Summaries of County-School Partnerships to Advance School Mental Health

Created by the California School-Based Health Alliance, in partnership with California Mental Health Services Authority

This project began with the acknowledgement from the Mental Health Services Oversight and Accountability Commission (MHSOAC), the California Department of Education (CDE) and the California Mental Health Services Authority (CalMHSA) that County Behavioral Health Departments (BHDs) and Local Education Agencies (LEAs) were coming together to provide mental health services to students, in a variety of different ways. The purpose of this project is to foster and strengthen relationships between BHDs and LEAs, with the goal of increasing access to mental health services to students on school campuses. We want to provide BHDs and LEAs with tools to build or improve relationships and for co-learning between these entities. Existing BHD/LEA partnerships use a variety of strategies to support school mental health programs and practices. These strategizes, with examples from highlighted counties, are summarized in the below table. More information about each highlighted county is available in the following tables.

Key Strategies	Alameda	Humboldt	Inyo	Monterey	Placer	San Bernardino	Tulare	Example of strategy
Building infrastructure focused on school climate and/or prevention	✓	✓		✓	✓	✓	✓	Many counties are building school mental health services into the existing Positive Behavioral Interventions & Supports (PBIS) framework that schools are implementing.
Leveraging Medi-Cal reimbursement for school-based services	✓		✓	✓		✓		Alameda County leverages Medi-Cal specialty mental health services Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) contracts with community providers to expand mental health services in school settings.
Connecting community providers to schools for services	✓		✓		✓			Placer County Office of Education plays a role in brokering relationships between community providers (usually with funding through Mental Health Services Act [MHSA] and/or Medi-Cal) and school districts.
Strengthening triage supports and/or linkages to mental health care		✓					✓	New school-based navigators in Humboldt County play an important role in linking students to ongoing resources by providing follow-up services, coordination, and prevention.
Braiding funding with matching contributions from school partners				✓		✓		School districts in Monterey County contribute a percentage, based on the schools' Medi-Cal rate, to the overall cost of on-site mental health clinicians.

Definitions of common terms and acronyms are available at the end of the document.

County	Alameda	Humboldt	Inyo	Monterey
Recipient of MHSA Triage grant?	No	Yes	No	No
Lead Partners and Key Roles	**Center for Healthy Schools and Communities** (the Center): Seen as the subject-matter expertise in the County on how to build structures with schools and community partners to support school health; develops and leads school health initiatives within school districts; provides coaching and resources to school districts on building infrastructure and systems. **Alameda County Behavioral Health** (ACBH): Directs funding through EPSDT and substance use contracts to school programs; develops and monitors contracts with community providers on school campuses; directs some MHSA PEI funding to the Center to support school districts to implement school-based access and linkage services.	**Humboldt County Health and Human Services, Children's Mental Health** (HHS-CMH): With the Humboldt County Office of Education (COE), jointly manages, supervises, and staffs the triage project; employs one clinician for each of the five regions in the county; employs the part-time supervising clinician. **Humboldt County Office of Education**: Jointly manages and supervises the triage project with HHS-CMH; employs seven Educationally Related Mental Health Services (ERMHS) clinicians, who serve students on Individualized Education Programs (IEPs). Five "Hiring" School Districts: The county is divided into five regions with one school district set up as a "hiring" district per region. The designated school district in each region contracts with HHS-CMH, acts as a "hub" for the region, and hires a navigator position that serves the region. The five regions are: Klamath Trinity, Eel River, North Humboldt, Southern Humboldt, and Eureka Central. Eureka Central also hired a Family and Child Support Coach who serves the whole project and provides peer support services.	**Inyo County Behavioral Health Division**: Houses the county's Child and Family Team which consists of a supervising licensed psychologist, three therapists (two are licensed, one is pre-license), a practicum level therapist, and two case managers; this team works closely with school-site contacts and community organizations to provide mental health care to students and families in the school setting and in county clinic settings. Other partners include, but are not limited to, **school district leadership and staff, social services staff** (i.e. child welfare, probation) and the **Toiyabe Indian Health Clinic**.	**Monterey County Office of Education** (MCOE): Supports school site implementation of PBIS & Interconnected Systems Framework (ISF); hosts the School Climate Transformation Leadership team meetings. **Monterey County Behavioral Health** (MCBH): Supports school climate teams; provides training to school staff and teachers; and provides on-site behavioral health clinicians for school-based services. Clinicians are assigned to a school site or district, as opposed to roaming throughout the county.
