

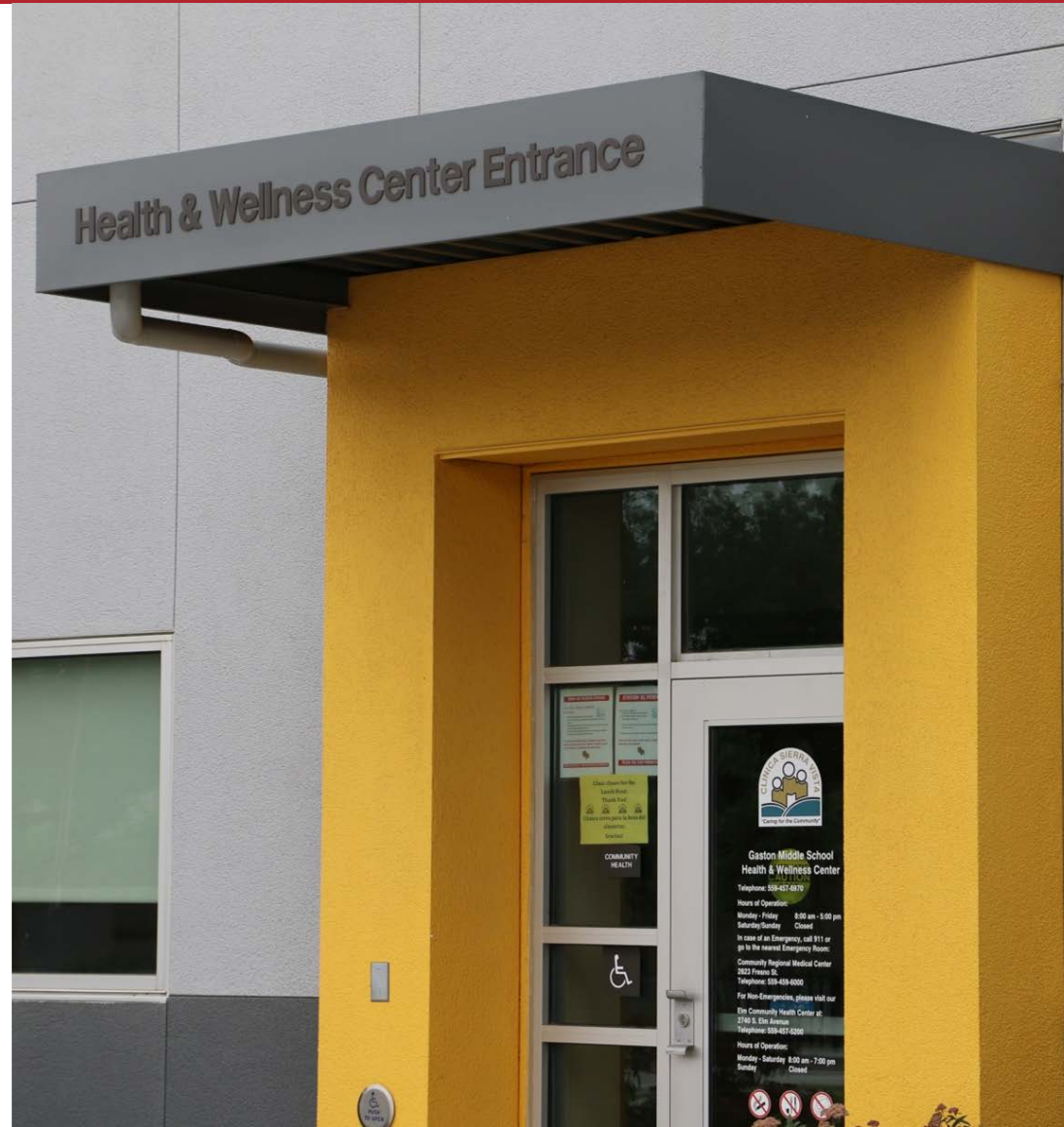
Helping FQHCs Fund Behavioral Health Services in SBHCs



Putting Health Care in Schools

The California School-Based Health Alliance is the statewide non-profit organization dedicated to **improving the health & academic success** of children & youth by **advancing health services in schools.**

Learn more:
schoolhealthcenters.org



CHILDREN'S MENTAL HEALTH CRISIS



suicide



DESPAIR



Increase in inpatient visits for suicide, suicidal ideation and self injury for children ages 1-17 years old, and 151% increase



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



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



**CHILDREN'S MH CRISIS
+ RACISM
+ COVID-19**

CALIFORNIA STATE AUDITOR
Report 2019-125



School Districts Lack the Resources and Policies Necessary to Effectively Address Rising Rates of Youth Suicide and Self-Harm

The number of youth suicides and self-harm incidents in California have increased dramatically over the past 10 years

