



California  
Children's  
Trust










# MARIN COUNTY **Medi-Cal Roadmap**





# Table of Contents

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 Acknowledgements	3
 Introduction	4
 California Funding & Policy Landscape	6
 Marin Demographics & Data	7
 Child-Serving Systems in Marin	8
 Youth Organizations	9
Youth Organizations Interviewed	9
 Current Recent Initiatives in Marin	10
Themes	10
 Opportunities in Marin	12
Outcomes	14
Areas to Watch	15
Recommendations by Role	16
 Appendix	
LEA BOP & SMAA Reimbursement Calculator	17

# Acknowledgements

This report was developed by The California Children's Trust (CCT) with funding and input from the Marin Community Foundation. The primary authors are Alex Briscoe, Principal, CCT; Aimee Eng, Director of Strategy and Education Partnerships, CCT; and Palak Shah, Consultant, Palak Shah Consulting LLC.

We are grateful to the following individuals and organizations for their contributions:

- » Abby Lucha, Family and Children's Law Center
- » Amie Carter, Marin County Office of Education
- » Angela Kriesler, Novato Unified School District
- » Balandra Fregoso, Parent Services Project
- » Benita McLarin, Marin County Health and Human Services
- » Berta Campos-Anicetti, North Marin Community Services
- » Bob Marcucci, San Rafael City Schools
- » Brian Robinson, Marin County Youth and Family Services
- » Bruce Lee Livingston, Alcohol Justice
- » Carolina Valverde, Mindful Life Project
- » Chandrika Zager, Marin County Behavioral Health and Recovery Services
- » Chistina Hawkins, Novato Unified School District
- » Connie Mann, Buckelew Programs
- » Dana Van Gorder, Spahr Center
- » Don Carney, Youth Transforming Justice
- » Don Jen, Marin Community Foundation
- » Emily Bugos, North Marin Community Services
- » Jahmeer Reynolds, Marin County Cooperation Team
- » Jeannine Curley, Opening the World
- » Jei Africa, Marin County Behavioral Health and Recovery Services
- » Jessica Colvin, SWELL Schools Well
- » Jessica Marker, Canal Alliance
- » John Bartolome, San Rafael City Schools
- » Jon Lenz, Marin County Office of Education
- » Julie Whyte, Youth Transforming Justice
- » Kelli Finley, NAMI Marin
- » Kevin Nguyen, UCLA
- » Kristen Gardner, Multicultural Center of Marin
- » Lisa Leavitt, Marin Community Clinics
- » Logan Martin, Shoreline Unified School District
- » Luna Hernandez Ramirez, Indigenous Healing Center
- » Marcia Quiñones, Marin Community Foundation
- » Maria Niggle, Marin Promise Partnership
- » MaryAnn McNamara, Mindful Life Project
- » Michael Andrews, Marin City Community Development Corporation
- » Monica Bonny, Canal Alliance
- » Orlando Wiggins, Marin City Community Development Corporation
- » Pegah Faed, First 5 Marin
- » Priscilla Miranda, Huckleberry Youth Programs
- » Samantha Klein, Marin County Probation Department
- » Shirin Vakharia, Marin Community Foundation
- » Traci Lanier, 10,000 Degrees
- » Wendy Pacheco, Youth Leadership Institute
- » Xania Bytof, Police Free Schools Marin
- » Zara Babitzke, Ambassadors Of Hope And Opportunity Project

# Introduction

There was a crisis in young people's mental health before the COVID-19 pandemic. The [U.S. Surgeon General's Advisory](#) reports that mental health challenges were the leading cause of disability and poor life outcomes in young people prior to the pandemic. Across the U.S. in 2016, about half of the 7.7 million children with treatable mental health disorder did not receive adequate treatment.

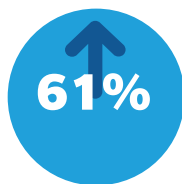
## Youth Mental Health Prior to the Pandemic



**Increase in inpatient visits for suicide, suicidal ideation, and self injury** for children 1–17 years old and 151% increase for children 10–14 years old.



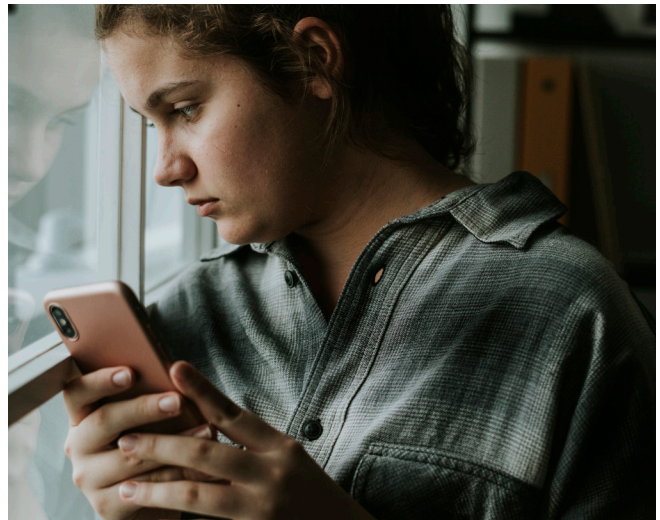
**Increase in mental health hospital days** for children between 2006 and 2014.



**Increase in the rate of self-reported mental health needs** since 2005.



**California ranks low in the country for providing behavioral, social, and development screenings** that are key to identifying signs of challenges.



Thirty-seven percent of students with a mental illness age 14 and older dropout of school—this is the highest dropout rate of any disability group. Half of all lifetime mental illness begins by age 14, yet the average delay between onset of symptoms and intervention is ten years.

This crisis is more alarming for black and brown children: the suicide rate for black children ages 5 to 12 is twice that of their white peers. Additionally, 70% of youth in California's juvenile justice system have unmet behavioral health needs, and youth of color are dramatically over-represented in this system.