Scope of the project: how many schools are served? How were decisions made in terms of where to focus or start?	The School Based Behavioral Health Initiative (SBBHI) has a presence in all 18 school districts in the county, serving over 200 schools. Around the same time as the beginning of the SBBHI, the county launched an EPSDT expansion, with a particular focus on expanding into schools. As such, expanding ESPDT provider contracts and leveraging Medi-Cal reimbursement coincided with strategic decisions about where to expand school-based supports. County leadership worked together to look at data (i.e. Medi-Cal eligibility) and assess the conditions for success at particular school sites and districts to drive the expansion of the SBBHI and EPSDT.	All 32 school districts in the county are covered under Humboldt Bridges to Success project (largely funded through the triage grant).	The county's Child and Family Team have a presence in all eight public schools throughout the county, in addition to the continuation, juvenile court, and community day schools.	After AB 114, MCBH maintained the arrangement with the county's SELPA to continue providing special education mental health services. Beginning in 2014, the county began expanding school mental health services. Currently, the county has Memorandums of Understanding (MOUs) with eight school districts to serve general education students. The county's mental health integration is focused on the school districts that are actively engaged with MCOE on implementing the PBIS/Multi-Tiered System of Support (MTSS) frameworks.
What school mental health services, along a continuum from prevention to treatment, are provided and how does staffing work?	The county's approach to school mental health is really a strategy focused on building a system of care that leverages prevention (Tier 1) at the core. The SBBHI is rooted in a culture and climate strategy that can vary significantly based on individual district and school site needs and strengths. The initiative leverages staffing and funding to make sure school climates support student wellness.	27 school districts in the county are fully implementing PBIS, while most schools in the county have foundational PBIS understanding. Through the Bridges project and using the Positive Behavioral Interventions and Supports (PBIS) foundation that most schools have, there is a focused effort to build out services and systems for all students and families in the school setting. Prior to the Bridges project, there was a missing link to ongoing resources. Now, the navigator role is a part of the system to provide follow-up services, coordination, and	Even though the county has community behavioral health clinics, due to geography, often the best places to serve children, and their families, is in the school setting. The county Child and Family Team works closely with school counselors (or principals if there is not a counselor at the school) to handle referrals and connect students to county clinicians.	The county's school mental health strategy is rooted in school district implementation of PBIS and, more recently, ISF. Under ISF, traditional mental health services are embedded and integrated throughout the PBIS structure, from prevention to intervention. MCOE and MCBH work together to provide Tier 1 trainings for clinicians, school staff, and other partners. Examples of trainings include: Mindfulness, Suicide Prevention and Response, and Trauma-informed

	Core to the county's approach is utilizing District Health & Wellness Consultants. These positions are either hired by the Center or hired by the district (with some funding support from the Center). There is at least one consultant embedded in each school district, although there are often more than one, with the number per district varying based on need, size, and other variables. Their role is to build systems (rooted in prevention and school climate), coach district and school staff, and leverage resources to support a continuum of health services for students. Key functions for consultants include: 1. Assessing the district's behavioral health system; 2. Developing structures and protocols; 3. Overseeing direct services; 4. Building capacity of school staff and caregivers; 5. Cultivating and coordinating partnerships; 6. Supporting school climate initiatives; and 7. Enhancing district administrative team(s). To address and provide Tier 3 intensive services, the county leverages contracts with community-based clinical providers and integrates those providers, who can draw down Medi-Cal reimbursement, into the continuum of services and structures in a district or school site. For more information about the county's overall approach to school-based behavioral health: Alameda County's School-Based Behavioral Health Model.	prevention. There is also ongoing cross training happening between schools and HHS-CMH to build education, aligning language and practices between both sides of the system. County clinicians provide brief therapy to bring students into functioning before a "crisis." While there are not sessions limits, navigators are used to case manage students if more treatment is needed. Navigators also play a role in the system by providing follow-up and coordination with primary care providers and/or private and county mental health clinicians. Other clinicians already in the system (i.e. not those hired with the triage grant) are utilized to provide more long-term treatment in school setting.	