 **+15%**

Increase in deaths by **suicide**

 **+50%**

Increase in incidents of **self-harm**

**Medi-Cal
Specialty
Mental
Health
("EPSDT")**

ERMHS

**(*AB 114, AB
3632)**

EPSDT

Medi-Cal
Managed
Care for
mild-to-
moderate
MH needs

LEA
Medi-
Cal

Victims
of Crime

Private
health
coverage

Federal
Education
\$ (ESSA,
Title I)

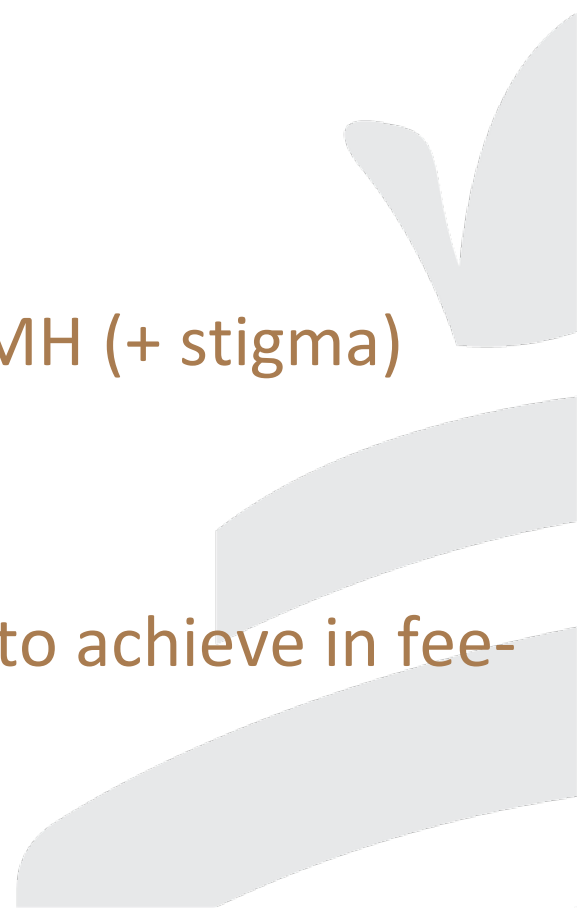
Local
Control
Funding
Formula

Mental
Health
Services
Act

Minor
Consent
Medi-Cal

Medi-Cal
Managed
Care for mild-
to-moderate
MH needs

Barriers to Funding School BH Services

- Provider licensure/ provider shortages
 - Informed consent (minor, parent/guardian)
 - Diagnosis + medical necessity
 - Contracting/credentialing:
 - Managed care plan/IPA
 - Behavioral Health Plan (e.g., Beacon)
 - Student and family ambivalence about MH (+ stigma)
 - Coding and documentation
 - Prevention/ Tier 1 services not billable
 - True integration still evolving and hard to achieve in fee-for-service medical model
- 

SANCTUARY FOR ALL
ALL STUDENTS ARE SAFE
AND WELCOME HERE



School Mental Health Integration

- School Wide Culture and Climate
- Coordination of Services Teams
- Integrated Behavioral Health



ACEs SCREENING

ACEs Aware in Action



- Effective January 1, 2020, Medi-Cal providers became eligible for a \$29 payment for conducting ACE screenings for child and adult patients with full-scope Medi-Cal.
- Qualifying ACE screenings are eligible for payment in any clinical setting in which billing occurs through Medi-Cal fee-for-service or to a network provider of a Medi-Cal managed care plan.
- [PEARLS Screening Tool](#)
- Federally Qualified Health Centers (FQHCs), Rural Health Clinics (RHCs), Cost-Based Reimbursement Clinic (CBRCs), and Indian Health Services (IHS) are also eligible for the \$29 payment.

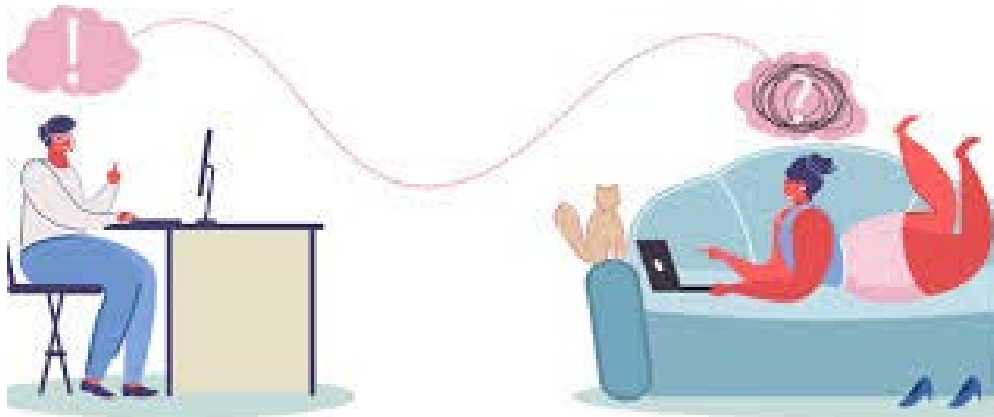
ACEs and TELEHEALTH



- Providers may screen a patient for ACEs via telehealth if the provider believes that the ACE screening can be administered in a clinically appropriate manner via telehealth
- Under the existing ACE screening policy, providers must **document** all of the following:
 - the **tool** that was used
 - that the completed screen was **reviewed**
 - the **results** of the screen
 - the **interpretation** of results
 - what was **discussed** with the member and/or family, and any appropriate **actions taken**