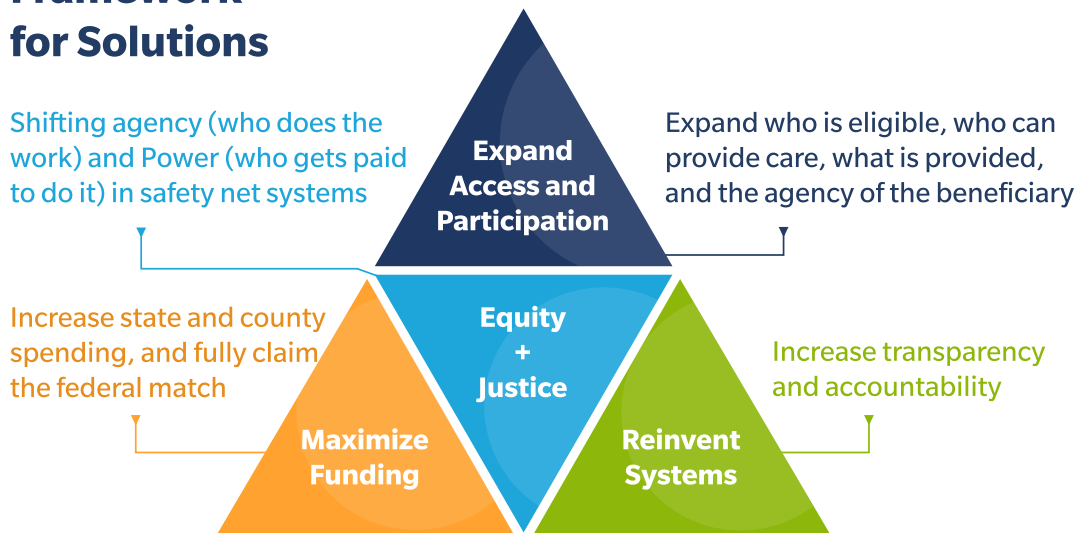
As anticipated, the impact of the COVID-19 pandemic has been stark on children's mental health. Emergency room visits for suspected suicide attempts in the U.S. were 51% higher for adolescent girls and 4% higher for adolescent boys in early 2021 compared to the same time period in 2019.

Medi-Cal, California's Medicaid program, is a federal entitlement program that provides free or low-cost medical services, including mental health services, for children and adults with limited income and resources. In California almost 6 out of ten children are covered by Medi-Cal—a 30% increase over the last five years. Yet 96% are not accessing services from county-administered Mental Health Plans and Medi-Cal Managed Care Organizations. California is in the bottom third nationally for health spending, at \$2,500 per child enrollee. Children represent 42% of the enrollees but only 14% of all expenditures.

The California Children's Trust is an initiative to achieve health equity and healthy development for California's children, youth, and families. The Trust seeks to reinvent California's approach to children's healthy development by focusing on three core strategies: 1) maximize funding 2) expand access and participation; and 3) reinvent systems. These three strategies are centered on Equity + Justice, recognizing that if we don't address root causes, including structural and systemic racism, we cannot achieve, sustain nor scale our vision of health equity and healthy development for California's children, youth, and families. In particular, these strategies focus on the Medi-Cal system and populations served by the Medi-Cal model.

In March 2021, the Marin Community Foundation supported the California Children's Trust to create a roadmap to transform Marin County's publicly-funded behavioral healthcare system by simultaneously identifying opportunities to maximize and align resources and engage the community in co-creating a comprehensive continuum of supports for children's healthy development. This report outlines the results of this engagement.

## Framework for Solutions



# 📍 California Funding & Policy Landscape

State leaders have made an unprecedented commitment to youth mental health recently. There are billions of dollars specifically or partially targeted towards behavioral health for youth.

California's [Children and Youth Behavioral Health Initiative](#) was announced in July 2021 with a \$4.4B investment over five years to enhance, expand and redesign the systems that support behavioral health for children and youth. The funding breakdown of this initiative spans stakeholders, but some of the most critical players are the Managed Care Plans, which will be receiving \$400M to develop and deepen partnerships with schools. The initiative also includes funding to increase the behavioral health workforce, to increase public awareness around Adverse Childhood Experiences and toxic stress, for trauma-informed educator training, to develop behavioral health virtual service platforms, and to scale evidence-based practices.

The Governor's budget also includes unprecedented funding towards schools, much of which could be utilized to complement or expand a broad array of behavioral health supports for students. The Expanded Learning Opportunity Grant program focuses not only on academic supports outside of the school day, but also social and emotional needs of students. The Community Schools Partnership Grants program allows school districts to develop or build on existing efforts that center schools as the hub for supporting students and families with academic, health, and social-emotional needs through partnerships with governmental and community services. Additional funding in the governor's budget that can include



- **Managed Care Plans (\$400 million)**
- **Competitive Grants Program (\$550 million)**
- **MHSA SSA funding (\$250 million)**
- **Workforce including BH Coaches (\$800 million)**
- **BH Virtual Platform (\$750 million)**
- **Expanding Evidence Based Programs (\$429 million)**

behavioral health supports include professional learning for school staff and increased funds for special education. These funding opportunities are *in addition* to a significant multi-year investment of federal and state stimulus resources in schools, much of which was directed locally towards expanding mental health supports.

Beyond funding commitments, policy changes indicate real signs of progress. **California Advancing and Innovating Medi-Cal (CalAIM)** is a long-term commitment by the state to transform and strengthen Medi-Cal. This includes taking into account social drivers of health and allowing children to be served in the system where they originally present their need, as opposed to being screened and sent elsewhere. However, the implementation of these policies will need to be tracked mindfully.

One of the major policy changes of CalAIM is the removal of diagnosis as a prerequisite for care such as therapy. This is pivotal in terms of more children accessing behavioral health care. However, recent proposals erode this by requiring a high trauma score as a mandate for services, essentially replacing the diagnosis with a different type of screening as opposed to allowing beneficiaries to determine their own needs.

The state is also expanding access to dyadic care—a form of therapy in which the infant or child and caregiver are treated together holistically. This acknowledges that children's mental health does not exist outside of the context of their family and community, and that holistic approaches are critical to serving youth.



