

# Meeting the Funding Challenges for Mental Health Services in Schools

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MHSSA Meeting 6-5-24



# Who is in the Room

In Chat Box, please indicate your role and your level of knowledge of CYBHI



# Today's Objectives



Overview School-Based MH Funding



Strategies for Funding Including CYBHI



State of the State of multiple Mental Health funding sources



Models CA schools are currently using to implement Mental Health supports

Question Parking Lot



PowerPoint and documents will be forwarded by MHSOAC



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How is your agency currently funding integrated mental health programs?

① Start presenting to display the poll results on this slide.

# Ten Years of Unprecedented Funding

**\$18M**  
Triage School  
MH  
Collaboration

**\$89M**  
MHSSA

**\$13.2B**  
ESSER

**\$4B**  
Expanded  
learning

**\$1B**  
Educator  
workforce  
development

**\$0.1B**  
Juvenile  
justice  
realignment

**\$4.1B**  
Community  
schools

**\$2.7B**  
Universal  
Pre-K

**\$4.7B**  
California  
Youth  
Behavioral  
Health  
Initiative

**\$7.2B**  
CalWORKS

**\$5B**  
CalAIM

**\$2.6B**  
Bridge  
housing

**\$0.6B**  
School  
meals

Note: Figures approximate

Eight Years of Unprecedented Funding

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meals

Planning is required to avoid adverse outcomes of mostly **one-time** funding...

Note: Figures approximate

# Eight Years of Unprecedented Funding

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School  
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Ways to help sustain  
Mental Health  
Investments

**LCFF**

**FFPSA**

**Fee for  
Service**  
**Medi Cal  
LEA BOP  
Specialty MH  
FQHC  
Managed Care**

Note: Figures approximate

Eight Years of  
Unprecedented  
Funding

Ways to help sustain  
Mental Health  
Investments

Specialty MH  
FQHC

Medi Cal  
LEA BOP

Managed Care Plan  
MOUs/Contracts

Fee for  
Service

Title IV  
FFPSA

LCFF

AB 2698 ECMHC  
Adjustment  
(Early Childhood)

Note: Figures approximate



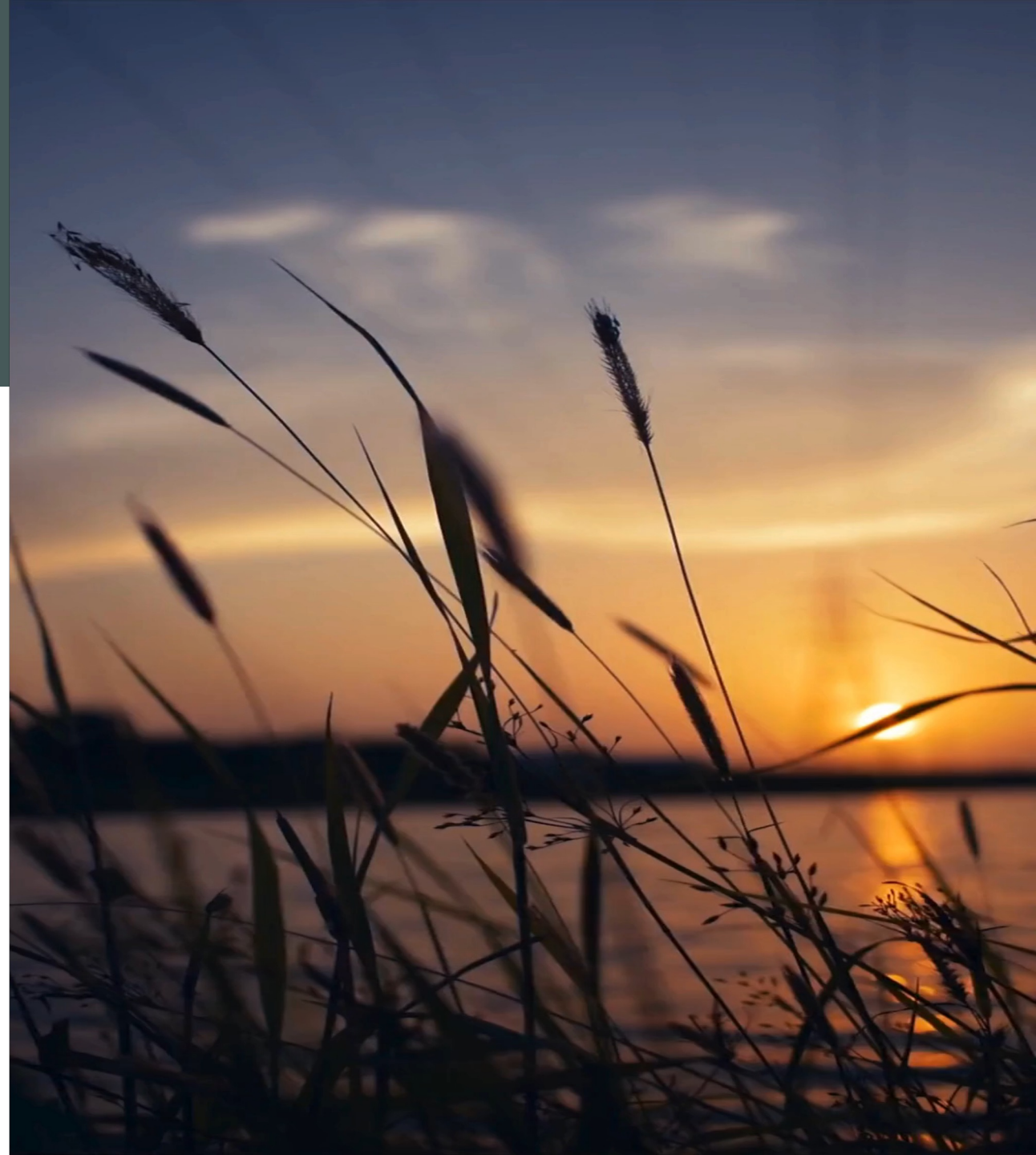
# Mindful Moment

Please be mindful during this presentation and as you move forward with implementing many new strategies for funding Mental Health in Schools.

This work is not a sprint. It is a marathon and will take time, preparation, and deep cleansing breaths.

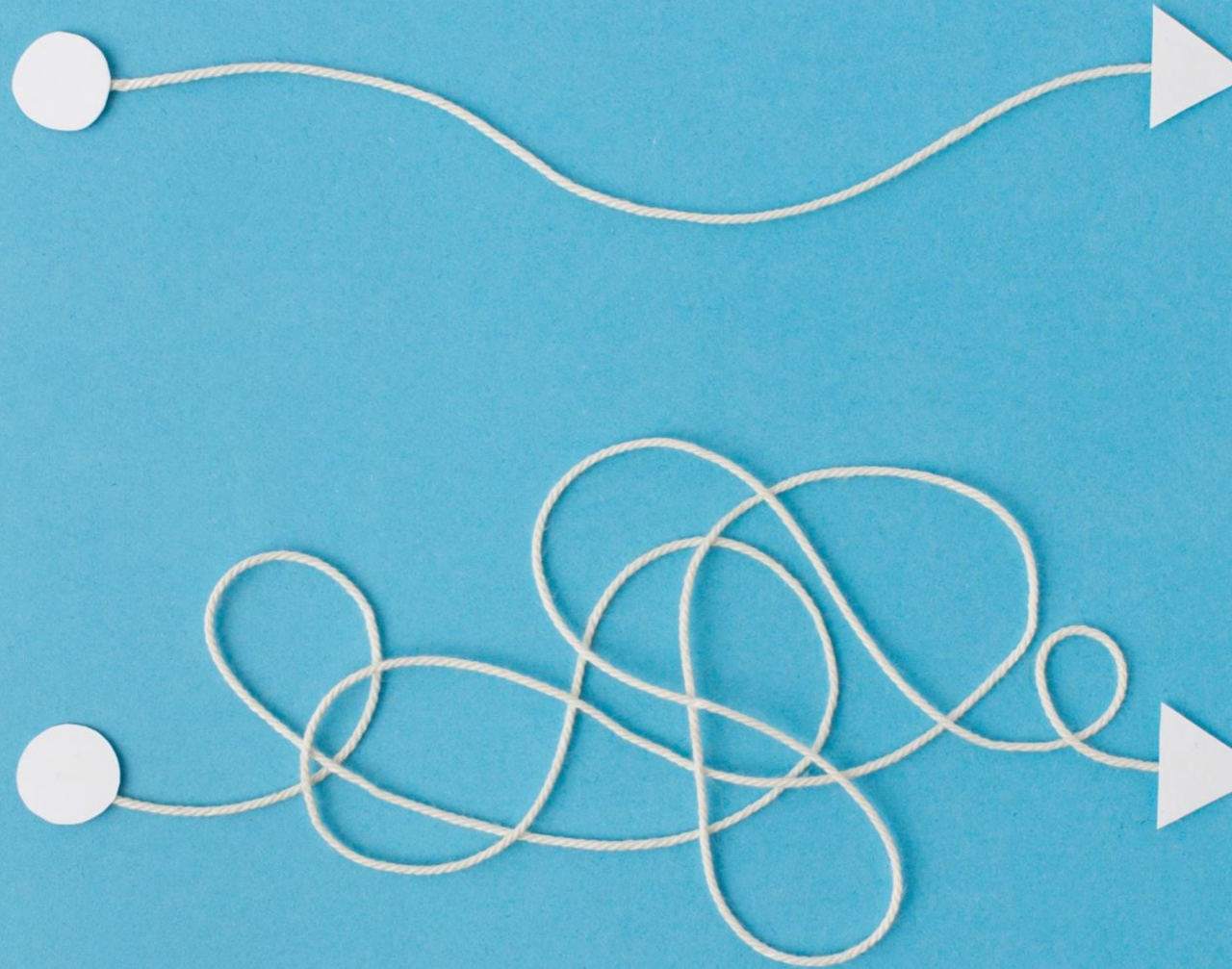
To be successful, it will require new partnerships, strategies, and staff /collaborations that you may not be used to.

Don't try to do everything at once, and seek assistance from partners who can help.