TELEHEALTH BENEFITS

- **Decreases** no show rates
- Allows for **increases in flexibility** of providers in how to meet the needs of the students
- Can meet students where they are at
- Clients report preferring telehealth in some cases



Become a
member, get
exclusive benefits

Sign up today:
bit.ly/CSHAMembership



STAY CONNECTED



Tracy Mendez

tmendez@schoolhealthcenters.org

Jessica Dyer

jdyer@schoolhealthcenters.org

**Medi-Cal
Specialty
Mental
Health
("EPSDT")**

ERMHS

**(*AB 114, AB
3632)**



FQHC Behavioral Health Sustainability Workshop

Presenters



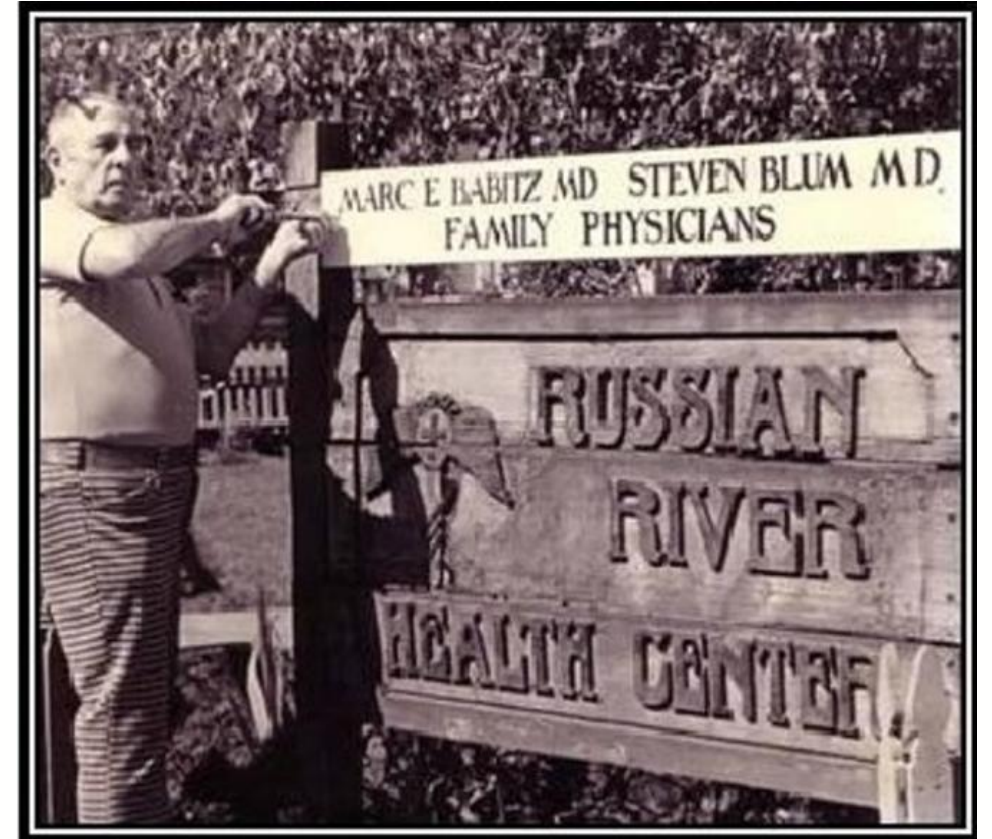
Allie Budenz
*Assistant Director
Quality Improvement
abudenz@cpc.org*



Emily Shipman
*Associate Director of
Health Center Operations
emilys@cpc.org*

Agenda

- California's Behavioral Health Care Continuum
- Policy Landscape
- Health Center and FQHC Primer
- Mild to Moderate Behavioral Health within Health Centers



Opening signage at the Russian River Health Center, 1974, West County Health Centers, Inc., Guerneville, CA



CPCA and Health Center Members

To lead and position community clinics, health centers, and networks through advocacy, education and services as key players in the health care delivery system to improve the health status of their communities.

