California Student Mental Health Implementation Guide

Purpose: This guide is intended to support local education agencies (LEAs) and county behavioral health departments (BHDs) as they partner to deliver comprehensive, high-quality school mental health services for California students. These collaborative efforts can be challenging, and although helpful information and tools exist, they are spread out in many different places. The goal of this resource is to create a library of accessible tools organized around critical topics and challenges. Each section includes an overview of the topic and a collection of related resources. A glossary is included for your convenience.

Click on a section to get started!

Section 1: Overview of School Mental Health

Section 2: Equity and Anti-Racist School Mental Health

Section 3: Youth Engagement

Section 4: Needs Assessment

Section 5: Planning and Partnerships

Section 6: Coordination and Collaboration

Section 7: Staffing and Facilities

Section 8: Legal and Liability

**Section 9: Funding and Sustainability**

Section 10: Evaluation

Section 1: Overview of School Mental Health

School mental health involves addressing the mental health needs of students within an educational setting. It encompasses a holistic approach that promotes emotional well-being, psychological resilience, and the development of coping skills. By actively addressing the mental health needs of students, schools contribute to creating a positive and supportive learning environment. This, in turn, enhances students' overall academic performance, social interactions, and long-term success. A focus on school mental health not only benefits individual students but also fosters a healthier and more inclusive school community.

School mental health is closely aligned with ongoing school and health care initiatives across the state of California, including:

- **Multi-Tiered Systems of Support** and **Positive Behavioral Interventions and Supports (MTSS** and **PBIS)** guarantee that system-wide changes are in place to secure the success and well-being of every student. What is PBIS? MTSS Pyramid
- **Social and Emotional Learning (SEL)** implemented in classrooms and throughout the entire school aims to enhance students' social skills, emotional literacy, and serve as a preventive measure against the development of mental health concerns. Advancing Social and Emotional Learning
- **Children and Youth Behavioral Health Initiative (CYBHI)** is a five-year, multi-billion dollar state initiative launched in 2021 to create a more integrated, youth-centered system of support that allows youth to find mental health and substance use needs where, when and in the way they need it. CHBYI Overview
- **School-Based Health and Wellness Centers** are student-focused centers located on or near schools that provide age-appropriate, clinical health care services on site, and are organized through school and community partnerships. School-Based Health and Wellness Centers
- **Community Schools** establish vital partnerships with the community to enhance academic outcomes, engage the whole child, and support family development, thereby ensuring that students, families, and community members actively participate in decision-making processes for a holistic and accessible education. What Is a Community School?
- **Trauma-informed classrooms and practices** aim to create classrooms and schools that support staff and student's resilience from experiencing overwhelming stress and traumatic experiences. Trauma-Informed Classrooms
- **Restorative Justice** initiatives aim to change the system wide discipline system, increasing social connections and reducing inequitable exclusionary discipline practices. Restorative Justice in Action
- **Suicide prevention policies in schools** are creating supportive environments that enhance students' sense of connection and education for warning signs and how to intervene. California Department of Education Youth Suicide Prevention

While this guide curates tools for building school mental health services and programs, none of these efforts should happen in isolation from other school and county initiatives.
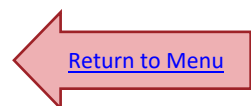
Implementing School Mental Health involves addressing the school environment and policies shaping the daily experiences of staff and students. It goes beyond increasing access to specific interventions, focusing on the entire school community and climate. These initiatives aim to cultivate positive school climates and cultures through supportive student and staff relationships, complemented by more targeted services for students requiring intensive support, thus forming a comprehensive approach to enhancing student mental health.

A note about language: we try to use the terminology, "mental health," consistently throughout this guide to cover the continuum of school-based services, from prevention to treatment, that address a student's sense of wellbeing. However, some linked resources use the terminology, "behavioral health." The Substance Abuse and Mental Health Services Administration (SAMHSA) defines behavioral health as "the promotion of mental health, resilience, and wellbeing; and the treatment of mental and substance use disorders." Some community members have experienced the term "behavioral" as stigmatizing, ignoring the impact of racism and poverty on children's health. The California Children's Partnership suggests terminology such as "social, emotional, and mental health" to be more inclusive of the challenges facing children and youth.

Resources (some resources appear in multiple sections)	
School-Based Mental Health: Improving School Climate and Students' Lives (California School-Based Health Alliance) - fact sheet that summarizes the impact of mental health on students, why school-based mental health is important, and some guiding best practices	Overview: School-Based Mental Health Programs (California School-Based Health Alliance) - two-page fact sheet describing various school mental health programs and interventions, including an overview of the multi-tiered approach to school mental health
Every Young Heart and Mind: Schools as Centers of Wellness (Mental Health Services Oversight and Accountability Commission) - report from the Subcommittee on Schools and Mental Health that reviews the need for school-based mental health services and provides state recommendations to improve mental health access and outcomes as well as increase academic success	Multi-Tiered System of Support (MTSS) School Mental Health Pyramid (California School-Based Health Alliance) - framework around which schools can focus on different types of mental health interventions based on tiers of universal, targeted, and intensive supports
Advancing School-Based Mental Health in California (The Children's Partnership) - brief guide making the case for mental health centers in schools, key components of a school-based mental health system, funding, and start-up considerations	Governor Newsom's Master Plan for Kids' Mental Health (State of California) - Governor Newsom's 2021 plan to increase access to mental health resources and services
Supporting California's Children Through a Whole Child Approach: A Field Guide for Creating Integrated, School-Based Systems of Care (Breaking Barriers) - guide created by a collaborative of California	Youth at the Center (CYBHI Cal HSS) - summary of CYBHI vision to build a new children and youth behavioral health ecosystem
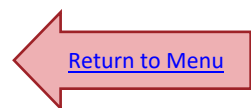
child-serving experts to further efforts toward one effective, integrated, comprehensive, school-based child-serving system

[Summaries of County-School Partnerships to Advance School Mental Health](#) (California School-Based Health Alliance) - descriptions of how local entities in seven counties are partnering to advance school-based mental health services. Information is provided about what services are included in the initiatives, who the lead partners are and how the partnerships evolved, how coordination is supported, and what funding is leveraged

[Improving Coordination and Access to Comprehensive School-Based Mental Health Services in California: A Preliminary Landscape Analysis](#) (CCNetwork) - landscape analysis to understand the current state of school-based mental health referral pathways in California, including key findings and strategies for consideration

[MHTTC National School Mental Health Best Practices: Implementation Guidance Modules for States, Districts, and Schools](#) - helps states, districts, and schools advance comprehensive school mental health, as well as engage in a planning process around implementation of services

[California School-Based Health Alliance](#) website (CSHA) - online resource for tools, guides, and data to support school-based health centers and school-based health programs

[SBHCs: The Model for Delivering Mental Health Care in Schools](#) (CSHA) - Fact sheet on SBHCs, with examples of tiered supports

[Working Paper: California's Children and Youth Behavioral Health Ecosystem](#) (Breaking Barriers) - describes what a more integrated and equitable mental and behavioral health system would look like

[Advancing Comprehensive School Mental Health Systems](#) (National Center for School Mental Health) - resource to understand and bring consensus to the quality domains of school mental health

[Reshaping the Future of Child Wellness](#) (Los Angeles Unified School District) - LAUSD recommendations for school-based mental health with policy, fiscal, and practical implications that could sustain and expand school-based mental health services

[Tulare County Office of Education Acronyms List](#) - List of common acronyms to support cross communication between education and mental health agencies

[An Introduction to the Wellness Center Model (Santa Clara Office of Education](#) - framework for incorporating Wellness Centers, including implementation guidance, logistics, evaluation, and resources.

[Promoting Mental Health and Well-Being in Schools: An Action Guide for School and District Leaders](#) (Centers for Disease Control and Prevention) - describes six in-school strategies that are proven to promote and support mental health and well-being, along with specific ways to put the strategy into action via evidence-based policies, programs, and practices

[How Schools Can Support Student Mental Health and Well-Being](#) (National Center for Youth Law) - toolkit on how to create and sustain supportive schools, which summarizes an array of resources developed to support student mental health and provide actionable steps for school staff and administrators to implement best practices
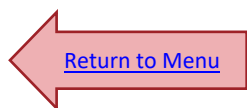
Section 2: Equity and Anti-Racist School Mental Health

It is critical to address the systemic racism that students, families, and communities experience. School mental health sits between two structures and systems - education and health care, particularly mental health care - that have deep histories in racist practices and structural biases. These biases persist today, and because of this, each action or decision made must be **actively anti-racist** in order for our initiative to achieve equity.

