



AGENDA

Children's Health Consultant Advisory Committee Meeting Board of Governors

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Tuesday, March 15, 2022, 8:30 a.m.

L.A. Care Health Plan, 1055 W 7th Street, 10th Floor, Los Angeles, CA 90017

Please recheck these directions for updates prior to the start of the meeting.

This meeting will be conducted in accordance with the provisions of the Ralph M. Brown Act, allowing members of the Board, members of the public and staff to participate via teleconference, because State and Local officials are recommending measures to promote social distancing. Accordingly, members of the public should join this meeting via teleconference as follows:

To join the meeting via videoconference please use the link below:

<https://lacare.webex.com/lacare/j.php?MTID=md77fb4b6d35a87a38cd56f18520185de>

To join the meeting via teleconference please dial:

+1-213-306-3065

Meeting Number:

2492 109 6013

Password: **lacare**

Members of the Children's Health Consultants Advisory Committee or staff may also participate in this meeting via teleconference or videoconference. *The public is encouraged to submit its public comments or comments on Agenda items in writing by e-mail to BoardServices@lacare.org, or sending a text or voicemail to: 213 628-6420.*

Attendees who log on to lacare.webex using the URL above will be able to use "chat" during the meeting for public comment. You must be logged into WebEx to use the "chat" feature. The log in information is at the top of the meeting Agenda. This is new function during the meeting so public comments can be made live and direct.

1. The "chat" will be available during the public comment periods before each item.
2. To use the "chat" during public comment periods, look at the bottom right of your screen for the icon that has the word, "chat" on it.
3. Click on the chat icon. It will open two small windows.
4. Select "Everyone" in the "To:" window,
5. The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.
6. Type your public comment in the box that says "Enter chat message here".
7. When you hit the enter key, your message is sent and everyone can see it.
8. L.A. Care staff will read the chat messages for up to three minutes during public comment so people who are on the phone can hear the comment.

Your comments can also be sent by voicemail, email or text. If we receive your comments by 8:30 am on March 15, 2022, it will be provided to the members of the Children's Health Consultants Advisory Committee at the beginning of the meeting. **The chat message, text, voicemail, or email must indicate if you wish to be identified or remain anonymous, and must also include the name of the item to which your comment relates.** Public comments submitted will be read for up to 3 minutes during the meeting.

Once the meeting has started, public comment must be received before the agenda item is called by the meeting Chair and staff will read those comments for up to three minutes. Chat messages submitted during the public comment period for before each item will be read for up to three minutes. If your

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public comment is not related to any of the agenda item topics, your public comment will be read in the general public comment agenda item.

These are extraordinary circumstances, and the process for public comment is evolving and may change at future meetings. We thank you for your patience.

Please note that there may be delay in the digital transmittal of emails, texts and voicemail. The Chair will announce when public comment period is over for each item. If your public comments are not received on time for the specific agenda item you want to address, your public comments will be read at the public comment section prior to the board going to closed session.

The purpose of public comment is that it is an opportunity for members of the public to inform the governing body about their views. The Committee appreciates hearing the input as it considers the business on the Agenda.

All votes in a teleconferenced meeting shall be conducted by roll call.

If you are an individual with a disability and need a reasonable modification or accommodation pursuant to the Americans with Disabilities Act (ADA) please contact L.A. Care Board Services staff prior to the meeting for assistance by text to 213 628-6420 or by email to BoardServices@lacare.org.

Welcome

Tara Ficek, MPH
Chair

1. Approve today's Agenda *Chair*
2. Public Comment *Chair*
3. Approve November 16, 2021 Meeting Minutes P.4 *Chair*
4. Chairperson Report *Chair*
5. Chief Medical Officer Report P.10
Katrina Miller-Parrish, MD, MPH,
*Chief Quality and Information Executive,
Health Services*
6. Student Behavioral Health Initiative P.13
Michael Brodsky, MD,
*Medical Director,
Behavioral Health and Social Services,
Behavioral Health*

ADJOURNMENT

The next meeting is scheduled on May 17, 2022 at 8:30 a.m.

Please keep public comments to three minutes or less.

The order of items appearing on the agenda may change during the meeting.

If a teleconference location is listed at the top of this agenda, the public can participate in the meeting at that location or by calling the teleconference call in number provided. If teleconference arrangements are listed at the top of this Agenda, note that the arrangements may change prior to the meeting. To confirm details with L.A. Care Board Services staff prior to the meeting call (213) 694-1250, extension 4183 or 4184.

THE PUBLIC MAY ADDRESS THE BOARD OF GOVERNORS BEFORE DISCUSSION OF EACH ITEM LISTED ON THE AGENDA BY FILLING OUT A "REQUEST TO ADDRESS" FORM AND SUBMITTING THE FORM TO L.A. CARE STAFF PRESENT AT THE MEETING BEFORE THE AGENDA ITEM IS ANNOUNCED. YOUR NAME WILL BE CALLED WHEN THE ITEM YOU ARE ADDRESSING WILL BE DISCUSSED. THE PUBLIC MAY ALSO ADDRESS THE BOARD ON OTHER L.A. CARE MATTERS DURING PUBLIC COMMENT.

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NOTE: THE CHILDREN'S HEALTH CONSULTANT ADVISORY COMMITTEE CURRENTLY MEETS ON THE THIRD TUESDAY EVERY TWO MONTHS AT 8:30 A.M. POSTED AGENDA and PRINTED MEETING MATERIALS ARE AVAILABLE FOR INSPECTION AT Board Services, 1055 W. 7th Street – 10th Floor, Los Angeles, CA 90017.

Any documents distributed to a majority of the Board Members regarding any agenda item for an open session after the agenda has been posted will be available for public inspection at Board Services, L.A. Care Health Plan, 1055 W. 7th Street, 10th Floor, Los Angeles, CA 90017, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday – Friday.

