SBHIP Partners Form

The purpose of this form is to provide information about the Medi-Cal managed care plans’ (MCPs’) selected Student Behavioral Health Incentive Program (SBHIP) partners.

This form also requests a signature from the County Office of Education’s (COE) Superintendent (or designee) signifying the Medi-Cal MCP has met with the COE. The role of the COE is to provide feedback related to potential local education agencies (LEAs) SBHIP engagement. If the Medi-Cal MCP is unable to obtain the COE’s signature, documentation detailing three (3) attempts, including requested support from SBHIP Technical Assistance, to engage with the COE, must be included along with this form.

Medi-Cal MCPs must submit the completed form to the California Department of Health Care Services (DHCS), identifying their selected SBHIP partners, no later than March 15, 2022.

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| --- | --- |
| Medi-Cal MCP Organization Name | Click or tap here to enter text. |
| If partnering with other Medi-Cal MCPs to complete the assessment, please list those Medi-Cal MCP partners. | Click or tap here to enter text. |
| List County where Needs Assessment will be conducted. | Click or tap here to enter text. |
| COE Superintendent Name | Click or tap here to enter text. |
| Title (if other than Superintendent) | Click or tap here to enter text. |
| COE Superintendent Signature  |  |
| SBHIP Partner Type/Organization # 1  | Click or tap here to enter text. |
| SBHIP Partner # 1 Contact Person | Click or tap here to enter text. |
| SBHIP Partner # 1 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 1 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 1 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 1 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 2 | Click or tap here to enter text. |
| SBHIP Partner # 2 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 2 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 2 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 2 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 2 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 3 | Click or tap here to enter text. |
| SBHIP Partner # 3 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 3 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 3 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 3 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 3 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 4 | Click or tap here to enter text. |
| SBHIP Partner # 4 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 4 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 4 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 4 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 4 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 5 | Click or tap here to enter text. |
| SBHIP Partner # 5 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 5 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 5 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 5 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 5 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 6 | Click or tap here to enter text. |
| SBHIP Partner # 6 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 6 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 6 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 6 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 6 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 7 | Click or tap here to enter text. |
| SBHIP Partner # 7 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 7 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 7 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 7 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 7 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 8 | Click or tap here to enter text. |
| SBHIP Partner # 8 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 8 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 8 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 8 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 8 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 9 | Click or tap here to enter text. |
| SBHIP Partner # 9 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 9 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 9 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 9 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 9 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 10 | Click or tap here to enter text. |
| SBHIP Partner # 10 Contact Person  | Click or tap here to enter text. |
| SBHIP Partner # 10 Contact Person Title | Click or tap here to enter text. |
| SBHIP Partner # 10 Telephone Number | Click or tap here to enter text. |
| SBHIP Partner # 10 Email Address | Click or tap here to enter text. |
| SBHIP Partner # 10 Mailing Address | Click or tap here to enter text. |
| SBHIP Partner Type/Organization # 11+ | *There is no Medi-Cal MCP limit to SBHIP partners. Please attach additional information if SBHIP partners exceed ten.* |