- **Expanded Learning Opportunity Grant Program (\$4.6 billion)**
- **ELOP ongoing \$1.75 billion (proposed at \$4.4 billion)**
- **Learning Loss Mitigation (\$5.3 billion)**
- **Community School Partnership Grant Program (\$3 billion)**
- **Educator Effectiveness Grant (\$1.5 billion)**
- **HCSB/Special Ed/Other (\$1.5 billion)**



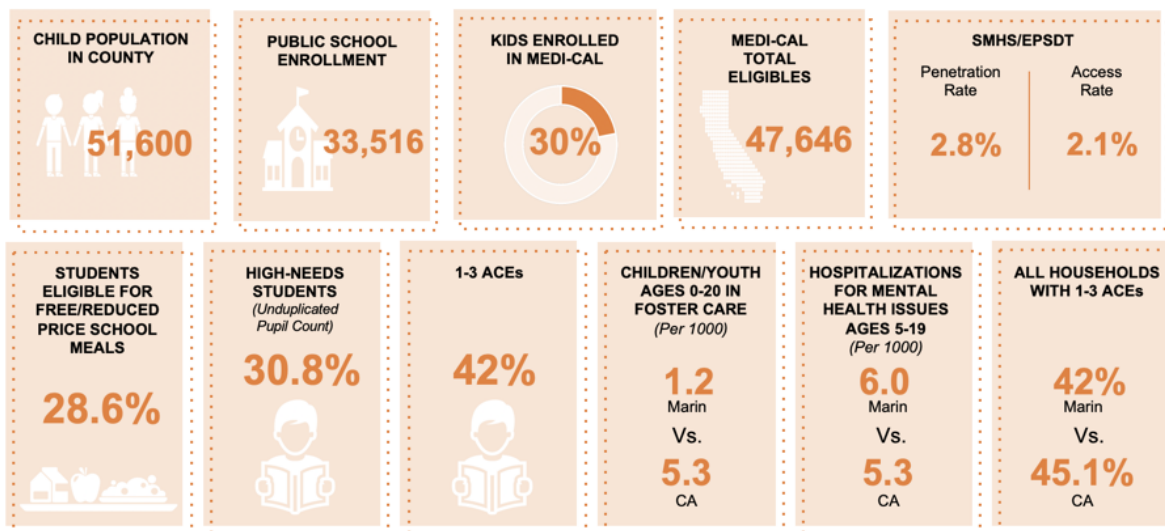
# Marin Demographics & Data

Marin County is the smallest county in the San Francisco Bay Area for both population and size with over 250,000 residents including over 50,000 children, of which 10% are in poverty

Thirty percent of children in the county are enrolled in Medi-Cal, yet less than 500 children receive specialty mental health services. Marin has a “County-Organized Health System” model of managed care, with nearly all children enrolled in one plan. Partnership Health Plan contracts with the state to deliver care to approximately 100% of Medi-Cal children in the County or about 15,000 children each month.

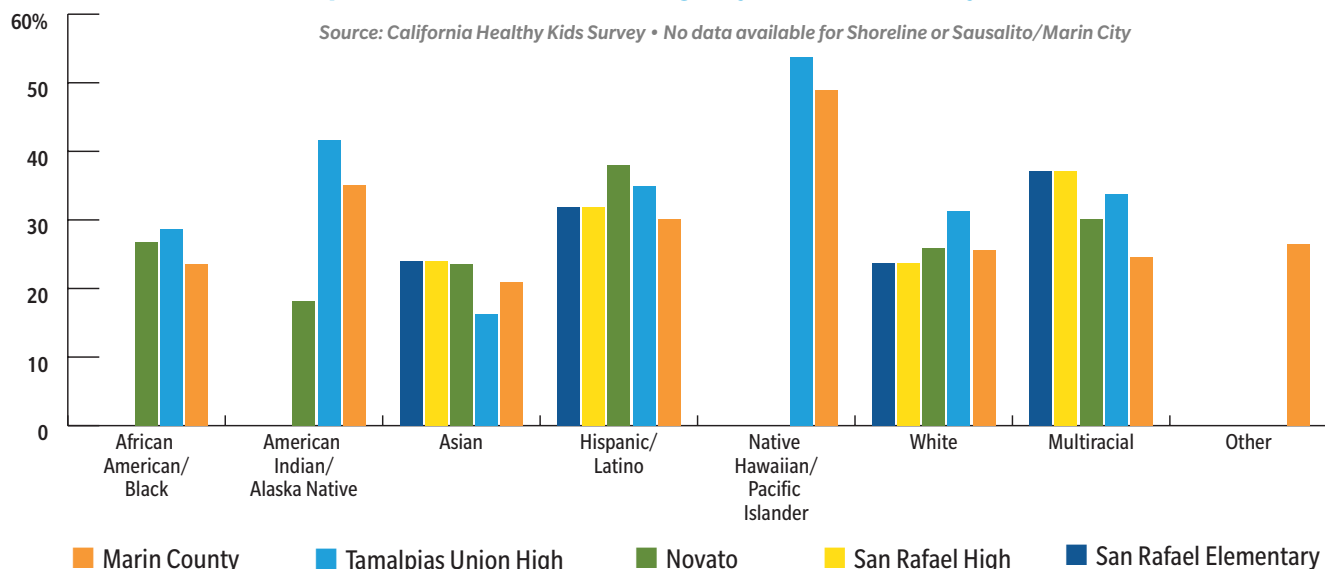
CCT’s analysis focused on six school districts in Marin: Sausalito/Marin City, San Rafael Elementary, San Rafael High, Shoreline, Novato and Tamalpais High. While about 29% of Marin County students qualify for free and reduced lunch, this ranges from 39% to 65% for the focus districts of this analysis, with the exception of Tamalpais at 11%. According to the California Healthy Kids Survey, Tamalpais, San Rafael High and Novato students expressed higher rates of depression-related feelings than their Marin County peers (data was not available for Shoreline and Sausalito/Marin City). African American, Hispanic or Latino, and Multiracial students in Tamalpais, San Rafael High and Novato saw higher rates of depression-related feelings than their Marin County peers and their white peers.

