

Meeting the Funding Challenges for Mental Health Services in Schools

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MHSSA Meeting 6-5-24



Who is in the Room

In Chat Box, please indicate your role and your level of knowledge of CYBHI from 0 to 5 (5 being I got this)



Today's Objectives



Overview School-Based MH Funding



Strategies for Funding Including CYBHI



State of the State of multiple Mental Health funding sources



Models CA schools are currently using to implement Mental Health supports

Question Parking Lot



DHCS Fee Schedule-Specific Questions
DHCS.SBS@dhcs.ca.gov



PowerPoint and documents can be found at MHSSA website under the meeting materials.



Ten Years of Unprecedented Funding

\$18M
Triage School
MH
Collaboration

\$225M
MHSSA

\$13.2B
ESSER

\$4B
Expanded
learning

\$1B
Educator
workforce
development

\$0.1B
Juvenile
justice
realignment

\$4.1B
Community
schools

\$4.7B
California
Youth
Behavioral
Health
Initiative

\$2.7B
Universal
Pre-K

\$2.6B
Bridge
housing

\$5B
CalAIM

\$7.2B
CalWORKS

Note: Figures approximate

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**\$0.6B
School
meals**

Planning is required to avoid adverse outcomes of mostly **one-time** funding...

Note: Figures approximate

Ten Years of Unprecedented Funding

Ways to help sustain Mental Health Investments

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meals

LCFF

FFPSA

Fee for
Service
Medi Cal
LEA BOP
Specialty MH
FQHC
Managed Care

Note: Figures approximate

Ten Years of
Unprecedented
Funding

Ways to help sustain
Mental Health
Investments

Specialty MH
FQHC

Medi Cal
LEA BOP

**Managed Care Plan
MOUs/Contracts**

Fee for
Service

Title IV
FFPSA

LCFF

AB 2698 ECMHC
Adjustment
(Early Childhood)

Note: Figures approximate

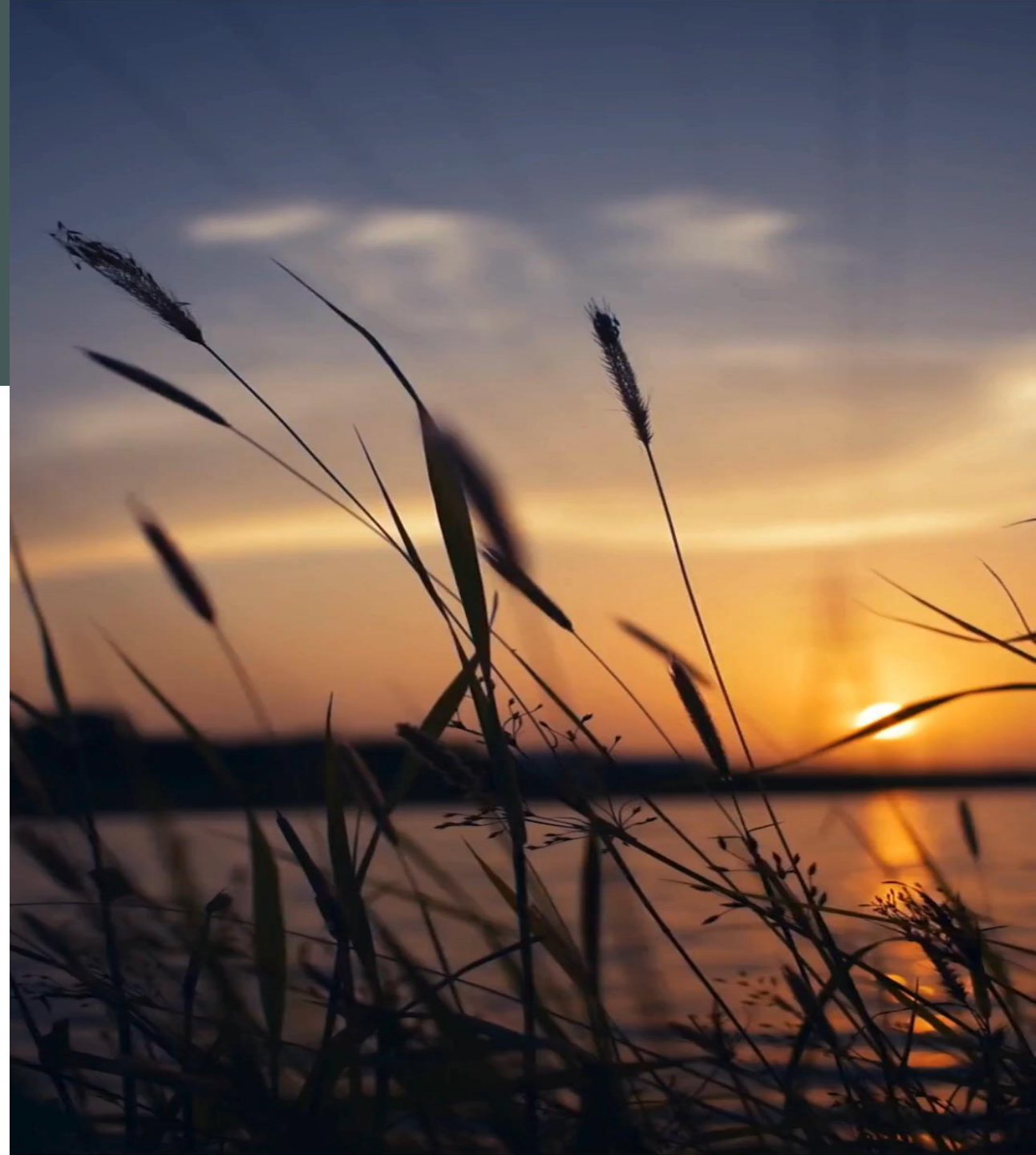
Mindful Moment

Please be mindful during this presentation and as you move forward with implementing many new strategies for funding Mental Health in Schools.

This work is not a sprint. It is a marathon and will take time, preparation, and deep cleansing breaths.

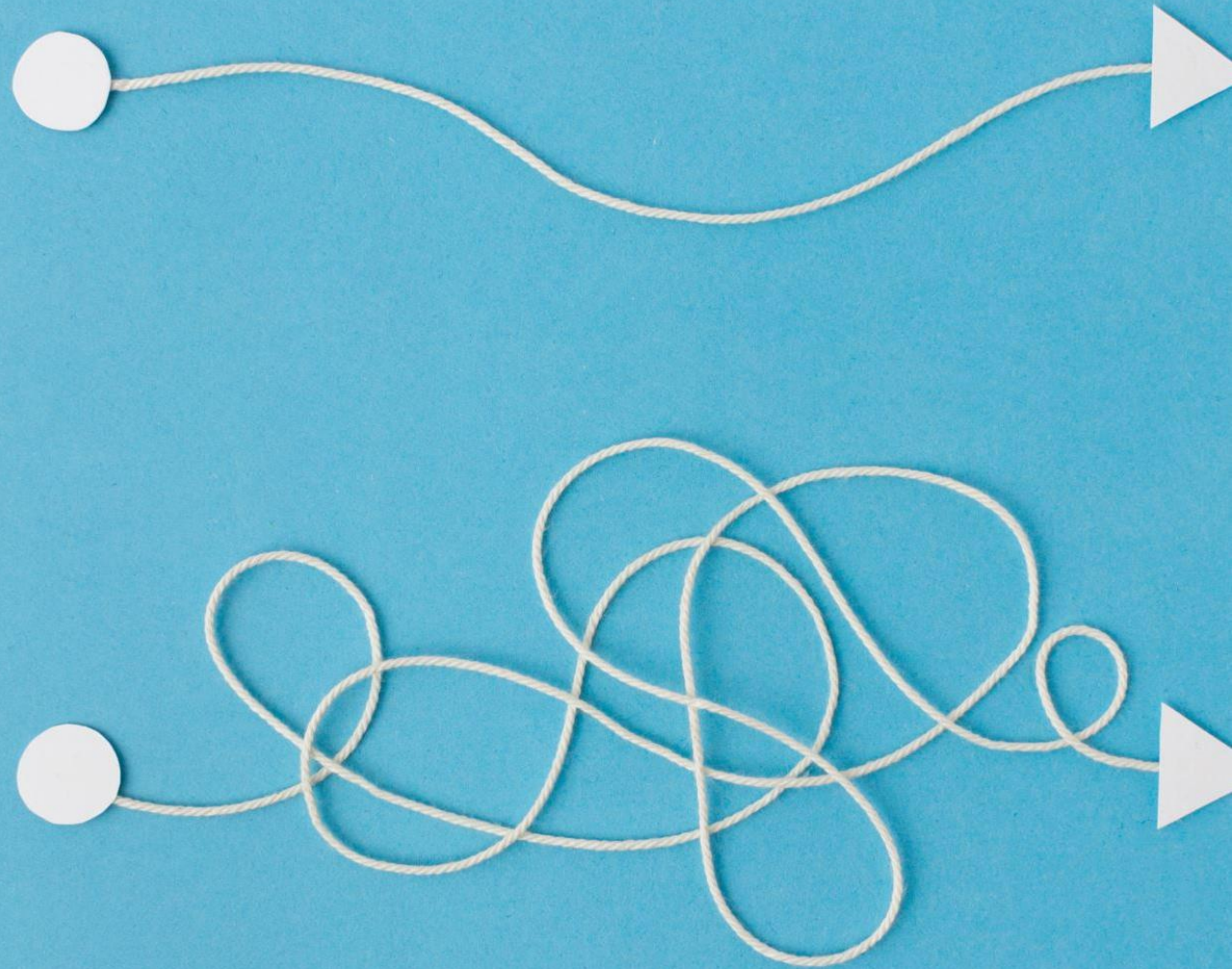
To be successful, it will require new partnerships, strategies, and staff /collaborations that you may not be used to.

