# Baseline Survey: County Office of Education (COE)

The Children and Youth Behavioral Health Initiative (CYBHI) is grounded in focusing on equity; centering efforts around children and youth voices, strengths, needs, priorities, and experiences; driving transformative systems change; and using ongoing learning as the basis for change and improvement in outcomes for children and youth.

As a part of CYBHI efforts to reimagine the systems, regardless of payer, that support behavioral health for all children, youth, and their families, the Department of Health Care Services (DHCS) is launching School-Linked Partnership and Capacity Grants to provide County Office of Educations (COE) and Local Education Agencies (LEA), with critical resources to promote adoption of the CYBHI statewide Multi-Payer Fee Schedule.

Partnership and Capacity grants should originate from a children, youth, and families centered approach. As [Breaking Barriers](https://www.chhs.ca.gov/wp-content/uploads/2023/02/Ecosystem-Working-Paper-_-ADA.pdf) highlights, all should feel a sense of belonging and be served in the spirit of no wrong door as they access care, preventive services and supports.

The following questions will support and should guide the development of your Partnership and Capacity Implementation Plan. Upon submission of this Needs Assessment and Partnership and Capacity Implementation Plan 50% of your allocated funds will be released.

Your responses will support capacity and partnership building in your county and inform future reporting. If you would like to pause the survey and resume at another time, you can do so at any time by resuming on the same browser (do not clear your browser cache or cookies). We recommend composing your answers beforehand and pasting them into the survey.

# Contact Information:

1. **County Office of Education** (Select from drop-down)
2. **Primary Point of Contact:** This should be the person who will act as the lead for your County Office of Education for the School-Linked Partnerships and Capacity Grant Program. This person would be expected to attend the collaborative learning and act as a liaison for the Program. There will be opportunity to include additional team members.

Primary Contact Name (First, Last):

Primary Contact Position/Title:

Primary Contact Email:

Primary Contact Phone:

1. **Secondary Point of Contact:** This should be a partner to the primary point of contact throughout this Grant Program.

Secondary Contact Name (First, Last):

Secondary Contact Position/Title:

Secondary Contact Email:

Secondary Contact Phone:

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| Respondents may find the following resources useful:[CYBHI School-Linked Partnerships & Capacity Grants Webpage](https://www.sccoe.org/yhw/cybhi/Pages/default.aspx)For questions or support with completing this survey please email: capacitygrants@sccoe.org |

# Readiness:

California’s Children & Youth Behavioral Health Ecosystem indicates that California’s child and youth behavioral health system today is underserving families, missing key resources and structurally siloed. The working paper identified 5 guiding principles:

* Integrated care should be informed by and understood through existing systemic inequities, societal context, community resilience, and whole-person care for children, youth, and families.
* The redesign and future changes to the system should originate from a children, youth, and families-centered approach.
* The continuum of support for children, youth and families should span from prenatal care to the transition to adulthood, and centrally concorporate the science of child development and learning,
* The system should be incentivized and rewarded for: accomplishing greater levels of integration and transparency on available services and supports, delivering more effective supports, and collectively improving outcomes for and with children, youth, and families.
* All should feel a sense of belonging and be served in the spirit of no wrong door as they access care, preventive services and supports.
1. **What service gaps for behavioral health have been demonstrated through county wide data?** (Select all that apply)
* **Medi-Cal Enrollment:** All LEAs must be Medi-Cal enrolled to be eligible to participate in the CYBHI Fee Schedule and to receive reimbursement for eligible services rendered under the Fee Schedule.
* **Service Delivery Infrastructure and Capacity Building:** LEAs must have sufficient existing service delivery infrastructure and capabilities to expand service offerings to meet the behavioral health needs of students, including those without an Individualized Educational Plan (IEP). In addition, they must demonstrate sufficient capacity (e.g., physical space, staffing, resources, contracts) to furnish services covered by the Fee Schedule.
* **Data Collection & Documentation:** LEAs must have defined policies and protocols for collecting, storing, and transmitting information to the State’s Third-Party Administrator (TPA).
* **Billing Infrastructure:** LEAs must be able to transmit sufficient data and information to the state’s Third-Party Administrator (TPA) to be able to file a claim. LEAs must also be able to receive payments from the TPA.
* **Other** (please describe)
1. **Please describe these service gaps in more detail.** (Suggested: 3-5 sentences)
*Please reference data sources which may include but are not limited to: SBHIP Needs Assessment, CHKS, Cohort 1 application, California Dashboard data, or additional data sources.*(Open response, narrative for each selection)
2. Please attach the data sources referenced for your descriptions of service gaps and additional priorities, if any. If you have multiple files to upload, please include all relevant files into one zip file.

