

# 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"> <li>• Select targeted intervention(s) and student population to target with selected intervention(s)</li> <li>• Submit project plan (Milestone One) to DHCS</li> </ul>	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

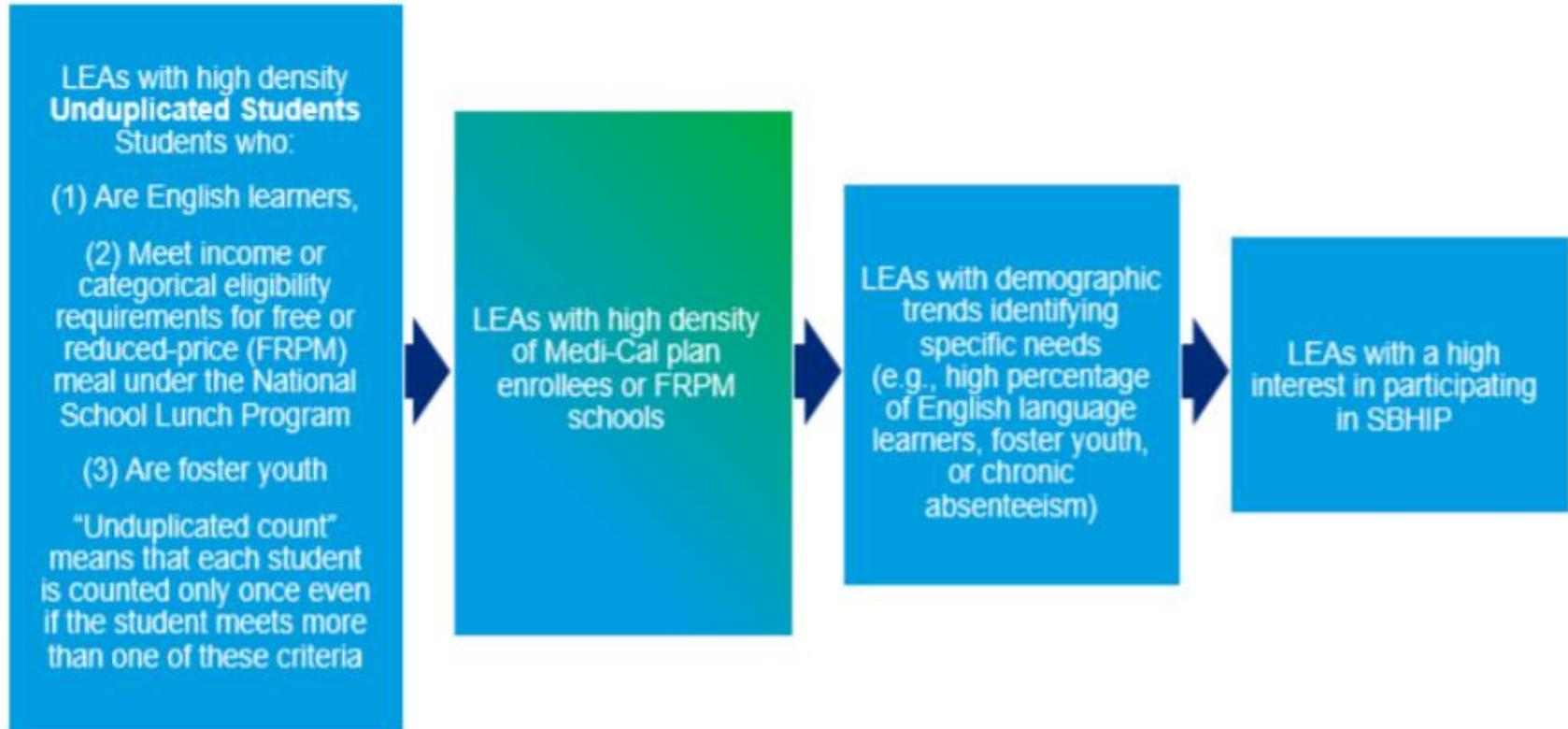
By 3/15, the COE and MCO must select LEA partners that will participate in the SBHIP.

- 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.