The Inyo County Office of Education does run the North Star Counseling Center, which provides a school-based counseling program focused on prevention and early intervention strategies and treatments. The counseling center has a contract with the county to support some of the services. MHSA PEI funds are primarily used to support the center. In terms of prevention services, there are a number of programs through the county's Health and Human Services Department that are knitted together and brought to school settings, from a mentoring program supported through substance use disorder funding to tobacco education and prevention, to MHSA-funded parenting/child support programs. The county Child and Family Team recently brought in a training for clinicians on a FOCUS Family Resilience model. Some school counselors participated as well. School districts have also brought in other trainings to support school capacity around student mental health including trainings on Youth Mental Health First Aid.	Education. MCBH hires and supervises on-site clinicians who support participating schools with Tier II therapy groups using curricula such as Mindfulness and Cognitive Behavioral Intervention for Trauma in Schools (CBITS). Both agencies also work collaboratively with other community organizations to support Tier II services such as parenting classes. Finally, onsite MCBH clinicians provide Tier III services such as individual therapy, risk assessments, intensive case management, and teacher consultation as needed.
What are the structures in place to support coordination across partners?	Coordination practices and structures are in place at the district and school site levels. A key job for District Health & Wellness Consultants is supporting districts and schools in building a multi-partner coordination system, which is termed Coordination of Services Team (COST). Team membership varies based on school climate and culture and the resources on the campus. But, ideally, the teams consist of all the individuals that capture multi-disciplinary perspectives at the school, including but not limited to the designated COST coordinator, administrators, health service providers, special education, afterschool providers, and family partners. COST teams assess and refer students to supports needed and also use data to direct school supports (i.e. training, teacher consultation, etc.) where needed. In close consultation with school and community partners, The Center developed a COST Guide to support this type of structure.	Monthly leadership meetings review number of referrals, outcomes of referrals, training needed for clinicians/navigators/school staff, whether there are regional differences in the amount of referrals (and troubleshoot if there are differences, for example, if one region has significantly fewer referrals). Meeting membership includes: • HHS-CMH deputy directors • HHS-CMH clinical supervisors • Special Education Local Plan Area (SELPA) leadership • The COE lead on PBIS implementation • Representation from the Youth Activity Board • Other stakeholders such as representation from county probation and/or county child welfare	There are ad-hoc, site-based Multi-disciplinary team (MDT) meetings to assess and respond to specific student needs. Participants on MDT teams may include a Native American liaison, district teachers, and representation from the Child and Family Team, the Toiyabe Indian Health Clinic, probation, court schools, and the prevention team within the county Behavioral Health Division. There is also a system meeting, referred to as "Team Inyo," which meets quarterly. Participation includes school counselors, pediatricians, probation, child welfare, behavioral health, prevention programs, Toiyabe Indian Health Clinic, and First 5	There is a countywide School Climate Transformation Leadership team that supports the overall integration of mental health services and supports into school. The team was created to oversee the implementation of a federal School Climate Transformation grant. The team includes MCOE, MCBH, participating school districts, and various community-based organizations that provide on-campus interventions such as restorative justices and parent partnerships. For participating schools, there are monthly school site/district team meetings and include representation from: • MCOE PBIS Coordinator • MCBH Education Program Services Manager or Unit Supervisor • MCBH On-Site Therapist • Principal and/or Vice Principal • School Counselors • District Administrator of School Climate & Culture

	In each district, there is some leadership team that meets regularly, although structure, membership, and purpose may vary between districts based on the needs of the district. Generally, the role of these teams is to leverage public and private partnerships to build community school districts. The Center also convenes a monthly learning community for the District Health & Wellness Consultants.			