# Medi-Cal Enrollment

Enrolling LEAs in Medi-Cal is the first step to directly providing and billing the Fee Schedule for behavioral health services. One of the eligible funding areas is Medi-Cal enrollment. Please answer specific to your COE, not on behalf of the county.

1. **Is your COE Medi-Cal enrolled?** (Yes, No, Not Sure)
2. **Does your COE intend on becoming Medi-Cal enrolled?** (Yes, No, Not Sure)
3. **Do you need assistance in becoming Medi-Cal enrolled?** (Yes, No, Not Sure)
4. **Please share any additional information** you may have about Medi-Cal enrollment and its connection to supporting school-based behavioral health services in your County?

(Open response)

**Service Delivery Infrastructure & Capacity Building: COE Support**

LEAs must have sufficient existing service delivery infrastructure and capabilities to expand service offerings to meet the behavioral health needs of students, including those without an Individualized Educational Plan (IEP). In addition, they must demonstrate sufficient capacity (e.g., physical space, staffing, resources, contracts) to furnish services covered by the Fee Schedule.

1. **Which area(s) does your COE provide support to your COE schools and LEAs to strengthen their behavioral health service delivery infrastructure and capacity building?** (Select all that apply)
* **Physical space:** support around developing designated locations for students to receive behavioral health services in a private setting at the school or school-linked site.
* **Staffing:** support around ensuring adequate staffing and/or the use of contracting models for behavioral health services.
* **Resources:** additional resources provided to LEAs to ensure capacity to provide services covered by the Fee Schedule.
* **Contracts:** support around developing and maintaining partnerships with CBOs, behavioral health provider organizations, county behavioral health departments, Managed Care Plans, and disability insurance plans.
* **Technological enablement:** Refers to supports related to technology or tools that increase access to behavioral health services for students or to improve service delivery.
* **Training for staff:** support around providing required training to behavioral health service providers/practitioners.
* **Other** (please describe)
1. **Building off the areas you selected, describe the ways in which your COE supports LEAs in your county to strengthen their behavioral health service delivery infrastructure and capacity building**. (Suggested: 3-5 sentences)

(Open response, narrative for each selection)

**Service Delivery Infrastructure & Capacity Building: Barriers**

1. **Which area(s) do you see as barriers to expanding behavioral health services provided by your COE to COE schools as well as LEAs in your county?** (Select all that apply)
* **Physical space:** support around developing designated locations for students to receive behavioral health services in a private setting at the school or school-linked site.
* **Staffing:** support around ensuring adequate staffing and/or the use of contracting models for behavioral health services.
* **Resources:** additional resources provided to LEAs to ensure capacity to provide services covered by the Fee Schedule.
* **Contracts:** support around developing and maintaining partnerships with CBOs, behavioral health provider organizations, county behavioral health departments, Managed Care Plans, and disability insurance plans.
* **Technological enablement:** Refers to supports related to technology or tools that increase access to behavioral health services for students or to improve service delivery.
* **Training for staff:** support around providing required training to behavioral health service providers/practitioners.
* **Other** (please describe)

**Building off the areas you selected, describe the barriers your COE faces in building service delivery infrastructure and capacity to expand behavioral health services.**

(Open response, single narrative)

**Service Delivery Infrastructure & Capacity Building: Required Support**

1. **Which area within service delivery infrastructure and capacity building to expand behavioral health services requires the most support at your COE?** (Ranking with 1 as highest priority and 7 as least)
	* **Physical space:** support around developing designated locations for students to receive behavioral health services in a private setting at the school or school-linked site.
	* **Staffing:** support around ensuring adequate staffing and/or the use of contracting models for behavioral health services.
	* **Resources:** additional resources provided to LEAs to ensure capacity to provide services covered by the Fee Schedule.
	* **Contracts:** support around developing and maintaining partnerships with CBOs, behavioral health provider organizations, county behavioral health departments, Managed Care Plans, and disability insurance plans.
	* **Technological enablement:** Refers to supports related to technology or tools that increase access to behavioral health services for students or to improve service delivery.
	* **Training for staff:** support around providing required training to behavioral health service providers/practitioners.
	* **Other** (please describe)
2. **Building off the areas you selected, describe the ways in which your COE requires support with behavioral health service delivery infrastructure and capacity building.**