AN AUDIO RECORDING OF THE MEETING MAY BE MADE TO ASSIST IN WRITING THE MINUTES AND IS RETAINED FOR 30 DAYS.

Meetings are accessible to people with disabilities. Individuals who may require any accommodations (alternative formats – i.e., large print, audio, translation of meeting materials, interpretation, etc.) to participate in this meeting and wish to request an alternative format for the agenda, meeting notice, and meeting packet may contact L.A. Care's Board Services Department at (213) 694-1250. Notification at least one week before the meeting will enable us to make reasonable arrangements to ensure accessibility to the meetings and to the related materials.

BOARD OF GOVERNORS

Children's Health Consultant Advisory Committee

Meeting Minutes – November 16, 2021

1055 W. Seventh Street, Los Angeles, CA 90017



L.A. Care
HEALTH PLAN

Members

Tara Ficek, MPH, *Chair*
Linda Aragon, MPH*
Edward Bloch, MD*
Maria Chandler, MD, MBA
Rebecca Dudovitz, MD, MS
Rosina Franco, MD
Susan Fleischman, MD*

Toni Frederick, PhD*
Gwendolyn Ross Jordan
Lynda Knox, PhD
James Kyle, MD, M.Div.
Nayat Mutaftyan*
Hilda Perez

Maryjane Puffer, BSN, MPA
Richard Seidman, MD, MPH
Ilan Shapiro, MD, FAAP*
Diane Tanaka, MD*

Management

Katrina Miller Parrish, MD, FAAP,
Chief Quality and Information Executive, Health Services
Cynthia Carmona, Senior Director, Safety Net Initiatives,
Safety Net Initiatives
Michael Brodsky, MD, Medical Director, Behavioral Health
and Social Services, Behavioral Health

**Absent **Present, but not quorum*

California Governor Newsom issued Executive Orders No. N-25-20 and N-29-20, which among other provisions amend the Ralph M. Brown Act. Members of the public can hear and observe this meeting via teleconference and videoconference, and can share their comments via voicemail, email or text.

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
CALL TO ORDER	Chairperson Tara Ficek, MPH, called the meeting to order at 8:32 a.m. without quorum.	
APPROVAL OF MEETING AGENDA	The Committee reached a quorum at 8:38 a.m. The Agenda for today's meeting was approved as submitted.	Approved unanimously. 9 AYES (Chandler, Ficek, Franco, Jordan, Knox, Kyle, Perez, Ramos, Seidman) 1 Abstention (Puffer)
APPROVAL OF THE MEETING MINUTES		Approved unanimously. 9 AYES (Chandler, Ficek, Franco, Jordan,