Don't try to do everything at once, and seek assistance from partners who can help.



Three Strategies

1. Think in terms of a business life cycle.
2. Graph your funding sources beginning and end date.
3. Braid funding to maximize funding to be more effective and efficient.

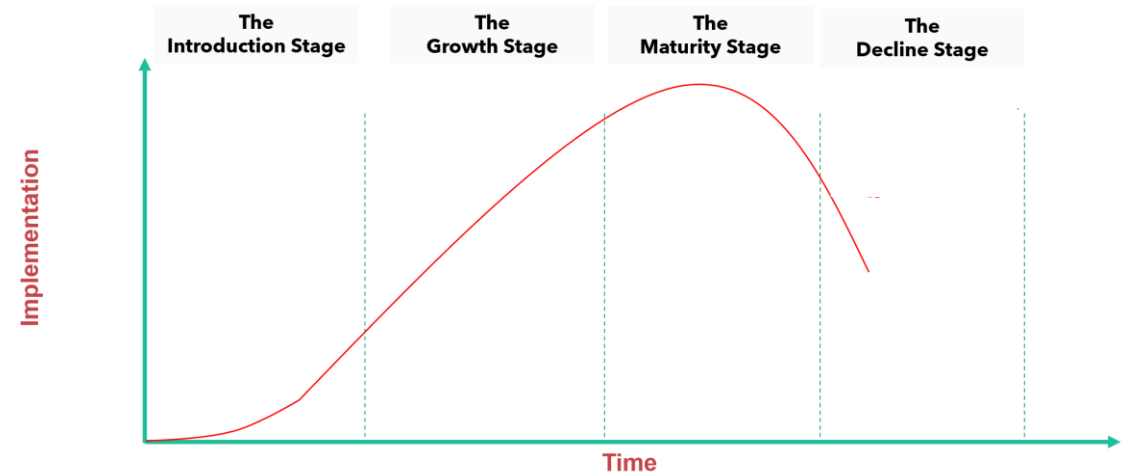


Funding Life Cycle

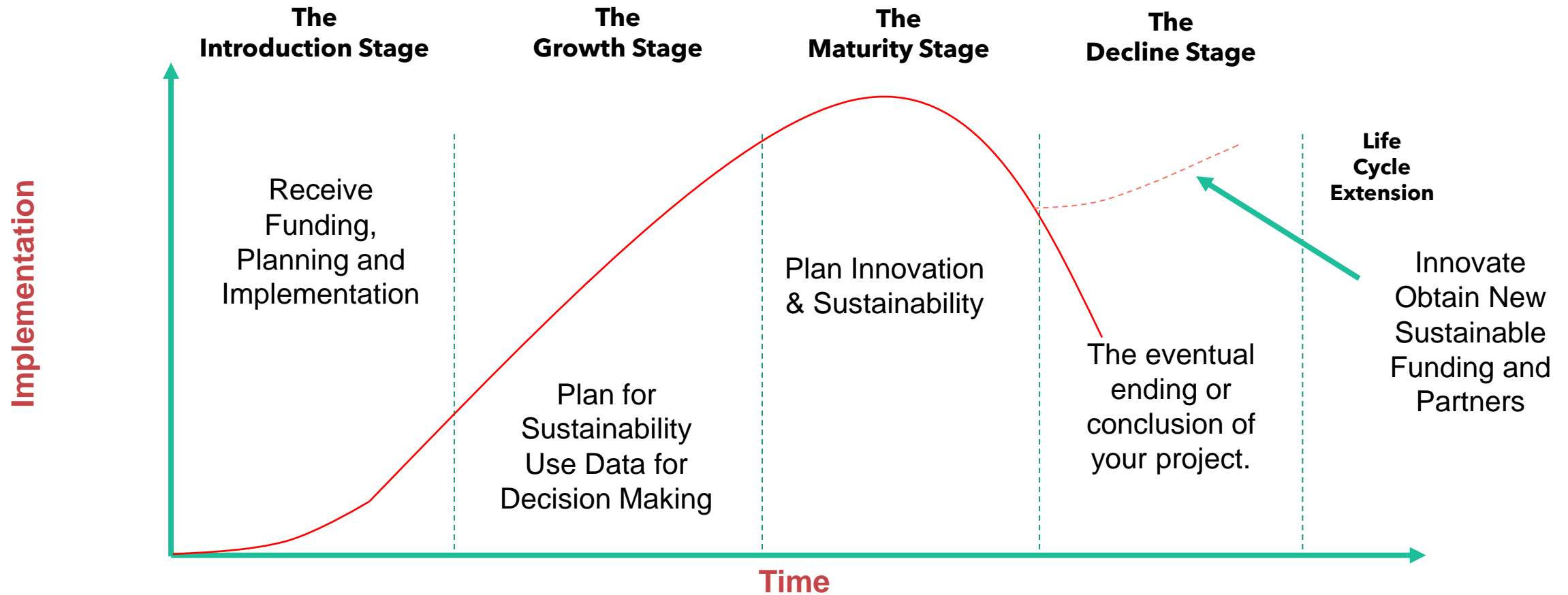
Typical Process



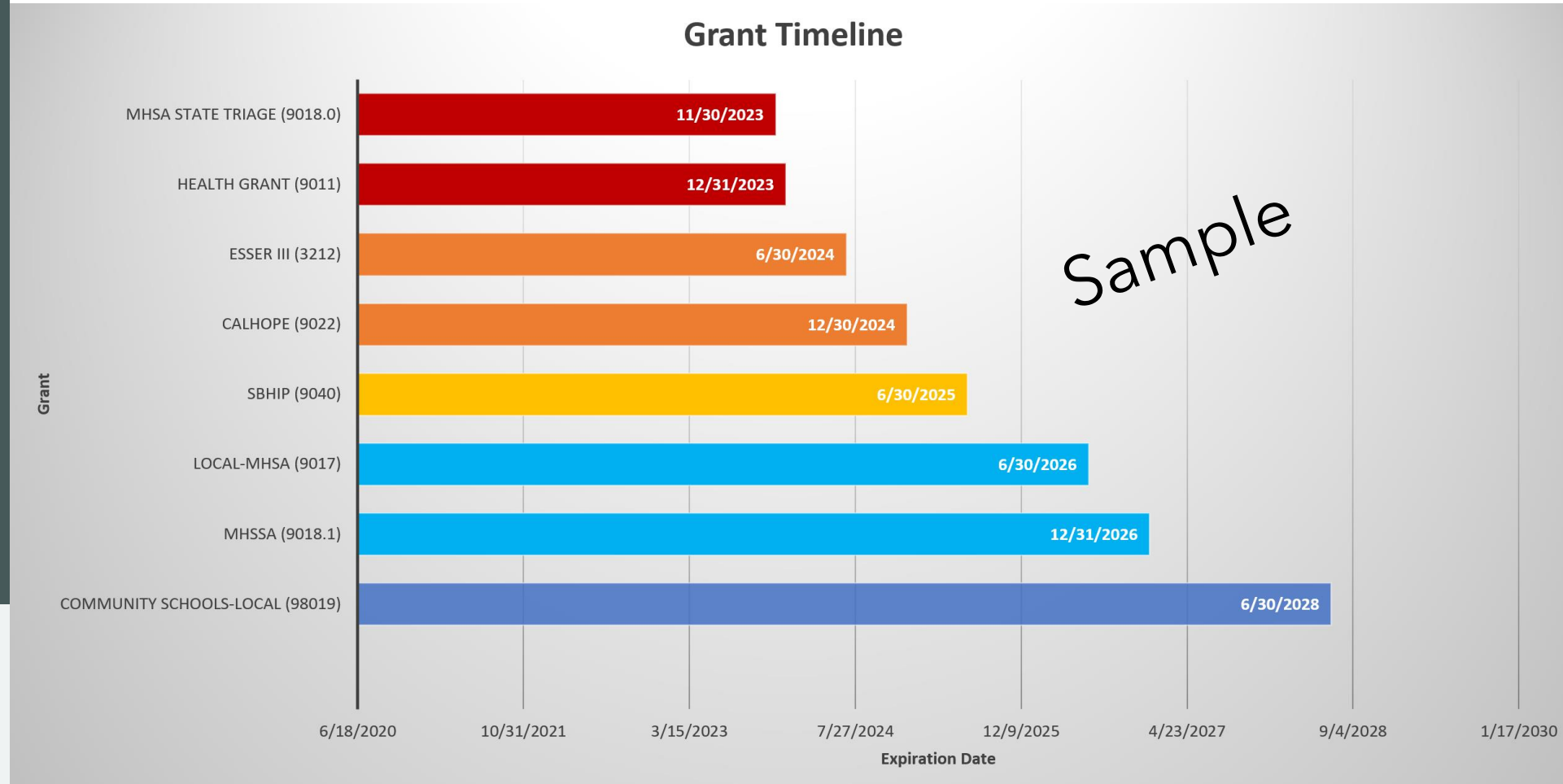
