**Baseline Survey: Local Education Agency (LEA)**

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.

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. **Local Education Agency** (Select from drop-down upon selecting COE)
3. **LEA Primary Point of Contact:** This should be the person who will act as the lead for your LEA for the School-Linked Partnerships and Capacity Grant Program.   
     
   Primary Contact Name (First, Last):

Primary Contact Position/Title:

Primary Contact Email:

Primary Contact Phone:

1. **LEA 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. DHCS has designed the School-Linked Partnerships and Capacity Grants Program to help address these challenges by increasing the number of LEAs who meet who meet the operational readiness requirements needed to join the behavioral health provider network and utilize the CYBHI [Fee Schedule](https://www.dhcs.ca.gov/CYBHI/Pages/Fee-Schedule.aspx); increasing availability, equity, and range of behavioral health  services in schools or school-linked settings; and developing or enhancing collaborative infrastructure.To access the CYBHI Fee Schedule, LEAs must indicate readiness in the following focus areas:

* **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.

**Fee Schedule Operational Readiness: Medi-Cal Enrollment**

Enrollment in Medi-Cal may be a priority for your LEAs to directly provide and bill the Fee Schedule for behavioral health services. One of the eligible funding areas is Medi-Cal enrollment.

1. **Is your LEA Medi-Cal enrolled?** (Yes, No, Not Sure)
2. **What barriers have your LEA encountered during the process of enrolling in Medi-Cal?**  
     
   (Open response)
3. **Please use the space below to provide any additional information regarding Medi-Cal enrollment.**  
     
   (Open response)

**Fee Schedule Operational Readiness: Service Delivery Infrastructure & Capacity Building**

In order to achieve operational readiness, 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. **Does your LEA have designated locations for students to receive behavioral health services in a private setting at the school(s) or school-linked site(s)?** (Yes, No, Not Sure)
2. **How many schools in your LEA have a private location for students to receive behavioral health services?**
3. **How many schools are in your LEA total?**
4. **Please use the space below to provide any additional information regarding private locations for students to receive behavioral health services.**  
     
   (Open response)
5. **Does your LEA have sufficient direct or contracted staffing to provide behavioral health services to students?** (Scale: Not at all sufficient, Slightly sufficient, Moderately sufficient, Extremely sufficient)
6. **Please use the space below to provide additional information regarding direct or contracted staffing for behavioral health services.**  
     
   (Open response)
7. **Describe your LEA's system to provide required training to behavioral health service providers and practitioners on topics, such as: training COE, LEA or school-site staff to deliver evidence-based interventions in school-based behavioral health services (e.g. training costs for Cognitive Behavioral Intervention for Trauma in Schools, hiring supervisors to help staff get Pupil Personnel Services credentialed).**  
     
   (Open response)

1. **Please use the space below to provide additional information related to service delivery infrastructure and capacity building.**  
     
   (Open response)

**Fee Schedule Operational Readiness: Data Collection & Documentation**

In order to achieve operational readiness, 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. **Which policies and procedures related to data collection and documentation does your LEA currently have in place?** (Select all that apply)

* Provision of behavioral health services
* Student health-related records
* Provider information
* Compliance with HIPAA & FERPA
* Student treatment plans
* Parental consent
* None of the above

1. **Please use the space below to provide additional information related to policies and procedures for data collection.**  
     
   (Open response)
2. **Describe your LEA's data management system for behavioral health services data (HIPAA) and how it is different from your student health information (FERPA) (e.g., electronic health record, student information system with support for health data).**  
     
   (Open response)
3. **Does your LEA’s data management system comply with the following?** (Select all that apply)
   1. Family Educational Rights and Privacy Act (FERPA)
   2. Health Insurance Portability and Accountability Act (HIPAA)
   3. State data privacy and medical confidentiality laws
   4. None of the above
4. **Describe your LEA's mechanism to provide training for staff, providers, and practitioners on data collection and documentation.**  
     
   (Open response)
5. **Please use the space below to provide additional information related to data collection and documentation that you would like to share.**  
     
   (Open response)

**Fee Schedule Operational Readiness: Billing Infrastructure**

In order to achieve operational readiness, 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. **Is your LEA a designated billing entity?** (Yes, No, Not Sure)
2. **Does your LEA have the technology infrastructure for Medi-Cal claims submission?** (Yes, No, Not Sure)
3. **Does your LEA have internal capacity or contracts to engage in Medi-Cal claims administration?** (Yes, No, Not Sure)
4. **Describe your LEA's existing partnerships with health plans.**  
     
   (Open response)
5. **Is there any additional information or need related to data billing infrastructure that you would like to share?**  
     
   (Open response)

**Final Thoughts**

1. **Is there anything else you would like us to know about your LEA and your capacity to implement the Fee Schedule?**  
     
   (Open response)