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AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	The minutes of the August 17, 2021 meeting were approved as submitted.	Knox, Kyle, Perez, Ramos, Seidman) 1 Abstention (Puffer)
CHAIRPERSON'S REPORT	Chairperson Ficek did not give a report.	
PUBLIC COMMENT	No public comment was submitted.	
CHIEF MEDICAL OFFICER REPORT Richard Seidman, MD, MPH	<p>Richard Seidman, MD, MPH, <i>Chief Medical Officer</i>, gave the November 2021 Chief Medical Officer report. <i>(A copy of his written report can be obtained from Board Services.)</i></p> <p>Lead Screening Another state priority is to improve lead screening. The L.A. Care Quality Improvement (QI) Department conducted an analysis looking at the geographic distribution by zip code of increased lead levels among our members. This led to identifying a lead “hotspot” in the community in the 90011 zip code in Southeast LA. Based on the information, QI reached out to the Los Angeles County Department of Public Health (LAC DPH) Childhood Lead Poisoning Prevention Program. County DPH runs a lead abatement, a case management and education program called Lead Free Homes in LA. As a result of this analysis and outreach, L.A. Care will be collaborating with Public Health on social media to promote their hotline and lead abatement program in high risk zip codes, including 90011. L.A. Care also sends a list of members not yet screened for lead to their doctors, to encourage efforts to get them in for lead screening and routine care they may need such as Well Child Care visits and immunizations.</p> <p>Member James Kyle, MD, M.Div, thanked the county for collaborating. He stated that this issue got their attention. They realized how important this issue is. It was escalated and made funding available for abatement. He thanked the county and he will continue to follow up on this and other issues. Member Seidman stated that they did not have the funds at the time, but they do so now.</p>	
L.A. CARE COMMUNITY RESOURCE CENTERS	Francisco Oaxaca, <i>Chief of Communications and Community Relations, Communications</i> , and Thomas Tran, <i>Senior Manager, Blue Shield Promise Health Plan</i> , gave a presentation about L.A.	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
PARTNERSHIP WITH BLUE SHIELD PROMISE	<p>Care's Community Resource Centers (CRC) Partnership with Blue Shield Promise <i>(a copy of the presentation can be obtained from Board Services.)</i>.</p> <p>CRCs: Mission, Vision, Desired Outcomes</p> <ul style="list-style-type: none"> • Fewer than 2 years ago, Community Resource Centers were merely an idea conceived in the aspiration of making Los Angeles healthier • L.A. Care intended the CRCs as a platform to embed ourselves into the community so that we achieve the following: <ul style="list-style-type: none"> ➤ Improve access to health and social resources ➤ Improve member engagement ➤ Improve health outcomes ➤ Improve brand recognition ➤ Strengthen connections to community stakeholders <p>The idea of CRCs materialized into a 5-year partnership between Blue Shield Promise (BSP) and L.A. Care (LAC), committing both to the following:</p> <ul style="list-style-type: none"> • Mission: To work together to grow a network of CRCs that will increase access to health-related resources and personalized services, foster community connections, address social needs and improve health outcomes for Blue Shield Promise and L.A. Care members and the Los Angeles community • Vision: Active, healthy and informed communities • Desired Outcomes: Achieve the following within 5 Years of CRCs Partnership: <ul style="list-style-type: none"> ➤ Launch 14 co-branded CRCs, pilot 2 Mobile CRCs ➤ Improve Engagement with Members and the Community ➤ Improve Health of Members and the Community <p>Availability:</p> <ul style="list-style-type: none"> • Open to everyone, not just L.A. Care or Blue Shield Promise members • Hours: Monday thru Friday, 9am to 5pm • Visit www.activehealthyinformed.org for more information or call local CRC <p>Referrals to our Community Resource Centers</p> <p>CBO and providers can greatly benefit from referring patients to our Center for health education and fitness classes, and a range of wellness tools to improve health outcomes:</p> <ul style="list-style-type: none"> • The Center offers support for all of your patients in between medical appointments 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Your patients can access social services support for their needs, such as securing food and housing assistance • Health plan members can receive high-touch, personalized support for their health needs <p>Medi-Cal Overview</p> <ul style="list-style-type: none"> • Comprehensive health coverage for children, families and adults <ul style="list-style-type: none"> ➤ Free or Low-cost ➤ Limited income and resources • All Managed Care Plans (MCPs) offer the same basic benefits: <ul style="list-style-type: none"> ➤ Primary care doctor, wellness, and specialist visits ➤ Pharmacy ➤ Nurse Advice Line ➤ Health Education ➤ Hospital and Emergency Services ➤ Urgent Care ➤ Dental Care • Services are free if: <ul style="list-style-type: none"> ➤ Medically necessary ➤ Provided by an in-network provider • Members <ul style="list-style-type: none"> ➤ Must choose a Primary Care Physician (PCP) within 30 days of enrollment or the managed care plan (MCP) will choose one ➤ Can change their PCP at any time • Appeals <ul style="list-style-type: none"> ➤ Notice of Action (NOA) ➤ Appeals must be filed within 60 calendar days from the date the NOA is received ➤ Writing, by phone or online • Pre-Approval (Prior Authorization) <ul style="list-style-type: none"> ➤ Non-emergency hospitalization ➤ Services outside of MCP's network ➤ Outpatient surgery ➤ Long-term care at a nursing facility ➤ Specialized treatments 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<ul style="list-style-type: none"> • Staying Informed about Coverage <ul style="list-style-type: none"> ➤ MCP website ➤ Member Handbook (Explanation of Coverage) ➤ MCP's Customer Care Team • Enrollment Assistance at the CRCs <ul style="list-style-type: none"> ➤ Medi-Cal ➤ Covered CA ➤ Medicare • Medi-Cal Expansion to Undocumented Californians Age 50 and Over • Medi-Cal for undocumented children and young adults <p>Member Hila Perez thanked Mr. Oaxaca for attending the meeting and providing information that to the members of the committee. She noted that his presentation covered all aspect of the CRCs. She invited all committee members to visit the CRCs and Family Resource Centers so they can get an idea of what the resource centers provide. She hopes the public health emergency ends soon so families can visit them. Many people attended the many flu clinics and food pantries. The back to school events were not held at the centers due to drive thru access only. She had an opportunity to engage with members of the community.</p>	
CALIFORNIA STRONG START INDEX PRESENTATION	<p>Regan Foust, PhD, <i>Executive Director, Children's Data Network, University of Southern California</i>, gave a presentations about the California Strong Start Index Presentation (<i>A copy of the presentation can be obtained from Board Services.</i>)</p> <p>The California strong start index comprises of 12 indicators from birth records that have been shown to be related to good outcomes for children. Indicators:</p> <p>Family</p> <ul style="list-style-type: none"> • Legal parentage established at birth • Born to non-teen parents • Born to parents with at least a High School degree <p>Health</p> <ul style="list-style-type: none"> • Healthy birth weight • Absence of congenital anomalies, abnormalities, or complications at birth • Absence of a transmissible (mother-to-child) infections 	

AGENDA ITEM/ PRESENTER	MOTIONS / MAJOR DISCUSSIONS	ACTION TAKEN
	<p>Service</p> <ul style="list-style-type: none"> • Access to and receipt of timely prenatal care • Receipt of nutritional services (WIC) if eligible • Hospital with high percentage of births with timely prenatal care <p>Financial</p> <ul style="list-style-type: none"> • Ability to afford and access healthcare • Born to a parent with a college degree • Born to parents with employment history <p>Areas of Focus:</p> <ul style="list-style-type: none"> • Race and Ethnicity • Maternal and Child Health Indicators • Infant Mortality • California Counties <p>The Strong Start Index adds unique insight into the conditions into which children are born in California unlike most indices, it is built solely from existing data strengths-based specific to the conditions of infants, and scores are empirically related to key indicators of child health and well-being (i.e., child protection involvement and death before age 5) has proven helpful in ensuring investments are intentional and equitable.</p> <p>Member Lyndee Knox, <i>PhD</i>, stated that it's great to be able to use data in that manner and thanked her for her presentation.</p>	
ADJOURNMENT	The meeting was adjourned at 10:00 a.m.	

Respectfully submitted by:
Victor Rodriguez, *Board Specialist II, Board Services*
Malou Balones, *Board Specialist III, Board Services*
Linda Merkens, *Senior Manager, Board Services*

APPROVED BY:
Tara Ficek, *MPH, Chairperson* _____

Date Signed: _____



Chief Medical Officer Report March 2022

COVID-19 Update

Disease trends are improving in most parts of the world, although despite significant reductions from the peak of the omicron surge, case numbers and deaths remain high with 60,000 deaths reported during the last week of February and now more than six million deaths worldwide. The United States has seen significantly improving trends as well, resulting in the release of national and statewide plans to guide efforts as the pandemic wanes and we move cautiously ahead. The Center for Disease Control introduced a new framework for categorizing community levels based on community transmission and hospitalization rates, and the percent of total hospital capacity occupied by patients with COVID-19. Los Angeles met the criteria for the low community level by the first week in March, leading to the release of a revised Health Officer Order eliminating mask mandates in many settings, while still urging caution and strongly recommending masking for people with increased risk and in indoor public places. The plans include a focus on continuing to encourage vaccinations and boosters for all who are eligible, and increasing access to testing and the use of the highly effective oral anti-viral medications (test to treat). There were 1,426 reported cases, 203 hospitalizations and 42 deaths due to COVID-19 among L.A. Care members in the first week of March.