Think in Terms of Funding Life Cycle



Funding Life Cycle

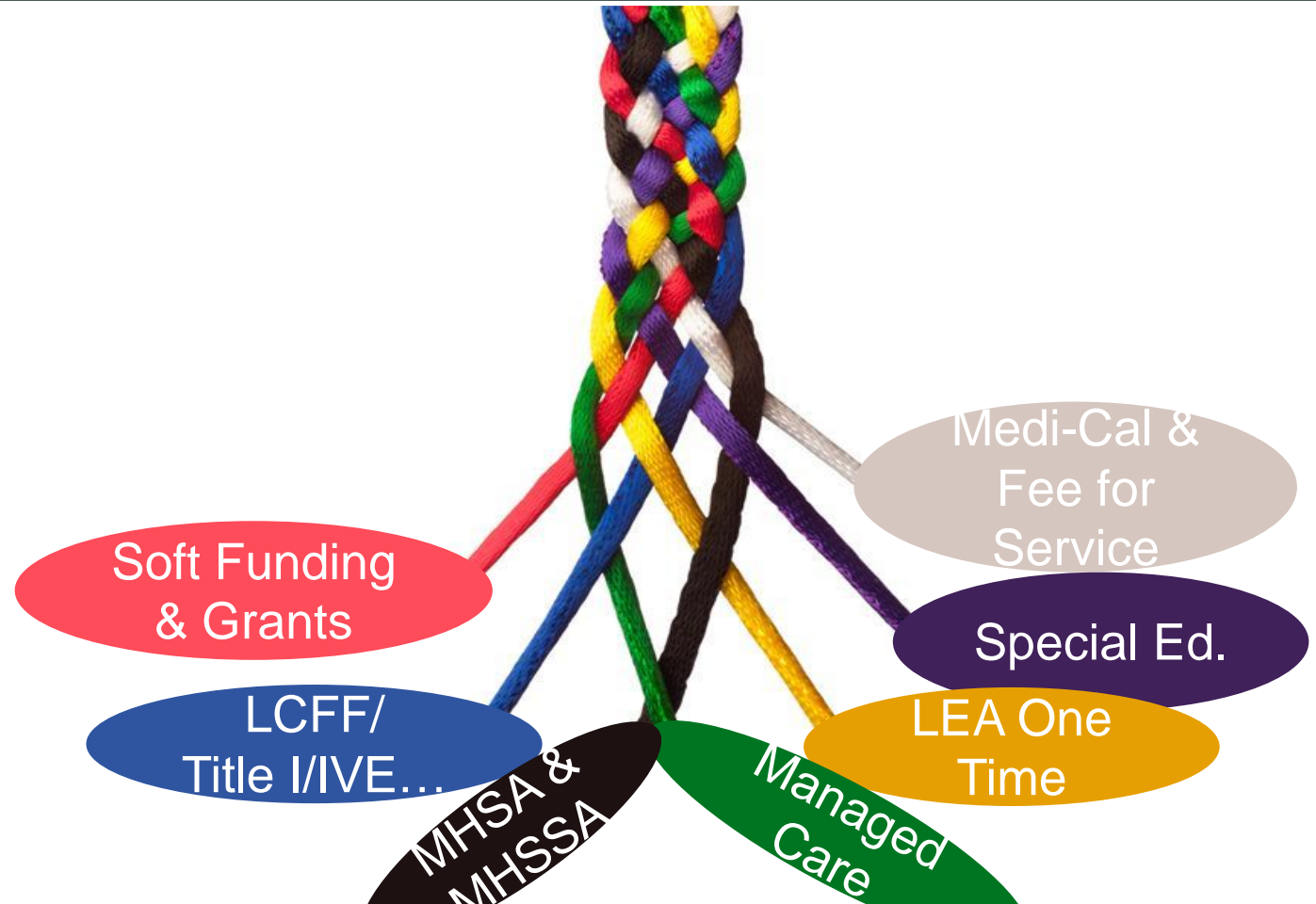


Understanding Funding End Dates (Exactly)



Sustaining Mental Health Services Requires Braided Funding and Partnership

- There is no single funding source to leverage that will fully fund an integrated mental health program.
- Communities must look at braided/blended funding and collaboration.



Funding Opportunities



Child Youth Behavior Health Initiative.

