

SCHOOL BEHAVIORAL HEALTH INCENTIVE PLAN (SBHIP)

LEA Selection Criteria

TIMELINE

SBHIP Timeline	Due Date/Timeframe
SBHIP Design Period: DHCS works with stakeholders to develop metrics, interventions, and goals to inform incentive payments to Medi-Cal MCPs	August 2021–December 2021
Medi-Cal MCPs submit Letters of Intent to participate in SBHIP due to DHCS	January 31, 2022
Medi-Cal MCPs work with County Office of Education to select SBHIP partners	First Quarter 2022
Medi-Cal MCPs submit SBHIP Partners Form	March 15, 2022
Medi-Cal MCPs and selected partners conduct assessment	Second/Third Quarter 2022
Medi-Cal MCPs submit completed assessment package to DHCS	December 31, 2022
Medi-Cal MCPs: <ul style="list-style-type: none"> • Select targeted intervention(s) and student population to target with selected intervention(s) • Submit project plan (Milestone One) to DHCS 	December 31, 2022
DHCS reviews Medi-Cal MCP project plan for each Medi-Cal MCP and each targeted intervention*	First Quarter 2023



SELECTION OF LEA PARTNERS

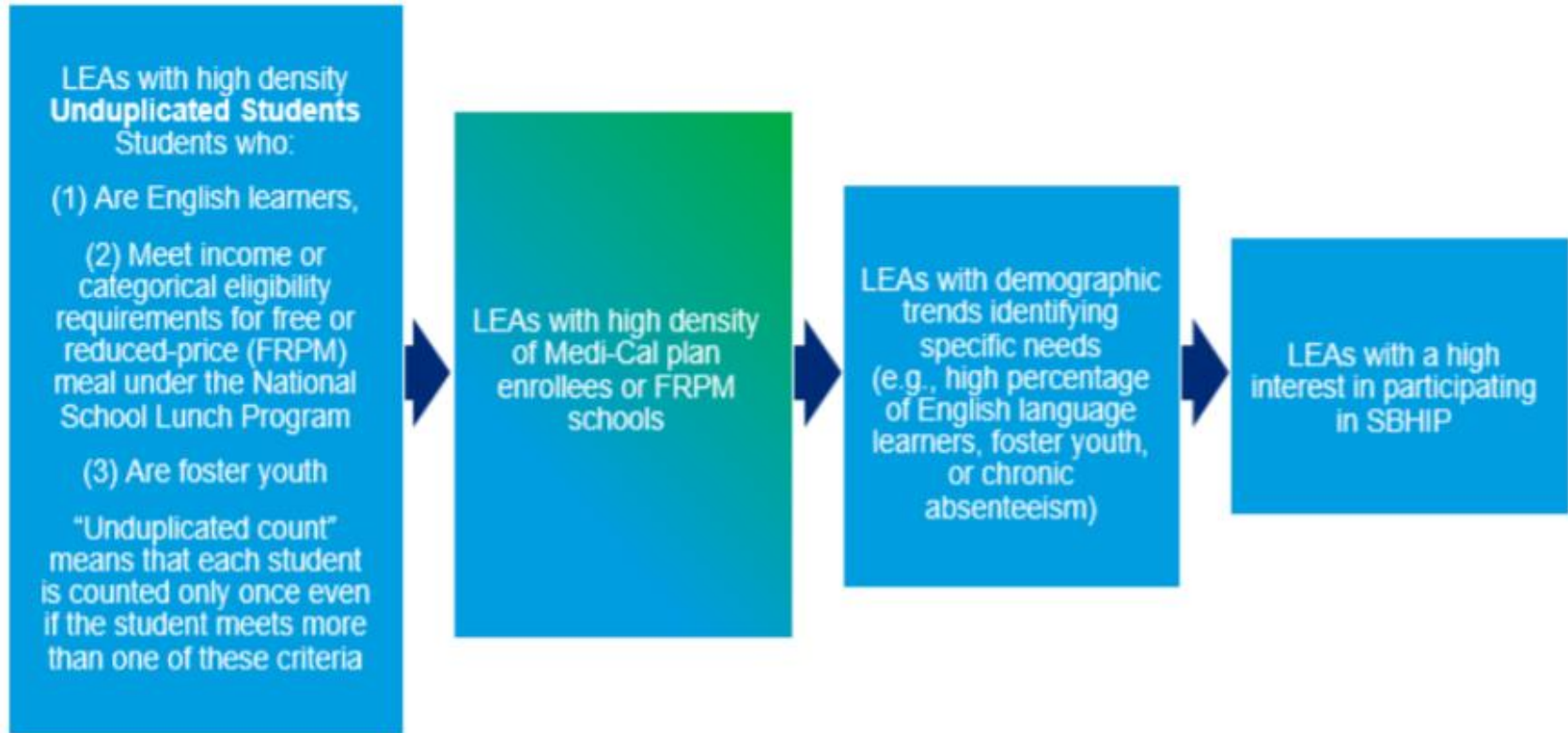
By 3/15, the COE and MCO must select LEA partners that will participate in the SBHIP.