COVID Vaccine/Incentive Program Update

L.A. Care continues to encourage our members to get vaccinated and boosted as soon as they are eligible. Building on prior collaborations with the LA County Department of Public Health, our network pharmacies, Community Clinics and high volume solo and small group private practices in our network, L.A. Care has expanded provider incentive payments to the Los Angeles County Department of Health Services (LAC DHS) for every L.A. Care member assigned to LAC DHS that gets vaccinated.

QI Summary

QI continues its ongoing efforts to maintain regulatory, accreditation and population health goals. Our Potential Quality Review (PQR) and Cultural and Linguistics (C&L) teams continue to manage higher volumes of cases and translations respectively, with the help of temporary workers in order to maintain compliance. The Quality Performance Management team (QPM) continues to complete Measurement Year (MY) 2021/Reporting Year (RY) 2022 HEDIS optimizations and recently underwent a very successful audit for this reporting year. The auditor was very complimentary during the exit conference, sharing that he did not find any measures at risk and felt that many of the processes in place are “best in class”. For MY 2021, all Pay for Performance (P4P) reports and payments have been sent. All Provider Recognition Awardees have been identified and notified, and videos and billboards will be unveiled in March. Our Health Equity Department is continuing its work with the 3 councils and helping with new domains for our P4P programs. Our Population Health Program Cross Functional team is now tracking all of the efforts to achieve the goals we have set for 2022, and our Clinical Data Integration efforts continue to optimize the ingestion of clinical data. Our Health Information Exchanges (HIE) team continues to work L.A. Care’s data systems to make data

available in a usable format in internal applications such as Population Health Management system, Syntranet. The team continues to seek new sources of data to support other business cases such as for Long Term and Acute care facilities, as well as access to some of the most commonly used Electronic Medical Records (EMRs) such as Epic and Cerner. HIE data has proven effective for multiple HEDIS measures and reports, such as our new Prenatal Care report.

One example of the work by our Initiatives team is a social media campaign to encourage members to seek preventive primary care, entitled #BackToCareLA. The messaging was displayed to social media users nearly 3 million times, with a cost per reach of \$0.04. We expect to re-launch this campaign in Spring 2022.

Given the increased importance of our STARS performance for our future D-SNP product and for our Covered CA product, L.A. Care has launched a new, enterprise-wide Stars team. The team includes new and existing staff from across the organization and will guide strategic efforts across the organization to optimize our Stars performance. A significant proportion of our overall Stars score is based on member experience and pharmacy measures, including Rating of Drug Plan and Getting Needed Prescription Drugs. In an effort to assess our baseline performance and identify opportunities to improve, our Pharmacy Team surveyed members to get their feedback. Of the 70 members that responded to the survey, 54 (77%) of members reported that it is always easy to get the medicines their doctors prescribed. 60 (85%) of members reported that it is always easy to fill a prescription at their local pharmacy. From a rating of 0 to 10, where 0 is the worst prescription drug plan and 10 is the best, average member rating is 9.17. The pharmacy team will continue to monitor results and look for opportunities to improve.

CalAIM

The CalAIM program was successfully launched on January 1 with nearly 25,000 members transitioning from Health Homes and Whole Person Care programs into Enhanced Care Management (ECM) and Community Support (CS) services. The CalAIM team is also preparing for the launch of additional CS services in July 2022.

Behavioral Health

The Behavioral Health team is collaborating with the LA County Department of Mental Health (DMH) and the LA County Office of Education (LACOE) to implement the DHCS School Behavioral Health Incentive Program -- a three-year, \$400 million statewide initiative to enhance screening, assessment and interventions for behavioral health conditions in the public school setting. Phase 1 of the project will develop a detailed assessment of behavioral health needs in school districts across the county. The U.S. Surgeon General recently issued a national advisory bulletin on the youth mental health crisis in the context of COVID-19.

Pharmacy Update

Comprehensive Medication Management (CMM) via California Right Meds Collaborative (CRMC):

L.A. Care has added an additional 7 pharmacies in the second cohort of CRMC participating pharmacies, bringing the total to 14 participating pharmacies. The CRMC program will also be expanding the clinical criteria for the program to include behavioral health and cardiovascular disease in addition to diabetes. In addition, the pharmacies will add medication adherence and medication therapy management (MTM) for our Covered California and PASC members. Nearly 40% of the 298 members engaged in the program live

in the Antelope Valley and South Los Angeles. These efforts address the documented disparities in these parts of the County.

Transitions of Care Program (TCP):

- As of 2/15/21, there are 69 completed cases in which the pharmacist has completed the medication reconciliation and provider clinical notice. If eligible, members will also be referred to the CRMC program for continued case management. Thus far, four TCP members have been identified as eligible for CRMC, and two TCP members have been enrolled into the CRMC program.