## Marin Dashboard and Demographic Data



## Depression-Related Feelings by Race/Ethnicity 2017–2019

Source: California Healthy Kids Survey • No data available for Shoreline or Sausalito/Marin City



# Child-Serving Systems in Marin

Marin County Health & Human Services	Marin County Office of Education	Marin School Districts	Marin County Probation Office	Medi-Cal Managed Care Plans	Federally Qualified Health Centers (FQHCs)	Community Based Organizations	Other
<ul style="list-style-type: none"> <li>Behavioral Health &amp; Recovery Services</li> <li>Division of Public Health</li> </ul>	<ul style="list-style-type: none"> <li>Special Education Local Plan Area (SELPA)</li> <li>Safe Schools &amp; Prevention Services</li> </ul>	<ul style="list-style-type: none"> <li>Novato</li> <li>San Rafael</li> <li>Sausalito/Marin City</li> <li>Shoreline</li> <li>Tamalpais</li> </ul>	<ul style="list-style-type: none"> <li>Juvenile Division</li> </ul>	<ul style="list-style-type: none"> <li>Partnership HealthPlan</li> </ul>	<ul style="list-style-type: none"> <li>Marin Community Clinics</li> <li>Coastal Health Alliance</li> <li>Marin City Health &amp; Wellness Center</li> </ul>	<ul style="list-style-type: none"> <li>Providers</li> <li>Advocacy</li> </ul>	<ul style="list-style-type: none"> <li>Philanthropy</li> <li>Cross-sector Collaborations</li> <li>Individual Community Members</li> </ul>

Marin County Health and Human Services (MHHS) and Marin County Office of Education (MCOE) are the major coordinating bodies and child-serving systems in the county. MHHS, and particularly its Behavioral Health & Recovery Services Division (BHRS) provide direct support to youth such as screening, early intervention, family support, outpatient treatment, and wraparound services.

MCOE works closely with Marin’s 18 school districts to facilitate mental health programming and provide special education support through the county’s Special Education Local Plan Area (SELPA). Districts provide mental health support to their students through various means, including in-house therapists, designated wellness centers, peer counseling, and external partnerships. However, funding remains a critical barrier to ongoing and expansion of support.

Other county departments also play a key role in adolescent mental health in Marin, including the Marin County Probation Office. While Marin has followed state trends in reductions of overall arrests and detention of youth, the county still sees disproportionate rates for youth of color. African-American and Latino youth represent 2.5% and 26% of the youth population in Marin, respectively; but, they represent 19% and 54% of the individuals booked into Juvenile Hall. Most youth who enter and penetrate the juvenile justice system had needs that were identified but not addressed at

an earlier age. Additionally, the Probation Office finds that a significant portion of youth referred have peer relationships driving their delinquency.

Marin has a “County-Organized Health System” model of managed care, with nearly all children enrolled in one plan. Partnership Health Plan is a non-profit community based health care organization that contracts with the state to deliver care to approximately 100% of Medi-Cal children in the County.

There are a few major Federally Qualified Health Centers (FQHCs) that provide services to Marin’s Medi-Cal eligible youth. Marin Community Clinics (MCC), one of the largest FQHCs in the county, has seven clinics across San Rafael, Novato, Greenbrae and Larkspur. In addition, MCC has two teen clinics in San Rafael (in partnership with Huckleberry Youth Programs) and Novato (in partnership with North Marin Community Services). The Teen Clinics provide confidential teen services, case management, short-term mental health counseling and other health services and education. MarinHealth Medical Network, which is a part of UCSF Health, has 42 clinics in Marin County: 24 in San Rafael, 16 in Novato, and 2 in Sausalito. Other FQHCs providing behavioral health services to youth in Marin County include Coastal Health Alliance and Huckleberry Youth Programs.



Community Based Organizations (CBOs) serve two functions in Marin: as providers and as advocates. The county, school districts and individual schools partner with various CBOs such as Bay Area Community Resources (BACR), National Alliance on Mental Illness (NAMI) Marin, North Marin Community Services, and Buckelew Programs to provide therapists in schools, crisis services, family education, counseling, juvenile justice diversion, and case management.

Some of these CBOs also feature advocacy arms that push for evidence-based and community-defined practices and policies in adolescent mental health. In addition, the county has several youth-led advocacy groups. The Marin County Youth Commission (MCYC), founded in 1969, is made up of 23 youth aged 12 to 23 years that organize and implement campaigns, draft policy, train other youth, and engage with the Marin County Board of Supervisors and other policymakers. Marin Against Youth Abuse (MAYA), a program of the Center for Domestic Peace, trains youth health advocates and peer counselors between the ages of 13 to 24 to advocate for healthy relationships. The Youth Advocacy Coalition of The Spahr Center is a group of high-school students who advocate for the LGBTQ+ community in Marin.

## Youth Organizations

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CCT interviewed a set of youth-serving organizations in Summer 2021, including a juvenile justice group, youth advocacy groups, youth leadership development groups, substance use intervention group, a wellness center, health organizations, and other resource and services centers.

It was commonly brought up that due to the affluent nature of the county, the needs of Black, Indigineous, and people of color (BIPOC) populations, newcomer populations, and other vulnerable populations (i.e., houselessness youth, sex-trafficked youth, and other at-risk youth) tend to be overlooked. The Novato area is sprawling and generally thought of as affluent, leading to the neglect of Latinx populations with many bilingual clinicians focused in the San Rafael and Canal areas instead.

Overall, however, the county has many existing organizations that support varying at-risk youth that covers basic needs; housing; education and career readiness; sexual and reproductive health; health and wellness; and mental and emotional wellbeing. Some organizations also utilize and found effectiveness with peer-to-peer interventions, community advocacy, restorative practices, and trauma-informed approaches.

As may be expected, many organizations reported struggles with staffing and funding. Smaller

organizations cannot compete with larger agencies that can pay more for clinicians. While consistent funding can be a struggle for many small nonprofits, the challenge that was called out was that many funding sources separate mental health services from other issues such as houselessness and substance use, which does not allow for a holistic undertaking of supporting an individual's diverse needs and limits the use of resources for mental health services.

