

California Student Mental Health Implementation Guide



WELLNESS • RECOVERY • RESILIENCE

Purpose: This guide is intended to support local education agencies (LEAs) and county behavioral health departments (BHDs) as they seek to partner to deliver comprehensive, high-quality school mental health services. These are challenging collaborative efforts with helpful information and tools to address barriers spread out in many different places. The goal of this resource is to create a library of helpful resources and organize tools around critical topics and challenges. Through this project, we aim to generate applicable resources specific to the needs of partners to further the growth of school mental health partnerships. Each section includes an overview of the topic and a collection of related resources. You may find that you revisit certain resources in multiple sections. A glossary is included for your convenience at the end of the table, beginning on page 23.



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Section 1: Overview of School Mental Health

This document is not going to outline the case for school mental health here since there are many resources that help school systems, health care systems, and mental health systems understand the importance of comprehensive school mental health. School mental health is heavily aligned with school and health care initiatives happening across the state of California, including:

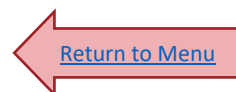
- Multi-Tiered Systems of Support (MTSS)
- Positive Behavior Interventions and Supports (PBIS)
- Social and Emotional Learning
- Community Schools
- Trauma-informed classrooms and practices
- Suicide prevention policies in schools
- Restorative Justice

While this guide curates tools for building school mental health services and programs, none of this should happen in isolation from other school and county initiatives.

Implementing School Mental Health includes addressing the school environment and policies that dictate staff and students' daily experiences. School mental health initiatives are not just about increasing access to specific interventions or services but also about addressing the whole school community and climate. All of the above mentioned initiatives work to create more positive school climates and cultures with supportive student and staff relationships. This work, alongside more targeted services for students that need more intensive support, create a comprehensive approach to increasing 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."

Resources (some resources appear in multiple sections)	
School-Based Mental Health: Improving School Climate and Students' Lives (California School-Based Health Alliance) – a brief two-page factsheet that summarizes the impact of mental health on students, why school-based mental health is important, and some guiding best practices.	Overview: School Mental Health Programs (California School-Based Health Alliance) – a brief two-page factsheet describing various school mental health programs and interventions, including an overview of the multi-tiered approach to school mental health.



[Why Student Mental Health Matters, Student Supports: Getting the Most Out of Your LCFF Investment](#) (California Community Schools Network) – a brief guide that presents the case to school administrators and partners for the importance of addressing student mental health in school settings.

[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.

[Cheat Sheet for School Mental Health Initiatives](#) (California School-Based Health Alliance) – A short list of definitions and additional resources to help understand other school-based initiatives that intersect with school mental health.

[Every Young Heart and Mind: Schools as Centers of Wellness, Draft Report](#) (Mental Health Services Oversight and Accountability Commission) - a 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 and increase academic success.

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

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. Many of which still exist 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 is a separate section to highlight the importance, 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, 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.

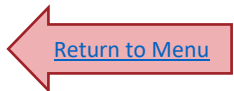
In this guide, there are a number of resources that explore anti-racist and structural biases in mental health delivery, organizations broadly, and school mental health systems specifically. As leaders in regional, county, or local organizations and agencies interested in building school mental health 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 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	
<p>Webinar Recordings & Training Materials: Youth Perspectives on COVID-19, Racism and Returning to School (National Center for School Mental Health)</p> <p>Supporting School Mental Health in the Context of Racial Violence (Mental Health Technology Transfer Center Network)</p> <ul style="list-style-type: none">• 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) <p>Eliminating Inequities in Behavioral Health Care Webinar Series (California Institute for Behavioral Health Solutions) - Recorded webinars from a series created to increase knowledge about the interplay between structural racism, behavioral health institutional racism, implicit bias, and behavioral health disparities. The target audience for the series includes behavioral health care leadership, administrators and managers, ethnic service managers, peer professionals, clinical supervisors, clinicians/direct care providers, and care managers.</p> <p>Rising Practices for Telehealth Series: Partnering and Listening to Youth/Students Who We Marginalize, Specifically in Their Telehealth (Pacific Southwest Mental Health Technology Transfer Center) – A two-part webinar series exploring telehealth approaches, practices, and policies to meet the mental health needs of youth we marginalize.</p>	<p>Culturally Sensitive Trauma-Informed Care of Students presentation (Tulare County Office of Education) - presentation slides for a training provided to school mental health providers.</p> <p>Articles & Reading Materials: The Future of Healing: Shifting from Trauma Informed Care to Healing Centered Engagement (by Shawn Ginwright Ph.D., on Medium.com)</p> <p>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.</p> <p>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.</p> <p>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</p>