Diabetes Performance Improvement Project (PIP)

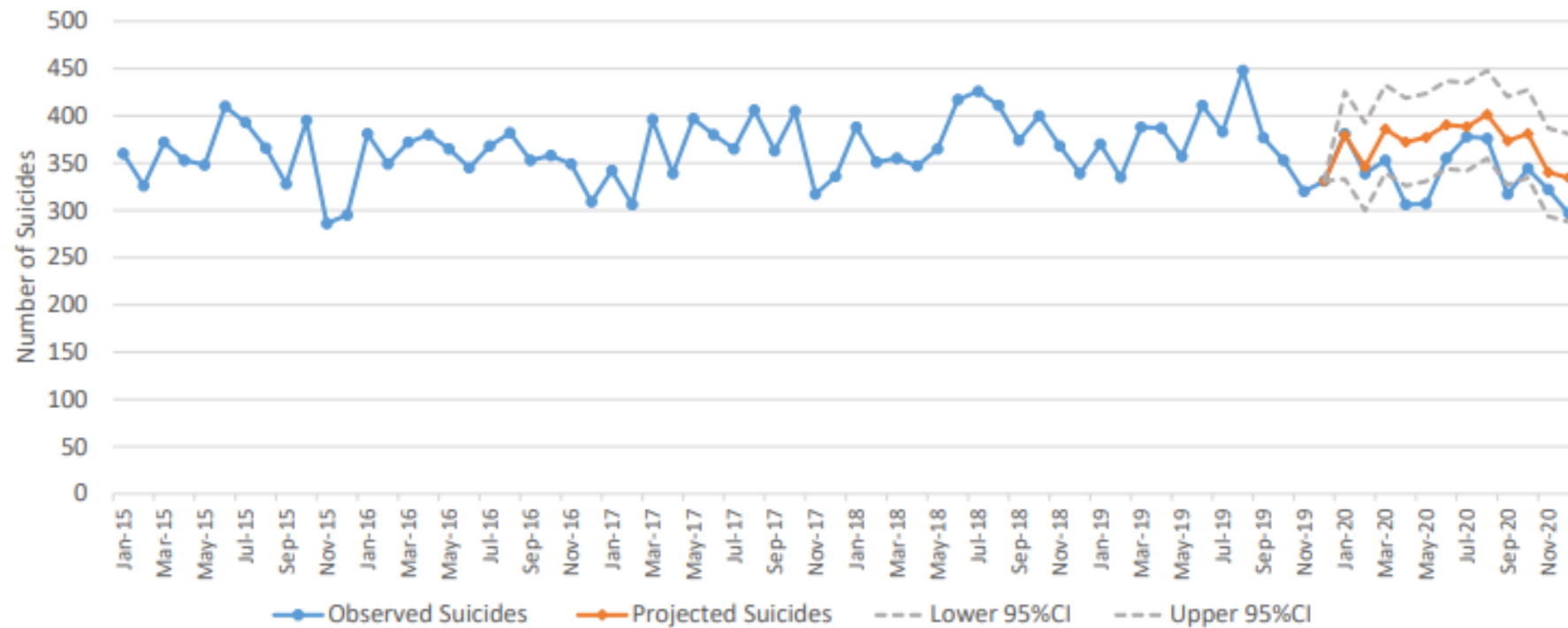
- L.A. Care's Pharmacy Department is collaborating with QI and Health Education to conduct a PIP to improve diabetes control, specifically targeting the Comprehensive Diabetes Care (CDC) HEDIS measure of A1c >9% with a focus on Black and African American members. Pharmacy is testing a refrigerator magnet with our members, designed to help better control their diabetes. Members will be sent a mailer including the magnet and dry erase markers to help them keep track of daily reminders important for diabetes control. The mailer will also include other diabetes health education handouts and a postcard with information about the mail order pharmacy service.

Student Behavioral Health Incentive Program (SBHIP)



Some good news...

Monthly Observed and Projected Suicide Deaths in CA, 2015 - 2020



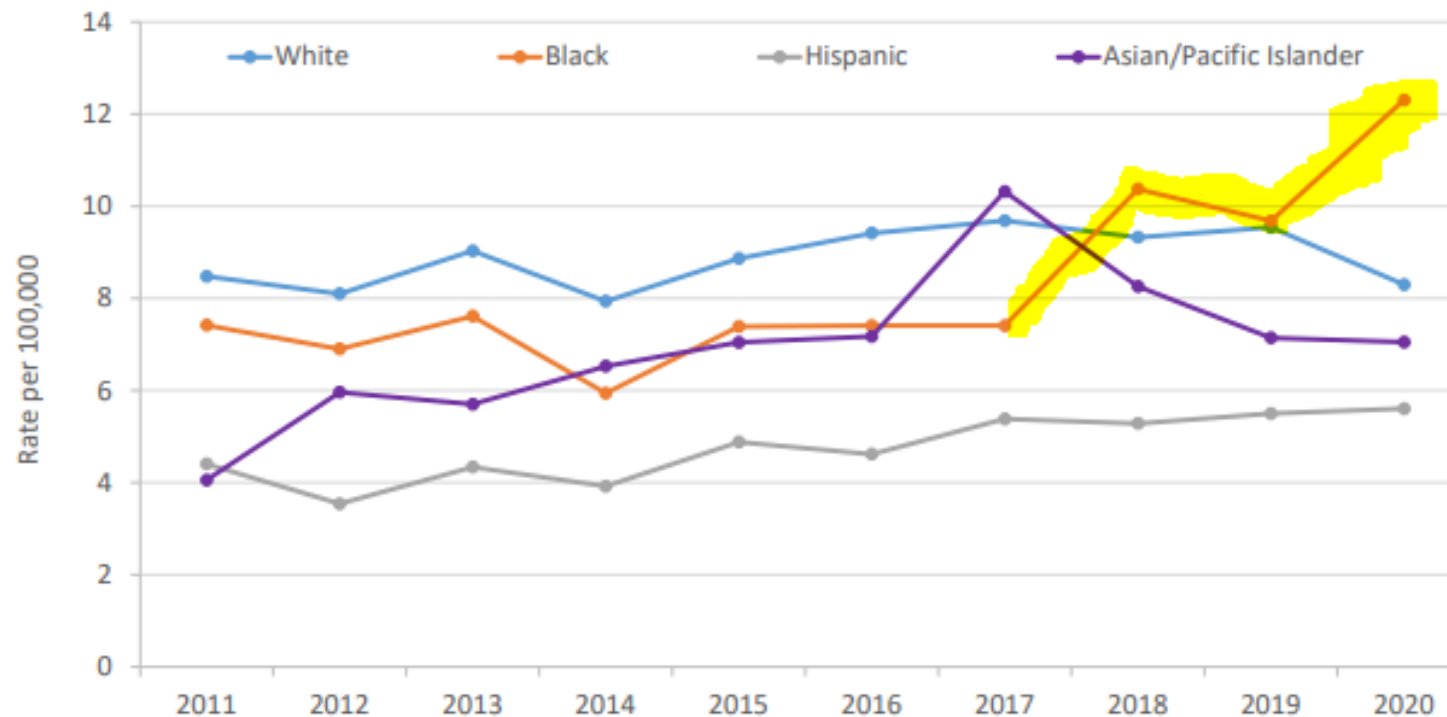
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF)