(Open response, single narrative)

# Data Collection & Documentation: COE Support

LEAs must have defined policies and protocols for collecting, storing, and transmitting the following information to the State’s Third-Party Administrator (TPA) (as appropriate), including: student data and healthcare coverage information (e.g., subscriber name, date of birth, insurance provider, policy number, group number), provider network information (e.g., provider name, certification number), and information on the provision of behavioral health services (e.g., date of service, name of recipient, service location, treatment plans)

1. **In which area(s) does your COE provide support to your COE schools and/or LEAs to strengthen their data collection and documentation regarding behavioral health services?** (Select all that apply)
* **Provision of behavioral health services:** supports around ensuring that LEAs have policies & procedures for the collection, storage, and transmission of data related to the provision of behavioral health services.
* **Student health-related records:** supports around ensuring that LEAs have policies and procedures related to the collection, storage, and transmission of student-health related records, including student health insurance coverage data.
* **Provider information:** supports around ensuring LEAs have policies and procedures related to the collection of provider information.
* **Compliance with HIPAA & FERPA:** supports around ensuring LEAs have policies and procedures addressing compliance with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA).
* **Student treatment plans:** supports around ensuring LEAs have policies and procedures related to developing student treatment plans.
* **Parental consent:** supports around ensuring LEAs have policies and procedures pertaining to parental consent for the release of student information for the purpose of submitting claims to the TPA for payment.
* **Other** (please describe)
1. **Building off the areas you selected, describe the ways in which your COE supports LEAs in your county to strengthen data collection and documentation regarding behavioral health services.** (Suggested: 3-5 sentences)

(Open response, narrative for each selection)

# Data Collection & Documentation: Barriers

1. **Which area(s) do you see as barriers to expanding behavioral health services provided by your COE to COE schools as well as LEAs in your county?** (Select all that apply)
* **Provision of behavioral health services**: supports around ensuring that LEAs have policies & procedures for the collection, storage, and transmission of data related to the provision of behavioral health services.
* **Student health-related records**: supports around ensuring that LEAs have policies and procedures related to the collection, storage, and transmission of student-health related records, including student health insurance coverage data.
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* **Student treatment plans**: supports around ensuring LEAs have policies and procedures related to developing student treatment plans.
* **Parental consent**: supports around ensuring LEAs have policies and procedures pertaining to parental consent for the release of student information for the purpose of submitting claims to the TPA for payment.
* **Other** (please describe)
1. **Building off the areas you selected, describe the barriers your COE faces within data collection and documentation regarding behavioral health services.**

(Open response, single narrative)

# Data Collection & Documentation: Required Support

1. **Which area within data collection and documentation requires the most support at your county?** (Ranking with 1 as highest priority and 7 as least)
* **Provision of behavioral health services:** supports around ensuring that LEAs have policies & procedures for the collection, storage, and transmission of data related to the provision of behavioral health services.
* **Student health-related records:** supports around ensuring that LEAs have policies and procedures related to the collection, storage, and transmission of student-health related records, including student health insurance coverage data.
* **Provider information:** supports around ensuring LEAs have policies and procedures related to the collection of provider information.
* **Compliance with HIPAA & FERPA:** supports around ensuring LEAs have policies and procedures addressing compliance with Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA).
* **Student treatment plans**: supports around ensuring LEAs have policies and procedures related to developing student treatment plans.
* **Parental consent:** supports around ensuring LEAs have policies and procedures pertaining to parental consent for the release of student information for the purpose of submitting claims to the TPA for payment.
* **Other** (please describe)
1. **Building off the areas you selected, describe the ways in which your COE requires support with data collection and documentation regarding behavioral health services.**

(Open response, single narrative)

# Billing Infrastructure: COE Support

LEAs must be able to transmit sufficient data and information to the state’s Third-Party Administrator (TPA) to be able to file a claim. LEAs must also be able to receive payments. DHCS will require LEAs to have: a designated billing entity (e.g., COE, LEA, individual school-sites), sufficient technology infrastructure for claims submission (e.g., automated data sharing between providers and payers, medical billing software, claim analytics), and sufficient technology infrastructure for receiving payment remittance.