### **YOUTH ORGANIZATIONS INTERVIEWED**

- » Alcohol Justice
- » Ambassadors of Hope and Opportunity
- » Canal Alliance
- » Huckleberry Youth Programs
- » Marin City Community Development Corporation
- » North Marin Community Services
- » Police Free Schools Marin
- » TUHSD / SWELL - Schools Well
- » Youth Leadership Institute
- » Youth Transforming Justice

# 📍 Current & Recent Initiatives in Marin

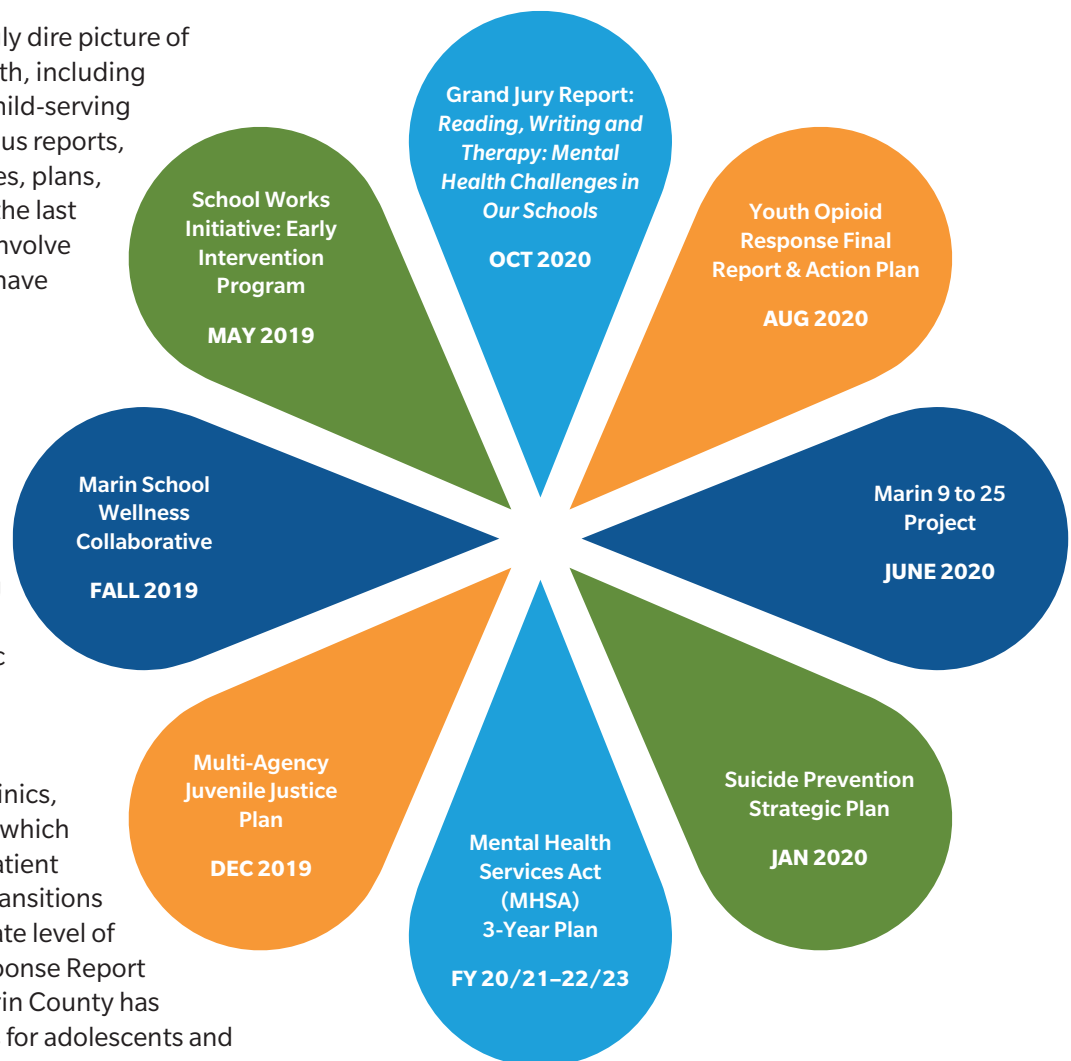
In response to an increasingly dire picture of mental health for Marin youth, including rising rates of suicide, the child-serving systems have released various reports, recommendations, strategies, plans, proposals and initiatives in the last three years. Many of these involve the MHHS and MCOE, and have interweaving strategies.

## THEMES

### Coordinated Systems

Multiple reports found that more coordination among and within the child-serving systems was critical. The Suicide Prevention Strategic Plan recommended a developing a coordinated system of healthcare, from hospitals, to primary care clinics, to student wellness centers which would include a standard patient assessment and seamless transitions for patients to the appropriate level of care. The Youth Opioid Response Report also found that, though Marin County has “an abundance of resources for adolescents and families” a key issue is “a lack of coordination among and within sectors, including education, community-based organizations, public health and health care delivery”.

Similarly, several reports lifted up the inequity of services across the various districts and schools, and the need for MCOE to centralize and coordinate mental health services. The Grand Jury Report found that many agencies are able and willing to support schools with mental health services, but that the burden of obtaining such services is left to individual school principals or administrators. Coordination “between schools and community agencies should be a high priority” according to the report, and the MCOE, which already facilitates mental health programming, should play a role in coordinating these services and resources.



However, it appears that these various reports and collaboratives are not working in silos, feature the same actors, and have aligned workstreams and strategies. For example, per a recommendation by the Grand Jury Report, the Marin Schools Wellness Collaborative is executing Strategy 6 of the Suicide Prevention Strategic Plan: “Foster safe and healthy environments on all school campuses” and the Youth Opioid Response Final Report & Action Plan also calls on the Marin Schools Wellness Collaborative to continue to assess high school wellness capability. The Marin School Wellness Collaborative is also working collaboratively with the School Works Initiative Early Intervention Program of the Marin County Probation Office to address issues related to high-risk youth. The Marin 9 to 25 Project has based some of its key work on recommendations from the Youth Opioid Response Final Report & Action Plan as well.

## Assessment & Screening

Standardized screening and assessment of youth was called out by multiple reports and plans in the last two years. The Youth Opioid Response Final Report & Action Plan states that “there is not standardized, widespread use of behavioral health screenings early enough to prevent conditions from becoming more severe.” Screenings often take place once an individual has identified risk or a referral has taken place. Strategy 2 of the Suicide Prevention Strategic Plan notes that in addition to adopting universal suicide screening protocols, that these need to be standardized across entities to create seamless transitions for patients. One of the goals of the Marin School Wellness Collaborative is to implement a universal screening tool for early identification and prevention.

## Funding

Marin’s school district’s funding varies greatly, with districts like Novato and San Rafael, which have higher populations of Latinx and newcomer students, having lower annual per-student funding. These disparities are important as data shows that Latinx students in Marin have reported higher levels of chronic sad or hopeless feelings than their white peers, and newcomer students are at heightened risk for school drop-out, homelessness and long-term mental health challenges due to poverty,

trauma, and dislocation. Wealthier and whiter districts are able to access and provide more wellness and therapeutic resources such as in-house wellness staff, school wellness centers, therapists, and partnerships with CBOs. The Grand Jury report recommends that some of this could be relieved by the MCOE taking on administrative costs by coordinating wellness services and connecting schools with community agencies.