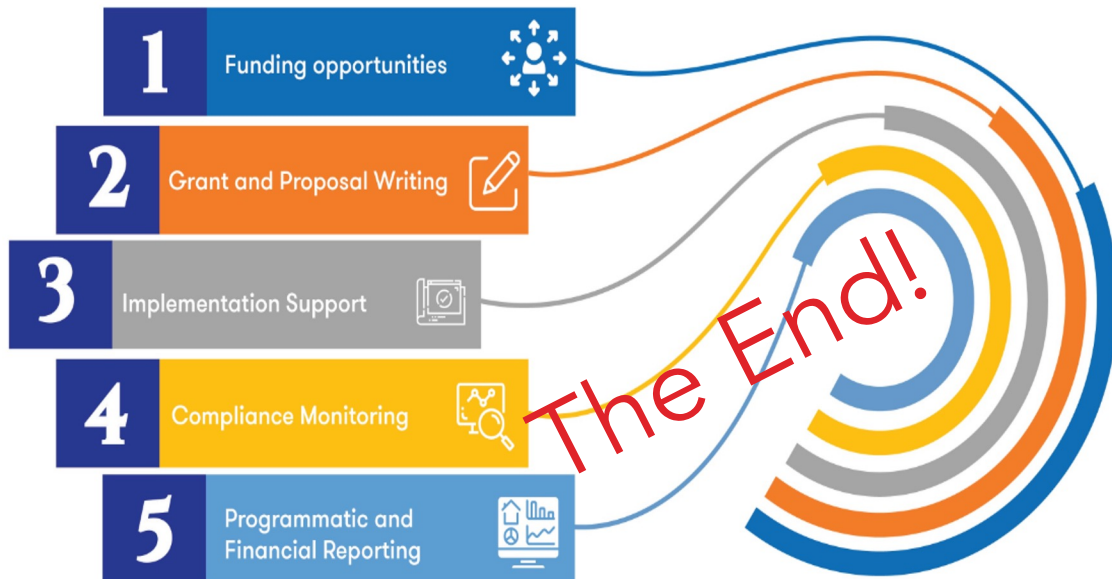
# Three Strategies

1. Think in terms of a business life cycle.
1. Graph your funding sources beginning and end date.
1. Braid funding to maximize funding to be more effective and efficient.