Members are comprised of:

- Community Clinics
- Free Clinics
- Federally Qualified Health Centers
- FQHC Look-Alikes
- Indian Health Service Clinics
- Migrant Health Centers
- PP Affiliates of California
- ***Regional Associations of California***
- Rural Health Clinics

Medi-Cal has a divided behavioral health care system



Behavioral Health System for Medi-Cal Patients



Medi-Cal Managed Care Plans

Physical health services and mild-to-moderate mental health services



County Mental Health Plans

Specialty mental health services for serious mental illness



County Substance Use Disorder Services

Services to treat substance use and addiction

Role of FQHC's in the Behavioral Health Care Continuum

- California has a tri-furcated behavioral health system that doesn't support an integrated model (Financing/Administrative/Delivery)
- FQHCs have a unique role in the delivery system.
- Claims must meet DHCS billing requirements (no provider extenders, within the four walls, no same day)

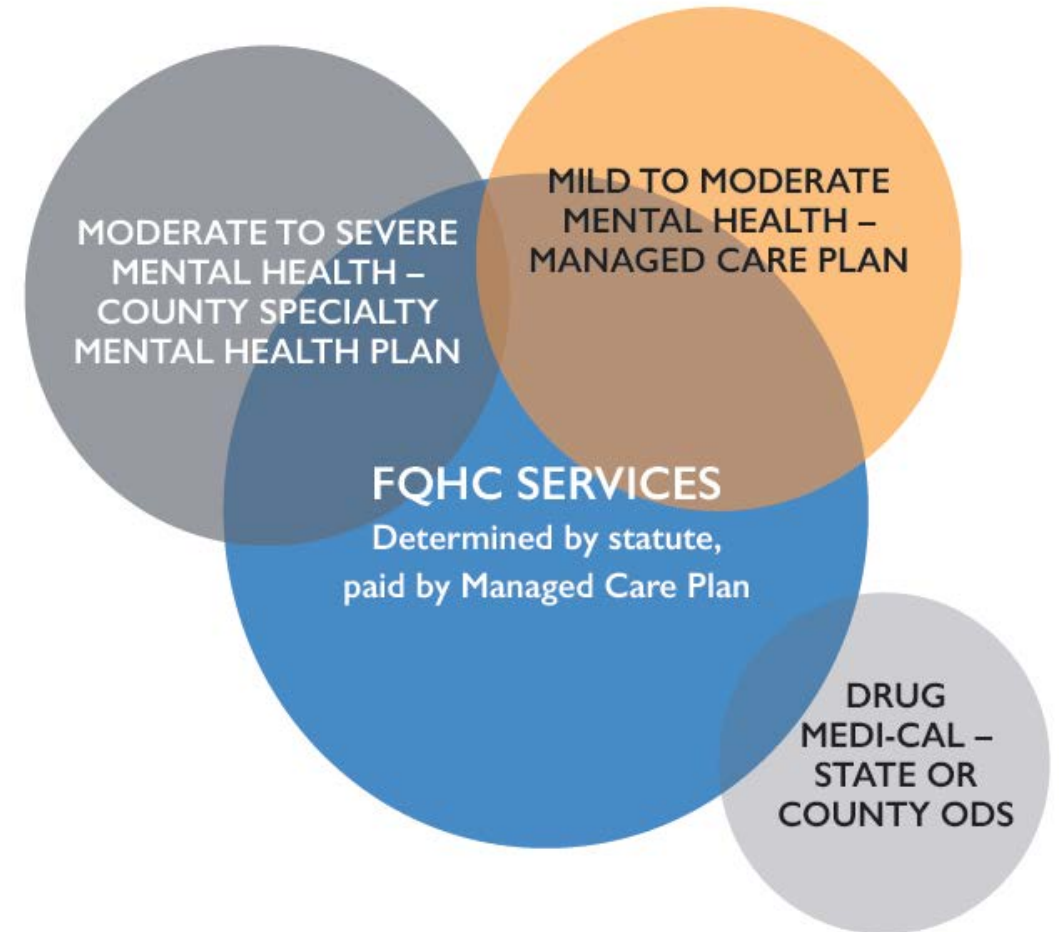


Image from *Leveraging FQHCs in California's Behavioral Health Care Continuum*, page 18

Integration is Inevitable



Screening

- Created incentive payment programs for screenings in 2019 budget.
- Provide a supplemental payment of \$29 to support **trauma screenings** for all children and adults with full-scope coverage in Medi-Cal.
- Provide supplemental payment of \$59.90 to support **developmental screenings** for all children with full-scope Medi-Cal coverage.
- Further investment in provider training on person-centered, trauma-informed care in this year proposed budget.

Care Management/Coordination

- Replace the current Health Homes Program and elements of the Whole Person Care pilots.
- Coordinate all primary, acute, BH, developmental, oral and LTC services.
- Include care coordination, health promotion, comprehensive transitional care, member and family supports and referral to community and social services.
- Target high utilizers, individuals at risk for homelessness, with complex health needs, or at risk for institutionalization.