How is funding leveraged to sustain services/ programs?	To support school-based treatment services, the County leverages Tobacco Master Settlement funding and local tax revenue to draw down federal reimbursement through two Medi-Cal funding sources: EPSDT specialty mental health and County Medicaid Administrative Activities (CMAA). For school-based prevention services, MHSA PEI funding. This is a direct result of the County's MHSA Committee choosing to focus on school-based interventions. A portion of the county's PEI funding goes to the Center, which holds the contract for school-based PEI efforts, focused on access and linkage. Most of that goes to support the District Health & Wellness Consultants and the COST structure. The Center provides a portion of the cost for district-hired consultants, with the district putting up the rest of the cost. The portion that the Center provides varies across districts. For complete information about the county's funding model: Smart Finance Practices for School-Based Behavioral Health.	While the project is currently funded mostly through the triage grant, in some cases Medi-Cal EPSDT specialty mental health can be leveraged if a student has an open case with children's mental health. The county also hopes to leverage school district Local Control and Accountability Plans (LCAPs) to support PBIS implementation in the future.	The main funding source for school-based services is Medi-Cal EPSDT specialty mental health funding. The county also leverages some MHSA PEI, Substance Abuse Prevention and Treatment Block Grant (SABG), and county realignment funding. The Toiyabe Indian Health Project also leverages grant funding to support school partnerships.	Overall, the county partners blend school district general funds (LCAP), special education funds, and Medi-Cal specialty mental health services (SMHS) EPSDT funds. MCBH calculates a flat rate for on-site clinicians. This rate includes the clinician's salary and benefits as well as administration costs. Participating school districts are expected to contribute a percentage of this rate. The percentage varies based on the percentage of Medi-Cal students in the district. The lower the Medi-Cal rate, the higher the district contribution. This model allows for equitable access to mental health services for districts. While this can create an initial barrier to entry for districts, it also allows MCBH clinicians to serve students that are not Medi-Cal and allows clinicians to provide non-billable services, such as training and consultation for school staff and teachers. School districts use their general funds (LCAP) for their portion. Through MCBH's contract with the SELPA to provide special education mental health services, the county blends special education funds and Medi-Cal EPSDT specialty mental health to cover the non-school district portion of clinician's cost. MCOE has additional grant funding that is used to support training and technical assistance for ISF implementation and Youth Mental Health First Aid.
Interesting reflections/ challenges…	The County's approach to school-based behavioral health is actually one component of building overall School Health Initiatives, with the aim of cultivating the opportunities and support that young people need to be healthy and successful in school and in life. The initiative aims to integrate behavioral health, school-based health centers, community schools, family support, and youth development. As one person put it, "Dental care for someone that's never had access is actually a behavioral health intervention… and youth development is an excellent form of behavioral health care."	The impact from this project extends beyond the Bridges grant. An unintended benefit of the grant has built out countywide relationships, so that if needs are identified beyond the scope of the grant, there are partners identified and relationships developed to find a response to the identified need. Also, through the building out of these systems, more needs have been identified. The county mental health system has seen a significant influx of need – with more students identified, more young people are in the pipeline for county services. This has had the advantage of identifying bottlenecks in the county and private provider systems that need attention.	In a small county such as Inyo, there is a sense that everyone tends to "know each other" despite the large geographic area of the county.	The expansion of school-based mental health services that started in 2014 required MCBH and clinicians to shift their approach to school mental health services. Clinicians were embedded in school sites and also expected to provide services and supports outside of clinical, billable care. The county experienced some turnover with this shift but has landed with a culture and the necessary supports (i.e. infrastructure, working agreements, braided funding) to fully integrate school mental health.