Center for Healthy Communities
Injury and Violence Prevention Branch

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...and some bad news.

Suicide Rates (Risk) among Youth (Ages 10-24) by Race/Ethnicity in CA, 2011-2020



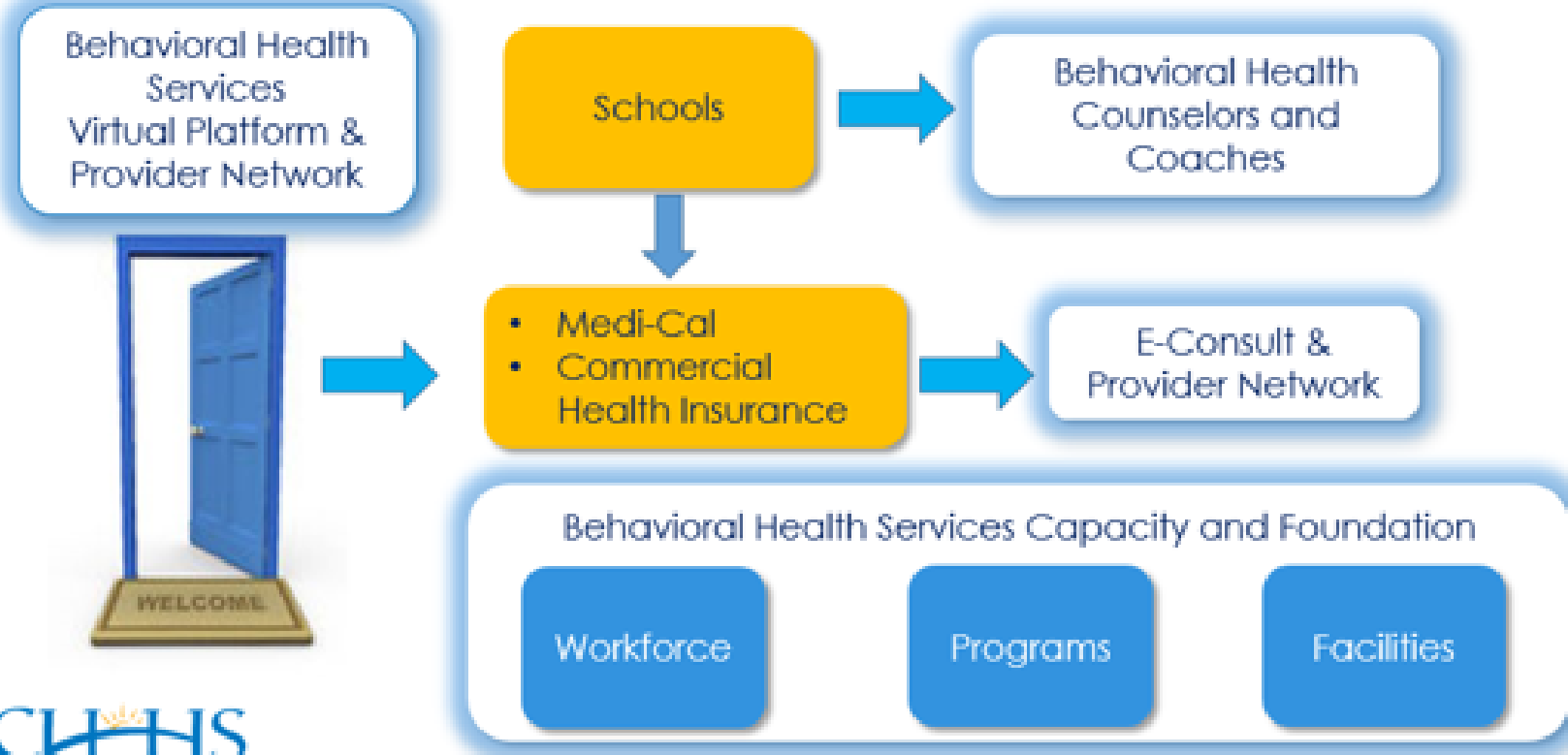
Source: 2011-2013 deaths: CDPH, Death Statistical Master File (DSMF); 2014-2020 deaths: CDPH, CA Comprehensive Master Death File (CCMDF); CA Dept. of Finance P-3 Population Projection File (2010-2060)