Although there are abundant mental health programs for adolescents in Marin, many of the services provided by counties, schools, or contracted externally, are not billed for through the LEA Medi-Cal Billing Option (LEA BOP) or through the Schools Medi-Cal Administrative Activities Program (SMAA). The Marin School Wellness Collaborative, made up of the MCOE, MHHS, school district leaders, psychologists, therapists, NAMI Marin, and other community stakeholders, which works to “reform, enhance, and improve the mental health systems in our schools, and to create a model for replication” that “will be implemented in all of our 18 districts” does not receive any significant funding from LEA BOP for its services. A school billing analysis by the Marin 9 to 25 Project found schools were not currently billing Medi-Cal for services, and that “a county-wide solution to school billing and funding is likely the ideal option for school health and wellness sustainability.”





# 📍 Opportunities in Marin

Given the state funding and policy landscape and the Marin County context, CCT identified several opportunities where Marin County was uniquely positioned to impact healthy child development

- » **Dyadic Therapy/Family Therapy Adoption**

Training administrative staff at organizations that provide dyadic therapy to bill for Medi-Cal reimbursement

- » **Novato Unified LEA BOP & SMAA Optimization**

Novato Unified is one of the school districts in Marin that uses the Medi-Cal reimbursement process (LEA BOP). With the passage of the California State Plan Amendment (SPA) [15-021](#), LEA reimbursement can be expanded and further optimized to bill for a greater amount of or percent of services, including administrative services (SMAA)

- » **Other School District LEA BOP & SMAA Optimization**

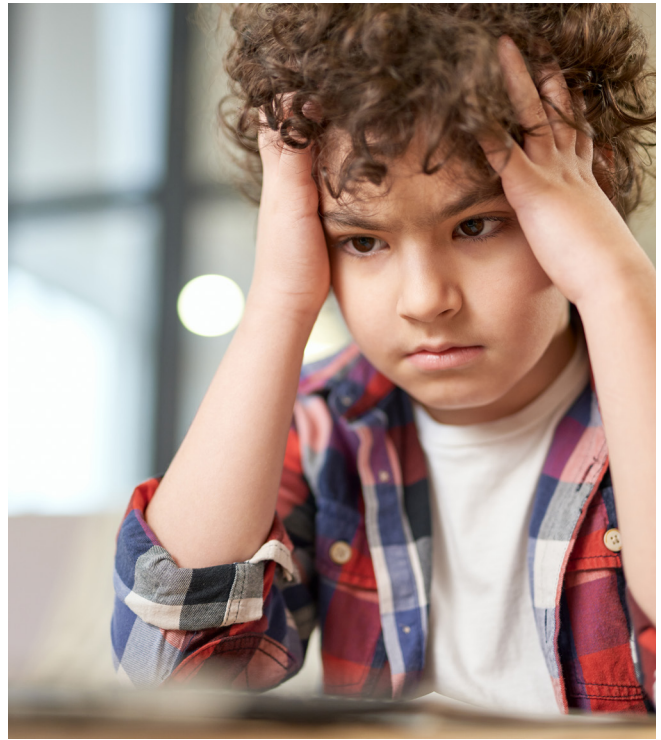
For other Marin school districts that do not bill for Medi-Cal reimbursement, there's an opportunity to set up systems to reimburse for services. However, given the number of qualifying services and students per district, setting up these systems for each district and utilizing administrative staff time to do this may cost more than the reimbursement amount. For these districts, a countywide approach to billing may make more sense and is worthwhile to explore. CCT conducted an analysis that estimated the reimbursement that Shoreline, Sausalito/Marin City, Tamalpais and San Rafael receive as compared to similar districts from across the state. (See analysis in appendix)

- » **School Health Programmatic & Sustainability Support**

Supporting school systems including districts, County Office of Education, and County Behavioral Health & Recovery Services to develop structures and obtain funding for Care of Services teams (COST), wellness centers, peer health programs and school health programs

- » **County Mental Health Plan Cost Reporting**

Working with County Behavioral Health & Recovery Services to analyze the opportunity to bill more optimally for Medi-Cal Administrative Activities (MAA)



- » **Medi-Cal Leveraging in Probation Office**

Working with the County Probation Office to analyze whether existing initiatives and funding such as the Youthful Offender Block Grant, Juvenile Justice Crime Prevention Act, and School Works Initiative can be leveraged and billed as Medi-Cal reimbursable activities

- » **CBO Claiming for Medi-Cal**

Working with local CBOs to understand their administrative capacity for Medi-Cal billing and developing structures to bill

- » **Partnership Health Plan Revenue Enhancement**

Partnering with Marin's Managed Care Organization, Partnership Health Plan, to pursue Child & Youth Behavioral Health Initiative funding, and integrate better systems for healthy child development such as enhanced care management, behavioral health coaches, and care coordination

The viability of these opportunities were analyzed along several criteria:

- » **Pathway to Implementation:**  
How easily can the opportunity be implemented?
- » **Speed of Implementation:**  
Can the opportunity be implemented within a year?
- » **Revenue Generation:**  
How much revenue will the opportunity generate?
- » **Leadership Buy-In:**  
How bought in are the systems leaders involved?
- » **Availability of Funding/Resources:**  
How much available funding or resources are there to implement the opportunity?
- » **Community Engagement:**  
Has the community raised the opportunity as a priority?
- » **Optimization of CCT Resources:**  
Is the opportunity the best use of CCT's expertise and resources?
- » **Congruence to CCT Mission:**  
How aligned is the opportunity to CCT's mission?