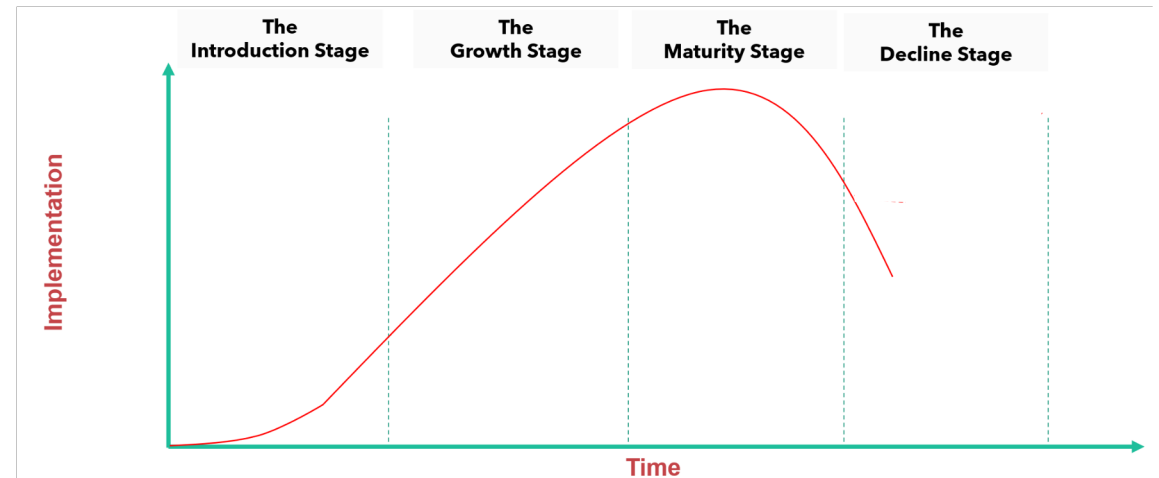


# Funding Life Cycle

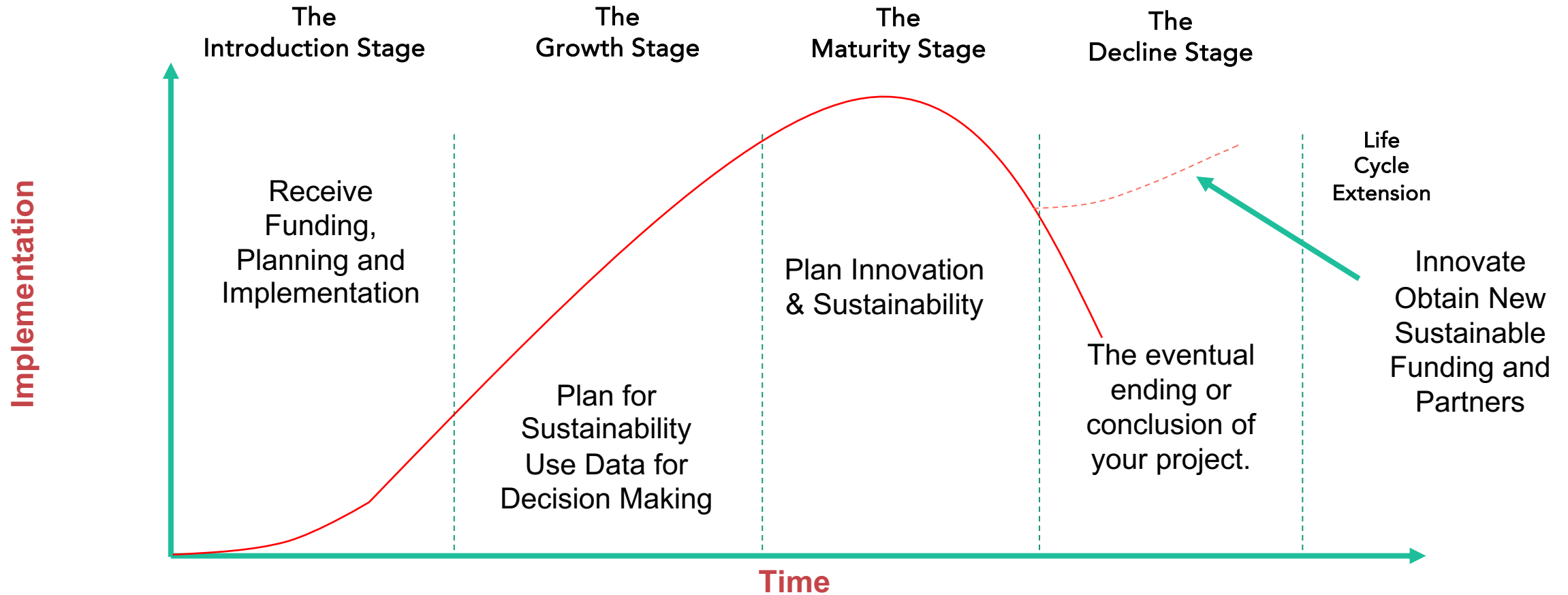
## Typical Process



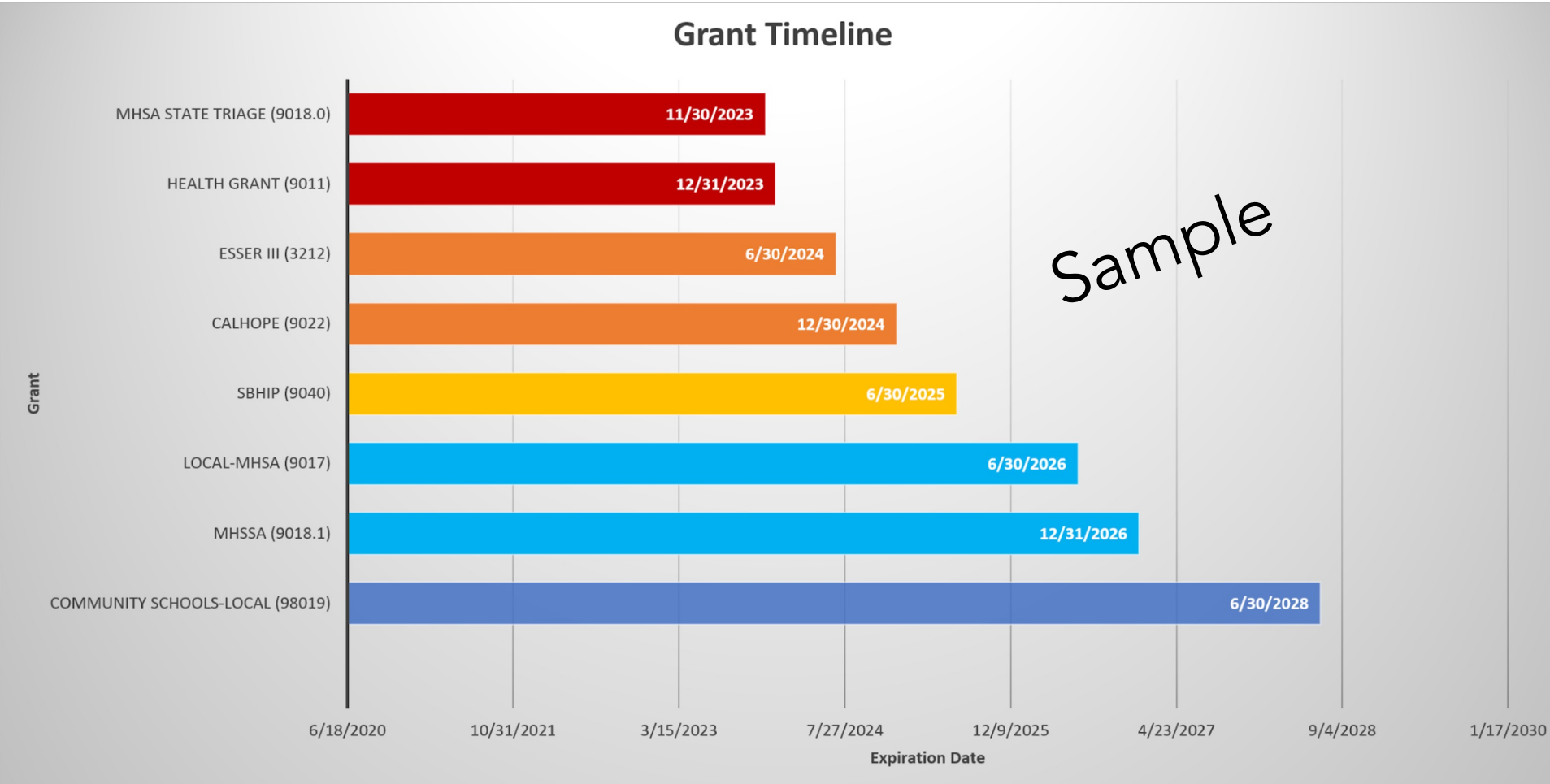
## Think in Terms of Funding Life Cycle



# Funding Life Cycle



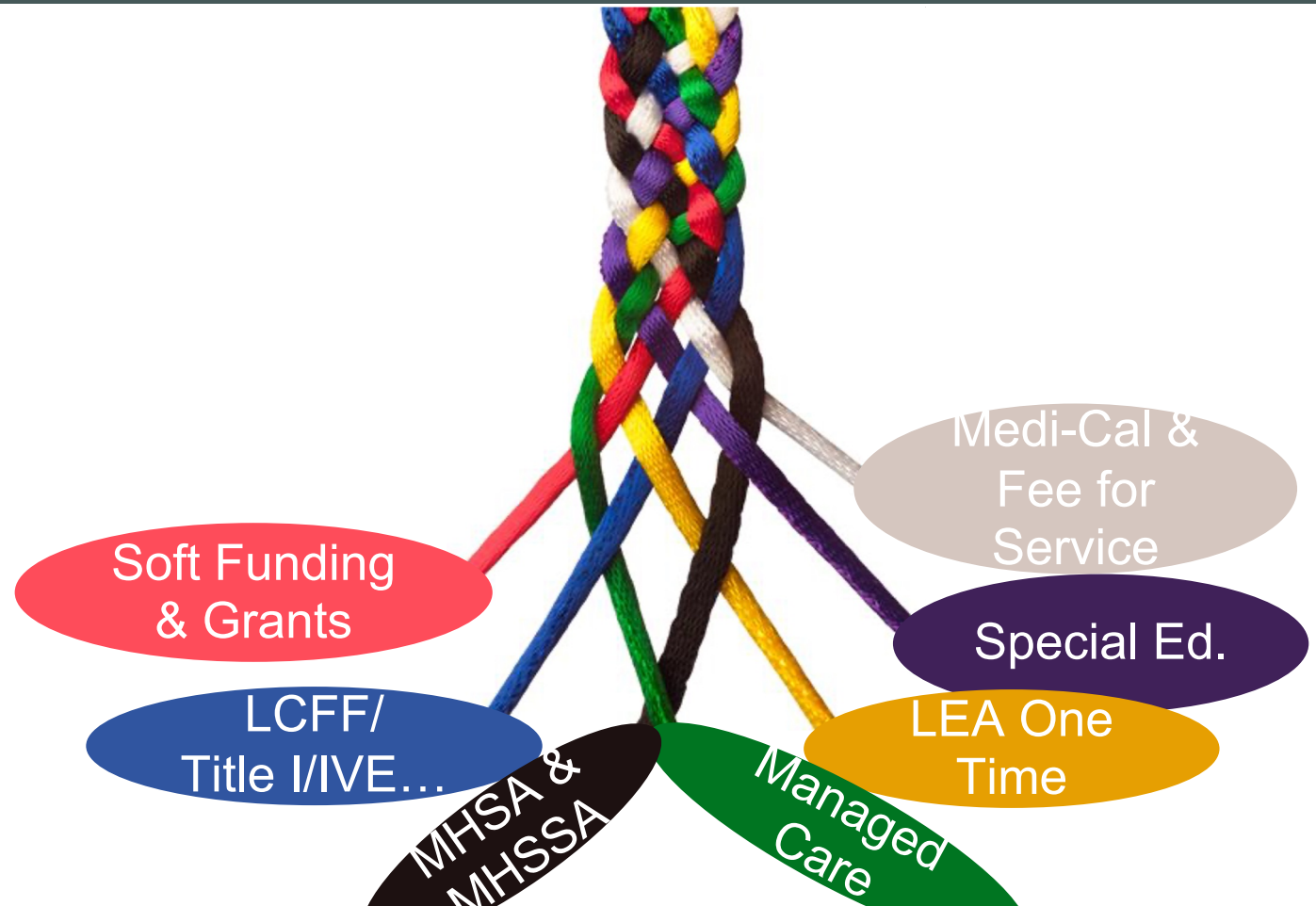
# Understanding Funding End Dates (Exactly)



# Sustaining Mental Health Services Requires Braided Funding and Partnership

There is no single funding source to leverage that will fully fund an integrated mental health program.

Communities must look at braided/blended funding and collaboration.



Let's Hear  
About Your  
MHSSA  
Services



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## Activities and Services

ⓘ Start presenting to display the poll results on this slide.



# Funding Opportunities



Child Youth Behavior Health Initiative.

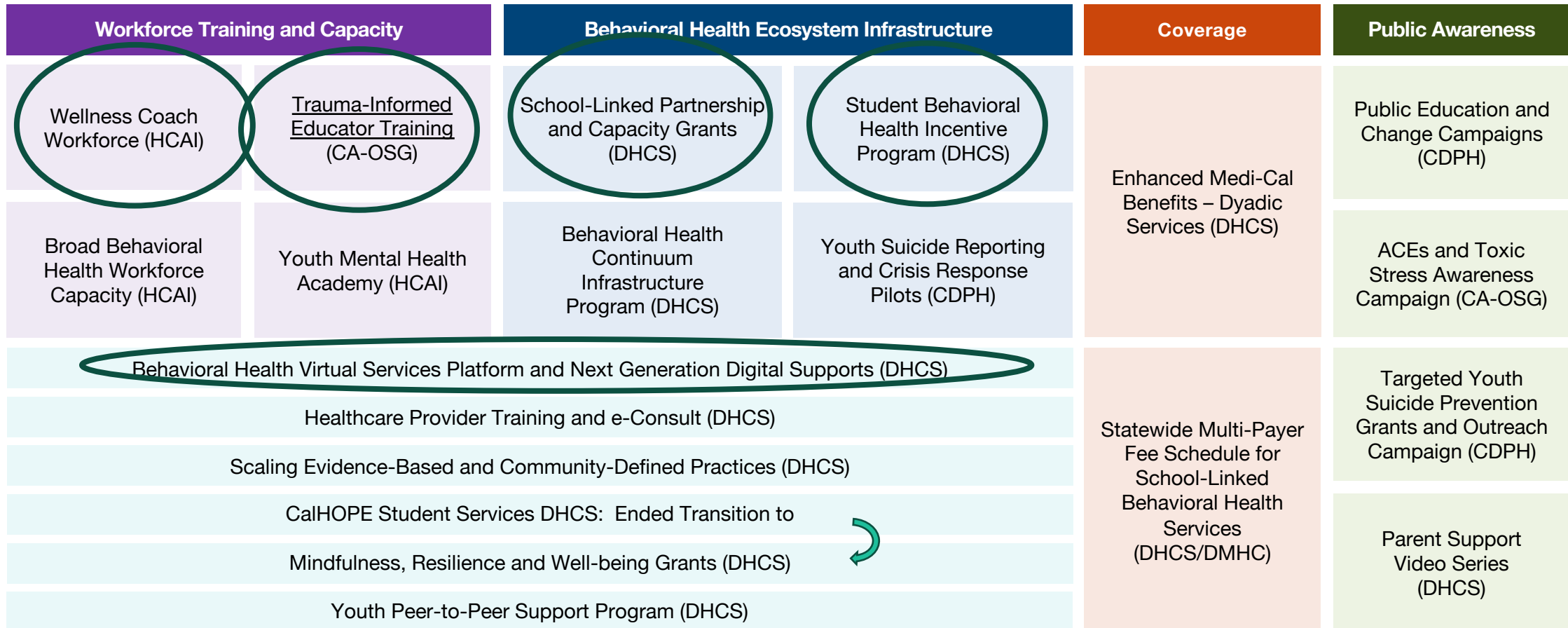


Other Sources of funding include Medi-Cal.



Family First Prevention Services Act

# CYBHI Workstreams



Within MTSS  
Framework, Where  
would you indicate  
you do most your  
services



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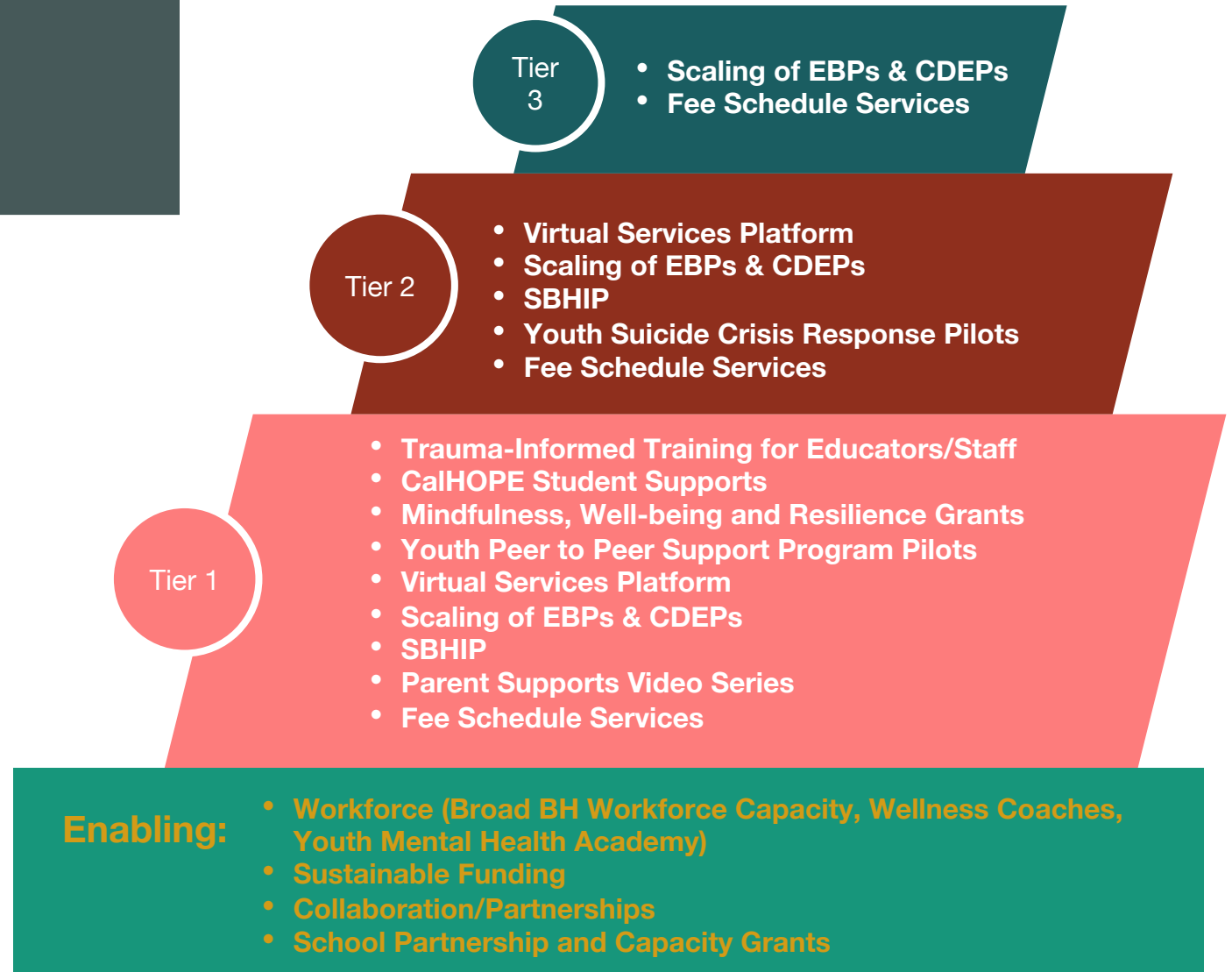


Within MTSS, Where would you indicate you have most MHSSA Services?