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 Resources](#) (San Diego County Office of Education) – a website for educators with resources to address equity in schools and education.

Web Pages with More Resources:

[Cultural Responsiveness and Equity](#) (National Center for School Mental Health)

[Cultural Humility and Equity](#) (UCSF HEARTS)

[Implicit Bias Test](#) (Harvard)

[Fix School Discipline](#) website



Section 3: Needs Assessment

The needs assessment process (and it is a process, not a single activity) will help partners 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, are you considering how to create services and programs countywide or are you identifying school district(s) and/or site(s) where to start?
- 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 & 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.
- 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.

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, 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 stakeholder involved in active implementation and scaling up of programs and innovation. Some specific tools:

- [Root Cause Analysis Resources](#)
- [Stakeholder Engagement Guide](#)
- [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.

[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.

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.

[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 4: 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 and resources 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 community and school partners to engage.** If not already part of your leadership team, some key partners to engage early are: County Offices of Education, School District Leadership, County Behavioral Health Department

Depending on your needs assessment and information about resources available in the community to support the school mental health initiative, other partners you may want to engage are: Special Education Local Plan Areas (SELPA's), First 5 programs, community health centers, private and Medi-Cal health plans, community mental health providers, hospitals, local philanthropies, business groups, parent groups, 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	
<p>For regional or county teams: 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, this includes creating a plan, formalizing agreements through contracts, and creating high level strategies.</p> <p>For school district or school site teams: 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.</p> <p>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.</p> <p>Mental Health Student Services Act (MHSSA) 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.</p>	<p>Possible Partners in Delivering School Mental Health (California</p> <p>Scope of School Mental Health Initiatives (California School-Based Health Alliance) - Where should your team start? Do you provide services to schools throughout the county, district, and/or SELPA? Or should you focus on a subset first? How do you decide where to start? This resource highlights examples of scope from a couple counties and identifies some key questions to consider when planning where to start.</p> <p>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:</p> <ul style="list-style-type: none"> • Appendix B, Building an Inclusive Community of Practice - Four Simple Questions (page 144) • Appendix E, Implementation Guide: District and Community Cross Systems Team (page 150) <p>Active Implementation Hub (National Implementation Research Network) - an online learning environment for use by any stakeholder involved in active implementation and scaling up of programs and innovation. Some specific tools:</p> <ul style="list-style-type: none"> • Module 3: Implementation Teams

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.

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 5: 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 stakeholders 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 created to tap into community member strengths and knowledge who may not have credentials or clinical licenses?

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 & 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. Includes types of services provided by county mental health plans and LEAs, summarizes the types of licensed and credentialed professionals that can provide support, and includes examples of models to deliver services to students.

Sample job descriptions:

[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)

[School Based Behavioral Health Clinician](#) (Alameda County Behavioral Health Care)

[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.

Sample Training Plans:

[Menu of Trainings](#) (Tulare County Office of Education) - a sample of training topics available to school mental health staff

[Training Calendar for School Based Interns](#) (RAMS: Richmond Area Multi Services)- a sample training/orientation calendar for school based mental health interns

Section 6: Coordination

Collaboration and coordination among stakeholders in the education and mental health field are necessary to increase student mental health. In order for efforts to be sustainable, 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 the language used can be different. 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.