While this section serves to highlight its importance independently, using an anti-racist and equity lens is integral and needs to be woven into every aspect of implementing school mental health.

Addressing equity and creating anti-racist schools and school-based services is deep, challenging, and ongoing work. This is not one step or one section in the process of building school mental health programs and services. These are values, practices, critical conversations, and lifelong learning and humility that must be knitted throughout our school mental health partnerships, planning, and implementation. Most importantly, consideration must be given to integrate this hard work from the beginning *and* on an ongoing basis.
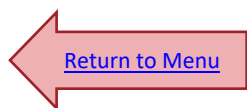
In this guide, there are a number of resources that explore anti-racist and structural biases in mental health delivery, organizations broadly, and school mental health systems specifically. As leaders in regional, county, or local organizations and agencies interested in building school mental health systems and programs, please consider these questions as you explore the ongoing work of dismantling biases, racism, and white supremacy in the initiatives you create:

- Reimbursement and sustainability for school mental health services (for example, through Medi-Cal funding) is currently inextricably connected to determinations of eligibility. How does this structure based on eligibility and classifying students for care create barriers to care through a deficit model, often deeply connected to structural biases?
- Are school mental health services structured (i.e. referral protocols, coordination) to be in service to or as an alternative to punitive discipline practices (i.e. suspensions, expulsions, and interactions with police)? Research shows that school discipline practices have a disproportionately negative impact on students of color.
- What is the racial make-up of your leadership team, decision-makers, school staff, and mental health providers? What is the racial make-up of the student body and the students receiving mental health services? Oftentimes our decision-makers, teachers, and school support staff do not reflect the student populations served which can contribute to bias in the services provided to students. Do you have recruitment practices that aim to build a more representative workforce that reflects the student population? Do educators, staff, and providers receive on-going training in providing culturally-responsive care?
- Explore current racial disparities in your education and mental health systems. Are students of color more likely to be suspended? Are youth of color more likely to receive a formal mental health diagnoses? Are youth of color disproportionately represented in special education? Why do these disparities exist? Everyone's thoughts and actions have been affected by living in a systemically and
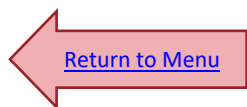
structurally racist society – it is important that team members are familiar with implicit bias, how it impacts others, and recognize that even well-intentioned individuals often have room to learn.

- How are school mental health programs and interventions built on resilience, collective care, and empowerment rather than ideas of saviorism or paternalism?

Resources	
Webinar Recordings and Training Materials [Youth Perspectives on COVID-19, Racism and Returning to School](#) (National Center for School Mental Health) Supporting School Mental Health in the Context of Racial Violence (Mental Health Technology Transfer Center Network) - [Session 1: Learning From and With Students, Caregivers, Advocates and Systems Leaders](#) - [Session 2: Learning from and With the School Mental Health Workforce (School Counselors, Psychologists, and Teacher Educators)](#) [A Growing Dilemma: Police Violence, Mental Health, and Black Communities](#) (Howard University School of Law) - an overview of how police brutality and other forms of police violence directly affect the mental health and well-being of individuals who experience it firsthand **Resources for Schools and Educators** [Ways 2 Equity Playbook](#) (Santa Clara County Office of Education) - a guide for education leaders designed to facilitate the overhaul of deeply embedded inequities in the current educational system [Equity Blueprint for Action](#) (San Diego County Office of Education) - provides recommendations to support school communities to articulate how they will interrupt inequities in our systems and implement culturally responsive practices and policies that support all children	**Articles and Reading Materials** [The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement](#) (by Shawn Ginwright Ph.D., on Medium.com) [Refocusing School-Based Mental Health with an Equity Lens: Support, Engage, Empower](#) (Center for Educational Improvement) [Trauma, Racism, Chronic Stress and the Health of Black Americans](#) (SAMHSA's Office of Behavioral Health Equity) - addresses the impacts of racism and suggests Evidence Based Interventions [Critical-Multiculturalism, Whiteness and Social Work: Towards a More Radical View of Cultural Competence](#) (Fix School Discipline) - addresses anti-racism in social work and mental health. [HEARTS: A Whole School, Multi-Level, Prevention and Intervention Program for Creating Trauma-Informed Safe and Supportive Schools](#) (Fix School Discipline) - one example of how to use trauma-informed mental health systems in schools to reduce exclusionary discipline [How to Effectively Talk About Race](#) (Dr. Ken Hardy) - a summary of Dr. Hardy's recommendations about how to talk about race and racism (differentiates the tasks of a white person vs. tasks of a person of color)

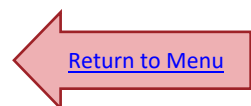|	
[Culturally Sensitive Trauma-Informed Care of Students presentation](#) (Tulare County Office of Education) - presentation slides for a training provided to school mental health providers	[Healthy Schools Can Create More Racially Equitable Communities](#) (Child Trends) - examines how healthy schools may help address racial inequities across five key areas, including health systems **Web Pages with Additional Resources:** [Cultural Humility and Equity](#) (UCSF HEARTS) [Implicit Bias Test](#) (Harvard) [Fix School Discipline](#) (website) [Embrace Race](#) (website)

Section 3: Youth Engagement

As the participants and consumers of student mental health services, youth should be engaged in the needs assessment, planning, and implementation of these services. Youth engagement can help ensure that the services provided are those of greatest need to youth, are developmentally and culturally appropriate, and are accessible to youth.

According to the Youth Engagement researchers at the Search Institute:
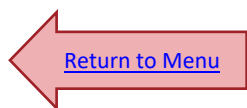- Youth involvement is expanding beyond community service to emphasize democratic citizenship that embraces both individual rights and responsibilities and group work for the common good.
- Adults in multiple settings and at varying levels have a primary role in creating opportunities for youth and supporting them in building their competencies as they simultaneously work for change.
- Youth participation in partnerships with adults can take varying forms and is shaped by the mission of the organization or initiative. Youth and adults can work collaboratively in a true partnership, or the initiative can be driven by one party or with support and input from the other.

In order for youth involvement to be successful, it should engage them in meaningful decision-making. Young people involved in decision-making grow developmentally and academically. Research shows that youth engagement builds skills such as leadership and public speaking, increases self-esteem, enhances identity development, and improves academic achievement. Youth develop skills that help them become healthy, confident, well- rounded community leaders. They become "experts," capable of influencing both their peers and adults as well as being a voice for positive change. Finally, youth who are involved in directing their school's mental health services often develop positive, nurturing connections with caring adults - relationships that are invaluable to their development and help deepen their connection to school and work. Many examples of different youth engagement models in school health are included in the resources below.

Resources

Youth-Led Innovation Toolkit (Mental Health Oversight and Accountability Commission & Youth Leadership Institute) - Comprehensive toolkit to help build authentic adult-youth partnerships in mental health programming

Peer-to-Peer Mental Health Supports: Students Helping Students (California School-Based Health Alliance) - Summary of the why and how of starting a peer program, including best practices, models to consider, and resources

Youth Supporting Youth: Expanding Peer-to-Peer Programs in Schools to Address the Growing Youth Mental Health Crisis (California Children's Trust) - Makes the case for funding, planning and implementing youth peer-to-peer programs as a strategy to support youth mental health

Youth Centered Strategies for Hope, Healing and Health (The Children's Partnership) - Report from a youth-led policy council that developed a policy agenda that builds the capacity of youth-serving systems to provide effective, compassionate and trauma-responsive care to marginalized youth and their communities

Students Helping Students: School-Based Peer Support Programs Enhance Student Well-Being (Child Health and Development Institute) - Supports development of peer support programs, including key components, and relevant research

Inclusion 2020 Youth Voice Toolkit (Activity Alliance) - Designed to support engagement of student voice, representative of a diverse community of students

A Brief Primer on Youth Participatory Action Research for Mentoring Programs (University of Illinois Chicago) - Brief primer provides an overview of youth participatory action research (YPAR), a promising approach for elevating youth voices in mentoring programs to create positive change