- MCOs must partner with the COE to select the LEA partners
- At least 10% of LEAs in a county must be selected (unclear whether this means 10% of districts or schools)
 - Good faith exception
- As part of the assessment, the MCO and COE will be required to indicate whether there were LEAs who wanted to participate but were not chosen.

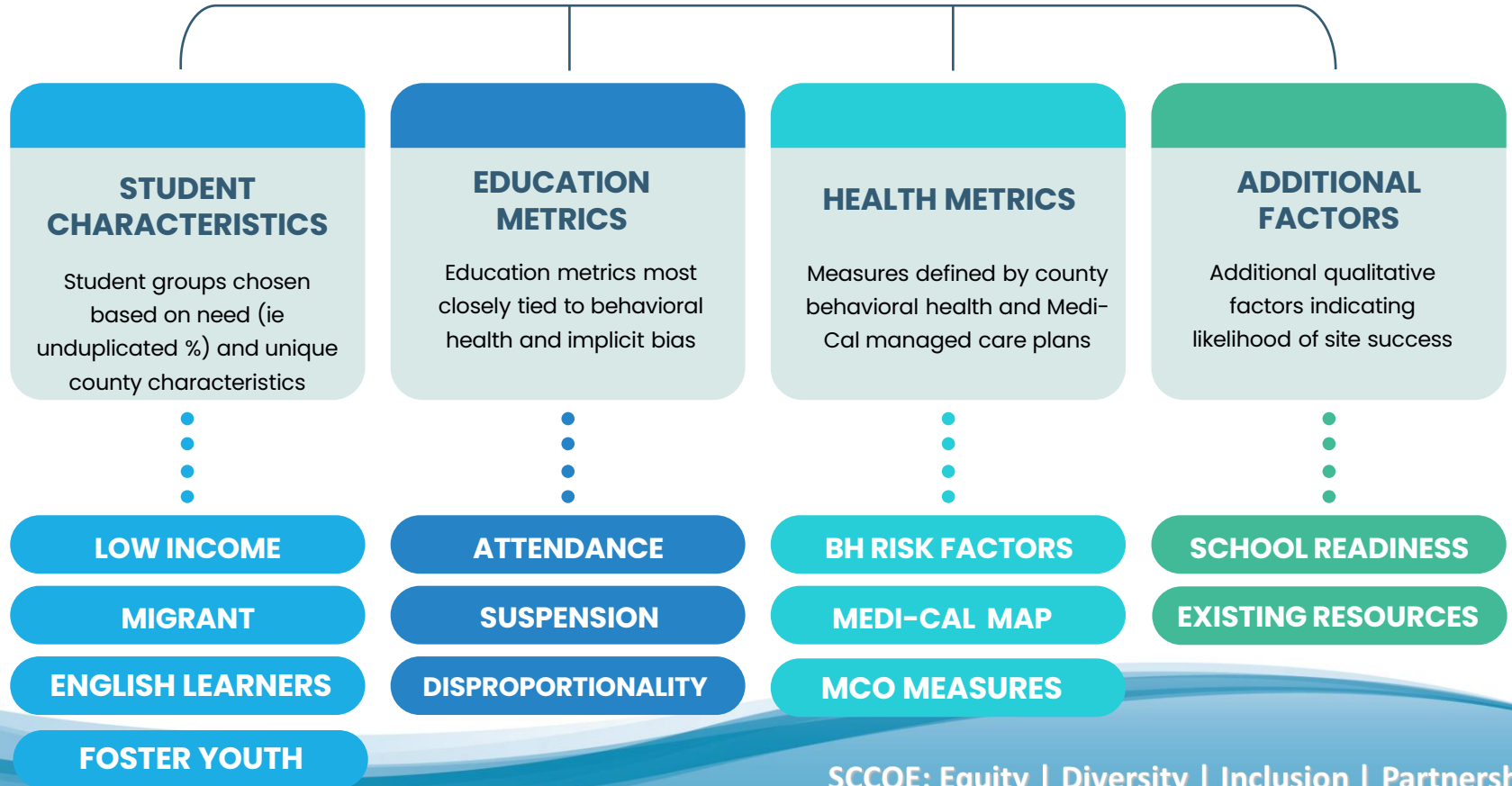


WHAT ARE THE CRITERIA FOR SELECTING LEA PARTNERS?

LEAs with the highest needs **should be** selected, based on the below metrics identified by DHCS (in priority order).



EXAMPLE: SANTA CLARA COE



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STUDENT CHARACTERISTICS

Student groups chosen based on need (ie unduplicated %) and unique county characteristics



**AVERAGE
UNDUPLICATED % =
44%**



**SCHOOLS ABOVE
AVERAGE = ~ 200**

DHCS Recommended Metrics:

- FRPM eligibility
- English learners
- Foster youth

Additional County-Specific Considerations:

- Migrant
 - 3rd largest migrant student population in CA
 - Largest immigrant population in CA



EXAMPLE: SANTA CLARA COE

HEALTH METRICS

Measures defined by county behavioral health and Medi-Cal managed care plans

DHCS Recommended Metrics:

- High density of FRPM schools or
- Concentration of Medi-Cal enrollees

County Metrics Chosen:

- Concentration of Medi-Cal enrollees by zip code (heat map provided by MCOs)

Additional County-Specific Considerations:

- Behavioral health risk factors by zip code (county BH)
- Completion rate of Brilliant Beginnings check-ups by zip code



EXAMPLE: SANTA CLARA COE

DHCS Recommended Metrics:

- LEAs with demographic trends identifying specific needs

EDUCATION METRICS