The opportunities were rated on a 1 to 5 scale, with 1 being the "least" and 5 being the "most" Adding up the scores, the highest numbers indicated which opportunities had the most viability



OPPORTUNITY	Pathway to Implementation	Speed of Implementation	Revenue Generation	Leadership Buy-In	Availability of Funding / Resources	Community Engagement	Optimizing CCT Resources	Congruence to CCT Mission	TOTAL
Dyadic Therapy / Family Therapy Adoption	4	3	4	3	3	3	4	4	28
Novato Unified LEA BOP / SMAA Optimization	3	3	2	4	2	1	3	4	22
Other School Districts LEA BOP & SMAA Optimization	2	2	4	3	4	3	3	4	25
School Health Programmatic & Sustainability Support	5	4	4	5	5	5	5	5	33
COST Report: BHRS Revenue Enhancement	4	4	4	5	4	4	4	4	33
Probation Office Medi-Cal Leveraging	4	4	5	4	3	2	4	3	29
CBO Claiming for Medi-Cal	4	3	3	5	3	3	3	4	28
Partnership Health Plan Revenue Enhancement	1	1	5	4	4	4	4	5	28

## OUTCOMES

### 1. Aligning and Informing Marin Systems Leaders

In August 2021, MCF and CCT jointly held a systems leader convening to reimagine child well being in Marin. The convening provided an overview of the reform landscape, new funding resources to support the journey of reform, and the role of public systems in reinventing systems at a local level. Attendees included executive leadership of school districts; directors and coordinators within Health and Human Services, County Office of Education, Behavioral Health and Recovery Services, and Probation; and, leadership from Partnership Health Plan. The convening resulted in increased momentum and buy-in from systems leaders and further engagement by CCT with these leaders to pursue the aforementioned opportunities.

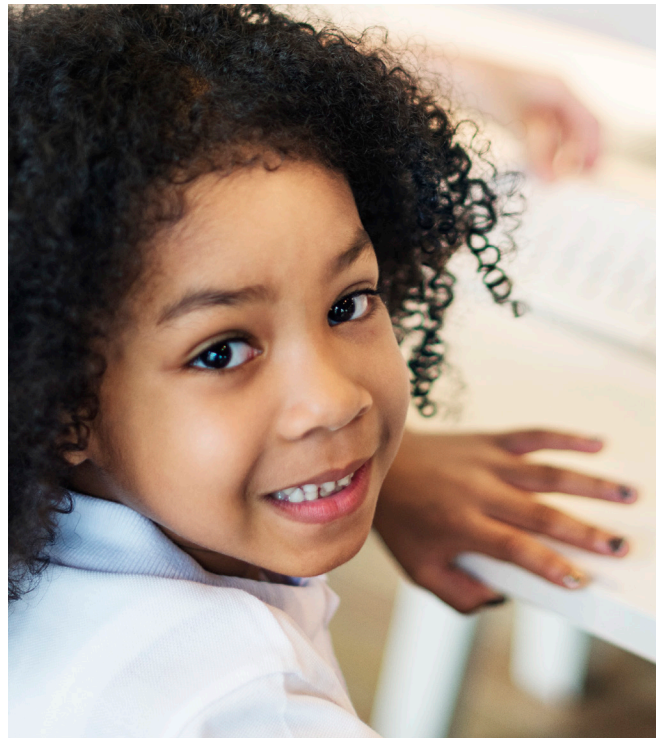
### 2. Aligning and Informing Marin CBOs

In February 2022, MCF and CCT jointly convened local youth-serving CBOs to provide an overview of the reform landscape, state funding resources, and the role that CBOs and local grassroots advocates can play to push for reform. Staff from over 20 youth-serving organizations attended the convening and engaged in a conversation on how to build the infrastructure to seize new opportunities, and how they can work collectively in Marin to advocate for resources.

### 3. School Health Infrastructure

Over the course of the grant, CCT worked closely with MCOE and BHRS to understand how county systems could support schools as the centers for child healthy development. This included a recommendation for MCOE, in collaboration with the Marin Schools Wellness Collaborative, to be the backbone and coordinating body to support school based and school linked mental health services for youth in Marin County. This would include setting a vision for county-wide support of mental health services for youth; coordinating with key institutions, partners, school districts, Partnership Health Plan, and other stakeholders; and developing a finance strategy that includes expanded Medi-Cal billing at the district and county level.

Additionally, CCT supported BHRS to optimize the state funding received for a Student Wellness Ambassador Innovation program, a centralized county-wide coordination, training, and evaluation structure for peer



wellness activities that will be managed by a full-time bilingual/bicultural Program Coordinator, housed at the Marin County Office of Education.

### 4. County Behavioral Health Revenue Maximization

CCT worked closely with the BHRS to understand the county's Medi-Cal claiming data. By analyzing the data alongside research and data from California's Department of Health Care Services, CCT shared how the county could optimize Medi-Cal Administrative Activities (MAA) billing by a significant amount. CCT conducted both a multi-year fiscal analysis and a series of training sessions for Marin County staff and leadership. An immediate and short-term opportunity for Marin is the inclusion of CBOs in the Mental Health MAA program.

### 5. Marin Community Clinics as Healthy Steps Site

CCT supported Marin Community Clinics to be established as a HealthySteps site, a model in which a child development specialist joins the child's pediatric primary care team to support early development and well-being. This included setting up the administrative infrastructure to bill Medi-Cal for these specialists.





## AREAS TO WATCH

### *Public Systems as Purchasers*

In recent years there has been a trend of county mental health departments shifting from the providers of behavioral health care to the purchasers of services. While county mental health providers still do provide services, funding that the county receives through the Mental Health Services Act (MHSA) is going out to local organizations and service providers. This is true of school districts as well - there is a growing trend of school districts utilizing and partnering with local organizations to serve their youth. There are several advantages to public systems taking this approach including cost efficiencies and community relevancy and responsiveness.

### *The Emerging Role of CBOs*

Thus it is CBOs that are taking on a greater role serving youth and families. These organizations are rooted in communities, often have existing relationships and trust with youth and families. CBOs are often able to provide culturally sensitive and holistic services that often meet the youth and families where they are. The expansion of which providers are eligible for Medi-Cal reimbursement, in particular peer specialists, behavioral health coaches, community health outreach workers/promotores and doulas, also shifts the power and agency around who provides services and who gets paid.

### *Centering of Race and Class*

The movement following the murder of George Floyd laid bare the calls for racial equity that had been voiced for decades. Schools and behavioral health took center stage with calls for removal of school resource officers, and renewed energy to address racial trauma in youth spaces. Youth of color and low-income youth are disproportionately impacted by [adverse childhood experiences](#). New policies seek to address these gaps, for example by removing diagnosis as a prerequisite for behavioral health services.