Peers Supporting Youth and Young Adult Recovery (SAMSHA) - Fact Sheet on Youth Peer Support for youth with mental health and substance use disorders

Student Voice Continuum: How to Build Student Power (Californians for Justice) - Infographic highlighting the continuum from informing youth to leading with shared ownership, with an equity lens

Game Changers: Establishing a Youth Advisory Council (GenerationOn) - Guide that includes key concepts, planning tools, and resources to get started

Ladder of Participation (Roger Hart) - Infographic representing approaches to youth engagement and participation, offering guidance on efforts that authentically support youth voice and leadership

Youth Engaged in Leadership and Learning: A Handbook for Program Staff , Teachers, and Community Leaders (John W. Gardner Center for Youth and Their Communities, Stanford University) - a comprehensive handbook for guiding youth advocates and the adults who work with them on engaging young people in participatory research, analysis, and planning

|	
[Youth and Young Adult Peer Support: Expanding Community-Driven Mental Health Resources](#) (Mental Health America) - Makes the case for peer and community-driven solutions that can provide effective support outside traditional health care systems and support culture change within health care systems	[Conducting Focus Groups: A Guide to Authentic and Student Centered Data Collection for Schools](#) (Kern County Superintendent of Schools) - Step-by-step guide for conducting focus groups and analyzing data
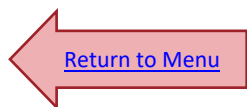
Section 4: Needs Assessment

The needs assessment process (and it is a process, not a single activity) will help school, county, health, and community partners to decide where to start. Whether you and your partners work in large or small counties, whether you start from scratch or think about how to expand an existing initiative, whether you consider where to start in a whole county or one school district: creating a definition of need and goals will help you identify where to start, assess your impact, and decide what to do next once there is some momentum.

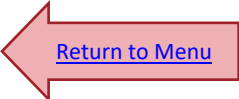Some considerations when starting the assessment process:

- Who should you recruit as part of a **small leadership team** to guide the assessment process? Is there an existing team that can be tasked with the activity? What existing relationships can you build upon?

- How are you incorporating, including, and prioritizing **community input** throughout the needs assessment and decision-making process? How are you engaging students and parents/caregivers? Are there existing or new student and/or parent advisory boards you can include to help guide this process?

- What is your **scope**? What resources are available that will help you determine your scope? For example, consider where and how many you should start (the whole county or one school district or one school site)? If you have determined that your scope is a whole county, will you start by piloting programs in a few sites to start, or countywide??

- If you are identifying a portion of the county to start in, how might you consider **student "needs"**? Some possible data points include: student enrollment numbers, percentage of students eligible for free and reduced-price meals (which is based on poverty and correlates with Medi-Cal eligibility), percentage or number of students with disabilities, percentage of high needs students as defined by the Local Control Funding Formula (LCFF), school climate surveys, and student/parent surveys. See the [California Student Health Index](#) as a place to research multiple health indicators at the school site and district level.

- If you are identifying a portion of the county to start in, how might you consider **"readiness"**? Some existing school and/or district initiatives that you can build on for success can include: MTSS and/or PBIS, school wellness policies, student suicide prevention policies, trauma-informed classroom and school practices.

The Student Behavioral Health Incentive Program is a state-wide project with the goal of improving coordination of child and adolescent behavioral health services for those enrolled in Medi-Cal through increased communication with schools, school-affiliated programs, managed care providers, counties and mental health providers. A key element of the program includes 58 needs assessments that can serve as a source of youth behavioral health data in each county. Components of the [needs assessment](#) include community partner
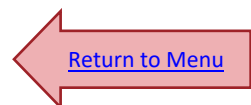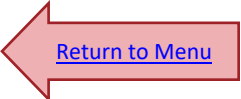
meetings to gain diverse perspectives, data collection strategies engaging various groups, and an assessment template detailing specific actions per LEA. The assessment uncovers prevalent behavioral health needs, proposes short/long-term actions, and identifies service delivery gaps, population-specific disparities, and referral process barriers. It maps existing resources, budgets, program enhancements, and strategies for promoting services to students, staff, and parents. Lastly, it outlines the closed-loop referral process for internal and external behavioral health referrals within each LEA, emphasizing coordination and monitoring of student support services. Link below

Resources

California Student Health Index - (California School-Based Health Alliance) an interactive mapping tool of K-12 schools in California, allowing users to explore school-level data on health, socioeconomic, and school demographics and outcomes
 	
How to Start and Sustain a School Health Initiative (Alameda County Center for Healthy Schools and Communities) - A step-by-step guide through the stages it takes to implement an initiative, specifically, gathering a team of champions and understanding assets and needs
 	
Chapter 2: Community Planning, Vision to Reality (California School-Based Health Alliance) - A guide for collecting needs assessment data including sample surveys and focus group questions, and a process for creating and maintaining youth engagement within the planning process
 	
School Based Behavioral Health Assessment (Alameda County Center for Healthy Schools and Communities) - A guide on types of data to gather and how to conduct an assessment on mental health needs in order to develop a plan for increasing mental health services
 	
Active Implementation Hub (National Implementation Research Network) - an online learning environment for use by any community partner involved in active implementation and scaling up of programs and innovation:
   ● Root Cause Analysis Resources
   ● Stakeholder Engagement Guide
	Improving Performance of Students with Disabilities (California County Superintendents Educational Services Association) - A resource for conducting a root cause analysis, building an improvement team, and using data in planning
	
	School-Based Behavioral Health: Conditions for Success (Alameda County School-Based Behavioral Health Initiative) - A checklist of school site and district level conditions for success, specifically when integrating a community-based mental health provider within the school campus
	
	School Mental Health Quality Guide Needs Assessment and Resource Mapping (National Center for School Mental Health) - background information on needs assessment and resource mapping, best practices, possible action steps, examples from the field, and resources
	
	Student Behavioral Health Incentive Program a initiative funded from 2022-2025, as part of the California Youth Behavioral Health Initiative
	   ● SBHIP: Resource Map Toolkits and Examples for Consideration
	   ● SBHIP: Application, Needs Assessment, Milestones, Metrics
	
	Assessment Tools:
	SHAPE System (National Center for School Mental Health) - An online tool to assess the existing structure and operations of school mental health systems

• The Hexagon Analysis and Discussion Tool Youth Engaged in Leadership and Learning: A Handbook for Program Staff , Teachers, and Community Leaders (John W. Gardner Center for Youth and Their Communities, Stanford University) - a comprehensive handbook for guiding youth advocates and the adults who work with them on engaging young people in participatory research, analysis, and planning	ISF District/Community Leadership Team Installation Guide - A guide to be used by facilitators and coaches to support District/Community Leadership Teams on installing infrastructures for an Interconnected System Framework

Section 5: Planning and Partnerships

This section covers many of the formal processes and components of creating partnerships and plans to implement school mental health initiatives. But planning and partnerships happen at multiple different levels in a school, district, region and/or county. Alameda County's guide, "How to Start and Sustain a School Health Initiative," provides helpful high-level strategies for partnerships that may be coming together at a regional or county level. Comparatively, the "School Mental Health Quality Guide on Teaming" provides helpful context for school district or school site teams. The section pulls together resources that may be helpful for both levels of partnerships and planning.

This section will help teams begin to identify the goals, outcomes, key activities, and resources for a school mental health initiative - both at a regional level or site level, depending on the scope of your school mental health initiative.
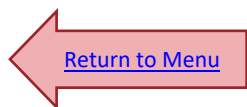
Some considerations for this process:

- **Create a leadership team.** Develop a core group of leaders that align around a shared vision and have the credibility and relationships to engage others. The leaders should represent key sectors, be passionate about the work, and be truly committed to a collaborative process. This group may likely have come together prior to launching a needs assessment and may be critical in guiding that process. This core team of leaders may become a more formal body to lead the school health initiative.