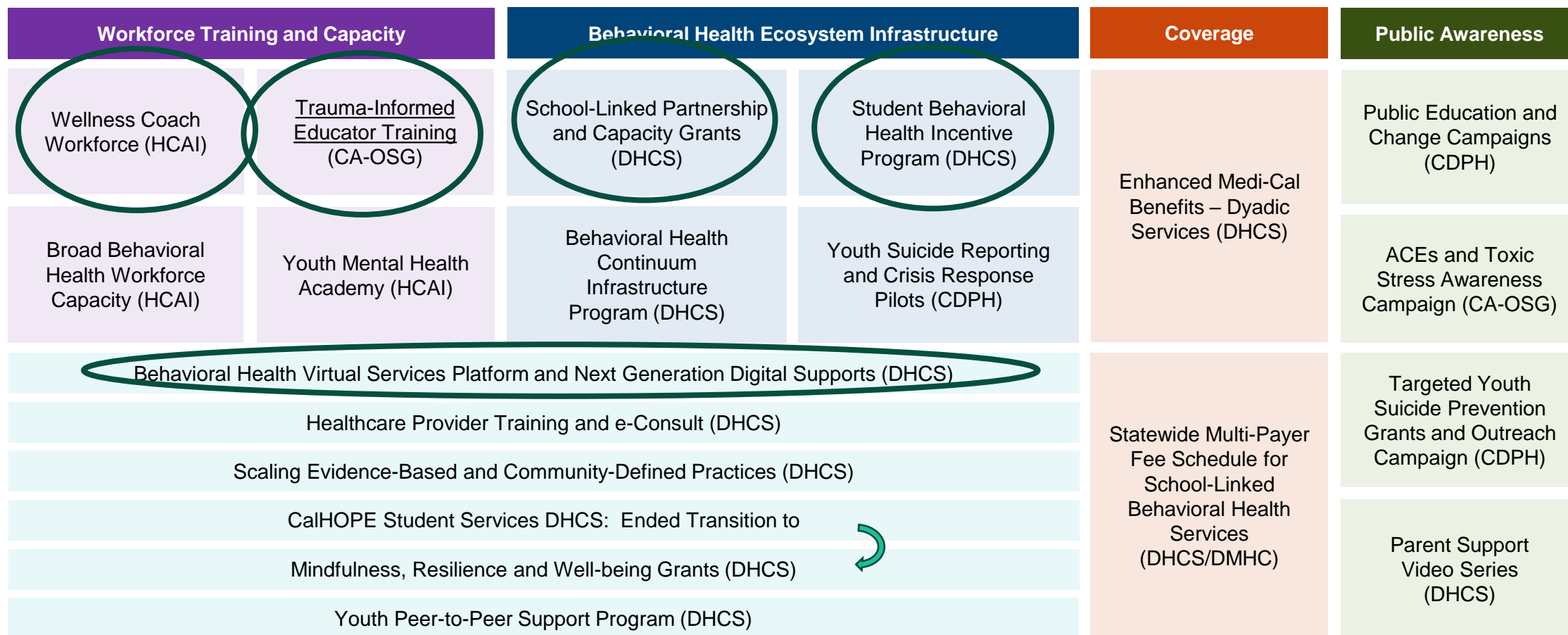


Other Sources of funding include Medi-Cal.



Family First Prevention Services Act

CYBHI Workstreams

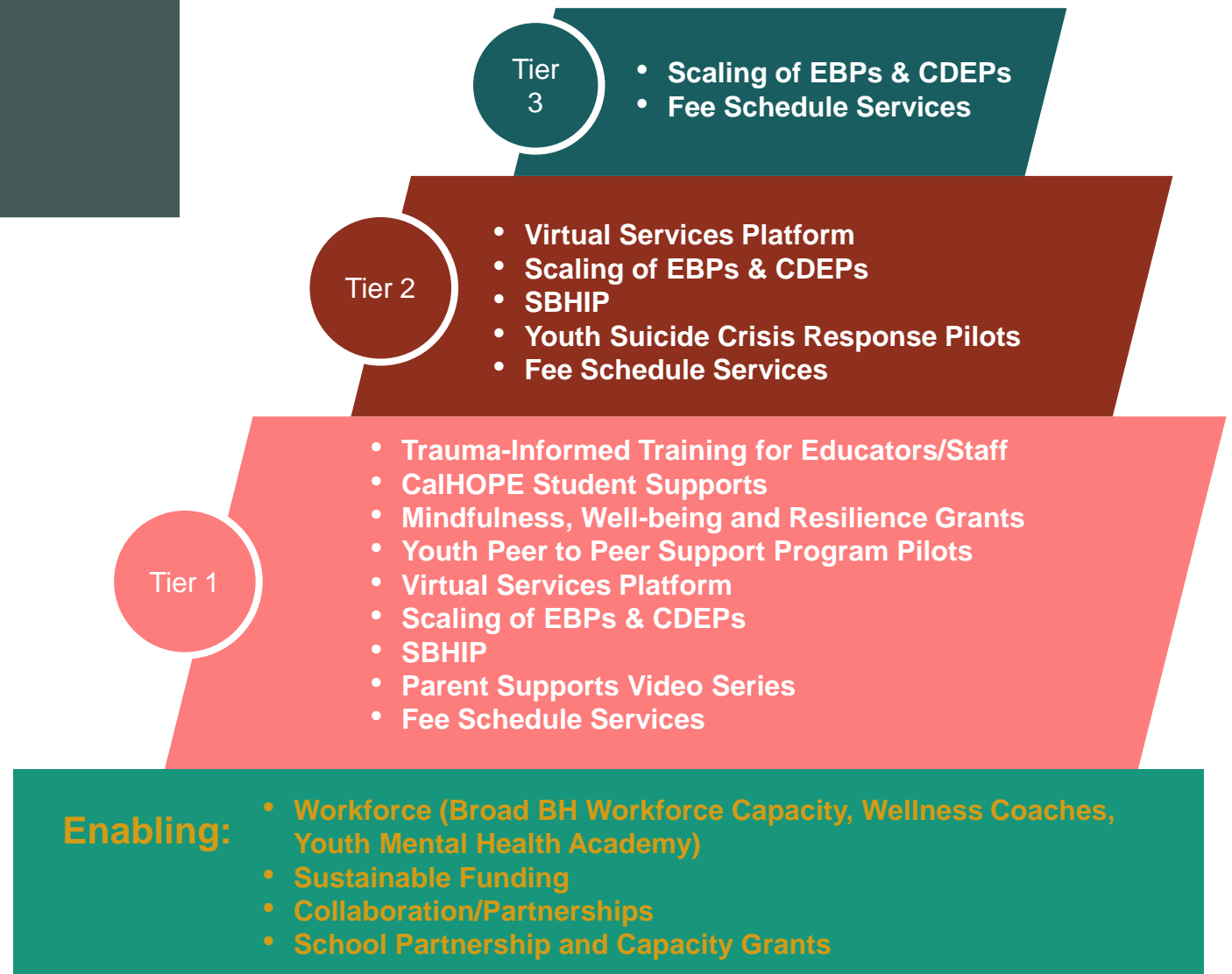


Within MTSS
Framework, Where
would you indicate
you do most your
services

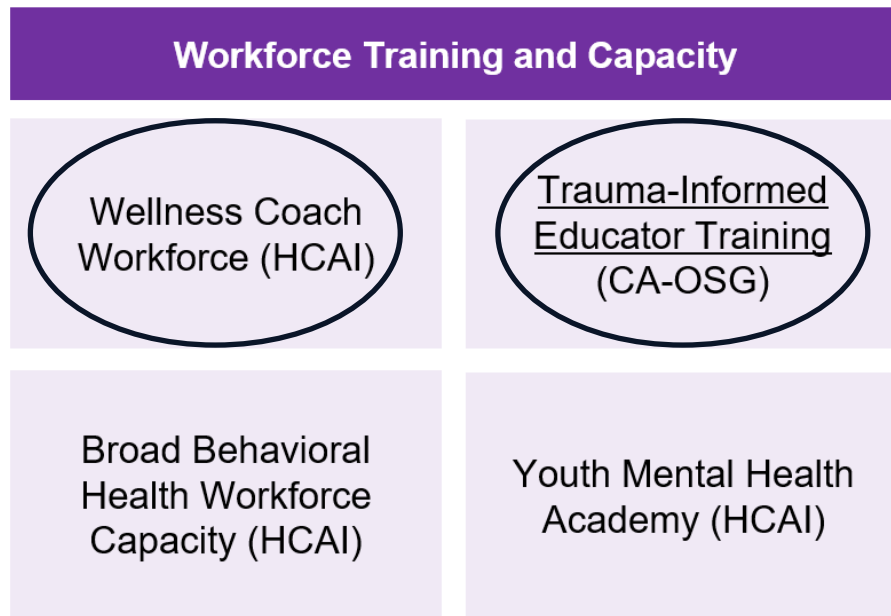


How CYBHI components fit into MTSS Framework

Building a continuum of support with the Child Youth Behavioral Health Initiative.



CYBHI Workstreams



Trauma-Informed Training for Educators (OSG)

- Resource for Educators
- Online July 2023 Professional Learning Modules

Certified Wellness Coach

- Develop a pathway for workforce development
- Increase overall capacity to support growing youth behavioral health needs.
- Build a diverse behavioral health workforce with lived experience working in a wide variety of school, health, and community settings.
- Fill some of the workforce gaps that exist today. (i.e., few existing BH roles require 1-4 years of education)
- Ensure the role is both a desirable occupation in and of itself and a stepping-stone to more advanced BH roles.
- Engage directly with youth (aged 0 – 25), while ensuring adequate training and supervision.
- Serve vulnerable populations where they live, study, and work.