In-lieu-of Services

- Focus on the intersection of medical and SDOH needs.
- Integrate ILOS services with other managed care services and ECM services.
- Include 13 services, examples are as follows:
 - Housing Transition/ Navigation Services
 - Housing Deposits
 - Housing Tenancy and Sustaining Services
 - Short-Term Post-Hospitalization Housing
 - Medical Respite
 - Sobering Centers

BH Integration Value Based Payment

- Improve outcomes for persons with co-morbid disorders by increasing rates of prevention, early detection/intervention, and treatment that is clinically efficient, racially/ ethnically/linguistically informed, coordinated, and comprehensive.
- **Redesign Components:**
 - Behavioral Health Integration
 - Maternal MH and SUD
 - Medication Management for Beneficiaries with Co-occurring Chronic Med/BH Disorders
 - Diabetes Screening and Tx for People with SMI
 - Improving F/U after Hospitalization for SMI
 - Improving F/U after ED Visit

What is an FQHC?

- Origins in the movements for civil rights and social justice in the early 1960s.
- Organizers: Community Action Agencies – with a purpose of increasing the safety net for the poor.
- South Africa model of “community-oriented primary care”
- Vision: to empower communities to take charge and find solutions to their own health needs
- 1965: First “neighborhood health centers” established in Mississippi, Boston and Denver



*Nurse measuring farmworker children,
Courtesy of the National Center for Farmworker Health*

Community Health Centers

- Federally Qualified Health Center (FQHC)
 - Meets section 330 program requirements: “an entity that serves a population that is a medically underserved area, or a special medically underserved population comprised of migratory and seasonal agricultural workers, the homeless, and residents of public housing by providing either directly through the staff and support resources of the center or through contracts or cooperative agreements required primary health services... and as may be appropriate for particular centers, additional health services... necessary for the adequate support of the primary health services; for all residents of the area served by the center.”
- FQHC Look-Alikes (meets section 330 program requires but does not receive funding under 330)
- Rural Health Centers (Authorized under Rural Health Clinic Services Act of 1977)
- Free Clinics (no FQHC/FQHC-LA or RHC designation; does not receive PPS)

Establishing a School-Based FQHC Site

- HRSA Scope Approval
- Licensing
- Medi-Cal Enrollment
- PPS Rate-Setting
- Medi-Cal Billing and Reimbursement



HRSA Scope of Project Approval

- ✓ HRSA must approve new locations into scope of project
- ✓ Scope approval grants eligibility for PPS, FTCA, 340B
- ✓ Request addition to scope 60+ days in advance

Resources:

- [Scope of Project](#)
- [Add a New Service to Scope Checklist](#)



Licensing the FQHC Location

- ✓ FQHCs can provide care to patients at school sites as a licensed or intermittent clinic, including mobile units.
- ✓ CDPH issues clinic licenses
- ✓ Intermittent locations are exempt from licensure at <40 hours/week

Resources:

- CDPH [Apply for Licensure](#)
- CPCA [Licensing webpage](#)



Medi-Cal Enrollment & PPS Rate-Setting

- ✓ CDPH collects Medi-Cal enrollment paperwork
- ✓ Medi-Cal enrolls new FQHC locations based on CDPH transmittals
- ✓ PPS rate-setting follows enrollment
- ✓ Intermittent/mobile units utilize a parent location's PPS rate

Resources:

- CDPH [Apply for Licensure](#) (includes enrollment forms)



FQHC Medi-Cal Billing & Reimbursement

- **Billable Visits**
 - Face-to-face encounter
 - Behavioral health billable providers include licensed psychologists, LCSWs, and MFTs
 - Medically necessary services
 - No group visits
- **PPS Reimbursement**
 - FQHCs are reimbursed at their PPS rate
- **Same Day Limitations**
 - FQHCs cannot bill medical and behavioral health visits on the same day
- **Intermittent Clinic Billing**
 - Claims can be billed under the parent site's NPI
- **Medi-Cal managed care billing**
 - Wrap-around payment
 - Out-of-network billing

Medi-Cal Billing: HIPPA-Compliant Billing Code Sets for FQHCs

Revenue Code	Procedure Code & Modifier	Description	Explanation
0521	T1015	Medical, per visit	Medi-Cal FFS patient
0521	T1015 SE	Managed care differential rate	RHC and FQHC services covered by and rendered to recipients enrolled in Medi-Cal managed care plans or Denti-Cal managed care plan
0900	T1015 AJ	Licensed Clinical Social Worker	Services not covered by recipient's managed care plan
0900	T1015 AH	Psychologist	Services not covered by recipient's managed care plan
0900	T1015 AG	Psychiatrist	Services not covered by recipient's managed care plan

Medi-Cal Billing Examples

Billing Example 1: Patient Enrolled in Medi-Cal FFS

	42 Rev.CD	43 Description	44 HCPCS/RATE/ HIPPS Code	45 Serv.Date	46 Serv. Units	47 Total Charges	48 Non-covered charges
1	0521	Medical Visit	T1015	XXXXXX	01	10000	<- payable line
2	0521		99213	XXXXXX	01	000	<- informational