- **Identify partners to engage**. Local partners are key and including partners outside the "normal" circle can be instrumental in generating innovative strategies and resources to implement them. If not already part of your leadership team, some key partners to consider engaging may include: County Offices of Education, school district leadership, Special Education Local Plan Areas (SELPAs), County Behavioral Health Departments, students, and families.
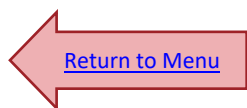
  In addition, and depending on your needs assessment and information about resources available in the community to support the school mental health initiative, a partial list of other partners you may want to engage include: community mental health providers, community health centers, Medi-Cal and other prominent managed care organizations (particularly relevant as the state rolls out its Multi-Payer Fee Schedule for School Mental Health, local First 5 programs, state agencies (e.g., California Department of Social Services), hospitals, local philanthropy, employers/business groups, youth- and family-focused community-based organizations, child welfare agencies, juvenile justice, colleges/trade schools, faith-based organizations, and community representatives.

- **Develop a shared mission and vision, scope of work, and timeline for implementation.** An implementation timeline should take into consideration the school calendar including when schools typically hire staff (i.e. March-June) and capitalize on existing time (i.e. in-service training for school staff) to prepare school and community partners for collaborative work.

- **Clarify language use and terminology.** Schools, County Behavioral Health Departments, and community partners use different language to describe services provided and student/youth needs. Creating common lists of terms, acronyms, and definitions will help support how your team communicates with each other.

- **Create memorandum of understanding (MOUs) or working agreements.** MOUs and/or contracts may be helpful at both the school site and service level (i.e. between school site providers and schools) *and* between leadership entities (i.e. between COEs and county behavioral health departments).

Resources
How to Start and Sustain a School Health Initiative (Alameda County Center for Healthy Schools and Communities) - A step-by-step guide through the stages it takes to implement an initiative for regional and county teams. Specifically, this includes creating a plan, formalizing agreements through contracts, and creating high level strategies Partnering With Schools to Improve Youth Mental Health: A Resource for Community Mental Health and Substance Use Care Organizations (National Center for Mental Wellbeing) - Guide specifically for building partnerships between schools and community mental health organizations and substance use organizations School Mental Health Quality Guide: Teaming (National Center for School Mental Health) - A guide with background information on teaming, best practices, possible action steps, examples from the field, and resources Principles of Effective Partnerships (Natl Center for Community Schools) - 12 principles to guide smooth and effective partnerships.	Scope of School Mental Health Initiatives (California School-Based Health Alliance) - A resource that highlights examples of scope from a couple counties and identifies some key questions to consider when planning where to start Summaries of County-School Partnerships to Advance School Mental Health (California School-Based Health Alliance) - descriptions of how local entities in seven counties are partnering to advance school-based mental health services. Information is provided about what services are included in the initiatives, lead partners, how the partnerships evolved, how coordination is supported, and what funding is leveraged Mental Health Student Services Act (MHSSA) Grant Summaries (Mental Health Oversight and Accountability Commission) - summaries of grants awarded to establish mental health partnerships between County Mental Health or Behavioral Health Departments and educational entities

[Possible Partners in Delivering School Mental Health](#) (California School-Based Health Alliance) - A resource for understanding the types of regional partner organizations for delivering school mental health services and programs

MOUs:
[Anatomy of an MOU](#) (National Center for School Mental Health) - A template illustrating the components of an MOU that school-community partnerships may include. You will also need to consider relevant state law in any contract development in California

Sample MOUs/Other agreements:
[School District Letter of Agreement (LOA)](#) (Alameda County) - An LOA between an LEA and school-based mental health provider

[ISF Collaborative Partner Working Agreement](#) (Monterey County) - A working agreement between a participating school district, county office of education, and county behavioral health department

[MOU Template](#) (Monterey County) - boilerplate contract between county behavioral health department and school district for the provision of therapeutic services for students in the district

[Systems Management, Advocacy and Resource Team MOU](#) (Placer County) - an MOU for a county-level partnership across various youth-serving agencies and entities

[Sample MOU](#) - (Los Angeles USD) - An MOU between district and mental health provider

[Sample MOU](#) (SSCOE) - MOU between COE and Managed Care Plan

[Advancing Education Effectiveness: Interconnecting School Mental Health and School-Wide Positive Behavior Support](#) (Center on PBIS) - this guide provides a framework to connect school mental health services with PBIS. It includes many resources and tools for developing the systems, collaborations, and practices to do this work. Some helpful tools for partnerships include:

- Appendix B, Building an Inclusive Community of Practice - Four Simple Questions (page 134)
- Appendix E, Implementation Guide: District and Community Cross Systems Team (page 140)

[Active Implementation Hub](#) (National Implementation Research Network) - an online learning environment for use by any community partner involved in active implementation and scaling up of programs and innovation. Some specific tools:

- [Implementation Teams Overview](#)

["Put Your Money on the Table": Interagency Coordination to Address the Crisis in Student Mental and Behavioral Health](#) (WestEd) - Report that illustrates how COEs collaborate to identify and address mental and behavioral health needs, support the coordination of resources and available funding, and help form sustainable long-term partnerships and practices

Example of Team Agendas:
[Monterey County's ISF Leadership Team Calendar](#) - An example of the discussion topics and content covered at monthly leadership team meetings. This is a helpful resource for considering how to onboard members and build a monthly calendar of coordination meetings

Section 6: Coordination and Collaboration

Collaboration and coordination among community partners in the education and mental health field are necessary to increase student mental health. In order for efforts to be most effective, there needs to be collaboration and buy-in at every level of leadership. The leadership between education and mental health entities need to coordinate efforts and work together from the State leadership, to the county and district leadership, to the school site and local mental health providers.

This coordination is challenging work for many reasons as leadership, staff, and providers can often have different points of view, different priorities and even use different language. This makes commitment to working together and across the systems so important and requires patience, flexibility and creativity.

In efforts to support student mental health, collaboration between student supports, including partner agencies, and school administration and staff is vital. Included in this section are resources to support efforts of coordination at different levels of leadership. There are multiple "layers" of coordination to consider: at the school site level responding directly to student needs to regional or county levels where systemic issues and collective responses can be addressed and discussed.

Building a team to coordinate supports and referrals is a significant component of successful school mental health partnerships. Coordination teams come in many different shapes, sizes, and names. One approach for coordinating and working together is through a site-based **Coordination of Services Team (COST)** (see guide and resources included below).

Regardless of what the coordination process is called, there are several important components: Based on your needs assessment, an overall **understanding of the entire continuum of services** available in the system of care. It is important that various coordination teams, to the best of their ability, understand who provides what services in the system of care, how students are referred to services, and eligibility determinations. A **universal referral form** that allows students, parents, and all staff to refer students when there is indication support could be beneficial. Examples of COST referral forms are also included. The referral form ensures that students have access to available services.

Regular meetings among support staff and school staff to discuss student referrals and create plans of support at the school site level. Regular meetings ensure that staff have the opportunity to share data (while ensuring confidentiality) and report back on student outcomes, reflect on trends and needs that are coming up across the school and ways to increase school wide efforts. For example, a high number of referrals for freshman girls experiencing anxiety during the first six months of school could lead to creating support groups and curriculum implemented across a class that all freshmen are taking.
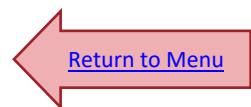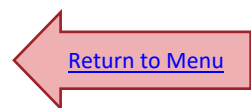
Screening students school-wide for mental health risks enables students to access early intervention and allows schools to notice trends and create supports tailored to their communities. Coordination between mental health agencies and the school personnel is required for quality and effective screening and planning for meeting students' needs. See more information about School-wide screening protocols, as well as specific considerations about screening for trauma in the resources below.

Tracking **student data and outcomes** of referrals and services ensures that the needs of the students are being met as well as identifying early warning indicators that will help provide early intervention for often overlooked students. Some school sites have been able to implement the COST referral form and services to students' educational accounts through the school so that teachers and all staff can access real time updates on what is working to help the student.

One of the biggest challenges in coordinating student mental health programs and services arises around issues of **confidentiality, protected health and student information, and data sharing**; simply put, there are federal and state laws that protect student and patient information. We have included a comprehensive guide to help partners understand these laws and identify practices to facilitate coordination and protect student information.