* Funding Grant Expected in June

Services and Competencies

Services

Activities core to the Certified Wellness Coach roles

1 Wellness promotion and education

2 Screening

3 Care coordination and extension

4 Individual support

5 Group support

6 Crisis referral

Additional Competencies

Demonstrated areas of knowledge to be evaluated during field experience

7 Cultural competency, humility, and mitigating implicit bias

8 Professionalism, ethics, and legal mandates

9 Communication

10 Operating in role and different environments

Wellness Coach Tiered Supports

Tier 3

- Support School Counselors
- Crisis referral
- Care coordination

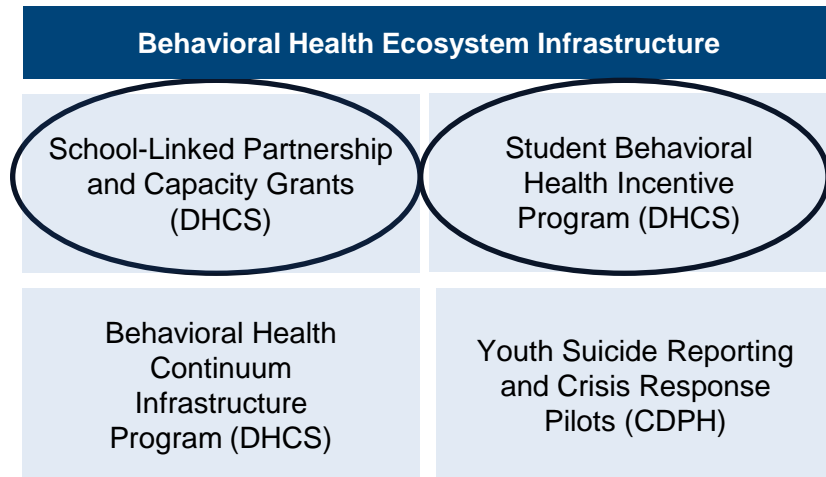
Tier 2

- Check In / Check Out
- Assist in identifying students with Tier III needs
- Life skills (e.g., stress management, time management, problem-solving)
- Assist or lead group interventions/activities that do not require PPS-C or licensure

Tier 1

- Support Universal Screening tools
- Teach and reinforce classroom social, emotional, behavioral lessons under guidance of mental health or PPS staff
- School-wide Bully-Prevention Programs such as Stop, Walk, and Talk
- Provide mental health and wellness information across campus in the forms of visuals, posters, flyers, and more...
- Assist in identifying students with Tier II needs
- Deliver structured curriculum to groups or classrooms, focusing on wellness promotion and education such as building positive relationships, bullying prevention, nutrition, and exercise in relation to behavioral health

CYBHI Workstreams



[Link to Capacity Grant Website Here](#)

Student Behavior Health Incentive Program (SBHIP)

- Address behavioral health access barriers for Medi-Cal students through **Targeted Interventions that increase access**
- **Prevention, early intervention, or other behavioral health services** provided by school-affiliated behavioral health providers for TK-12 children in public schools.

School-Linked Partnership and Capacity Grants

- Strengthen school-linked behavioral health services and provide California public K-12 schools.
- Support institutional readiness for the statewide all-payer fee schedule by providing resources to schools to expand its provider capacity, develop critical partnerships, and build the necessary infrastructure.

CYBHI Workstreams: Fee Schedule and Capacity Grant

Capacity Grant (Allocation)

One-time investment to build operational readiness for the multi-payer fee schedule



Multi-Payer Fee Schedule

New funding source to support student mental health. (Medi-Cal, Commercial and Disability Insurer) to reimburse covered services

CYBHI Workstreams

Behavioral Health Ecosystem Infrastructure

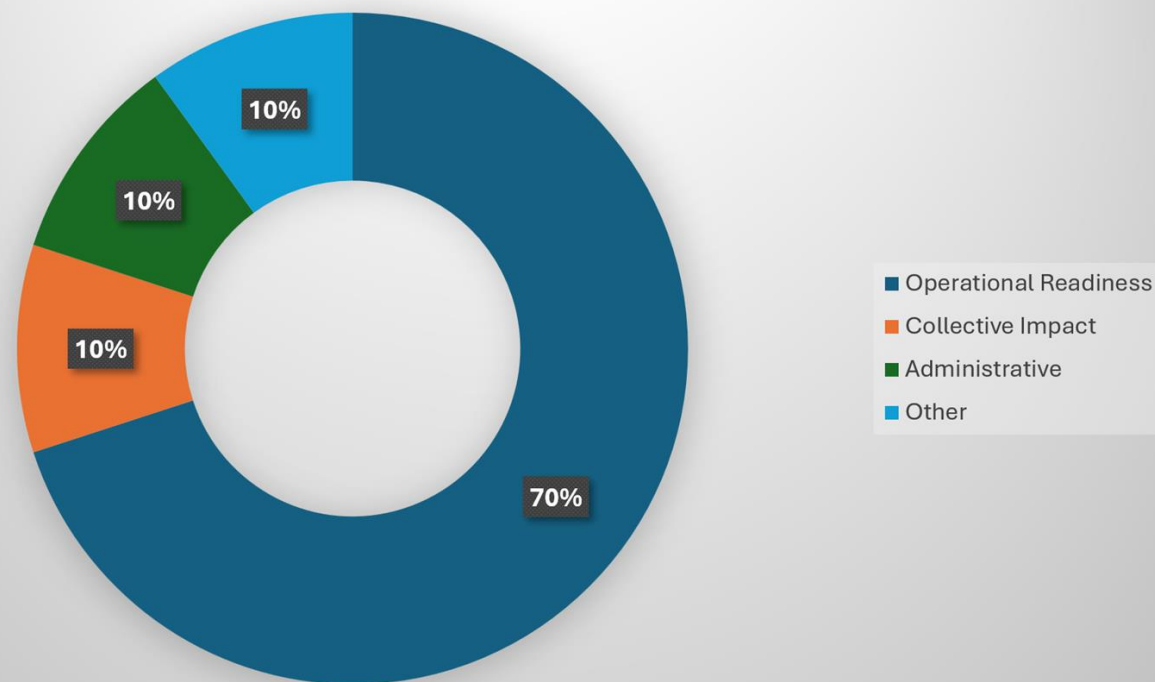
School-Linked Partnership
and Capacity Grants
(DHCS)

Student Behavioral
Health Incentive
Program (DHCS)

School-Linked Partnership and Capacity Grants

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Permissible Use of Grant Funds



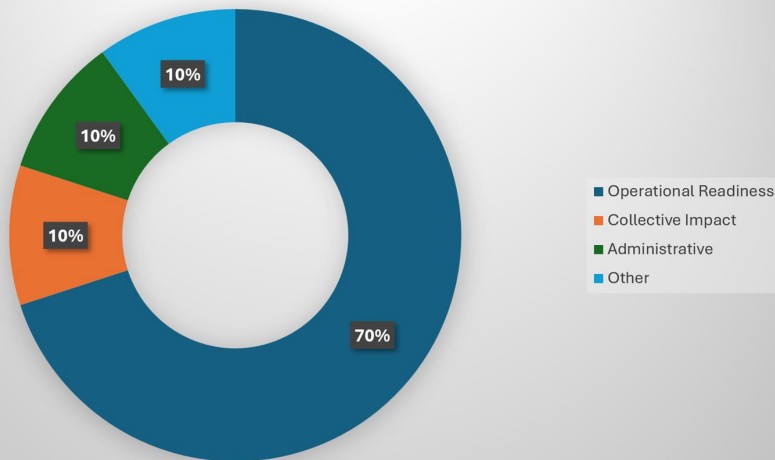
CYBHI Workstreams

Behavioral Health Ecosystem Infrastructure

School-Linked Partnership
and Capacity Grants
(DHCS)

Student Behavioral
Health Incentive
Program (DHCS)

Permissible Use of Grant Funds



At least 70% of each county's funding should support LEAs as they achieve **operational readiness**. Funds should address one or more of the following:

- Medi-Cal enrollment of sites
 - Service delivery infrastructure and capacity building
 - Data collection and documentation
 - Billing infrastructure
- } (EHR)

Up to 10% of funding can be reserved by the COE to offset any COE administrative costs.

Up to 10% of funding can be dedicated to projects that build a necessary **collaborative infrastructure** for coordinated systems that focus on the needs of children and families.