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County	Placer	San Bernardino, focused on Desert/Mountain area	Tulare
Recipient of MHSA Triage grant?	Yes	Yes	Yes
Who are the lead partners and their general roles?	**Placer County Office of Education** (PCOE): Manages much of the hiring and support for the new staff hired through the triage grant; houses much of the training and coaching for PBIS throughout the county; acts as a conduit between community behavioral health partners with school site/district leadership. **Placer County Children's System of Care** (CSOC), includes children's behavioral health, child welfare, and juvenile probation : Collaborates to get contracted community providers onto school campuses to support school-mental health services and programs; leverages funding to support school mental health and directly funds community providers in various ways; provides a clinical supervisor for clinicians hired through the triage grant.	**CA Association of Health and Education Linked Professions (CAHELP), a joint powers authority including the Desert/Mountain SELPA, DM Charter SELPA, and DM Children's Center**: • Prevention and Intervention Team: "Houses" the triage grant; oversees and supports participating schools' implementation of PBIS. • Desert/Mountain Children's Center (DMCC): As a "mental health agency" in partnership with SELPA, provides school-based counseling services in every school site in the DM region (over 200 schools); began in 1992 with a focus on counseling services for students' with IEPs but branched out beyond special education; contracts (since 2002) with county behavioral health department. **San Bernardino Department of Behavioral Health**: Supports a continuum of mental health services for children and youth, with a particular emphasis on school-based mental health services; leverages Medi-Cal reimbursement and MHSA funds into school settings, primarily through contracts with community providers.	The triage grant is jointly administered by the **County Office of Education** (COE) in partnership with **Tulare Health and Human Services Agency** (HHS). HHS is responsible for partnering with and providing Medi-Cal funding to the five community-based children's mental health clinics throughout the county – one clinic is run by the county and the other four are run by contracted community providers. The clinics primarily serve Medi-Cal children meeting medical necessity for specialty mental health. COE is responsible for implementing the triage grant, creating agreements with participating school districts, hiring seven triage social workers, and providing trainings on school mental health and wellness. COE also has a behavioral health services department which provides ERMHS for both Medi-Cal and non Medi-Cal eligible students on an IEP, throughout the county.
Scope of the project: how many schools are served? How were decisions made in terms of where to focus or start?	Outside of the project funded through the triage grant, school-based mental health supports (through PCOE and/or contracted community-based providers) are in almost all of the schools in the county. For the Triage grant, PCOE and CSOC picked two school districts that were already implementing PBIS and had elementary feeder schools in the district to provide prevention services at very early ages – Roseville Joint Union High School District and Roseville City School District. The intention was to focus effort as a "demonstration project" and utilize the time limited grant to develop a scope and sequence for building out school mental health services that can be replicated in other school districts. Focusing on the two school districts allows the county to identify barriers, overcome challenges, and develop trainings.	DMCC and DM SELPA serve schools throughout the Desert/Mountain region. There are 20 participating school districts in the Desert/Mountain SELPA. The triage grant focuses on 18 LEAs in the region.	This project is structured so there are two cycles over the four years, with 24 school districts participating in each cycle. If a district has more than one school site, they must pick one site to enroll in the project. The COE agrees to provide the triage social worker to the school district for free for one day per week for two years. The school district agrees to sustain the level of social worker support for one day per week for two additional years, after the two-year grant cycle.
What school mental health services, along a continuum from prevention to treatment, are provided and how does staffing work?	PCOE supports two strategies for school districts throughout the county: • Training and supporting the implementation of PBIS to improve school climate. This effort is focused on developing strong prevention and early intervention services in schools. • Supporting the integration of mental health services into schools through community providers. PCOE and CSOC play a role in brokering relationships between community services (usually with funding through some combination of MHSA and Medi-Cal) and school districts. Through the triage grant, the county is establishing "Wellness Centers" in six schools across the two participating school districts. School-based mental health staff will provide a continuum of integrated mental health services at the six schools. Staffing includes Mental Health Specialists (1 FTE for each middle and high school; 0.5 FTE for each elementary school) and a Family/Youth/Community Liaison (someone with lived experience	The DM SELPA's Prevention and Intervention team supports schools throughout the DM region in developing prevention and early intervention school mental health services. The foundation for "Tier 1" mental health services in the region is PBIS. The Prevention and Intervention Team supports schools by providing training and coaching using the PBIS framework, with the goal of "un-siloing" supports for students. The team spends three years with an LEA, training school staff to look at Tier 2 and 3 interventions and identify students with more needs. Schools use a universal screening tool, Student Risk Screening Scale, which is a teacher-driven tool to identify students who may be at risk for mental health and behavioral health needs. Every LEA in the DM region has some foundation in PBIS. Tier 2 & 3 school mental health services include integrating existing mental health supports into the school community, including those mental health services provided by community-based providers and DMCC (see below for a description of these services), and training schools on how to refer students for clinical assessments (for example, Youth Mental Health First Aid trainings).	Seven triage social workers serve 24 school districts and are stationed at one school in each district, one day per week. They provide mental wellness check-ins, brief interventions, triage and referrals to children's clinics as needed (i.e. if the student is likely to meet medical necessity and needs long term treatment). If a student is placed on a waiting list for services or does not meet medical necessity, the triage social worker provides interim services. They also provide group interventions and parent psychoeducation. All social workers are trained in the Mindful Schools curriculum and provide mindfulness classroom training at their school sites. Training, consultation, and support to school staff is also provided. Two part-time trainers provide training to school personnel on various topics, such as mindfulness, Youth Mental Health First Aid, suicide prevention, promoting social-emotional learning, and trauma-informed practices in schools. Trainings are available to any school within Tulare County. Community and Parent trainings are also available throughout the academic year.