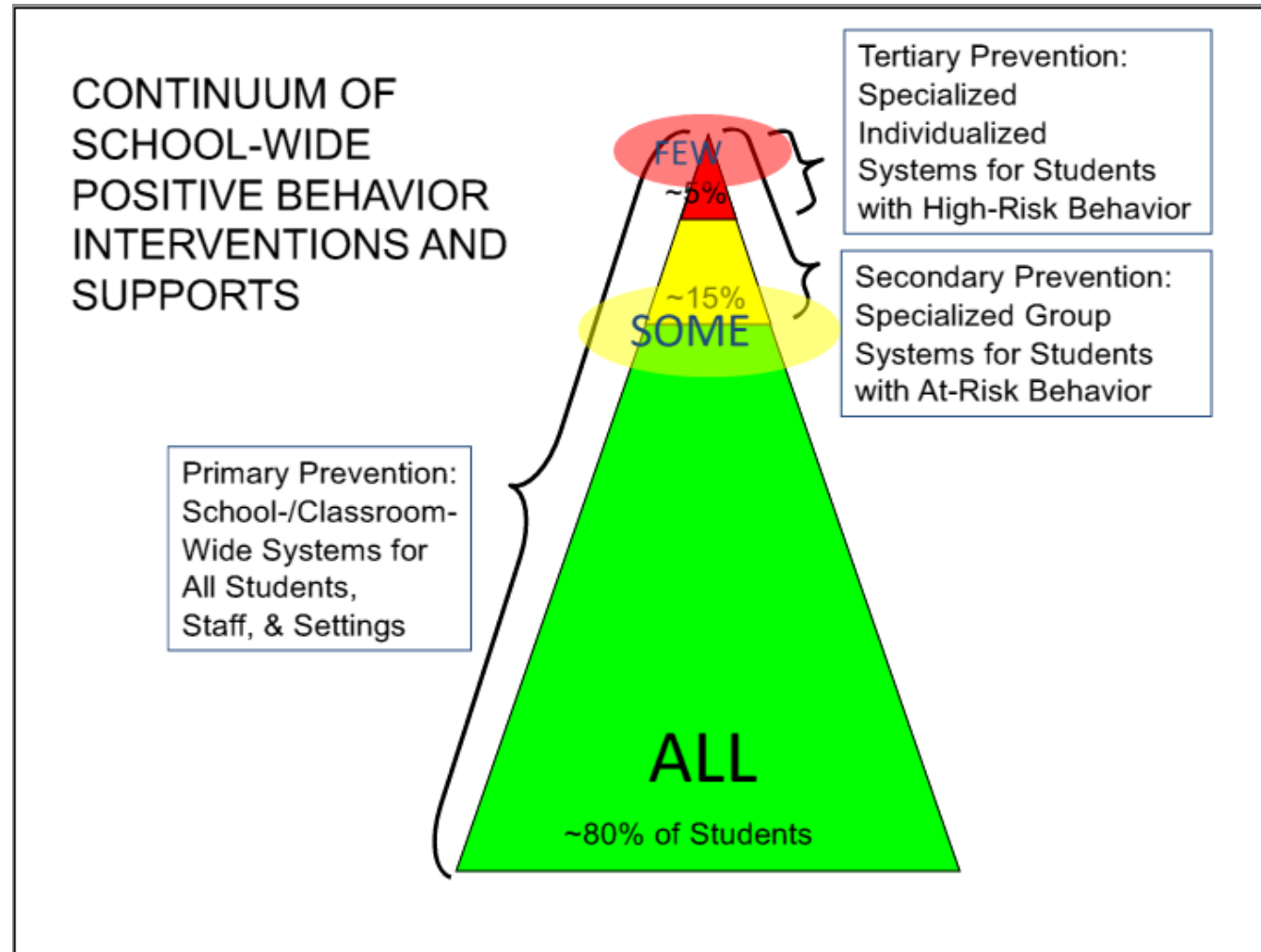
Center for Healthy Communities
Injury and Violence Prevention Branch

The Big Picture: California Youth Behavioral Health Initiative (2021-2026)

New Ecosystem



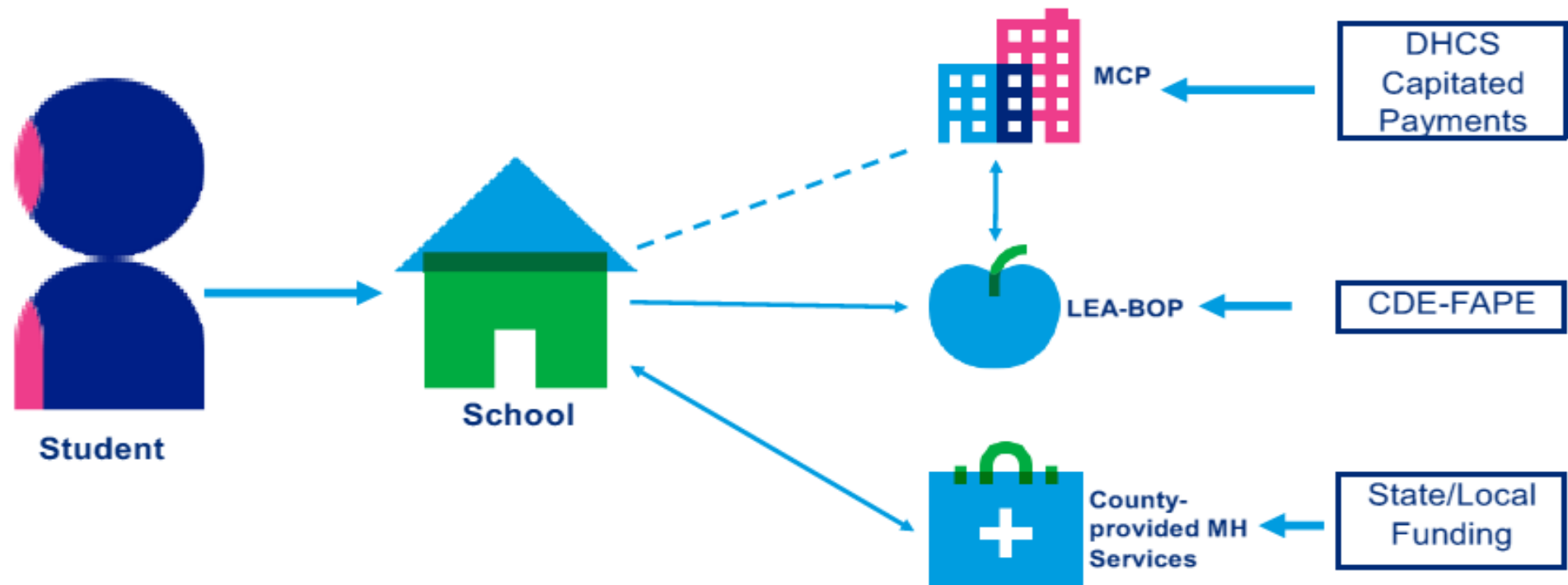
School Behavioral Health Programs: Current State



Source: Lerner M, "School Mental Health," Medi-Cal Children's Health Advisory Panel (2016).