① Start presenting to display the poll results on this slide.

# How CYBHI components fit into MTSS Framework

Building a continuum of support with the Child Youth Behavioral Health Initiative.



# If you came late

PowerPoint and Documents will be forwarded by MHSOAC



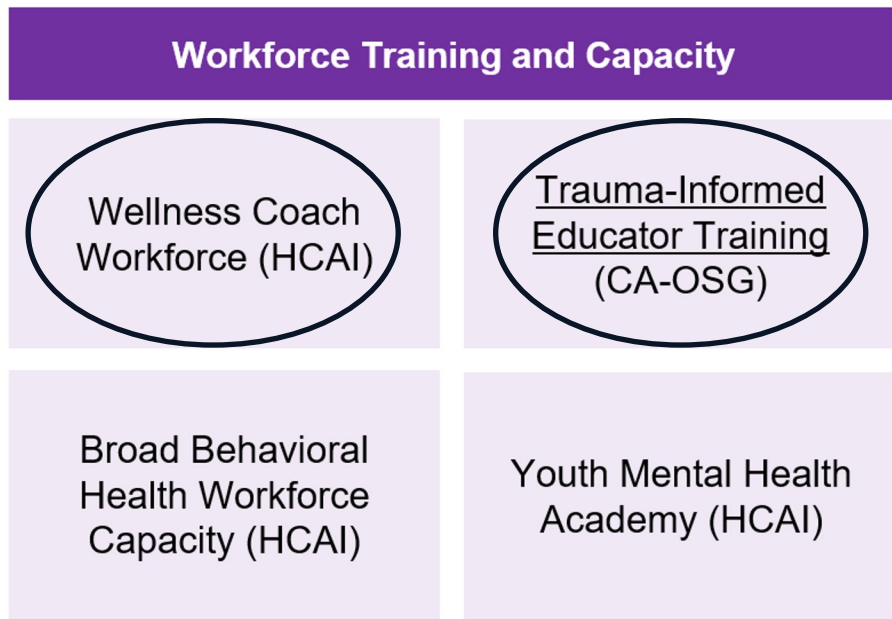
Question Parking Lot



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# CYBHI Workstreams



## Trauma-Informed Training for Educators (OSG)

- Resource for Educators
- Online July 2023 Professional Learning Modules

## Certified Wellness Coach

- Develop a pathway for workforce development
- Increase overall capacity to support growing youth behavioral health needs.
- Build a diverse behavioral health workforce with lived experience working in a wide variety of school, health, and community settings.
- Fill some of the workforce gaps that exist today. (i.e., few existing BH roles require 1-4 years of education)
- Ensure the role is both a desirable occupation in and of itself and a stepping-stone to more advanced BH roles.
- Engage directly with youth (aged 0 – 25), while ensuring adequate training and supervision.
- Serve vulnerable populations where they live, study, and work.

\* Funding Grant Expected in June

# Services and Competencies

## Services

*Activities core to the Certified Wellness Coach roles*

1 Wellness promotion and education

2 Screening

3 Care coordination and extension

4 Individual support

5 Group support

6 Crisis referral

## Additional Competencies

*Demonstrated areas of knowledge to be evaluated during field experience*

7 Cultural competency, humility, and mitigating implicit bias

8 Professionalism, ethics, and legal mandates

9 Communication

10 Operating in role and different environments



# Wellness Coach Tiered Supports

Tier 3

- Support School Counselors
- Crisis referral
- Care coordination

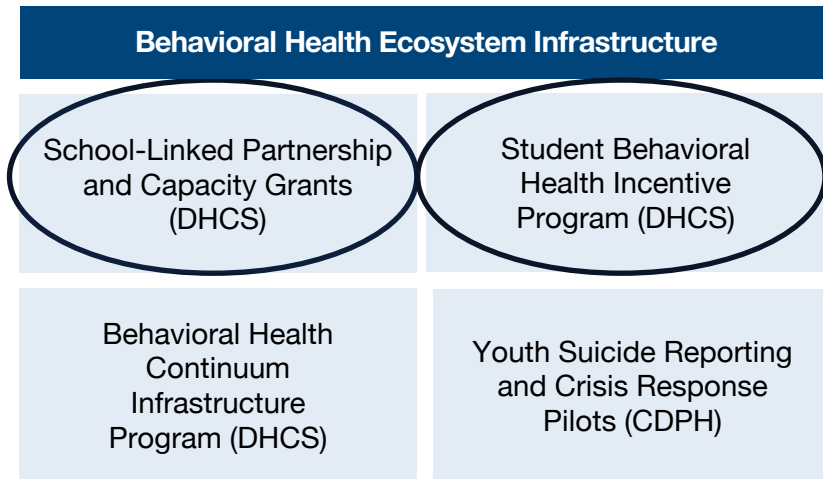
Tier 2

- Check In / Check Out
- Assist in identifying students with Tier III needs
- Life skills (e.g., stress management, time management, problem-solving)
- Assist or lead group interventions/activities that do not require PPS-C or licensure

Tier 1

- Support Universal Screening tools
- Teach and reinforce classroom social, emotional, behavioral lessons under guidance of mental health or PPS staff
- School-wide Bully-Prevention Programs such as Stop, Walk, and Talk
- Provide mental health and wellness information across campus in the forms of visuals, posters, flyers, and more...
- Assist in identifying students with Tier II needs
- Deliver structured curriculum to groups or classrooms, focusing on wellness promotion and education such as building positive relationships, bullying prevention, nutrition, and exercise in relation to behavioral health

# CYBHI Workstreams



[Link to Capacity Grant Website Here](#)

## Student Behavior Health Incentive Program (SBHIP)

- Address behavioral health access barriers for Medi-Cal students through **Targeted Interventions that increase access**
- **Prevention, early intervention, or other behavioral health services** provided by school-affiliated behavioral health providers for TK-12 children in public schools.  
\*\*\*LEAs can establish ongoing contracts with **Managed Care Plan to support Mild to Moderate Students with Medi Cal\*\*\***

## School-Linked Partnership and Capacity Grants

- Strengthen school-linked behavioral health services and provide California public K-12 schools.
- Support institutional readiness for the statewide all-payer fee schedule by providing resources to schools to expand its provider capacity, develop critical partnerships, and build the necessary infrastructure.

# CYBHI Workstreams: Fee Schedule and Capacity Grant

## Capacity Grant (Allocation)

One-time investment to build operational readiness for the multi-payer fee schedule



## Multi-Payer Fee Schedule

New funding source to support student mental health. (Medi-Cal, Commercial and Disability Insurer) to reimburse covered services

# CYBHI Workstreams

## Behavioral Health Ecosystem Infrastructure

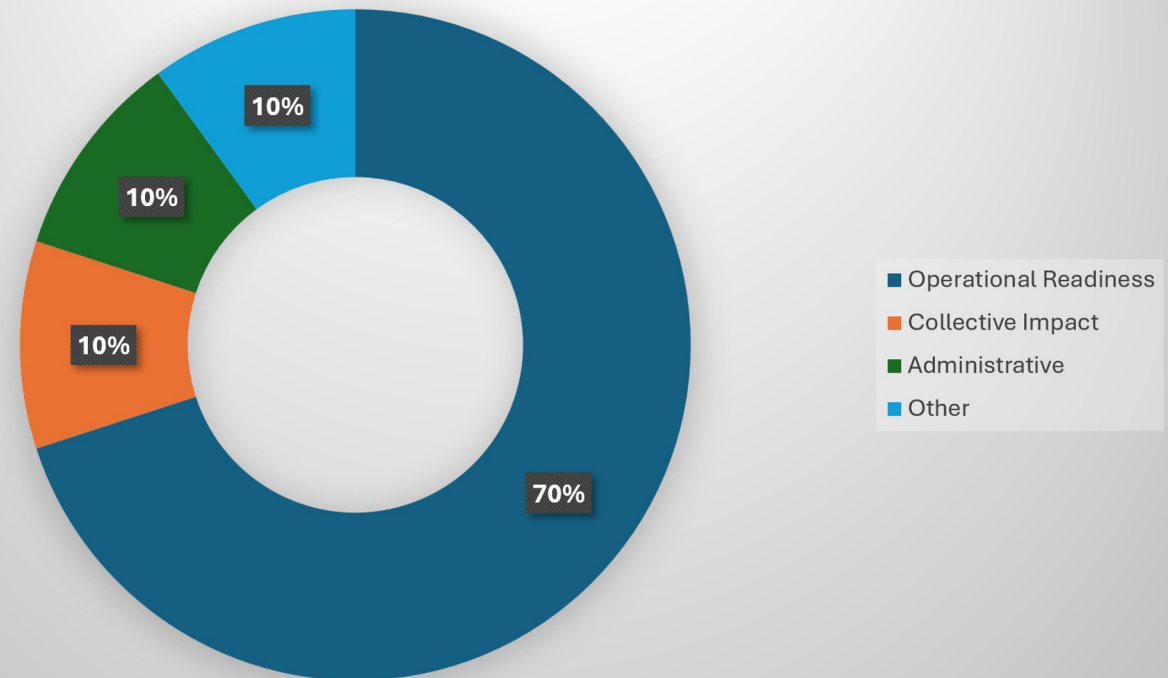
School-Linked Partnership  
and Capacity Grants  
(DHCS)