	utilizing the county's systems) for each school, a Project Coordinator, and a County Clinical Supervisor. The Mental Health Specialists and Family Liaisons form teams along with existing school-based mental health professionals (i.e. school counselors, school social workers). While many services are available in group or individual settings, there is an emphasis on school-wide services.	County Department of Behavioral Health (DBH) contracts with community providers to provide school-based services under two main program contracts. These programs are open to a competitive bidding process, with the DMCC being awarded the contracts for several regions, including the DM SELPA region. The county contracts with other community-based organizations for these programs in other areas of the county. The two programs are:
		• Student Assistance Program (SAP) = prevention & mild mental health services
		  ○ This program supports a blend of therapeutic and prevention activities. Through this contract, providers can serve students with a mild mental health issue (for example, adjustment disorder) that does not require long term treatment. Providers can also provide a range of prevention services from schoolwide assemblies on mental health topics (for example, bullying and suicide prevention) to small skill building groups focused on topics such as anger management and coping skills. These contracts used to be entirely funded by MHSA PEI dollars but now blend PEI with Medi-Cal reimbursement since some of the services do qualify for reimbursement.
		• School Aged Treatment Services (SATS) = more intensive mental health supports
		  ○ This program serves Medi-Cal students that have an eligible mental health diagnosis for services (includes mild to severe mental health). This program only provides individual, group, and family mental health services. Students with 504 plans or IEPs may be served through services in this program.
		
		<u>Triage grant</u>
		The triage grant builds upon the DM area's existing investments and supports for school mental health services. The triage grant is "housed" within DM SELPA's Prevention and Intervention Team and the grant is leveraged to work with LEAs already implementing PBIS. Instead of providing new or different services, the grant focuses on pulling existing resources from the county and region together by: adding personnel to help link existing resources to school sites, building out preventive interventions and supports, and using the Interconnected Systems Framework to link PBIS and school-based mental health supports.
			Four part-time peer support specialists are trained in the Mindful Schools curriculum and offer mindfulness classroom trainings to schools not in the grant program. These specialists are transition age youth with lived mental health experience. Peer Support Specialists also assist with parent events at the school sites by providing Social and Emotional Learning (SEL) focused childcare during the events. In addition, Peer Support Specialists participate in community events by hosting resource booths which promote mental wellness, increase awareness regarding mental health, and counter the stigma of mental health. They also facilitate presentations on mindfulness for youth community events.

What are the structures in place to support coordination across partners?	School site teams are created and used for data-based decision-making about what services and programs to provide in schools, and to identify existing resources/assets. Teams are utilizing the ISF District/Community Leadership Teams Installation Guide to build collaboration, trust, and focus among team members. The guide is a tool that walks teams through steps in assess the structures and resources currently available and to develop next steps.	To support care coordination, the DMCC has an MOU with the DM SELPA that sets expectations between DMCC and schools that are part of the SELPA. Expectations include, but are not limited to: monthly meetings with all the special education directors to discuss students served by the mental health programs, the provision of safe spaces for clinicians to provide services on campus, and that schools are up-to-date on state laws regarding prevention, such as suicide awareness for school staff. When a student enrolls in services provided by DMCC, part of the intake process includes discussing the benefits and limitations of sharing information with other parties (i.e. school staff) and approving the release of information for care coordination.	Mental Wellness Collaborative Meetings require participation from a representative of the participating school district, triage social workers, and a contact from the applicable regional children's clinic. Optional participants include a school's behavior support person and/or school counselor. At these meetings, participants discuss waitlists and availability at regional clinics, students recently referred to the clinics, students with current needs and who might need referrals, children currently served by clinic (to make sure school-based care complements care in the clinic setting).