School site level:

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 example of how to coordinate and work together is called **Coordination of Services Team (COST)** (see guide and resources included). There are also 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.

Regardless of what you call the coordination team(s), 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.

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.

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.

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	
<p>For county, regional and district efforts:</p> <p>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.</p> <p>Cascading Logic Model (National Implementation Research Network) - a logic model informed by implementation science to promote and support education systems to create meaningful and impactful organizational and systems change to achieve better outcomes for students.</p> <p>Initiative Inventory (National Implementation Research Network) - a tool to support your team’s review of past and current strategies to determine what has been successful and what more is needed to achieve desired outcomes.</p>	<p>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.</p> <p>Collaboration Framework (National Network for Collaboration) - a tool to support people and organizations in starting and improving existing collaborations.</p> <p>Tulare County Office of Education Acronyms List - List of common acronyms to support cross communication between education and mental health agencies.</p> <p>For district and local school site and mental health agency efforts:</p> <p>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 schools and partners interested in launching or improving COST or similar service coordination teams.</p>

Sample COST Forms

[Confidential Referral Form](#) (Alameda County Center for Healthy Schools and Communities)

[COST Referral Form](#) (Hayward Unified School District)

[COST Tracking Sample](#) (Oakland Unified School District)

[COST Forms](#) (zip file of referral and example tracking student outcomes files from Alameda County Center for Healthy Schools and Communities)

Screening student mental health needs

[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.

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.

[HIPAA or FERPA? A Primer on School Health Information Sharing in California](#) (National Center for Youth Law) - A printable guide, similar to the web resource above, that helps navigate the complex interactions of HIPAA and FERPA in school health programs including SBHCs, school-based mental health programs, school nursing services, and other types of health services delivered on school campuses.

Section 7: 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
- Discuss issues associated with **treatment of minors (and minor consent for services)** and develop clear protocols and procedures for such treatment.
- **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 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.

[Minor Consent](#) (California School-Based Health Alliance) - Minor consent laws in California allow young people aged 12 and over to consent to certain services without parent or guardian involvement, including some mental health services. This webpage provides an overview of the laws and resources for school-based health providers.

[Commonly Overlooked School Behavioral Health Contract Terms and Protocols](#) (Atkinson, Andelson, Loya, Ruud & Romo) – a list of commonly overlooked MOU terms and protocols 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.

[HIPAA or FERPA? A Primer on School Health Information Sharing in California](#) (National Center for Youth Law) - A printable guide, similar to web resource above, that helps navigate the complex interactions of HIPAA and FERPA in school health programs, including SBHCs, school-based mental health programs, school nursing services, and other types of health services delivered on school campuses.

Section 8: 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 interventions (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	
<p>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 health care side) in California that can support the full continuum of school-based mental health services.</p> <p>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.</p>	<p>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.</p>

Section 9: Data Collection and Outcomes

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 your evaluation will depend on the resources you have available, the questions you want to answer, the demands of your funders, 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.

Some outcomes that are likely to be important to track from the school's perspective include:

- Improved academic performance
- Improved student behavior
- Improved school climate
- Increased teacher satisfaction and reduced turnover
- Increased parent participation in school activities
- Increased parent and student satisfaction
- Increased attendance
- Graduation rates
- Decreased suspensions and expulsions

Some outcomes that will be important to track from the county mental health agency perspective include:

- 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 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

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 stakeholders 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?

[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. Although specific to health centers, it includes helpful information about data sources and different strategies for evaluating impact of school health services.

[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. A district or school can input their unique data into the report card to use for reporting and information sharing. The template includes outcomes of interest to both schools and mental health agencies.

- [Report card template blank](#)
- [Report card high school example](#)

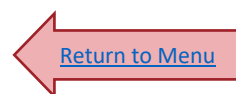
Survey Tools

[California Healthy Kids Survey](#) – This is the largest statewide student survey of resiliency, protective factors, risk behaviors, and school climate in the nation. There is a “Learning From Home Survey” to assess remote learning impact on students and families.

[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.
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.
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.
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.