Student Behavioral  
Health Incentive  
Program (DHCS)

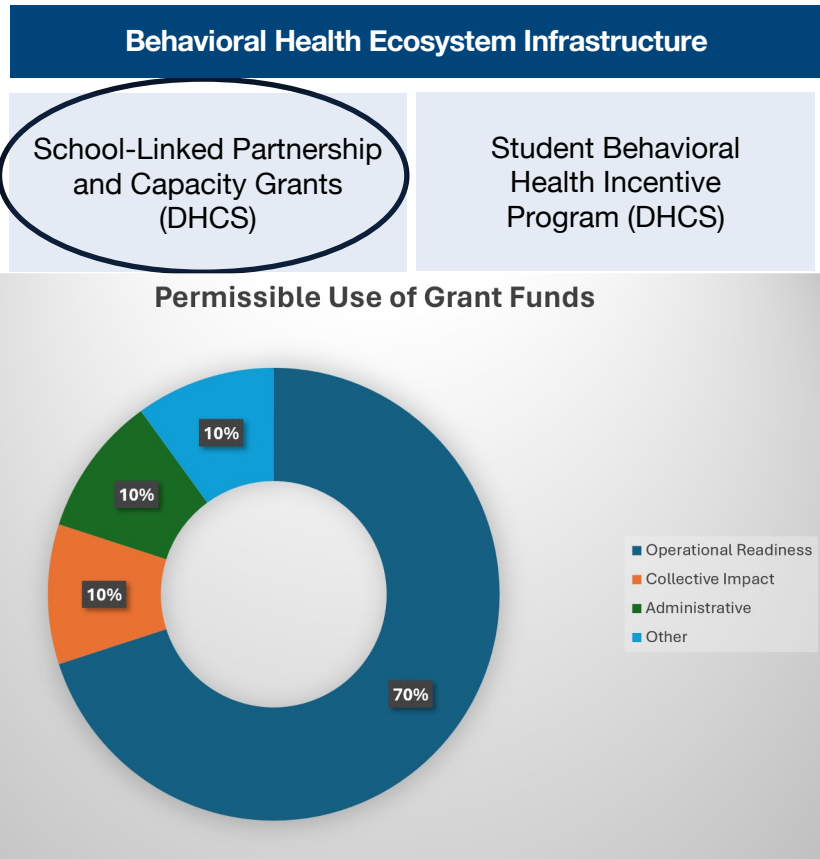
### School-Linked Partnership and Capacity Grants

- Strengthen school-linked behavioral health services and provide California public K-12 schools.
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## Permissible Use of Grant Funds



# CYBHI Workstreams



At least 70% of each county's funding should support LEAs as they achieve **operational readiness**. Funds should address one or more of the following:

- Medi-Cal enrollment of sites
  - Service delivery infrastructure and capacity building
  - Data collection and documentation
  - Billing infrastructure
- } (EHR)

Up to 10% of funding can be reserved by the COE to offset any COE administrative costs.

Up to 10% of funding can be dedicated to projects that build a necessary **collaborative infrastructure** for coordinated systems that focus on the needs of children and families.

Up to 10% of each county's funds can be dedicated to other expenditures that the COE deems necessary to strengthen the COE or LEA's ability to provide behavioral health services and supports to students.

# Operational Readiness Scenarios

## Two Options:

- Allocation for LEAs directly for Operational Readiness
- Some or all of LEAs centralize (Pool) dollars to be used collectively for capacity building

# CYBHI Workstreams

## Coverage

Enhanced Medi-Cal  
Benefits – Dyadic  
Services (DHCS)

Statewide Multi-Payer  
Fee Schedule for  
School-Linked  
Behavioral Health  
Services  
(DHCS/DMHC)

## [Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services \(Fee for Service\)](#)

- Build a fee schedule for schools to bill for both Medi-Cal and Commercial Insurance
- Implemented in cohorts starting in January 2024 - Cohort of Early Adopters
- Where can activity happen: at schools or community locations if a school-linked service.
- Who can bill:
  - TK-12: COEs (including COEs that also act as LEAs) or LEAs (i.e., school districts and charter schools in
  - Higher education (Students up through 25)
  - At the practitioner level, this provider network could include all of the following:
    - Pupil Personnel Services (PPS) credentialed providers (i.e., PPS school psychologists, PPS social workers, PPS counselors, and registered credentialed school nurses) employed by or contracted with the LEA;
  - Licensed or supervised mental health specialists employed by or contracted with the LEA; and/or,
  - Community-based organizations or behavioral health practitioners
    - \*Wellness Coaches will be added in January 2025

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## Provider Types

School-Based Licensed Mental Health  
Practitioners

School Linked Licensed Mental Health  
Staff

PPS Credentialed Practitioners

Certified Wellness Coaches (Jan 2025)

## Fee Schedule Services (non Specialty Mental Health Services)

Psychoeducation

Screening and Assessment

Therapy

Care Coordination

Please see the [CYBHI Fee Schedule Scope of Services, Codes, and Reimbursement Rates PDF](#) to learn more.



# CYBHI Workstreams

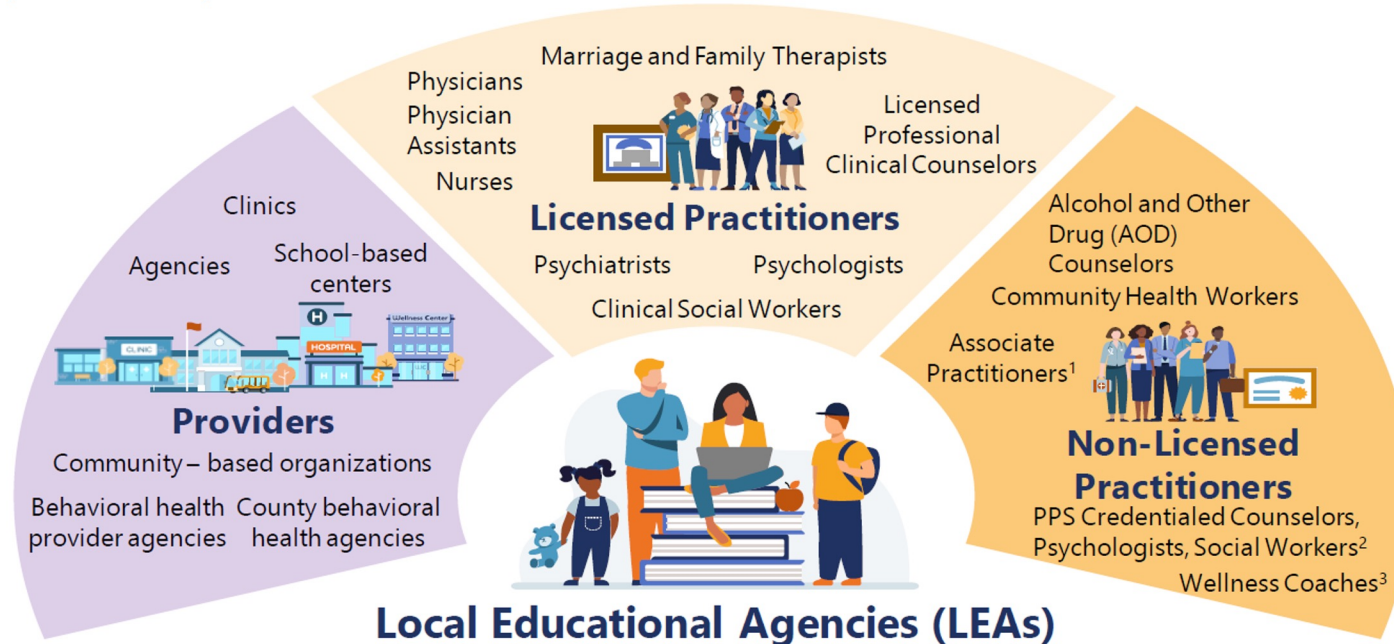
## Coverage

Enhanced Medi-Cal Benefits – Dyadic Services (DHCS)

Statewide Multi-Payer Fee Schedule for School-Linked Behavioral Health Services (DHCS/DMHC)

## Provider Types Expanded Example Provide by DHCS

All providers and practitioners must have a National Provider Identifier (NPI) and be Medi-Cal enrolled



1. Includes Associate Marriage and Family Therapists, Clinical Social Workers and Professional Clinical Counselors; 2. Pupil Personnel Services; subject to State Plan Amendment approval; 3. Starting 2025; subject to State Plan Amendment approval  
Source: DHCS; CYBHI fee schedule guidance document (linked [here](#))