How is funding leveraged to	MHSA funding supports PCOE's two main strategies in schools across the county – PBIS training and integrating community-based mental health	Funding for the two school-based mental health programs that DMCC provides, SAP and SATS, comes through a contract with the county behavioral	This project is currently supported entirely by the triage grant.

sustain services/ programs?	services. Schools pay for a portion of PBIS training, coaching, implementation. The county systematically pushes out MHSA-funded programs to schools as much as possible. Education outreach and strategies are integrated into the overall MHSA planning process. The county (PCOE and CSOC) work to leverage MHSA-funded providers who might not typically have access to schools into school-settings. While Placer County has a low Medi-Cal rate, some community providers working in schools also have Medi-Cal funding that can cover some of the services provided to Medi-Cal students which helps off-set some of the costs. Schools also use their core funding to contract for additional providers.	health department. As mentioned above, the SAP contract is a blend of PEI funding and Medi-Cal reimbursement and DMCC operates this program solely upon the funding from DBH. The SATS contract is 100% Specialty Mental Health Services (SMHS) with Medi-Cal reimbursement. For the DM area, since the DMCC won the competitive bid for these programs, the portion of this funding allocated in the competitive process comes entirely from DBH. Additionally, CA-HELP requested to increase the SATS contract substantially. For the increased amount, the funding is 100% SMHS EPSDT Medi-Cal with funding comprised of 50% Federally Funded Portion, approximately 35% 2011 Realignment, and 15% from CA-HELP as non-federal participation. In other areas of the county, where LEAs approached the county to expand mental health services in schools, the LEAs are expected to contribute the same portion (~15%) to create and/or expand services within the LEA. Other funding that is leveraged to support school-based mental health services in the DM area beyond the SAP and SATS programs includes additional DBH programs (i.e., Medi-Cal and MHSA funded), SELPA allocations, school district general funds (i.e. LCFF), and First 5 funding for some of the screening interventions.	To date, 12-15 school districts have expressed interest in contracting with COE to continue this work and those school districts plan to use LCAP funding to support that arrangement. In addition, several school districts are looking to hire their own district social worker(s) or adjust an existing district position to sustain the level of support provided by the Triage Social Worker. Some school districts are seeking grants to hire social workers, based on the success of this project. Because this project is intended to support linkages to the community-based children's clinics (not replace the clinics), the county is not considering Medi-Cal mental health reimbursement as an ongoing source of funding.
Interesting reflections/ challenges?	With their triage grant, PCOE struggled to hire school-based clinicians with a Pupil Personnel Services Credential (PPSC). To overcome this challenge, the PCOE worked with the school district unions and adjusted the job description to be able to hire MSW/LCSW clinicians without a PPSC. Sometimes seen as a barrier to hiring un-credentialed personnel, the union communicated strong support for building out services for students.	One of the expectations in building school staff capacity to intervene early student mental health needs would be that referrals to more intensive services will dip. This has not necessarily played out as such in the DM area. With building out prevention services, increasing awareness among school staff about student mental health needs, and creating mechanisms to refer students, referrals to DMCC clinicians are still staying high. While training and support can increase earlier interventions and prevent escalation of need, increased recognition can lead to increased identification of students that may need further supports.	Likely not unique to Tulare, however, the challenge of sharing confidential information (mainly as part of collaborative meetings) was a surprise barrier as part of the roll out in the triage project. Because the COE already had a contract with HHS for Medi-Cal reimbursement for ERMHS special education services, there was the expectation that sharing information between partners would be easier. To help mitigate concerns raised by community providers asked to share information with schools about students served, they implemented a release of information protocol when students were referred to clinic. Then HHS clarified that triage social workers were "part of behavioral health services" and, therefore, freely able to speak with other clinicians.
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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.