Resources
Safe Spaces: Foundations of Trauma-Informed Practice for Educational and Care Settings (California Surgeon General) - free online professional learning module designed to help early care and education personnel respond to trauma and stress in children **For county, regional and district efforts:** Collaboration Multiplier (Prevention Institute) - an interactive framework and tool for analyzing collaborative efforts across fields and can help lay the foundation for shared understanding and common goals across all partners **Sample COST Forms** COST Forms (zip file of referral and example tracking student outcomes files from Alameda County Center for Healthy Schools and Communities) COST Referral Form (Hayward Unified School District)	Creating Alliance for Change (Now Is The Time- TA Center) - Designed to increase dialogue and foster relationships between schools, families and community mental health resources and partners Collaboration Framework (National Network for Collaboration) - a tool to support people and organizations in starting and improving existing collaborations Tulare County Office of Education Acronyms List - List of common acronyms to support cross communication between education and mental health agencies **For district and local school site and mental health agency efforts:** Coordination of Services Team Guide (COST) (Alameda County Center for Healthy Schools and Communities) - A comprehensive guide, with editable resources, that provides an overview and road map for

Screening student mental health needs
School-wide Screening Toolkit (California School-Based Health Alliance) and Trauma Screening (California School-Based Health Alliance) - Online guides to school-wide health and mental health screening best practices and screening tools

SAMHSA Ready, Set, Go, Review: Screening for Behavioral Health Risk in Schools (Substance Abuse and Mental Health Services Administration) - A tool with examples of how to prepare for and conduct school wide screenings for behavioral health risk to allow for targeted early intervention

School Mental Health Quality Guide: Screening (National Center for School Mental Health Guide) - A comprehensive resource on determining a plan for school wide screenings for behavioral health risk

Universal Social, Emotional, and Behavioral Screening for Monitoring and Early Intervention (Cal-Well) Brief guide to screening in schools, with guidance on how to pick a screener, implementation tips, and case example from one school district

Best Practices in Universal Social, Emotional, and Behavioral Screening: An Implementation Guide (WestEd) - Comprehensive guide to school-based universal screening

schools and partners interested in launching or improving COST or similar service coordination teams

Confidentiality and data sharing
A California Guide for Sharing Student Health and Education Information (California School-Based Health Alliance) - An online guide that provides an overview of the laws that relate to sharing student/patient information (HIPAA, FERPA and California State Law), as well as best practices and resource materials for schools and health providers

Information Sharing and Confidentiality Protection in School-Based Health Centers: A Resource Guide to HIPAA and FERPA (National School-Based Health Alliance) - Broad overview of the privacy rules under HIPAA and FERPA

Section 7: Staffing and Facilities

There are many strategies a district and/or county can take to staff school mental health services. In this section, you will find a breakdown of what types of providers can be employed to provide different services and the requirements for different types of credentials, as well as sample job descriptions and training calendars.

Some considerations to take into account when considering what type of **staffing** structure would be the best fit include:
- What types of services are to be provided across the three tiers of the MTSS framework? How are clinical and treatment services staffed? Are staff located on campus? By providing clinical services on school campuses, students are more likely to receive care.
- What services did the needs assessment and input from community partners demonstrate to be most necessary?
- What type of staff are necessary to deliver and coordinate the different services? Will the agency utilize mental health interns as well as paid staff? What infrastructure is the school district creating to coordinate these interventions?
- How will mental health providers be integrated into the larger school community? What opportunities are there for cross-training, for attending standing meetings, etc.?
- Who will employ the school mental health staff: county behavioral health, school district, county office of education, community agencies?
- How will the staff be supervised, taking into account both administrative and clinical supervision?
- What credentials and/or licenses will the staff and supervisors need? Are positions needed that tap into community member strengths and knowledge who may not have credentials or clinical licenses?

A comprehensive school mental health program that is inclusive of the three tiers of the MTSS framework can and should include non-clinical staff and/or partners who can support many of the activities of mental health services that fall into Tier 1 and Tier 2. More details of non-clinical roles that you can consider, including Certified Wellness Coaches, Community Health Workers, and Peer Support Specialists can be found here.

The agency taking the role of hiring the school mental health staff will need to develop a training plan that considers how to train the staff in ways that encompass services across the three tiers of intervention as well as how school mental health staff integrate into the school culture and climate. Training considerations should also include how the school mental health staff can support education staff wellness, social and emotional literacy, and healing centered practices.

There also needs to be considerations for where the services will take place and what type of **facilities and space** are needed. Some Tier 2 and 3 mental health interventions that take place in the school need confidential spaces for services and record keeping. The type of agency providing the service will help shape factors to consider. For Medi-Cal reimbursement, you may need to consider licensing and certification
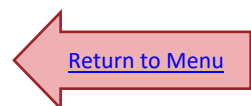
requirements for sites or facilities. In this section there is a link to a guide on facility and certification requirements in order to provide Medi-Cal eligible services.

Resources
[Types of Providers and Personnel for School Mental Health](#) (California School-Based Health Alliance) - An explanation of the roles and responsibilities for school-based providers with pupil personnel services credential (PPSC) and non-credentialed providers that may provide mental health services in schools [K-12 School Mental Health Services and Staff](#) (California Behavioral Health Directors Association) - provides information about various mental health services to help guide and support local collaboration across the county behavioral health and education systems [California Board of Behavioral Sciences](#) - state agency responsible for licensing, examination, and enforcement of professional standards for certain mental health professionals, including Licensed Marriage and Family Therapists (LMFT) and Associates (AMFT) Licensed Clinical Social Workers (LCSW) Associates (ASW), and Associate Professional Clinical Counselors (APCCs) [Facility/Site Licensing Requirements for Medi-Cal](#) (California School-Based Health Alliance) - In order to get reimbursement through Medi-Cal, either as a community health center or specialty mental health provider (through the county behavioral health department), facility requirements are necessary to certify the site where services are delivered [School-Based Telehealth](#) (California School-Based Health Alliance) - Considerations on the benefits and limitations of providing school health services via telehealth	[Certified Wellness Coaches](#) - new profession in development aimed at helping increase California's behavioral health supports to children by developing a larger, more representative behavioral health workforce. Certified wellness coaches will have AA or BA degrees, and trained to provide non-clinical support, Tier 1 and 2 supports in schools. • [Official Certified Wellness Coach website](#) • [HCAI Certified Wellness Coach website](#) • [CWC Employer Support Grant Program](#) • [Certified Wellness Coach Employer Resource Guide](#) **Sample job descriptions:** [Sample Behavioral Health Clinician](#) (California School-Based Health Alliance) [Coordinator Regional Mental Health Services](#) (Orange County Office of Education) [Unconditional Education Coach](#) (Seneca Family of Agencies) [Family and Youth Community Liaison, Educational Services](#) (Placer County Office of Education) [Family Partner](#) (Fresno County Office of Education) [Mental Health Specialist, Prevention Supports and Services](#) (Placer County Office of Education)
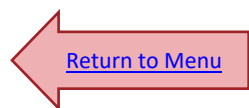
Sample Training Plans:	School Based Behavioral Health Clinician (Alameda County Behavioral Health Care)
Menu of Trainings (Tulare County Office of Education) - a sample of training topics available to school mental health staff	Wellness Center Liaison (Santa Clara County Office of Education)
Training Calendar for School Based Interns (RAMS: Richmond Area Multi Services) - a sample training/orientation calendar for school based mental health interns	School Mental Health Wellness Specialist (Santa Clara Office of Education)
	Behavioral Health Peer Specialist (Jurupa Unified School District)
	Certified Wellness Coach I (Health Care Access and Information)
	Certified Wellness Coach II (Health Care Access and Information)
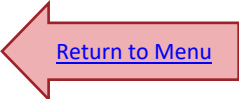
Section 8: Legal and Liability

Nothing in this section should be interpreted as legal advice for partners and agencies. The resources and information presented here are meant to highlight the legal concerns that are often raised in creating comprehensive school mental health services. Partners are strongly encouraged to engage their own legal counsels early on in the planning and implementation processes.

Contracts and MOUs will help create a structure and legal document to address many of the complex legal challenges to consider in creating these partnerships and services for students. Some areas to address and consider:

- Develop **uniform policies and procedures for referring** students to services. How will they enter services? How will they exit? What forms will be used for entrance? What process will be used for exit?

- Ensure **data and information sharing** within the LEA(s) and with third party providers (this includes both community-based agencies and county behavioral health departments) is understood and in compliance with federal and state law. This includes:
  - Determination whether services are governed by HIPAA or FERPA
  - What information can and will be shared with who?
  - Release of information forms under HIPAA or FERPA
  - Consent to treatment forms under HIPAA or FERPA

  See Section 5 for more information about Information Sharing between LEAs and other health care providers.