# CYBHI Workstreams

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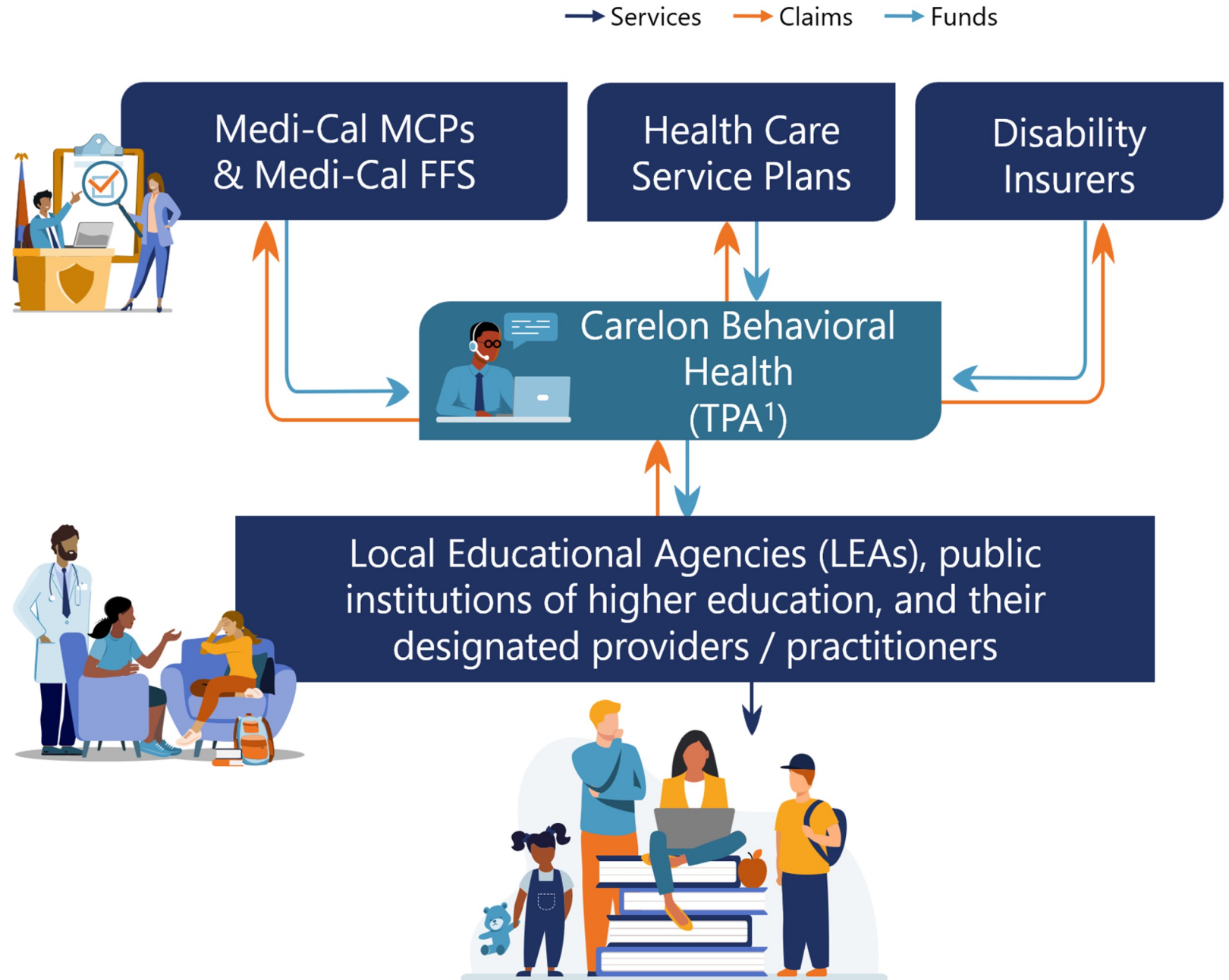
Statewide Multi-Payer  
Fee Schedule for  
School-Linked  
Behavioral Health  
Services  
(DHCS/DMHC)

## Where can Activity Happen

School  
Based

School  
Linked

# How will the Multi-payer Fee Schedule Work



1. Third-Party Administrator

Source: CYBHI fee schedule guidance document

# CYBHI Workstreams

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## Statewide Multi-Payer Fee Schedule for School Linked Behavioral Health Services (Fee for Service)

Example

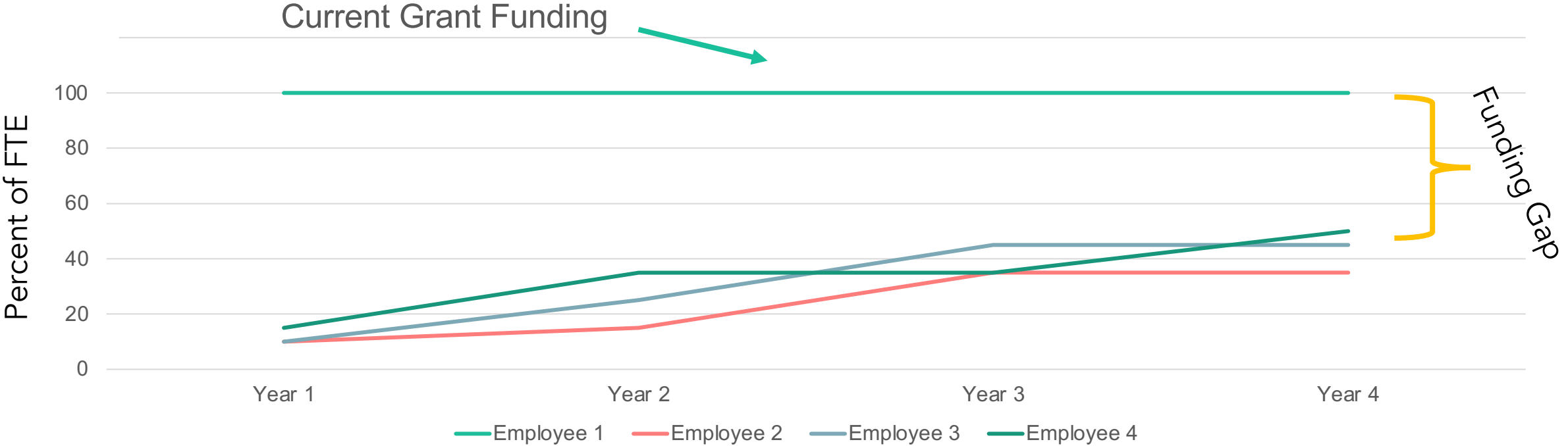
Service Category	Procedure Code	Service Description	Eligible Practitioner	Fee Schedule Rate
Case Management	99366	Case Management with patient or family present (Face to Face), 30 min	PA, NP, RN, Psych, Ed. Psych, LCSW, LMFT, LPCC, AMFT, ASW, APCC, PPS School Psychologist, PPS School Social Worker, PPS School Counselor	\$36.71
		<p>Note: Currently, PPS Credentials are being added to the State Plan Amendment (SPA). They are not eligible at this time.</p>		

# Drilling Deeper Into Braided Funding (Sample Version Fee for Service)

Fee Schedule Staff Example					Calculated Field	Calculated Field		
Procedure Code	Type of Activity	Per Hour	FTE, per Submitted Budget	Productivity Expectation	Yearly Billable Hours	Estimated Yearly Revenue Payment	Equals Hours a Week	
99366	Case Mgt. with patient or family present (Face to Face), 30 min@ \$36.71	\$73.42	1.00	20%	347.20	\$25,491.42	8	
90837	Psychotherapy session, individual, 53 or more min	\$131.97	1.00	20%	347.20	\$45,819.98	8	
90846	Family psychotherapy session; single family without patient present, 50 min	\$86.64	1.00	10%	173.60	\$15,040.70	4	
99403	Preventive Medicine, Individual Counseling – 45 minutes	\$77.91	1.00	10%	173.60	\$13,525.18	4	
				60%	1,041.60	\$99,877.29 @24		
						\$130,000.00		Total Salary & Benefits
						-\$30,122.71		Total Funding Needed for full FTE
Sample Salary and Benefits \$130,000								
Mental Health Specialist 8 hours/day, 217 days = 1,736 hours per year								
* The above are payments less than full hour, but are calculated as full hours for example. Consult the Fee Schedule Manual to be published by DHCS for details on billing minutes.								
**This tool is only an example and care should be taken as the Fee Schedule continues to evolve and details published. This tool is not endorsed by DHCS and should only be used as a planning tool.								

Note that this is an exercise and not an exact representation of your billing. It should not be considered what will happen at your site but rather a suggestion of how you might determine reimbursement in your LEA.

# Possible Fee Schedule Scenario



# Opportunities for Sustainability

Partner with County Behavioral Health to explore braiding funding sources such as:

Specialty Mental Health Services and Early and Periodic Screening, Diagnostic and Treatment ([EPSDT](#)) (Medi-Cal)

Administered / Authorized by County Behavioral Health

Student must be Medi Cal and must establish medical necessity

Available to beneficiaries up to the age of 21

Major changes to increase access and ability to implement <https://www.dhcs.ca.gov/calaim>

“CalAIM is moving Medi-Cal towards a population health approach that prioritizes prevention and whole person care.

Extend supports and services beyond hospitals and health care settings directly into California communities.



# Discussion Question

With the scenarios presented, what strategies or funding sources does your program have available to cover the funding gap between Fee Schedule and MHSSA or other grants?

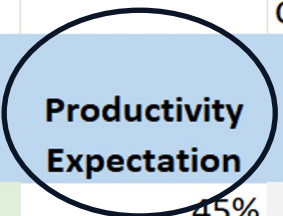
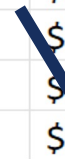


# Changes in Rates Under Cal Aim Opportunities for Sustainability

Medi-Cal Eligible Students Only

Contractor- XX				Calculated Field	Calculated Field	
Direct Service Staff	Rate	FTE, per Submitted Budget	Productivity Expectation	Billable Hours	Estimated Payment	
Psychiatrist/ Contracted Psychiatrist	\$ 926.86	1736 Hours	45%	-	\$ -	
Physicians Assistant	\$ 415.69		40%	-	\$ -	
Nurse Practitioner	\$ 460.90		40%	-	\$ -	
RN	\$ 376.48		40%	-	\$ -	
Certified Nurse Specialist	\$ 460.90		40%	-	\$ -	
LVN	\$ 197.77		40%	-	\$ -	
Pharmacist	\$ 443.66		40%	-	\$ -	
Licensed Psychiatric Technician	\$ 169.55		40%	-	\$ -	
Psychologist/Pre-licensed Psychologist	\$ 372.75		40%	-	\$ -	
LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 241.22		1.00	40%	694.40	\$ 167,501.78
Occupational Therapist	\$ 321.10		40%	-	\$ -	
Mental Health Rehab Specialist	\$ 181.48		35%	-	\$ -	
Peer Recovery Specialist	\$ 190.55		35%	-	\$ -	
Other Qualified Providers - Other Designated MH Staff that Bill Medical	\$ 181.48		40%	-	\$ -	
		1.00		694.40	\$ 167,501.78	

Example



# Sample County Comparison Medi-Cal vs Fee Schedule

Specialty MH vs Fee Schedule Non-Specialty Example					Calculated Field	Calculated Field
Medi-Cal	Direct Service Staff	Rate	FTE, per Submitted Budget	Productivity Expectation	Billable Hours	Estimated Payment
Specialty MH	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 241.22	1.00	40%	694.40	\$ 167,501.78
Fee for Service	LPHA (MFT, LCSW, LPCC)/ Intern or Waivered LPHA (MFT, LCSW, LPCC)	\$ 131.97	1.00	40%	694.40	\$ 91,639.97

Specialty Mental Health is considered "Intensive Mental Health Services.