Education metrics most closely tied to behavioral health and implicit bias

County Metrics Chosen:

- Chronic absenteeism
- Suspension rates
- Schools with high disproportionality in chronic absenteeism and suspension rates (ie more than 2 student subgroups in the red or orange)
 - Why? Research indicates these metrics are most closely tied to unmet behavioral health needs and implicit bias (which impacts behavioral health)



EDUCATION METRICS

- Chronic Absenteeism

- Santa Clara average = 10.8%
- Santa Clara schools above average = 130

Subgroup	African American	Asian	English Learner	Hispanic	Students w/ Disabilities	FRPM
Disproportionate Schools in Santa Clara	19	51	131	179	184	189

- Exclusionary discipline (suspension/expulsion)

- State average = approximately 3%
- Santa Clara schools above state average = 63

Subgroup	African American	Asian	English Learner	Hispanic	Students w/ Disabilities	FRPM
Disproportionate Schools in Santa Clara	28	17	87	94	112	99



EXAMPLE: SANTA CLARA COE

DHCS Recommended Metrics:

- LEAs with a high interest in participating in SBHIP

County Metrics Chosen:

- School readiness
 - Does the school have the facilities, space, and tools to open a wellness center? Has the school embraced MTSS and/or PBIS? Have school leaders identified behavioral health as a need and are ready to invest in systems change?
- Existing resources
 - Does the school already have significant resources, partnerships, or funding sources to address their student's behavioral health needs? Would limited investments be better spent at a school that has fewer resources?

ADDITIONAL FACTORS

Additional qualitative
factors indicating
likelihood of site success