- Discuss issues associated with **treatment of minors (and minor consent for services)** and develop clear protocols and procedures for such treatment. In California, minors age 12 and over are allowed to consent to their own mental health, substance use and sexual health services. Clinically, it is almost always best to involve family members unless it is detrimental to the students' well-being. When the services are under the minor's consent, the health information is protected and, except in cases of potential harm to student or others, is only allowed to be shared with the student. For more information, see Minor consent resources below. Starting January 1, 2024, minors age 12 and over who are enrolled in Medi-Cal will be allowed to consent to their own mental health services. Previously, this right was limited only to emergent circumstances where the minor posed a threat to their own safety or that of others. Minors enrolled in private insurance plans have been afforded this right for well over a decade. This change in law is the result of the passage of Assembly Bill 665 by the State Legislature and the Governor in 2023. While these general practices for obtaining consent for mental health services within local educational agencies are common, they may vary based on specific regional laws, district policies, or individual circumstances. As such, consulting with the legal counsel or the general counsel within the local educational agency is highly advisable before making any definitive decisions or assumptions regarding the consent process for mental health services. These legal professionals are equipped to provide accurate guidance tailored to the specific requirements

and legal considerations of the particular educational institution or jurisdiction. Their insights can ensure compliance with all relevant laws and regulations while safeguarding the rights and well-being of the students involved.

Local educational agencies (LEAs) usually obtain consent for mental health services in alignment with established regulations and best practices, especially when dealing with students. Here's a summary of how and when they typically go about this process:

- Parental/Guardian Consent: Before providing mental health services to students, LEAs commonly require parental or guardian consent. This involves informing parents or legal guardians about the nature of the services, their benefits, and any potential risks involved. Consent forms are typically distributed, outlining the specifics of the services and requiring a signature to proceed.
- Emergency Situations: In cases where there's an immediate threat to a student's safety or well-being, LEAs may bypass the need for parental consent to provide urgent mental health services. This is usually done to address crises and prevent harm, but it still aligns with policies that prioritize student welfare.

- **Train all staff in the continuum of care**, including obligations and entitlements under the IDEA, ADA, Section 504 of the Rehabilitation Act, Child Find, and Medi-Cal EPSDT so children are referred for entitlements that they may qualify for. How will special education interface with the rest of the system to ensure eligibility and entitlements are provided and protected?

Relatedly, once a student is referred to services, **consider issues around access to those services**. What happens if a coordination team cannot come to consensus on the responsible agency for services? How are roles between partners defined and how is the obligation to provide services determined between partners and responsible agencies?

Resources	
Anatomy of an MOU (National Center for School Mental Health) - A template illustrating components of an MOU that school-community partnerships may include (See Section 5 for sample MOUs) Minor Consent (California School-Based Health Alliance) - An overview of the laws and resources around minor consent laws for school-based health providers. Commonly Overlooked School Behavioral Health Contract Terms and Protocols (Atkinson, Andelson, Loya, Ruud and Romo) - Commonly overlooked MOU terms for school-based mental health partnerships	A California Guide for Sharing Student Health and Education Information (California School-Based Health Alliance) - An online guide that provides an overview of the laws that relate to sharing student/patient information (HIPAA, FERPA and California State Law), as well as best practices and resource materials for schools and health providers Information Sharing and Confidentiality Protection in School-Based Health Centers: A Resource Guide to HIPAA and FERPA (National School-Based Health Alliance) - Broad overview of the privacy rules under HIPAA and FERPA
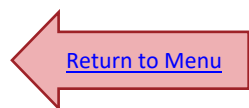
Section 9: Funding and Sustainability

One of the chief barriers to creating comprehensive systems of school-based mental health services is identifying funding streams that support interventions throughout the three tiers of intervention - from school-wide support to intensive treatment services. After time-limited grants help build out a system, what resources are available to sustain the services and initiative?

Schools and community providers do not have the resources to sustain school mental health services on their own. No single entity (school, or community, or county) can provide the whole range of comprehensive services, for all students. Trust, partnerships, coordination, and community buy-in will help entities bring together resources to build out a comprehensive system of services.

Also, there is not a national or state model for how to fund these services. While available funding is largely federal and state, many decisions about how to use funding and what services to prioritize happen at the local level. So, there may be examples of how different counties and school districts across California sustain mental health services, however there is not one "best" way to sustain these services.

The resources in this section will help you **(1) learn about the funding streams that are available to sustain school mental health services.** While they will not tell you exactly how you should use these them, the resources will help you develop a general understanding of what funding streams are available and what partnerships are necessary to leverage that funding for school-based services. And **(2) learn about what others have done to sustain school mental health programs.** County demographics, strengths, and challenges vary considerably. What works in one place may not work in another (i.e. heavily leveraging Medi-Cal reimbursement). However, there are innovative and varying sustainability strategies to garner inspiration from.
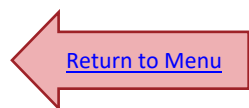
Other overall recommendations to consider while identifying your sustainability plan:

- **Investing funding and resources in school and district coordination creates critical infrastructure to leverage outside resources.** This can sometimes run counter to the immense need we see in schools for direct services for students - why spend critical resources on staff that are not providing direct services to students? However, when schools invest in this infrastructure, they can be better positioned to navigate various community providers who may be able to draw down additional, and often more restrictive, funding.

- **Utilize flexible funding streams to fill in the gaps between services that are sustained by more restrictive funding sources.** There are funding streams that are more restrictive (i.e. they can only be used for specific services provided by select providers for a certain group of students) but, there are also funding streams that are more flexible. For example, you can utilize flexible funding for services for non-Medi-Cal students, staff training and prevention services that are critical to the success of a school mental health initiative, *and* to support coordination across providers and teams.
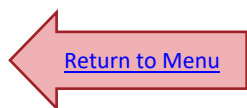
- **Investing in tier 1 (schoolwide prevention) and tier 2 (targeted interventions) are just as important as investing in traditional, one-on-one mental health inventions (tier 3).** Tier 1 investments lay the foundation for a comprehensive school mental health system and Tier 2 services provide important prevention and early intervention services that can mitigate the need for more intensive mental health supports that we see in Tier 3.

If you are benefiting from a grant to build out your school mental health initiative, **use that time-limited grant to create a "runway" to sustainability.** Use grant funding to support your services and staff as you identify and address billing and reimbursement challenges and build outcomes of interest that may bring in new partners and/or additional funding.

Resources

Children and Youth Behavioral Health Initiative (CYBHI) (California School-Based Health Alliance) - historic, five-year $4.7 billion dollar investment by the State of California that takes a "whole child" approach to transform and reimagine the ways that we address the mental health and well-being of children and youth. CalHSS CYBHI website

Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services - new funding mechanism to ensure sustainable reimbursement for specific services provided in school settings. It mandates Medi-Cal and commercial plans to reimburse at set rates for services provided to their members at school-based or linked sites. DHCS Fee Schedule website

Statewide, Multi-payer, School-Linked Fee Schedule - Scope of Services, Codes, and Provider Types (Department of Health Care Services) - Outlines the scope of services included in the Fee Schedule, which includes psychoeducation, screening and assessments, therapy and case management

Public Funding for School-Based Mental Health Programs (California School-Based Health Alliance) - A resource that outlines and explains the public mental health funding streams (on the education side and

Smart Financing Practices for School-Based Behavioral Health (Alameda County Center for Healthy Schools and Communities) - This resource highlights Alameda County's efforts to leverage multiple funding streams to invest in school-based behavioral health

School Mental Health Quality Guide: Funding and Sustainability (National Center for School Mental Health - Resource that includes strategies to optimize financial and nonfinancial assets needed to maintain and improve school mental health systems, from a national perspective

School Health Demonstration Project (Santa Clara County Office of Education) - A clearinghouse providing training and technical assistance to Local Education Agencies across the state on all aspects of financing school-based health systems

Student Behavioral Health Incentive Program (SBHIP) (Department of Health Care Services) - Incentive payments for MediCal Managed Care Plans (MCPs) to build infrastructure, partnerships, and capacity statewide for school behavioral health services

Certified Wellness Coaches - new profession in development aimed at helping increase California's behavioral health supports to children

health care side) in California that can support the full continuum of school-based mental health services

[How LEAs and Partners Can Braid New Funding to Support School-Based Health Centers](#) (California School-Based Health Alliance) - Guide to assist in local planning and strategy that shows local education agencies (LEAs) and partners how they can braid together new state funding opportunities - including the Student Behavioral Health Incentive Program (SBHIP) and the Behavioral Health Continuum Infrastructure Program (BHCIP) - to support new school-based health centers (SBHCs) or expand and improve existing SBHCs

[Practical Guide for Financing Social, Emotional, and Mental Health in Schools](#) (California Children's Trust and Breaking Barriers) - A guide for school district leaders interested in exploring partnerships and accessing Medi-Cal to meet the social, emotional, and mental health needs of students in schools

by developing a larger, more representative behavioral health workforce. Certified wellness coaches will have AA or BA degrees, and trained to provide non-clinical support, Tier 1 and 2 supports in schools.