### *Centering Schools*

Schools play a central and irreplaceable role in communities, and the COVID-19 pandemic has made that evident. As schools shut down in March 2020, they became hubs for distributing basic needs such as food, technology, and health resources. Schools also heard from their students, staff, and communities about the pain from the loss of social connections. Many of the things that keep students and families connected, strong, and resilient are naturally built into the structure of schools. Recent funding, including the [Community Schools Partnership Program](#) and the [Children and Youth Behavioral Health Initiative](#) lean into schools as places of healing and wellness for students. This historical investment can be used strategically to shift practices, create infrastructure and plan for sustainability of school health programs in schools.

## RECOMMENDATIONS BY ROLE

### CBOs

1. **Build coalition to jointly advocate for resources.**  
The new funding landscape and the shifting of agency towards CBOs presents an opportunity for CBOs ranging from small to large to work together to more strategically align and acquire resources to better respond to the urgency of youth behavioral health needs in the county. Developing multi level advocacy capacity (to elected leaders, appointed county leaders, and other grassroots organizations) is a proven mechanism to expand services.

### County Systems

1. **Establish MCOE as the backbone and coordinating body to support school-based and school-linked mental health services for youth in Marin County.** This would include setting a vision for county-wide support of mental health services for youth; coordinating with key institutions, partners, school districts, Partnership Health Plan, and other stakeholders; and developing a finance strategy that includes expanded Medi-Cal billing.
2. **Optimize County Medical Administrative Activities (MAA) billing** to fully account for all activities that could be categorized accordingly.
3. **Leverage the backbone structure to map the significant funding opportunities presented by the Children and Youth Behavioral Health Initiative and CalAIM,** including new provider class implementation, payment reform in specialty mental health, and new grant programs that roll out in 2022-2023.

### Managed Care Organizations

1. **Partner with school districts to understand the needs of students and families.** In particular, understand the entrenched and oppressive systems at play for communities and the unique opportunity to reimagine behavioral health support for youth in a way that does not pathologize and celebrates culturally sensitive resources.
2. **Use SBHIP funding to set up the infrastructure** for ongoing contractual partnerships with schools that will last beyond the timeline of the program.

### School Districts

1. **In Novato Unified School District, build the capacity to bill for the LEA Billing Option Program (BOP) and school Medi-Cal Administrative Activities (SMAA).** Novato Unified is one of the school districts in Marin that already uses the Medi-Cal reimbursement process and has an experienced staff overseeing the program. With an increased investment in staff capacity, Novato's program is well positioned to take greater advantage of the recent SPA and further optimize reimbursement through billing for a greater amount of or percent of services.
2. **Implement a relationship with Marin's Managed Care Organization, Partnership Health Plan.** Managed care organizations (MCOs) are receiving historic funding to coordinate with schools through the [Student Behavioral Health Initiative Program \(SBHIP\)](#). Partnership Health Plan and MCOE have already established a partnership to develop the SBHIP in Marin County, including submitting a Letter of Intent to the state. This partnership has been established and commitments are forthcoming. Given the robust reports, analyses, and initiatives that have been conducted and exist in Marin, there is an opportunity to work in collaboration with the county, school districts, and community-based providers during the SBHIP needs assessment process to identify how the Managed Care Organization can support and expand existing recommendations, strategies, and targeted interventions. For example, Partnership Health Plan could fund care coordination in schools which is aligned with wellness center and community school strategies.
3. **Remain informed about the latest funding opportunities and policy changes.** The reform landscape is complicated and evolving, and school districts must continue to engage in order to strategically serve youth. LEA directed funding includes the \$4.4B [Expanded Learning Opportunity grants](#) and the \$3.8B [Community School Partnership Program](#). Applications are out or due out in the next six months. These funding opportunities and policy changes should be looked at holistically and comprehensively to transform and sustain the school health continuum in Marin County.

# APPENDIX

## LEA BOP & SMAA REIMBURSEMENT CALCULATOR

The table below shows the actual BOP (Billing Option Program) and SMAA (School Medi-Cal Administrative Activities) reimbursements by school district. Based on enrollment figures and percent of students who are low-income (Free and Reduced-Price Meal [FRPM]) or Special Education, CCT has projected potential reimbursements. The orange columns represent the difference between the actual and projected reimbursements, i.e. the potential increase in reimbursement for each school district.

LEA	Census Day Enrollment	Percent FRPM Eligible	Percent Sp Ed Enrollment	Actual BOP Reimbursement	BOP Reimbursement Projection	Potential Increase in BOP Reimbursement	Actual SMAA Reimbursement	SMAA Reimbursement Projection	Potential Increase in SMAA Reimbursement
Novato Unified	7,849	35%	11%	244,652	430,625	185,973	87,765	344,500	99,848
San Rafael City Elementary	4,713	64%	11%	-	260,125	260,125	-	208,100	208,100
San Rafael City High	2,557	49%	10%	-	134,000	134,000	-	107,200	107,200
Sausalito Marin City	536	48%	12%	11,551	36,125	24,574	-	28,900	17,349
Shoreline Unified	512	51%	15%	-	38,750	38,750	-	31,000	31,000
Tamalpais Union High	4,762	9%	10%	-	252,625	252,625	-	202,100	202,100
Average	3,488	43%	12%	42,701	192,042	149,341	14,628	153,633	110,933

### Definitions

**LEA:** Local Education Agency. Often refers to a school district.

**FRPM:** Free and Reduced Price Meal. Often used as a proxy measure for students living in poverty.

**BOP:** Medi-Cal Billing Option Program. Reimburses LEAs for approved health-related services provided to Medi-Cal eligible students.

**SMAA:** School-Based Medi-Cal Administrative Activities. Reimburses LEAs for administering the Medi-Cal program.

### Methodology & Notes

- » All figures represent averages from FY15/16 through FY18/19 (the most recent years with complete data available).
- » In general, LEAs serving fewer than 3,000 students and/or fewer than 20% FRPM eligible students may not generate enough reimbursement to warrant investment in the Medi-Cal claiming process.
- » Projections are based on multi-year averages of high-performing LEAs; these projections are likely on the low side as they do not incorporate the recent changes to the program that expand eligible services to general education students and eligible providers to new positions. Targeted Case Management (TCM) may also improve reimbursement potential.

Sources: Ed Data, DHCS