Fee for Service is considered "Mild to Moderate Services"

Tier III type of Services vs Tier II Services

# Opportunities for Sustainability

Two Types of LEA Medi Cal Funding:

Primary Types:

([Medi-Cal Administrative Activities](#), & [Local Educational Agency Medi-Cal \(LEA Program Targeted Case Management\)](#))

Designed a [Process Map](#) for **LEA Targeted Case Management TCM** and Pilot Project

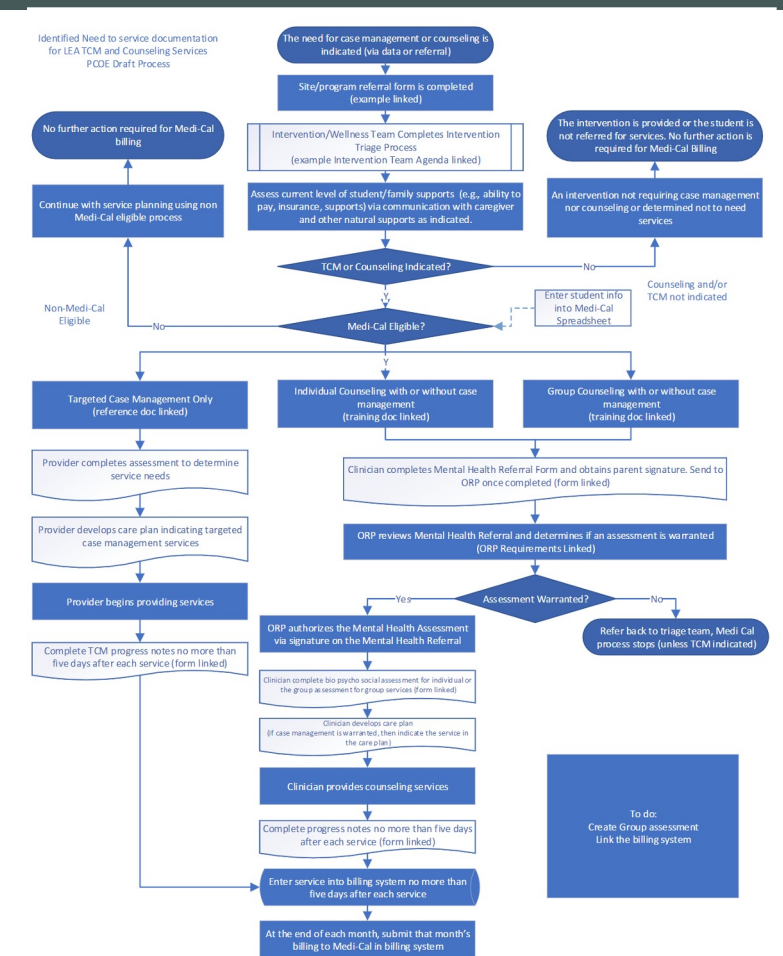
Goal:

1. Identify processes and forms necessary for TCM
2. Determine the number of Medi Cal Eligible Students using Mental Health Supports
3. Identify quality improvement and documentation strategies

# Evaluate Process for LEA Billing Option Program (BOP)

Develop a process map for the workflow to identify barriers, trigger points, and detailed processes for LEA- BOP.

Script each move with deliberation.



# Opportunities for Sustainability

[The California State Plan Amendment 15-021 was approved on April 27, 2020](#)

Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)

“Expands reimbursements to include covered services under an Individualized Health and Support Plan (IHSP), which will allow **LEAs to receive reimbursement for eligible beneficiaries without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP)**, resulting in increased services for Medi-Cal eligible general education students.”

# Opportunities for Sustainability

[Early Related Mental Health Services \(ERMHS\) Expansion & Senate Bill 98 \(Link Here\)](#)

Starting in 20-21, ERMHS funds can be used for mental health-related services, including:

Out-of-home residential services for emotionally disturbed students

Counseling and guidance service (including counseling, personal counseling, and parent counseling and training)

Psychological services

Social work services

Behavioral interventions (ADDED)

Other mental health-related services not required by IDEA (ADDED)



# Opportunities for Sustainability

## \*\*\*Early Childhood Education\*\*\*

[AB-2698 "California state preschool programs: general child care and development programs: mental health consultation services: adjustment factors."](#)

Assembly Bill 2698 — Effective January 1, 2019

"Assembly Bill 2698 allows contractors to receive an additional adjustment factor of 1.05 for children who are served in a California state preschool program, infants and toddlers who are 0 to 36 months of age and are served in general child care and development programs, or children who are 0 to 5 years of age and are served in a family child care home education network setting funded by a general child care and development program, where early childhood mental health consultation services, as defined, are provided, pursuant to specified requirements."

CA State Preschools must take steps to prevent Expulsion or disenrollment due to behavior.  
([Link to CDE Information Letter Here](#))



# Opportunities for Sustainability

## FFPSA

### **Family First Prevention Services Act (FFPSA)**

FFPSA amends the Title IV-E foster care program and revises Title IV-B, subparts 1 and 2 programs.

Included in FFPSA:

Title IV-E reimbursement for evidence-based, trauma-informed prevention services.

Support for kinship (relative) caregivers.

Limits on congregate care placements.

Improvements to services for older and transitional-aged youth.



# Opportunities for Sustainability

## FFPSA

### Family First Prevention Services Act (FFPSA)

- Link to State Website for FFPSA ([Click Here](#))
- Link to “CA’s Five Year State Prevention Plan ([Click Here](#))
- CA Vision for FFPSA
  - Shifting the focus from the protection of children and youth who have been harmed by abuse or neglect to the strengthening of families within a reimagined child and family well-being continuum in order to support the prevention of child maltreatment and the recurrence of maltreatment.
  - “An integrated state-wide system that supports families to provide safe, stable, nurturing relationships and environments for their children and youth”.
  - “Vision involves a system of care supported by a framework for prevention that includes **primary**, **secondary**, and **tertiary** strategies, grounded in principles of fairness and equity.”  
Potential Candidates for FFPSA Consideration - Read Carefully pages 19-22 ([Click](#))

# Opportunities for Sustainability FFPSA

Potential Candidates for FFPSA Consideration -  
Read Carefully pages 19-22 ([Click Here](#))

## TARGET POPULATION OF POTENTIAL CANDIDATES

Children in voluntary or court-ordered Family Maintenance	Homeless Youth
Probation minors subject to a petition under section 602	Lesbian, Gay, Bisexual, Transgender and Queer/questioning (LGBTQ) children
Children whose guardianship or adoption arrangement is at-risk of disruption	Substance-exposed newborns
Children with a "substantiated" or "inconclusive" disposition of a child abuse or neglect allegation	Trafficked children
Children who have siblings in foster care	Children exposed to domestic violence
Children whose caretakers experience a substance use disorder	Children or youth experiencing other risk factors that when combined with family instability or safety threats

# Opportunities for Sustainability

## FFPSA

Current CA Ten Approved Programs:

**APPENDIX A - EBP TABLE Page 49**  
[\(link\)](#)

Nurse-Family Partnership	Family Check-Up
Healthy Families America (HFA)	Functional Family Therapy
Parents As Teachers	Homebuilders
Brief Strategic Family Therapy	Motivational Interviewing for Substance Use
Multisystemic Therapy	Motivational Interviewing for Cross Case Management

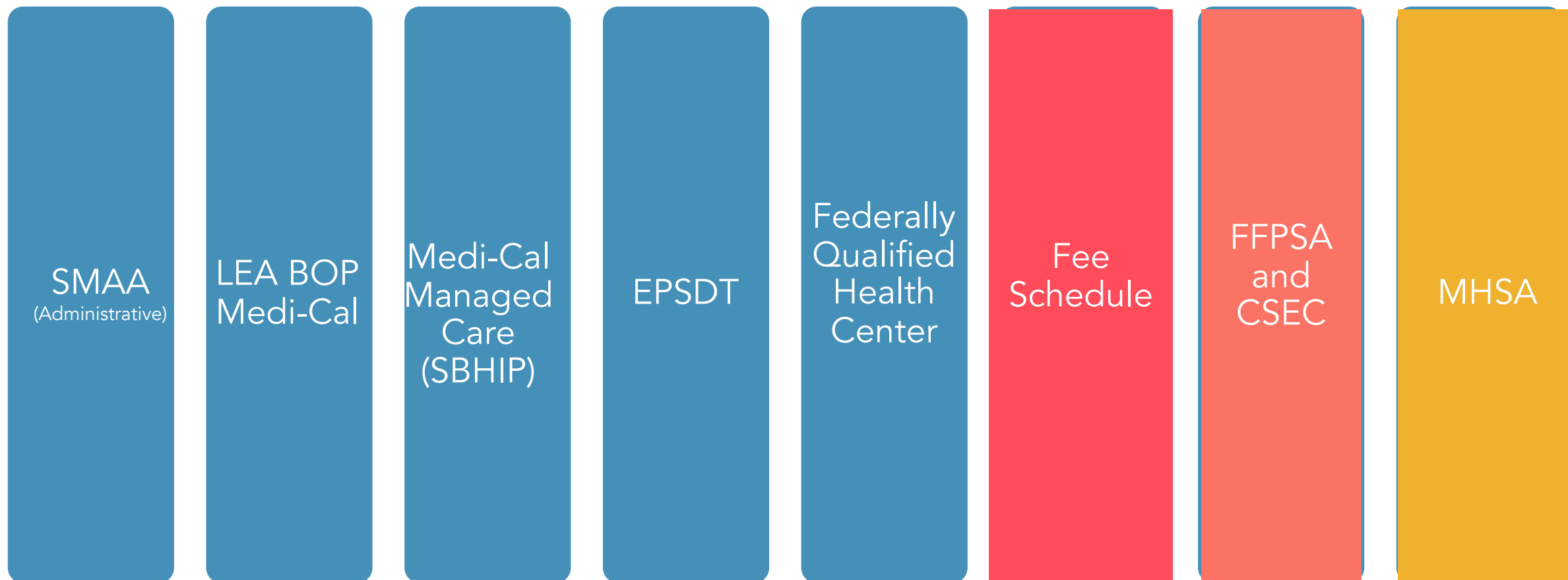
# Discussion Question

Please discuss one strategy you might use to sustain the implementation of MHSSA programs.



# Opportunities for Sustainability

## Continuum of Options - Not One Size Fits All -



# Resources

School Mental Health Funding - California School Based Health Alliance ([Link](#))

Public Funding for School-Based Mental Health Programs (CSHA) ([Link](#))

CA-School-Mental-Health-Implementation-Guide - MHSOAC ([Link](#))

Interconnected Systems Framework ([Link](#))

Practical Guide for Financing Social, Emotional, and Mental Health in Schools – Breaking Barriers ([Link](#))

Guidance to States and School Systems on Addressing Mental Health – SAMHSA ([Link](#))

Local Educational Agency Medi-Cal Billing Option ([Link](#))

Child Youth Behavioral Health Initiative ([Link](#))

# Meeting the Funding Challenges for Mental Health Services in Schools

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# Three CYBHI Projects Supporting Improved Outcomes

1. Transforming Together (T<sup>2</sup>)
2. State Guidance for HIPAA & FIRPA
3. Improved Ecosystem

# The Transforming Together (T<sup>2</sup>) is an integrated-systems project at the intersection of mental health and community schools efforts

Three-year, integrated systems project to improve student behavioral health and well-being through the coordinated implementation of California's Community Schools Partnership Program (CCSPP) and the Children and Youth Behavioral Health Initiative (CYBHI).