- [Official Certified Wellness Coach website](#)
- [HCAI Certified Wellness Coach website](#)
- [CWC Employer Support Grant Program](#)
- [Certified Wellness Coach Employer Resource Guide](#)

[Funding School-Based Health and Wellness Centers](#) (California School-Based Health Alliance) - Brief summary of funding opportunities and links to resources.

Section 10: Evaluation

Evaluation is important for quality improvement and sustainability in order to understand whether mental health services are designed to be suitable, accessible, and acceptable by the patient population and to ensure that such services remain viable. Program evaluation will also help quantify the extent to which goals and objectives are being met and measure the impact of services on outcomes.

When providing health and mental health services, it is important to bring a framework of Quality Assurance and Continuous Quality Improvement. Quality Assurance (QA) ensures that the services are meeting the goals and standards established. Quality Improvement asks what can be done to not only meet the goals and standards but to also exceed them. Providing screening for students is a key way to conduct QA & QI. See Section 6 for a discussion of school mental health screening and a list of tools.

There are many important reasons to collect data about student mental health services and student outcomes. In the current California environment, each entity involved in school mental health (e.g., teacher, school, school psychologist, specialty mental health provider) has its own regulatory and funding requirements regarding documentation, data collection and reporting, and the education and mental health sectors differ in what/how they collect this information and limited in what they can share.

The purpose of this chapter is to support schools and their partners in understanding student mental health needs, how well those are being addressed at an individual and aggregate level, sharing information in ways that are legally permitted and support students, and targeting improvements in services and systems.

Setting Up Systems for Data Collection
School districts maintain comprehensive records of student educational data such as attendance, grades, and test scores. Some of these systems also include information about student 504 plans and IEPs; however, most do not additionally track information such as needs identified by assessments or screenings that do NOT result in Special Education enrollment. There are also limited options for recording student participation in services that would be helpful for the school team and others to understand.

As California advances toward better integration of student mental health, this should change. There are likely to be a proliferation of vendors offering modules or add-ons to support this tracking and communication. School districts should be mindful of ways to make this information accessible to the right people on the team without broadcasting sensitive information. A good system should also allow tracking of outcomes over time, as with IEP supports.

Sharing Information
As discussed in Sections 6 and 8, there are legal safeguards in place that prevent sensitive student mental health information from being shared without a justifiable purpose and/or appropriate consents. These protections are different in the education system, governed by
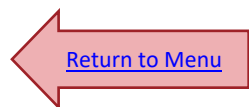
FERPA, than in health and mental health, as stipulated by HIPAA. This is indeed one reason it can be challenging to engage meaningful collaborations across the sectors - hence silos. However, many LEAs and their partners are finding strategies to share student mental health information, either on an individual basis as allowed within the law for care coordination, on a population basis with aggregated student information, or using technology to match student health and academic data and then de-identify the data.

For individual-level data sharing, it is key to train all staff on HIPAA & FERPA. When staff understand the privacy laws, best practices and compliance procedures, and how it applies to them in their role and for their partner agencies, it helps tremendously with supporting strong partnerships. When there is not clear understanding, it can sometimes lead to perceptions that someone is purposely withholding information, or sharing without holding privacy and following their HIPAA or FERPA duties, which leads to mistrust, and ultimately impacts collaboration. Comprehensive and consistent training ensures that staff know how to navigate the complexities and that they are following responsible data sharing practices. It is also essential to have a clear MOU in simple language that helps ensure everyone has clarity and is reviewed regularly. See Section 6 for an overview and resources for Coordination of Services Teams, including how to navigate sharing student information in the context of these teams.

The L.A. Trust for Children's Health, a nonprofit organization that supports school-based health centers/wellness centers in the Los Angeles Unified School District, has recently created a database (the Data XChange) that allows LEA & healthcare partners to submit student level information that then links health and wellness data with achievement factors such as attendance, grades and graduation rates, and then de-identifies the data so that individual-level impact can be measured without sharing individual level data across sectors. This is the first-in-the-nation initiative that was designed to interoperate with other systems and databases and includes such metrics such as number of visits, unduplicated patients, co-morbid conditions, demographics and differences between the services received by students and community members. The database also tracks services provided as well as benchmarks on key school-based health center performance standards, including risk assessments, well-child exams, BMI screening, chlamydia tests and depression screening. Use of the database's elements allowed for a recently published study which found that visiting an SBHC is significantly associated with improved attendance over time, with more dramatic improvements for students with a mental health diagnosis. The authors go on to state that understanding how student use of school-based health centers impacts academic performance is essential for estimating potential academic and health returns on investment for school-based health services, particularly mental health.

Tracking Outcomes
Schools can track the progress of students receiving mental health services using a range of systems - from traditional pen-and-paper methods, to spreadsheets to online forms or surveys to more sophisticated Electronic Health Record (EHR) systems. Any partners from the healthcare field will have their own EHR system, and any services that are going to be submitted for billing, through LEA-BOP traditional Medi-Cal will need to be collected electronically. Many districts contract with EHRs or Third Party Administrators (TPAs) to support documentation and billing, such as Paradigm or Welligent. Smaller districts often use the Google suite (especially forms and sheets) to
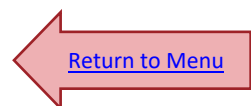
document each student's initial assessment and progress notes, and conduct progress monitoring on the individual level. The clinical supervisor then references this data to improve quality of care during clinical supervision and providing input on treatment decisions.

All SBHCs run by Federally Qualified Health Centers and many others use their electronic health records and incorporate assessment and screening tools like the PHQ9 for depression, the GAD7 for anxiety, and the Youth Outreach Questionnaire to assess clinical improvement over time.

Program Evaluation

Evaluations come in many forms, ranging from those run by a team of external evaluators to researchers who collect and analyze data over a period of several years to simple data collection efforts by school mental health staff and partners. The scope of a school mental health evaluation depends on the resources available, the questions you want to answer, the demands of any outside funders, and other factors and competing priorities. Because resources are limited, schools implementing school mental health programs will eventually want to know that the school mental health investment is a good value.

The most important thing to remember as you develop your evaluation plan is that you need to create a plan that is realistic for your team. You don't have to measure everything! In fact, without a sufficient budget and staff capacity you are likely to get overwhelmed if you try to document everything. Instead, it is best to check in with your team and community members and prioritize what matters most to them and make sure that staff are properly trained in order to effectively capture the data identified. In addition, these questions may help start conversations amongst you and your team:

- What is going to be the most compelling evidence for them that you are being effective?
- What are you required to track for your funders?
- What data are already being gathered (e.g., service delivery) that can tell your story?
- How can you collect other evidence in a way that is the least burdensome but the most likely to capture your outcomes?

It is also essential to involve students and families in the evaluation planning process, as in all other elements of mental health planning.

The following set of outcomes are important to track and would likely be valuable to all stakeholders (schools, county mental health agencies, funders, students and families):

- Improved academic performance
- Improved student behavior
- Improved school climate
- Increased teacher satisfaction and reduced turnover
- Increased parent participation in school activities

- Improved student mental health outcomes such as reduced rates of students reporting depression and anxiety
- Increased student report of knowing how to access services if they have a mental health need
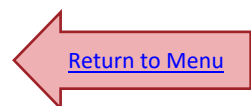
- Increased parent and student satisfaction
- Increased attendance
- Graduation rates
- Decreased suspensions and expulsions

- Increased teacher report of knowing how to access services and supports for their students
- Increased rates of students identifying a supportive relationship with an adult on campus
- Decreased student report of loneliness
- Decreased rates of students experiencing suicidal ideation

There are four main steps to developing an evaluation plan:

1. **Clarify program objectives and goals**
   Think about the main things that you want to accomplish and how you have set out to accomplish them. Develop SMART goals–an acronym that stands for Specific, Measurable, Achievable, Relevant, and Time-Bound.