Billing Example 2: Patient Enrolled in Medi-Cal Managed Care

	42 Rev.CD	43 Description	44 HCPCS/RATE/ HIPPS Code	45 Serv.Date	46 Serv. Units	47 Total Charges	48 Non-covered charges
1	0521	Managed Care Differential Rate	T1015 SE	XXXXXX	01	10000	<- payable line
2	0521		99213	XXXXXX	01	000	<- informational

FQHC/RHC Billing and Reimbursement Resources

- Medi-Cal Provider Manual: FQHC/RHC Section: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/rural_o01o03.doc
- Medi-Cal Provider Manual: FQHC/RHC Billing Codes Section: http://files.medi-cal.ca.gov/pubsdoco/publications/masters-mtp/part2/ruralcd_o01o03.doc





Medi-Cal Behavioral/Mental Health

Insurances: Straight Medi Cal, MediCal w/ Alameda Alliance (AAH) & Anthem Blue Cross, Kaiser, **Minor Consent MediCal (MC)**



Presenters:

Katie Lampi, MS-HCA, Program Manager 1, Native American Health Center

Jessica Dyer, LCSW, Behavioral Health Project Director, CSHA



Common Student Insurances

- Medi-Cal Managed Care
 - Full Scope
 - Alameda Alliance (AAH) – Beacon
 - Anthem Blue Cross
 - Kaiser
- Kaiser (Private)
- No insurance
- Minor Consent Medi-Cal (Mental Health)

*Private insurance organizations may differ per region or state



Mental Health Services Enrollment Scenarios by Insurance


A **student** has been referred to or requests **behavioral health** services, once in the clinic they fill out **registration forms** and the Program Coordinator (PC) does an **insurance assessment**



Medi-Cal full scope, Alameda Alliance (AAH) & Anthem Blue Cross

- The student has **Medi-Cal Alameda Alliance (AAH)** or **Anthem Blue Cross** with PCP other than Kaiser
- The student has **Medi-Cal full'scope**
- Check on parental consent and obtain parental consent
- The PC makes them an intake appointment with BH clinician (60 min)

*MediCal full'scope requires Well Child Check (WCC) be conducted first with medical staff before BH services may be rendered



Kaiser (Private or through Medi-Cal Managed Care)

- Program Coordinator assesses **level of difficulty** getting to Kaiser for treatment
 - **Low difficulty level** – Program Coordinator offers resources to connect student with Kaiser Mental Health
 - **High Difficulty level** – Program Coordinator makes 30 minute appointment with BH clinician to assess for Minor Consent Mental Health eligibility
 - Eligible – use Minor Consent Mental Health payer
 - Ineligible – enact protocol for temporary services (go over more later)



No Insurance

- Student **does not** have insurance. PC schedules a 30 minute appointment with BH clinician to assess Minor Consent Mental Health eligibility
 - **Eligible** – PC enrolls student in Minor Consent Medi-Cal
 - **Ineligible** – PC enrolls patient in Medi-Cal temporary insurance (Gateway) and schedules a Well Child Check with medical provider as WCC is necessary to enroll in temporary Medi-Cal and obtain Parental Consent

*Protocol for no insurance is initiated if student does not qualify for temporary insurance

Medi-Cal Minor Consent Mental Health Mechanics



MC 4026 Form

REQUEST FOR ELIGIBILITY LIMITED SERVICES

Name of applicant (last, first) _____

County		Age		FOR COUNTY USE ONLY--State Number		Serial Number		FBI/ Person Number	

PART A.
I need/continue to need services related to: (Please check one or more of the following.)

Under Age 12 and Older:

1. Sexual Assault
2. Pregnancy or Family Planning

Age 12 Years and Older:

3. Sexually Transmitted Diseases
4. Drug or Alcohol Abuse
5. Outpatient Mental Health*

* If requesting outpatient mental health services, a statement from a mental health professional confirming that you meet the requirements for those services must be presented to your eligibility worker.

PART B.
I am requesting medical assistance for the month of: _____ / _____ / _____
Month Year

PART C. RIGHTS AND RESPONSIBILITIES

1. I understand that I will receive a paper Medi-Cal ID card that is good for one year from the issue date on the card. This card is for identification only and does not verify eligibility.
2. I understand that my eligibility is good for one month, and each month I need Minor Consent medical services, I must come back into the welfare department to recertify my eligibility to at least one of the above services. To allow time for my eligibility worker to process my recertification, I must come in and complete this form as soon as I know I need to see a doctor or need medical care.
3. I understand that if any of the following happens, I must tell my eligibility worker at my next interview when I recertify my eligibility:
 - a. I move out of my parent's/guardian's house.
 - b. I get married.
 - c. My parent(s) stop supporting me or declaring me as a dependent for tax purposes.
 - d. I get a job or quit working.
 - e. My income, such as earnings, increases, decreases, or stops.
 - f. I get some property; i.e., bank accounts, automobiles, stocks, bonds, trust funds, etc.
 - g. I give birth or my pregnancy ends for any reason.
4. I understand that I will receive this card and the medical services I have requested without my parents being contacted.