1. **In which area(s) does your COE provide support to your COE schools and/or LEAs to strengthen their behavioral health billing infrastructure?** (Select all that apply)
* **Billing entity:** supports around ensuring that LEAs have a designated entity responsible for billing.
* **Technology:** supports around ensuring LEAs have a HIPAA compliant technology infrastructure for claims submission & receiving payment remittance.
* **Claims administration:** supports around ensuring LEAs have the system and capacity to process claims.
* **Partnerships:** supports around ensuring that LEAs develop partnerships with Managed Care and Commercial Insurance Plans.
* **Other** (please describe)
1. **Building off the areas your selected, describe the ways in which your COE supports LEAs in your county to strengthen their behavioral health billing infrastructure** (Suggested: 3-5 sentences)(Open response, narrative for each selection)

# Billing Infrastructure: Barriers

1. **Which area(s) do you see as barriers to your COE providing support to COE schools and county LEAs to strengthen their behavioral health billing infrastructure ?** (Select all that apply)
* **Billing entity:** supports around ensuring that LEAs have a designated entity responsible for billing.
* **Technology:** supports around ensuring LEAs have a HIPAA compliant technology infrastructure for claims submission & receiving payment remittance.
* **Claims administration:** supports around ensuring LEAs have the system and capacity to process claims.
	+ **Partnerships:** supports around ensuring that LEAs develop partnerships with Managed Care and Commercial Insurance Plans.
	+ **Other** (please describe)
1. **Building off the areas you selected, describe the barriers your COE faces within behavioral health billing infrastructure.**(Open response, single narrative)

# Billing Infrastructure: Required Support

1. **Which area within behavioral health billing infrastructure requires the most support at your COE?** (Ranking with 1 as highest priority and 5 as the lowest)
* **Billing entity:** supports around ensuring that LEAs have a designated entity responsible for billing.
* **Technology:** supports around ensuring LEAs have a HIPAA compliant technology infrastructure for claims submission & receiving payment remittance.
* **Claims administration:** supports around ensuring LEAs have the system and capacity to process claims.
* **Partnerships:** supports around ensuring that LEAs develop partnerships with Managed Care and Commercial Insurance Plans.
* **Other** (please describe)
1. **Building off the areas your selected, describe the ways in which your COE requires support with behavioral health billing infrastructure.**(Open response, single narrative)

# Collective Impact

COEs may dedicate a portion of grant funding to projects that build a necessary collaborative infrastructure for coordinated systems that focus on the needs of children and families. Principles of collective impact include: developing a common agenda, mutually-reinforcing activities, continuous communications, shared measurement, and a strong backbone.

1. **Which area is your COE pursuing collective impact efforts focused on student behavioral health?** (Select all that apply)
* **Collaborative infrastructure for coordinated systems**
* **Designing a common collective agenda**
* **Shared measurement system to track progress**
* **Integrating activities across systems**
* **Other** (please describe)
1. **Building off the areas you selected, describe any countywide or multi-LEA collective impact efforts focused on student behavioral health.**

(Open response, single narrative)

# Collective Impact

1. **Which area does your COE see as the greatest opportunity to support collective impact in your county in support of student behavioral health?** (Select all that apply)
* **Collaborative infrastructure for coordinated systems**
* **Designing a common collective agenda**
* **Shared measurement system to track progress**
* **Integrating activities across systems**
* **Other** (please describe)
1. **Building off the areas you selected, describe what you see as the greatest opportunity to support collective impact in your county in support of student behavioral health.**

(Open response, single narrative)

# Resources & Support

1. **Which technical assistance would be most helpful for your COE in addressing the challenges to achieving operational readiness for the Fee Schedule?** (Ranking with 1 as highest priority and 5 as the lowest)
* **Medi-Cal enrollment**
* **Service delivery infrastructure and capacity building**
* **Data collection & documentation**
* **Billing infrastructure**
* **Other** (please describe)
1. **Describe any additional information around what you have selected above.**

(Open response)

# Final Thoughts

1. **What questions do you have about the grant program?**

(Open response)
2. **Is there anything else that you would like for us to know regarding your COE and your capacity to support your LEAs in implementing the Fee Schedule?**

(Open response)