Grounded in the **Governor's Master Plan for Kids' Mental Health** and recommendations outline in the **CYBHI Ecosystem Working Paper** the project will demonstrate:

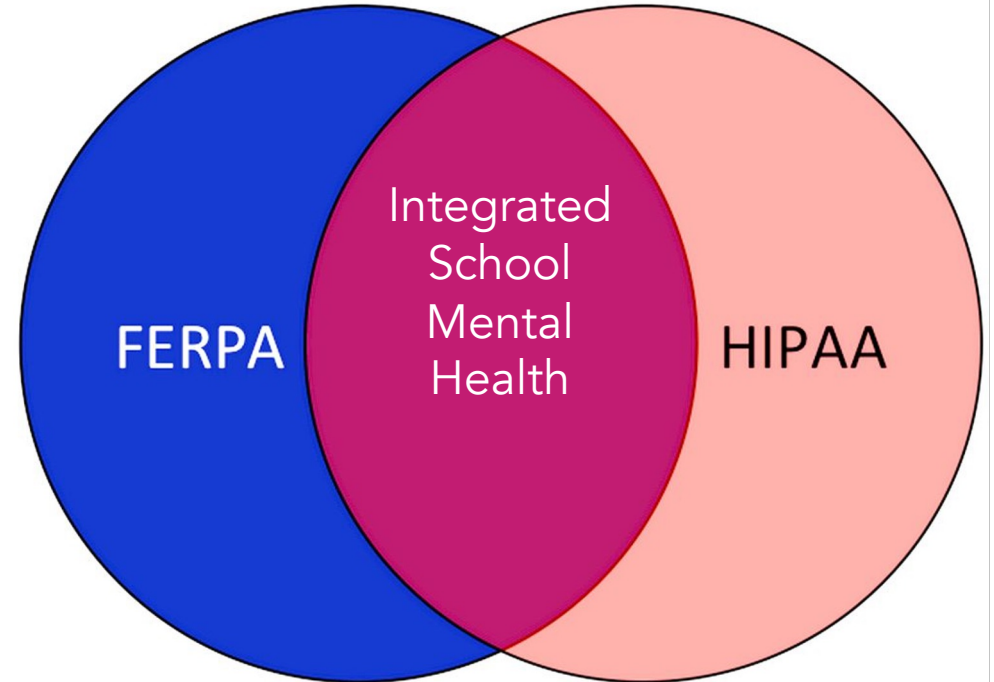
- How local sites can build or strengthen the collaboration and partnership necessary to harmonize implementation of CCSPP and CYBHI
- How these initiatives can be deeply integrated to advance equity and center youth
- What tools, mechanisms and approaches support local partners to integrate across systems

# CYBHI

## State Health Information Guidance (SHIG) HIPAA / FERPA Project

### Process:

- HHS Contracted with Third Sector to develop new SHIG
- Support integration/intersection of Mental Health in Schools
- Implementation of Multi-Payer Fee Schedule
- Formed cross sector workgroup
- Working with the Social Changery to integrate youth and family voice.



# CYBHI and Integrated System Collaboration

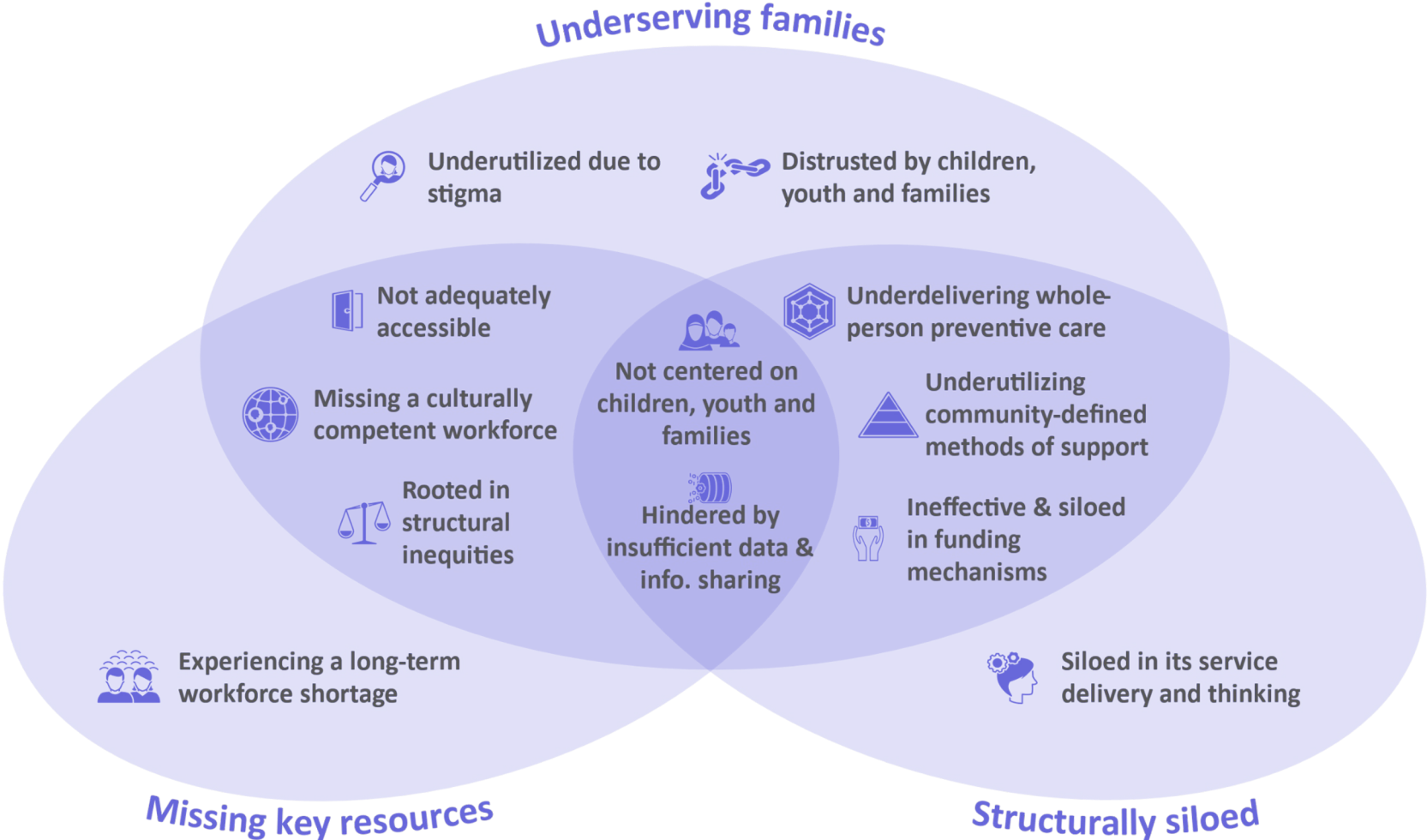
## “Working Paper: California's Children & Youth BH Ecosystem”

**Working Paper:  
California's Children &  
Youth Behavioral Health Ecosystem**

Authored by a multidisciplinary team led by  
Breaking Barriers California  
Commissioned by CalHHS



# CA's current child/youth behavioral health system is...



# Necessary Components of a Redesigned Children's System

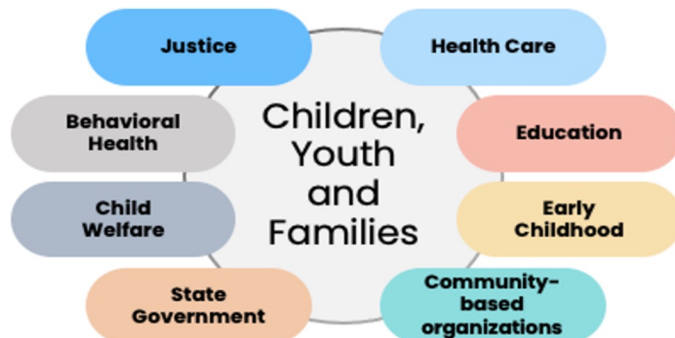


# Integrative necessary components

## What will it take?

### Who is involved

Young people, families and those who support them



### What is required

An Integrated Youth- and Family-Serving System



Centering children, youth and families



Larger, culturally responsive and congruent workforce



Incentives for integrated financing and maximization of state and federal funding



Training and coaching

### How

Action at every level

Site

Local

County

Regional

State






What is your reaction to a model like this? Where do you see you and your organization fitting in?

# Integrative necessary components





# Necessary components for a redesigned ecosystem

 <b>Vision, mindset and culture</b>	 <b>Structure, organization and resources</b>	 <b>Function, process and outcomes</b>
<ul style="list-style-type: none"><li>✓ Clear shared vision by, for and with children and families</li><li>✓ Communities and families empowered as partners to elevate their interests</li><li>✓ Commitment to address root issues of structural inequity</li></ul>	<ul style="list-style-type: none"><li>✓ Integrated approach to child wellbeing and alignment across the ecosystem</li><li>✓ Capacity building, technical support, and research agenda for initiating and building local ecosystems of care</li><li>✓ Larger, culturally responsive and congruent behavioral health workforce</li></ul>	<ul style="list-style-type: none"><li>✓ Community-defined shared outcomes, accountability and continuous improvement</li><li>✓ Data and info sharing processes and tools</li><li>✓ Effective approaches to integrated funding to maximize impact</li><li>✓ Coordinated care navigation for youth, students and families</li></ul>

# Meeting the Funding Challenges for Mental Health Services in Schools

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# Resources

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- Guidance to States and School Systems on Addressing Mental Health – SAMHSA ([Link](#))
- Local Educational Agency Medi-Cal Billing Option ([Link](#))
- Child Youth Behavioral Health Initiative ([Link](#))
- DHCS Fee Schedule ([Link](#)) Understanding LEA BOP and Fee Schedule ([Video Link](#))
- Certified Wellness Coach HCAI ([Link](#))
- Certified Wellness Coach ([Public Link](#)) Wellness Coach ([Video Link](#))