Signature of Applicant: _____ Date: _____

Signature of County Representative: _____ Worker number: _____ Date: _____

MC 4026 (05/07)

- Once a student has been assessed by BH clinician to meet eligibility criteria:
- Minor Consent application must be filled out (if not already)
- Mental health box checked on MC 4026 forms

PART A.

I need/continue to need services related to: (Please check one or more of the following.)

Under Age 12 and Older:

1. Sexual Assault
2. Pregnancy or Family Planning

Age 12 Years and Older:

3. Sexually Transmitted Diseases
4. Drug or Alcohol Abuse
5. Outpatient Mental Health*



Clinician Letter Sample

September 11, 2020

(Your county) Social Services
(Address of county office)

Re: Minor Consent Medi-Cal Outpatient Mental Health Services

Student: _____ **DOB:** _____

Case no. _____

To Whom It May Concern,

I, (Clinician Name and title), am treating (student) _____ for behavioral and mental health services at (Name of Clinic).

I request that Outpatient Mental Health services be included with the Minor Consent Medi-Cal application signed by the student. The student began treatment on _____ and will continue treatment for one year from the date services began.

If you have any questions or need any further information do not hesitate to call me at the contact information listed below.

Best regards,

By: (Clinician name and title)

ADDRESS AND CONTACT INFO
OF CLINIC WITH PHONE AND FAX

- BH Clinician fills in template letter to demonstrate eligibility
- Letter must accompany application and/or all monthly MC 4026 forms
 - If MC application has been turned in and BH services needed at a later time check box #5 on MC 4026 forms, attach letter to each and inform liaison at pick-up

Sample Minor Consent ID card Indicates activation

Paper ID Cards for Immediate Need and Minor Consent Program Recipients

Some recipients are issued temporary paper Medi-Cal ID cards. The 14-character BIC ID number is needed to access the Medi-Cal Eligibility Verification System.

```
*****
*
*                               STATE OF CALIFORNIA                               *
*
*                               TEMPORARY BENEFITS IDENTIFICATION CARD                       *
*
*                               ===== *
*                               === FOR IDENTIFICATION PURPOSES ONLY === *
*                               === PROVIDER: PLEASE VERIFY ELIGIBILITY === *
*                               ===== *
*
* ID NO.  BICIDNUMBERXXX                               ISSUE DATE: MM/DD/YYYY *
*                                               GOOD THRU : MM/DD/YYYY *
*
* FIRSTNAME I LASTNAME APL *
*
* F      MM/DD/YYYY *
*
* SIGNATURE _____ *
*
*                               TERMVMTAMCICSTRANYYYYMMDDHHMSSDDDOPRXXXXXDISWRKR *
*****
```

*Proof of activation may differ by region and state

*Update tracking sheet to reflect activation

Minor Consent Mental Health Activation

- Liaison will add mental health services to county case
- Alert your billing department of the change in status when activated
 - Change payer code in EPIC or EHR (if applicable)

7M	"Recipient limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, and family planning with no Share of Cost."
7P	"Recipient limited to services related to Sexually Transmitted Diseases, sexual assault, drug and alcohol abuse, family planning, and outpatient mental health with no Share of Cost."

*Payer code change is imperative for billing of services

O/P MEDI-CAL - MINOR CONSENT MEDI-CAL (Medicaid)

Claim address: PO Box 15700
SACRAMENTO California 95852
916-734-9900

Effective from: Effective to:

Coverage Members [Add Member](#)

Name	Rel Sub	Eff From	Eff To	Insurance ID	Verified?	Last Verif	Remove
							Remove

Comment(s):

Redetermine Date:

Subscriber Info

Subscriber ID:	<input type="text" value="6"/>	Group number:	<input type="text"/>
Auth phone:	<input type="text"/>	Group name:	<input type="text"/>
Alt Sub Name:	<input type="text"/>	Dept Assignment:	<input type="text"/>
CHDP Aid Code:	7P	CHDP County Code:	<input type="text"/>
Subscriber Race:	<input type="text"/>		



Minor Consent Medi-Cal: Outpatient Mental Health Checklist

- Behavioral Health clinician must assess eligibility
- Application
- MC 4026 forms - make monthly copies for school or calendar year
- Letter: filled out and signed by clinician – attach to application and MC 4026 forms
- Alert county liaison
- Alert billing department
- Change EHR payer code (if applicable)
- Track all Minor Consent applications