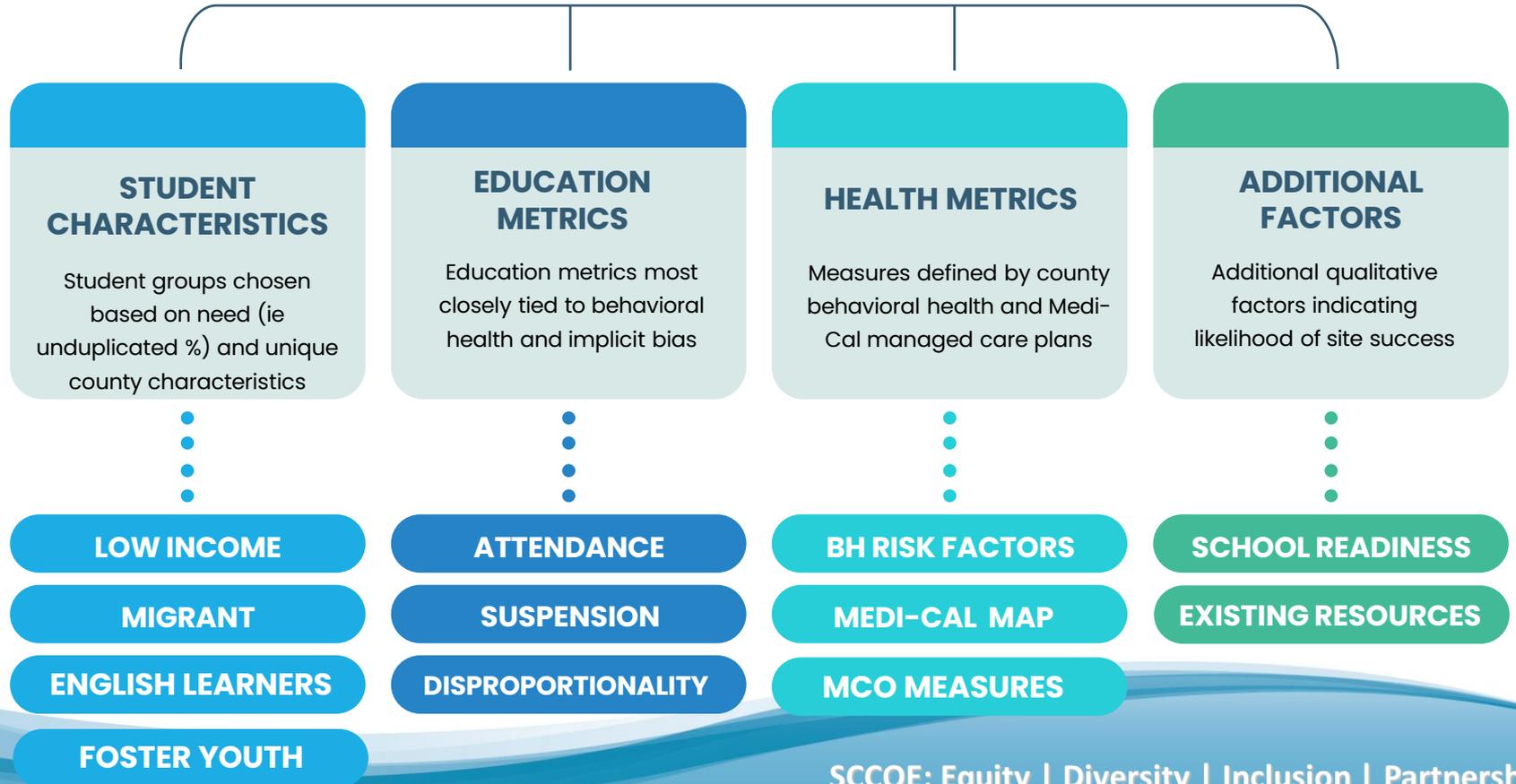


# WHAT ARE THE CRITERIA FOR SELECTING LEA PARTNERS?

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

### ADDITIONAL FACTORS

Additional qualitative  
factors indicating  
likelihood of site success

## 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?