Up to 10% of each county's funds can be dedicated to other expenditures that the COE deems necessary to strengthen the COE or LEA's ability to provide behavioral health services and supports to students.

Operational Readiness Scenarios

Two Options:

- Allocation for LEAs directly for Operational Readiness
- Some or all of LEAs centralize (Pool) dollars to be used collectively for capacity building

CYBHI Workstreams

Coverage

Enhanced Medi-Cal
Benefits – Dyadic
Services (DHCS)

Statewide Multi-Payer
Fee Schedule for
School-Linked
Behavioral Health
Services
(DHCS/DMHC)

[Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services \(Fee for Service\)](#)

- Build a fee schedule for schools to bill for both Medi-Cal and Commercial Insurance
- Implemented in cohorts starting in January 2024 - Cohort of Early Adopters
- Where can activity happen: at schools or community locations if a school-linked service.
- Who can bill:
 - TK-12: COEs (including COEs that also act as LEAs) or LEAs (i.e., school districts and charter schools in
 - Higher education (Students up through 25)
 - At the practitioner level, this provider network could include all of the following:
 - Pupil Personnel Services (PPS) credentialed providers (i.e., PPS school psychologists, PPS social workers, PPS counselors, and registered credentialed school nurses) employed by or contracted with the LEA;
 - Licensed or supervised mental health specialists employed by or contracted with the LEA; and/or,
 - Community-based organizations or behavioral health practitioners
 - *Wellness Coaches will be added in January 2025

CYBHI Workstreams

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Provider Types

School-Based Licensed Mental Health
Practitioners

School Linked Licensed Mental Health
Staff

PPS Credentialed Practitioners

Certified Wellness Coaches (Jan 2025)

Fee Schedule Services (non Specialty Mental Health Services)

Psychoeducation

Screening and Assessment

Therapy

Care Coordination

Please see the [CYBHI Fee Schedule Scope of Services, Codes, and Reimbursement Rates PDF](#) to learn more.

CYBHI Workstreams

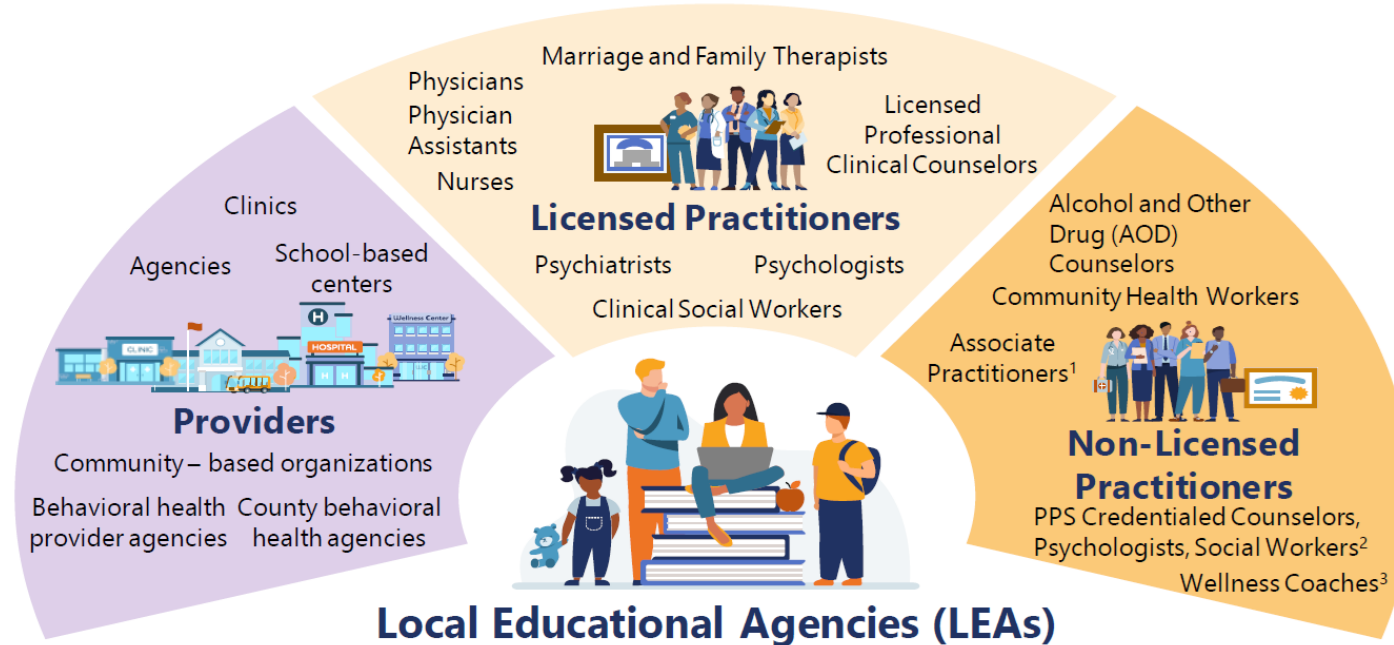
Coverage

Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)

Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)

Provider Types Expanded Example Provide by DHCS

All providers and practitioners must have a National Provider Identifier (NPI) and be Medi-Cal enrolled



1. Includes Associate Marriage and Family Therapists, Clinical Social Workers and Professional Clinical Counselors; 2. Pupil Personnel Services; subject to State Plan Amendment approval; 3. Starting 2025; subject to State Plan Amendment approval
 Source: DHCS; CYBHI fee schedule guidance document (linked [here](#))

CYBHI Workstreams

Coverage

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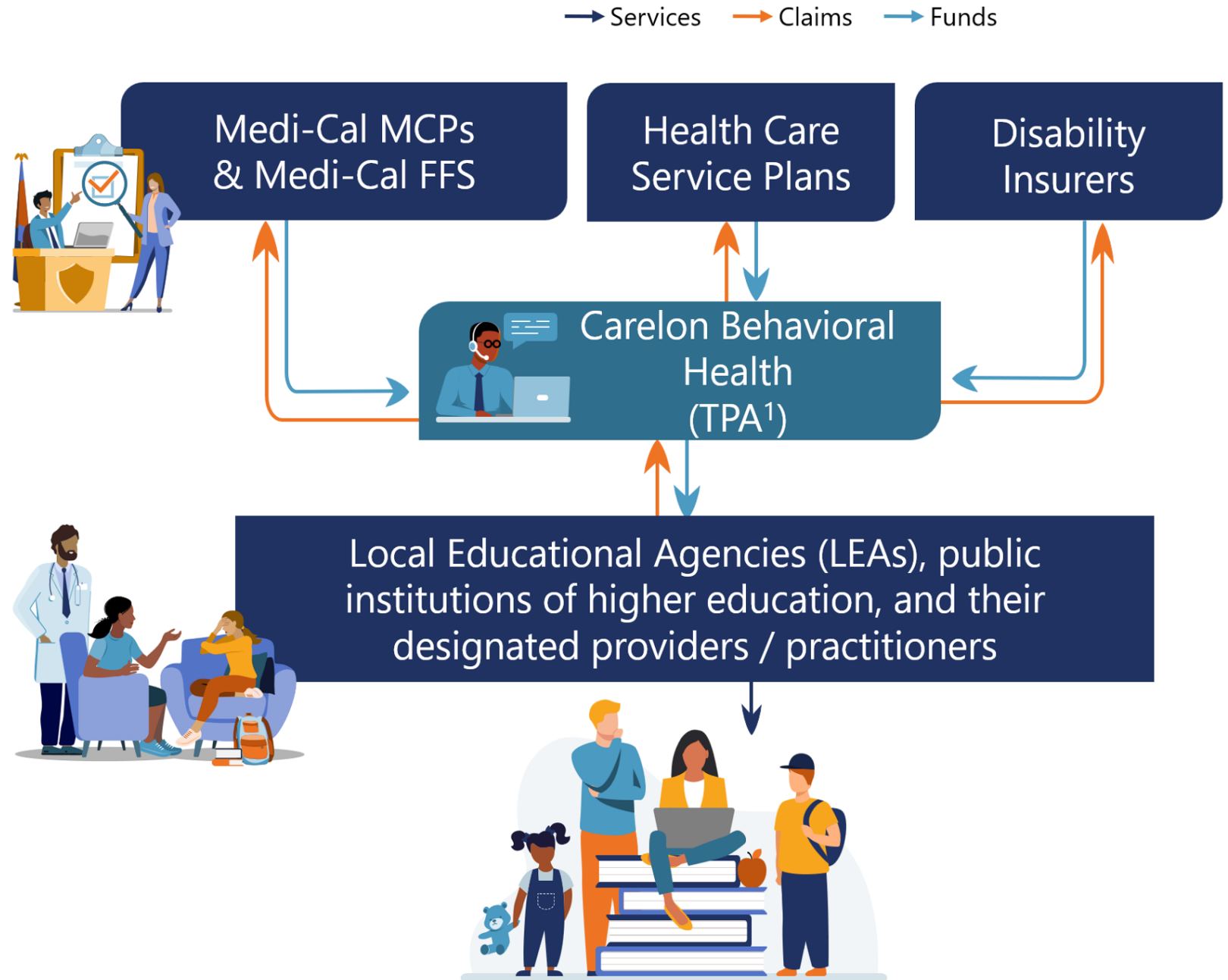
Statewide Multi-Payer
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Services
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Where can Activity Happen