Things to Remember

- Minor Consent MediCal Mental Health may be used once assessed by the behavioral health clinician and determined to meet eligibility requirements
- Minors under age 12 may not use Minor Consent MediCal Mental Health
- Continuance of coverage is a monthly commitment via PC submitting application and/or MC 4026 forms monthly
- Track all Minor Consent applicants in a database ex. Excel spreadsheet
- Create a protocol for short term care for students that do not qualify for Minor Consent Mental Health and have no qualifying health coverage

*Tracking Minor Consent applications identifies active and pending applications

*Identifies need for new application

*Insurance ineligibility protocol may consist of 1 or more non-reimbursable BH appointments dependent on financial capability of school based health center

Clinician Assessment

To use any insurance coverage, the clinician must document in the clients chart: (among other things that are determined by clinic policies and procedures, EHR)

- DSM 5 Diagnosis and the related billable ICD-10 codes
- Demonstration of Medical Necessity
- How Dx Impacts Clients Daily Functioning (Diagnostic Formulation)



DSM 5 and ICD 10 Code

DSM 5 Diagnosis and
the related ICD-10 code
(F01to F99)

ICD-10-CM Code Range	Description
F01 – F09	Mental disorders due to known physiological conditions.
F10 – F19	Mental and behavioral disorders due to psychoactive substance abuse.
F20 – F29	Schizophrenia, schizotypal, delusional, and other non-mood psychotic disorders.
F30 – F39	Mood (affective) disorders.
F40 – F48	Anxiety, dissociative, stress-related, somatoform, and other non-psychotic mental disorders.
F50 – F59	Behavioral syndromes associated with physiological disturbances and physical factors.
F60 – F69	Disorders of adult personality and behavior.
F70 – F79	Intellectual disabilities.
F80 – F89	Pervasive and specific developmental disabilities.
F90 – F98	Behavioral and emotional disorders with onset usually occurring in childhood or adolescence.
F99	Unspecified mental disorder.

Medi-Cal Necessity Criteria



- **Symptoms** consistent with a DSM **diagnosis**, and treatment focus is to stabilize these symptoms;
- Moderate to severe symptomatic distress or **impairment in functioning** due to psychiatric symptoms in at least one area of functioning (i.e., **self-care**, occupational, **school**, or **social function**).
- Has the **capacity** to make significant **progress** towards treatment goals and/or requires treatment to maintain current level of functioning;
- The member **does not require** a more intensive level of structure beyond the scope of non programmatic outpatient services



Medi-Cal Necessity Exclusionary Criteria

- The primary problem is social, occupational, economic (i.e. housing, family conflict, etc.), or one of physical health without a concurrent major psychiatric episode meeting criteria for this level of care, or admission is being used as an alternative to incarceration.
- Treatment plan is designed to address goals other than the treatment of active symptoms of DSM or corresponding ICD diagnosis (e.g. self-actualization).



Example of Diagnostic Formulation



Treatment Plan

- Goals are formulated with client involvement
- Objectives are related to the Goals
- Objectives are clearly related to the **functional impairments** described in the Diagnostic Formulation
- Objectives are
 - Observable and/or measurable
 - Related to a time frame
 - Related to a sense of progression

*Parental involvement is best practice, unless using Minor Consent and parent involvement would be detrimental





Can a Minor Consent to Their Own Mental Health Treatment?

- Family Code 6924 and Health & Safety Code 124260 allows minors ages 12 and over to consent to their own mental health care if they are mature enough to participate intelligently in their own care.

- Family Code 6924 says a minor who meets all of the following requirements to consent for mental health outpatient care:
 - Age 12 or older,
 - The minor is mature enough to participate intelligently in the treatment in the opinion of the attending professional person, and
 - The minor would be in danger of serious physical or mental harm to him/herself or others without treatment, or the minor is the alleged victim of incest or child abuse.



Minor Consent Medi-Cal

Minor Consent Medi-Cal Funding adheres to the more restrictive law for minors to consent to their own treatment.


Clinician must determine for eligibility that the child

- 1) is at risk of causing serious physical or mental harm to oneself or another without treatment
- 2) has been an alleged victim of child abuse or incest

This must be documented in the clients chart and the clinician must sign a letter that indicates the client meets this criteria. The letter is submitted with the application.



What If A Student Does Not Qualify for Any Insurances We Accept?

- Student receives 4 sessions of counseling and is then connected with other source of support (peer support groups, mentor, etc)
 - The cost for these sessions is paid for by the clinic's budget and there is not a funding stream that allows for more sessions
- 

Challenges



- **Limitations** to who gets served, more restrictive CA law: Ideally, mental health treatment would be preventative of “harm to self or others” and not need to wait for that to be occurring to qualify
- In many clinics, assessments are 1 or 2 meeting and the eligibility criteria may not come to light, thus **restricting** student from needed service even if they do “qualify”
- **Subjective** clinician determination of “at risk of harm to self or others”
- Mental health **stigma** can create real barriers: eg, parents not supportive of therapy and private insurance and student does not meet restrictive criteria for Minor Consent funding