2. **Develop evaluation questions**
   Examples of questions include: How well was the program planned out, and how well was that plan put into practice? How many students were screened and what were the outcomes? How has behavior changed as a result of participation in the program? Are participants satisfied with the experience?
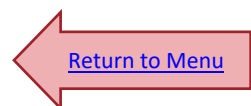
3. **Develop evaluation methods**
   After developing the questions that you want to answer in your evaluation, decide on which methods will best address those questions. This can be done using surveys, key informant interviews, focus groups, web analytics, and observations. You can consider using a mix of qualitative and quantitative methods in your evaluation.

4. **Set up a timeline for evaluation activities**
   It is important to create a timeline on when to conduct evaluation activities, especially when are directly tied to program activities so you can prepare the tools you will need to use such as surveys. Think about when you expect to complete each phase of the evaluation and who is responsible for meeting each deadline.

More in-depth information on types of evaluation (process, outcome, etc.) and the importance of using logic models for evaluation can be found in the resources below.

Resources

Chapter 9: Evaluation and Data Collection, Vision to Reality (California School-Based Health Alliance) - This resource provides an overview of evaluation for school health center services, with an emphasis on what you should consider in the early stages of planning and start-up

Overview of Program Evaluation (Centers for Disease Control) - An overview of public health program evaluation with a clearinghouse of resources

School Health Assessment and Performance Evaluation System (National Center for School Mental Health) - School mental health quality assessment and resource library, including custom reports and a library of free and low-cost screening and assessment measures

School Mental Health Quality Guide: Impact (National Center for School Mental Health) - National resource focusing on how to document and report on effects or changes that occur as a result of SNH programs, practices and policies

Evaluation and Quality in School Health Centers (Alameda County Center for Healthy Schools and Communities) - An example of one county's evaluation efforts

UCSF Project Cal-Well Mental Health Program (UCSF Institute for Health Policy Studies) - This includes templates and examples of ways to report outcomes for student wellness data

Survey Tools
California Healthy Kids Survey - This is the largest statewide student survey of resiliency, protective factors, risk behaviors, and school climate in the nation

Project Cal-Well School Staff Survey - These data collection instruments were created to assess the social emotional wellness and mental health needs and perceptions among students and school staff

Definitions of common terms and acronyms

AB 114, Special Education Transition	Signed in 2011, this law ended the state mandate on county mental health agencies to provide mental health services to students with disabilities. After the passage of AB 114, school districts are solely responsible for ensuring that students with disabilities receive special education and related services, including some services previously arranged for or provided by county mental health agencies. In some cases, school districts still contract with counties, or county-contracted providers, to provide mental health services to special education students.
CMAA = County Medicaid Administrative Activities	Participating local governmental agencies are eligible to receive Federal reimbursement for the cost of performing administrative activities that directly support efforts to identify and enroll potentially eligible individuals into Medi-Cal, and to remove barriers to Medi-Cal services. Eligible activities include outreach to the general population and high-risk populations, facilitating Medi-Cal applications, contracting for Medi-Cal services, and program planning and policy development.
CYBHI = Children and Youth Behavioral Health Initiative	Five-year, multi-billion dollar state initiative launched in 2021 to create a more integrated, youth-centered system of support that allows youth to find mental health and substance use needs where, when and in the way they need it. CYBHI is comprised of over 20 workstreams, and includes programs focused on California's behavioral health workforce, ecosystem infrastructure, health coverage, and public awareness.
EPSDT = Early Periodic Screening Diagnosis and Treatment	An enhanced Medicaid benefit that requires states to screen for and provide services necessary to ameliorate physical and mental health conditions for all persons under age 21 who are eligible. Under EPSDT, young people who qualify for full scope Medi-Cal (or Medicaid) with mental health conditions that meet medical necessity are entitled to services including, but not limited to, the following: mental health assessment, collateral contacts, therapy, rehabilitation, mental health services, medication support services, day rehabilitation, day treatment intensive, crisis intervention/stabilization, targeted case management, and therapeutic behavioral services.
EPSDT Specialty Mental Health	Refers to the "moderate to severe" Medi-Cal mental health benefits that county behavioral health agencies are responsible. Medi-Cal Managed Care Organizations (MCOs, i.e. health plans) are largely responsible for the rest of the EPSDT benefit for beneficiaries under age 21.
ERMHS = Educationally Related Mental Health Services	These services are provided when special education students have significant social, emotional and/or behavioral needs that impede their ability to benefit from their special education services, supports, and placement. Services must be included in the Individualized Educational Plan (IEP) and can include individual counseling, parent counseling, social work services, psychological services, and residential treatment.
IEP = Individualized Education Plan	This is a plan or program developed to ensure that a child with an identified disability who is attending an elementary or secondary educational institution receives specialized instruction and related services.

ISF = Interconnected Systems Framework	A structure and process to integrate Positive Behavioral Interventions and Supports (PBIS) and School Mental Health within school systems. The goal is to blend resources, training, systems, data, and practices in order to improve outcomes for all children and youth.
LCAP = Local Control Accountability Plan	A tool for local educational agencies (LEAs) to set goals, plan actions, and leverage resources to meet those goals to improve student outcomes. The plan is aligned with state funding that LEAs receive to achieve those goals and support the overall functioning of the LEA.
LEA = Local Education Agency	A local entity involved in education including but not limited to school districts, county offices of education, direct-funded charter schools, and special education local plan area (SELPA).
MHSA = Mental Health Services Act	Created in 2004 with the passage of Proposition 63, which levied a 1 percent tax on personal income above $1 million. MHSA provides the state's second largest public funding stream for mental health services, after Medi-Cal. MHSA programs and services are intended to enhance, rather than replace, existing programs. A majority of MHSA funding goes to counties and counties are required to submit three-year program and expenditure plans and annual updates.
MHSSA = Mental Health Student Services Act	Funded by the Mental Health Services Act, MHSSA provides grants for partnerships between county mental health agencies and local education agencies to deliver school-based mental health services to young people and their families.
MOU = Memorandum of Understanding	An agreement between two parties that is not legally binding, but which outlines the responsibilities of each of the parties to the agreement. These agreements may describe the relationship between counties, LEAs, and community provider(s) and outline the responsibilities and expectations of partnerships between the various entities.
MTSS = Multi-Tiered System of Support	An integrated, comprehensive framework that focuses on Common Core State Standards, core instruction, differentiated learning, student-centered learning, individualized student needs, and the alignment of systems necessary for all students' academic, behavioral, and social success.
PEI = Prevention and Early Intervention	One of five categories of expenditures in MHSA. This category is intended to fund programs and services that intervene early prior to the development of serious mental health issues and catch mental health issues in their earliest stages to prevent long-term suffering. PEI programs emphasize strategies to reduce negative outcomes that may result from untreated mental illness: suicide, incarcerations, school failure or dropout, unemployment, prolonged suffering, homelessness, and removal of children from their homes.
PBIS = Positive Behavioral Interventions and Supports	A framework for enhancing the adoption and implementation of a continuum of evidence-based interventions to achieve academically and behaviorally important outcomes for all students. As a "framework," the emphasis is on a process or approach, rather than a curriculum, intervention, or practice. The "continuum" notion emphasizes how evidence- or research-based behavioral practices are organized within a multi-tiered system of support.
SELPA = Special Education Local Plan Area	Consortiums in geographical regions with sufficient size and scope to provide for all special education service needs of children residing within the region boundaries. Each region develops a local plan describing how it would provide special

	education services. SELPAs vary in size: some serve just one school district, some serve multiple school districts, some serve an entire county.
SBHIP = Student Behavioral Health Incentive Program	A workstream of CYBHI, SBHIP was launched in CY 2022 and funding concludes in December 2024. SBHIP provides financial incentives to increase coordination among Medi-Cal managed care plans and local education agencies to improve access to and delivery of mental health services.