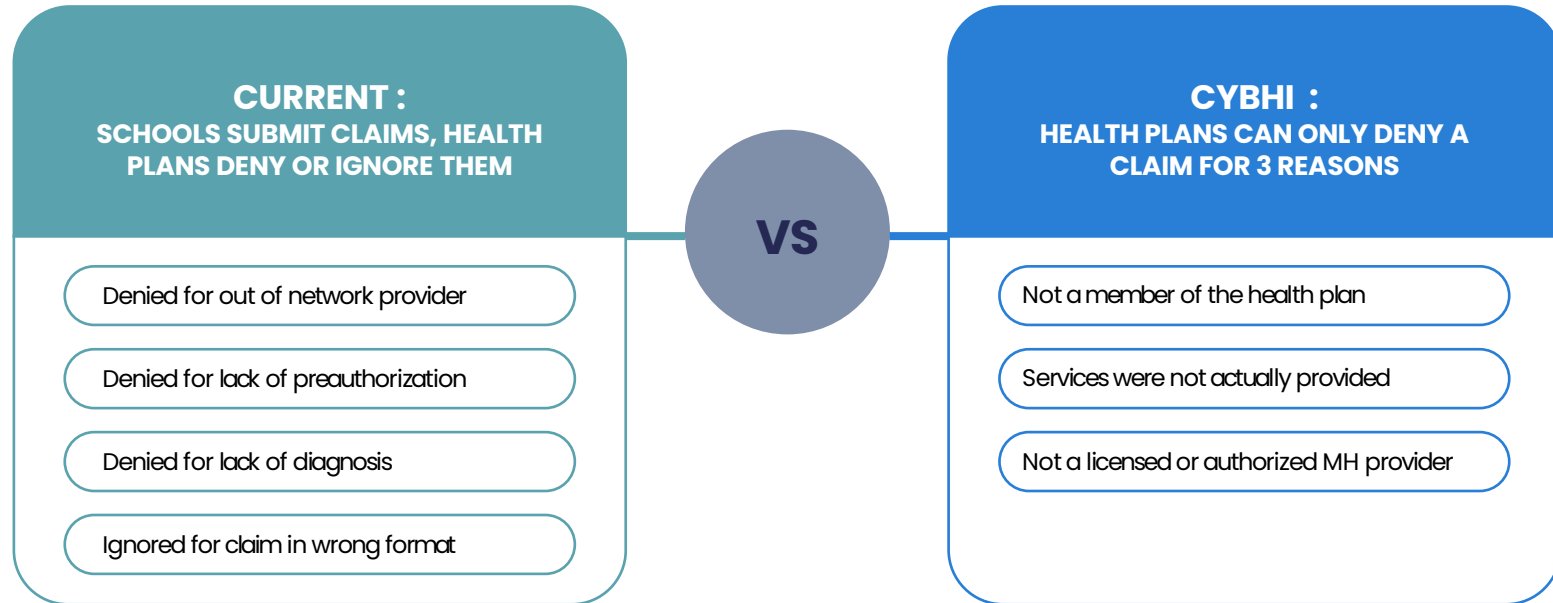
#### WHEN?

Starting January 1, 2024



## 05.

# REIMBURSEMENT FOR SCHOOL-BASED SERVICES



\*Caveat: Does not relieve an LEA from the requirement to “accommodate or provide services” to a student with an IEP. However, the Medi-Cal for Students report makes clear that schools are the payor of last resort even when a student has an IEP .



## 05.

# REIMBURSEMENT FOR SCHOOL-BASED SERVICES

### AMOUNT

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

### PREAUTHORIZATION

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

### TIMELY PAYMENT

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

### CO-PAYMENTS

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



## 06.

### VIRTUAL PLATFORM – \$750M



#### **CREATE A VIRTUAL PLATFORM TARGETED AT AGES 0 TO 25 THAT INTEGRATES BH SCREENINGS, APPLICATION-BASED SUPPORTS, AND DIRECT BH SERVICES**

##### **PAYOR AGNOSTIC**

Services and tools provided virtually, regardless of students' insurance or health plan.

##### **TOOLS**

Interactive education, self-screening tools, application-based games, video and book suggestions, automated cognitive BH therapy and mindfulness exercises.

##### **SERVICES**

Short-term individual counseling, group counseling, and BH peer and coaching supports. Access to BH peers, coaches and licensed clinicians.

##### **REFERRALS**

Referral to health plan or community-based organization for more intensive services.

##### **CASE MANAGEMENT**

Support for primary care providers managing BH conditions and facilitation of case management.



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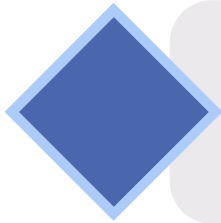
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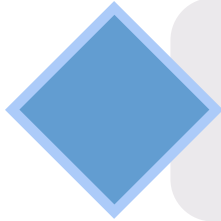
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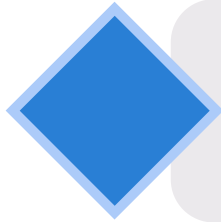
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