School
Based

School
Linked

How will the Multi-payer Fee Schedule Work



1. Third-Party Administrator

Source: CYBHI fee schedule guidance document

Graph provided by DHCS

CYBHI Workstreams

Coverage

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Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services (Fee for Service)

Example

Service Category	Procedure Code	Service Description	Eligible Practitioner	Fee Schedule Rate
Case Management	99366	Case Management with patient or family present (Face to Face), 30 min	PA, NP, RN, Psych, Ed. Psych, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor	\$36.71

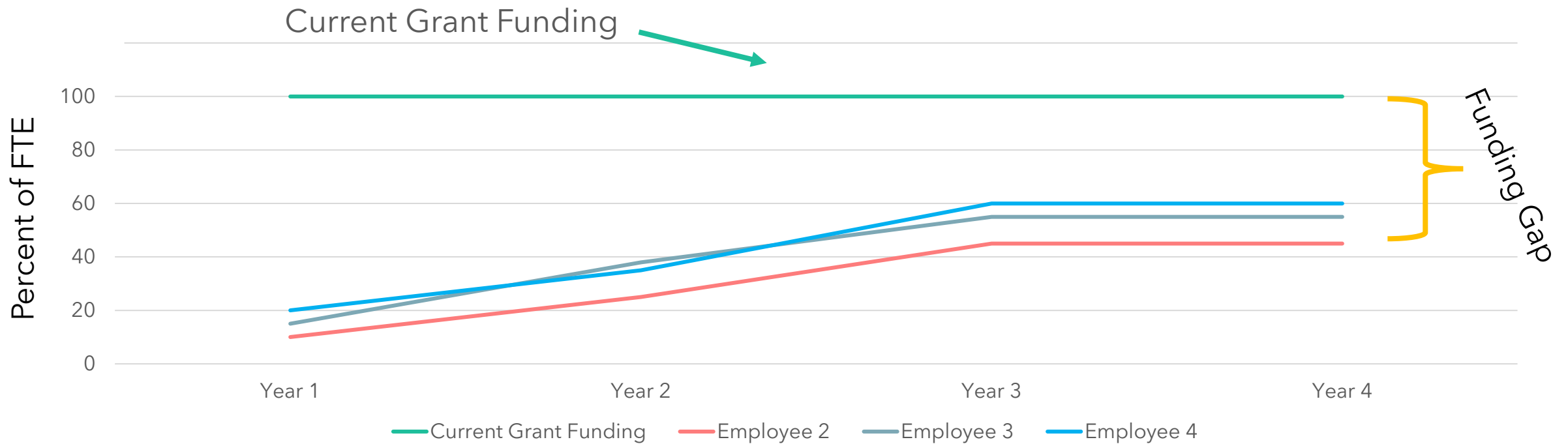
Note: Currently, PPS Credentials are being added to the State Plan Amendment (SPA). They are not eligible at this time.

Drilling Deeper Into Braided Funding (Sample Version Fee for Service)

Fee Schedule Staff Example					Calculated Field	Calculated Field		
Procedure Code	Type of Activity	Per Hour	FTE, per Submitted Budget	Productivity Expectation	Yearly Billable Hours	Estimated Yearly Revenue Payment	Equals Hours a Week	
99366	Case Mgt. with patient or family present (Face to Face), 30 min@ \$36.71	\$73.42	1.00	20%	347.20	\$25,491.42	8	
90837	Psychotherapy session, individual, 53 or more min	\$131.97	1.00	20%	347.20	\$45,819.98	8	
90846	Family psychotherapy session; single family without patient present, 50 min	\$86.64	1.00	10%	173.60	\$15,040.70	4	
99403	Preventive Medicine, Individual Counseling – 45 minutes	\$77.91	1.00	10%	173.60	\$13,525.18	4	
				60%	1,041.60	\$99,877.29 @24		
						\$130,000.00		Total Salary & Benefits
						-\$30,122.71		Total Funding Needed for full FTE
	Sample Salary and Benefits \$130,000							
	Mental Health Specialist 8 hours/day, 217 days = 1,736 hours per year							
	* The above are payments less than full hour, but are calculated as full hours for example. Consult the Fee Schedule Manual to be published by DHCS for details on billing minutes.							
	**This tool is only an example and care should be taken as the Fee Schedule continues to evolve and details published. This tool is not endorsed by DHCS and should only be used as a planning tool.							

Note that this is an exercise and not an exact representation of your billing. It should not be considered what will happen at your site but rather a suggestion of how you might determine reimbursement in your LEA.

Possible Fee Schedule Scenario



Opportunities for Sustainability

- Partner with County Behavioral Health to explore braiding funding sources such as:
 - Specialty Mental Health Services and Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) (Medi-Cal)
 - Administered / Authorized by County Behavioral Health
 - Student must be Medi Cal and must establish medical necessity
 - Available to beneficiaries up to the age of 21
 - Major changes to increase access and ability to implement <https://www.dhcs.ca.gov/calaim>
 - “CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care.
 - Extend supports and services beyond hospitals and health care settings directly into California communities.

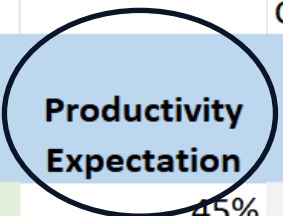
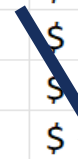
Changed Rates Under Cal Aim Opportunities for Sustainability (This is only a sample and may not be your rate)

Medi-Cal Eligible Students Only

Contractor- XX				Calculated Field	Calculated Field
Direct Service Staff	Rate	FTE, per Submitted Budget	Productivity Expectation	Billable Hours	Estimated Payment
Psychiatrist/ Contracted Psychiatrist	\$ 926.86		45%	-	\$ -
Physicians Assistant	\$ 415.69		40%	-	\$ -
Nurse Practitioner	\$ 460.90		40%	-	\$ -
RN	\$ 376.48		40%	-	\$ -
Certified Nurse Specialist	\$ 460.90		40%	-	\$ -
LVN	\$ 197.77		40%	-	\$ -
Pharmacist	\$ 443.66		40%	-	\$ -
Licensed Psychiatric Technician	\$ 169.55		40%	-	\$ -
Psychologist/Pre-licensed Psychologist	\$ 372.75		40%	-	\$ -
LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 241.22	1.00	40%	694.40	\$ 167,501.78
Occupational Therapist	\$ 321.10		40%	-	\$ -
Mental Health Rehab Specialist	\$ 181.48		35%	-	\$ -
Peer Recovery Specialist	\$ 190.55		35%	-	\$ -
Other Qualified Providers - Other Designated MH Staff that Bill Medical	\$ 181.48		40%	-	\$ -
		1.00		694.40	\$ 167,501.78

Example

1736Hours



Sample County Comparison Medi-Cal vs Fee Schedule

Specialty MH vs Fee Schedule Non-Specialty Example					Calculated Field	Calculated Field
Medi-Cal	Direct Service Staff	Rate	FTE, per Submitted Budget	Productivity Expectation	Billable Hours	Estimated Payment
Specialty MH	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 241.22	1.00	40%	694.40	\$ 167,501.78
Fee for Service	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 131.97	1.00	40%	694.40	\$ 91,639.97