Current Funding Streams in Medi-Cal

LEA, MCPs, and MHPs all cover a specific subset of EPSDT services, so they must partner if they aim to offer a comprehensive suite of EPSDT services to Medi-Cal -enrolled students.



SBHIP Duration and Sustainability

SBHIP Design Period (August 2021–December 2021)

Stakeholder engagement and education

Develop metrics, interventions, and goals

Determine payment structure to MCPs

Develop structures for implementation
(oversight and governance)



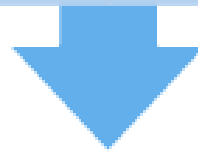
SBHIP Implementation Period (January 2022–December 2024)

Continued stakeholder education

MCP assessment/gap analysis with TA to
support engagement between LEAs and
MCPs

MCPs design and implement interventions in
coordination with LEAs, county BH, and BH
providers based on assessment/gap
analysis

MCPs receive payments based on metrics
achieved



Post-SBHIP (January 2025 and beyond)

BH infrastructure in schools are strengthened, benefiting
both Medi-Cal and non Medi-Cal students

More MCPs and LEAs have contracts to support Medi-Cal
payment for BH services in schools

Relationships between MCPs, LEAs, and county BH are
strengthened to support coordination of services

Targeted Interventions

Revised List of Targeted Interventions

1. **Behavioral Health Wellness Programs:** Develop or pilot BH wellness programs to expand greater prevention and early intervention practices in school settings (examples include Mental Health First Aid and Social and Emotional Learning) by Medi-Cal managed care plans and county BH departments building a dedicated school BH team to engage schools and address issues for students with BH needs. If wellness programs already exist, funds may be used to build on and expand on these efforts.
2. **Telehealth Services and Access to Technological Equipment:** Increase BH telehealth services in schools, including app-based solutions, virtual care solutions, and within the community health worker or peer model. Ensure all schools and students have access to equipment to provide telehealth services, like a room, portal, or access to tablets or phones, within their school with appropriate technology.
3. **Behavioral Health Screenings:** Enhance developmentally appropriate BH screenings (ACE and other) and referral processes in schools (completed by BH provider), including when positive screenings occur, providers taking immediate steps, including providing brief interventions (e.g., motivational interviewing techniques) and ensuring access or referral to further evaluation and evidence-based treatment, when necessary.
4. **Suicide Prevention Strategies:** Implement a school suicide prevention strategy.
5. **Substance Use Disorder:** Increase access to substance use disorder prevention, early intervention, and treatment, including MAT where feasible and co-occurring counseling and behavioral therapy services for adolescents.

Targeted Interventions

Revised List of Targeted Interventions

6. **Building Stronger Partnerships to Increase Medi-Cal reimbursable services:** Incentive funds may provide for technical assistance, training, toolkits, and/or learning networks for schools to build new or expand capacity of Medi-Cal services for students, integrate local resources, implement proven practices, ensure equitable care, and drive continuous improvement.
7. **Culturally Appropriate and Targeted Populations:** Community defined interventions and systems to support initial and continuous linkage to BH services in schools. Incentives may focus on unique populations including the most vulnerable communities, such as students living in transition or homeless and those involved in the child welfare system.
8. **Behavioral Health Public Dashboards and Reporting:** Improve performance and outcomes-based accountability for BH access and quality measures through, local student BH dashboards or public reporting.
9. **Technical Assistance Support for Contracts:** Medi-Cal managed care plans and/or county BH departments execute contracts with schools to provide preventive, early intervention, and BH services. It is expected that this targeted intervention would go above and beyond the MOU requirement.
10. **Expand Behavioral Health Workforce:** Expand the workforce by using community health workers and/or peers to expand the surveillance and early intervention of BH issues in school aged kids. Funding may cover the cost to certify peers to provide peer support services on school-based sites. Particular focus on grades TK–12, since young people tend not to see their primary care provider routinely after their vaccinations are complete.

Targeted Interventions

Revised List of Targeted Interventions

- 11. Care Teams:** Care teams that can conduct outreach, engagement and home visits, as well as provide linkage to social services (community or public) to address non-clinical needs identified in BH interventions.
- 12. IT Systems to Support Behavioral Health Services:** Implement information technology and systems for cross-system management, policy evaluation, referral, coordination, data exchange, and/or billing of health services between the school and the managed care plan and county BH department.
- 13. Pregnant Students and Teen Parents:** Increase prenatal and postpartum support services, increasing access to mental health and substance use disorder screening and treatment for teen parents.
- 14. Parent and Family Services:** Providing evidence-based parenting and family services for families of students, including, but not limited to, those that have a minimum of “promising” or “supported” rating in the Title IV-E Clearinghouse Prevention Services or the California Evidence-Based Clearinghouse for Child Welfare

Emerging Projects of Interest: March 2022

- Telehealth (multiple school districts)
- Community Schools (multiple school districts)
- LAUSD “Wellbeing Centers”/Planned Parenthood Clinics
- [Wellness Centers/SBHC’s]



Questions?