- Specialty Mental Health is considered "Intensive Mental Health Services."
- Fee for Service is considered "Mild to Moderate Services"
 - Tier III type of Services vs Tier II Services

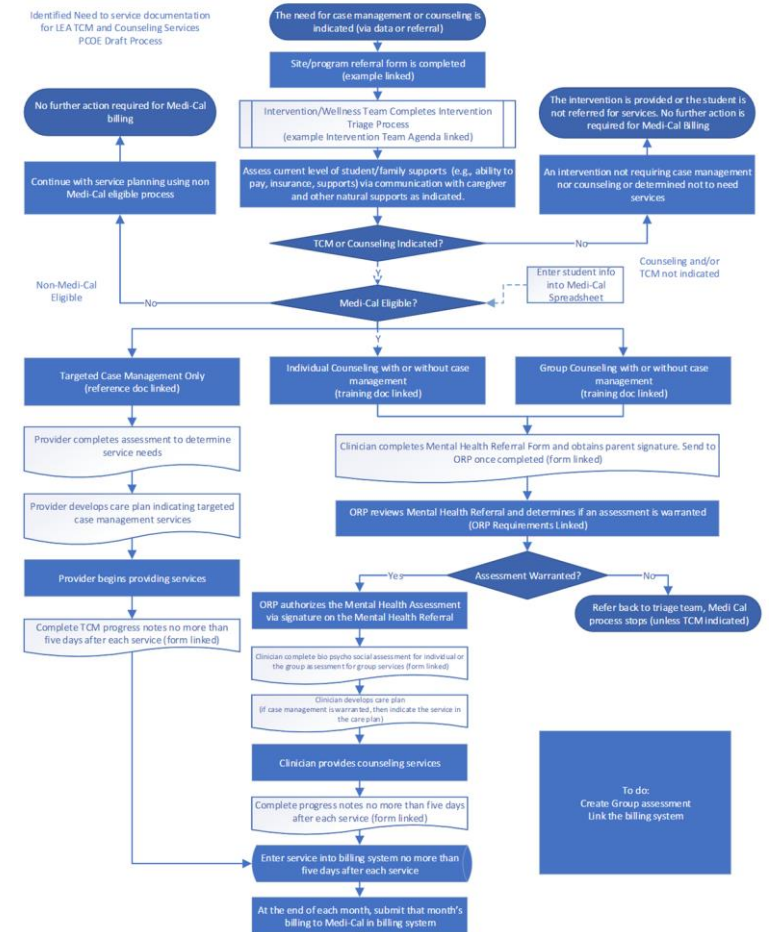
Opportunities for Sustainability

- Two Types of LEA Medi Cal Funding:
 - Primary Types:
 - ([Medi-Cal Administrative Activities, & Local Educational Agency Medi-Cal \(LEA Program Targeted Case Management\)](#))
 - Designed a [Process Map](#) for **LEA Targeted Case Management TCM** and Pilot Project
 - Goal:
 1. Identify processes and forms necessary for TCM
 2. Determine the number of Medi Cal Eligible Students using Mental Health Supports
 3. Identify quality improvement and documentation strategies

Evaluate Process for LEA Billing Option Program (BOP)

Develop a process map for the workflow to identify barriers, trigger points, and detailed processes for LEA- BOP.


Script each move with deliberation.



Opportunities for Sustainability

- [The California State Plan Amendment 15-021 was approved on April 27, 2020](#)
 - Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
 - “Expands reimbursements to include covered services under an Individualized Health and Support Plan (IHSP), which will allow **LEAs to receive reimbursement for eligible beneficiaries without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)**, resulting in increased services for Medi-Cal eligible general education students.”

Opportunities for Sustainability

- [Early Related Mental Health Services \(ERMHS\) Expansion & Senate Bill 98 \(Link Here\)](#)
 - Starting in 20-21, ERMHS funds can be used for mental health-related services, including:
 - Out-of-home residential services for emotionally disturbed students
 - Counseling and guidance service (including counseling, personal counseling, and parent counseling and training)
 - Psychological services
 - Social work services
 - Behavioral interventions (ADDED)
 - Other mental health-related services not required by IDEA (ADDED)
- 

Opportunities for Sustainability

Early Childhood Education


- [AB-2698 "California state preschool programs: general child care and development programs: mental health consultation services: adjustment factors."](#)
- Assembly Bill 2698 – Effective January 1, 2019
- "Assembly Bill 2698 allows contractors to receive an additional adjustment factor of 1.05 for children who are served in a California state preschool program, infants and toddlers who are 0 to 36 months of age and are served in general child care and development programs, or children who are 0 to 5 years of age and are served in a family child care home education network setting funded by a general child care and development program, where early childhood mental health consultation services, as defined, are provided, pursuant to specified requirements."
- CA State Preschools must take steps to prevent Expulsion or disenrollment due to behavior. ([Link to CDE Information Letter Here](#))

Opportunities for Sustainability

FFPSA

Family First Prevention Services Act (FFPSA)

FFPSA amends the Title IV-E foster care program and revises Title IV-B, subparts 1 and 2 programs.

- Included in FFPSA:
 - Title IV-E reimbursement for evidence-based, trauma-informed prevention services.
 - Support for kinship (relative) caregivers.
 - Limits on congregate care placements.
 - Improvements to services for older and transitional-aged youth.
- 

Opportunities for Sustainability

FFPSA

Family First Prevention Services Act (FFPSA)

- Link to State Website for FFPSA ([Click Here](#))
- Link to “CA’s Five Year State Prevention Plan ([Click Here](#))
- CA Vision for FFPSA
 - Shifting the focus from the protection of children and youth who have been harmed by abuse or neglect to the strengthening of families within a reimagined child and family well-being continuum in order to support the prevention of child maltreatment and the recurrence of maltreatment.
 - “An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children and youth”.
 - “Vision involves a system of care supported by a framework for prevention that includes **primary**, **secondary**, and **tertiary** strategies, grounded in principles of fairness and equity.”
Potential Candidates for FFPSA Consideration - Read Carefully pages 19-22 ([Click](#))

Opportunities for Sustainability FFPSA

Potential Candidates for FFPSA Consideration
- Read Carefully pages 19-22 ([Click Here](#))

TARGET POPULATION OF POTENTIAL CANDIDATES

Children in voluntary or court-ordered Family Maintenance	Homeless Youth
Probation minors subject to a petition under section 602	Lesbian, Gay, Bisexual, Transgender and Queer/questioning (LGBTQ) children
Children whose guardianship or adoption arrangement is at-risk of disruption	Substance-exposed newborns
Children with a "substantiated" or "inconclusive" disposition of a child abuse or neglect allegation	Trafficked children
Children who have siblings in foster care	Children exposed to domestic violence
Children whose caretakers experience a substance use disorder	Children or youth experiencing other risk factors that when combined with family instability or safety threats

Opportunities for Sustainability

FFPSA

Current CA Ten Approved Programs:

APPENDIX A - EBP TABLE Page 49
[\(link\)](#)

Nurse-Family Partnership	Family Check-Up
Healthy Families America (HFA)	Functional Family Therapy
Parents As Teachers	Homebuilders
Brief Strategic Family Therapy	Motivational Interviewing for Substance Use
Multisystemic Therapy	Motivational Interviewing for Cross Case Management

Opportunities for Sustainability

Continuum of Options - Not One Size Fits All -

SMAA
(Administrative)

LEA BOP
Medi-Cal

Medi-Cal
Managed
Care
(SBHIP)

EPSDT

Federally
Qualified
Health
Center

Fee
Schedule

FFPSA
and
CSEC

MHSA

Meeting the Funding Challenges for Mental Health Services in Schools

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Resources

- School Mental Health Funding - California School Based Health Alliance ([Link](#))
- Public Funding for School-Based Mental Health Programs (CSHA) ([Link](#))
- CA-School-Mental-Health-Implementation-Guide - MHSOAC ([Link](#))
- Interconnected Systems Framework ([Link](#))
- Practical Guide for Financing Social, Emotional, and Mental Health in Schools - Breaking Barriers ([Link](#))
- Guidance to States and School Systems on Addressing Mental Health - SAMHSA ([Link](#))
- Local Educational Agency Medi-Cal Billing Option ([Link](#))
- Child Youth Behavioral Health Initiative ([Link](#))