
Braiding Funding & Resources for Supporting Mental Health Services & Wellness Centers

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Objectives

- Setting context for Mental Health in Schools
- Strategies for Schoolwide Interventions
- Creating a Wellness Campus
- Braiding new Funding Opportunities

Participation

Ice Cream Cone or Nugget



Materials

Collab and Learn



Children, Youth and Families Complex Needs

Depression

May
Overreact

Truancy

Poor Academic Progress

Acting Out

Attention Seeking

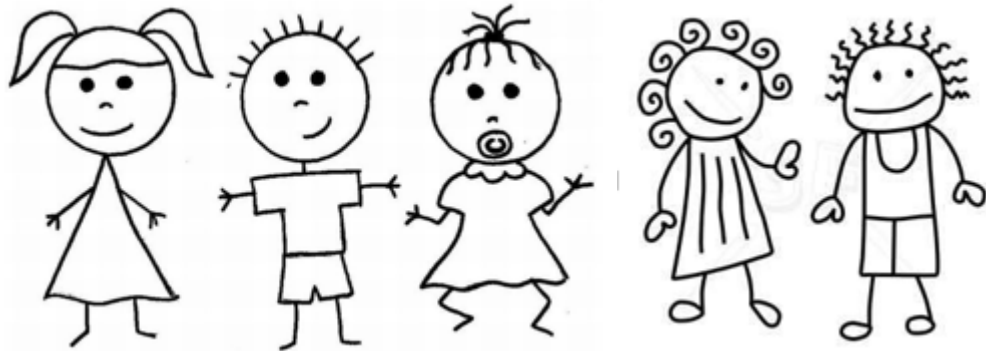
withdrawal

Difficulty focusing
Poor Math Skills

Avoidance Behavior

Anxiety/worry

Difficulty Reading



Limited or no
access to health
services

Safe and Supportive
Spaces to learn

Children, Youth and Families Complex Needs

You are NOT
ALONE

Millions of people are affected by mental illness each year. Across the country, many people just like you work, perform, create, compete, laugh, love and inspire every day.



1 in 5 U.S. adults
experience
mental illness

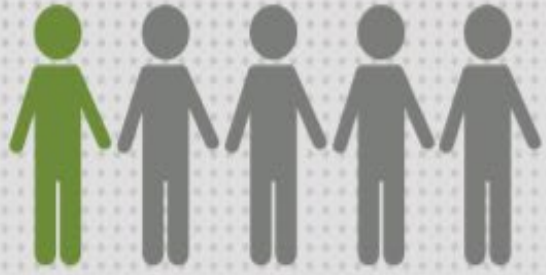
1 in 20

1 in 20 U.S. adults
experience serious
mental illness

17%

of youth (6-17 years)
experience a mental
health disorder

Fact: 43.8 million adults experience mental illness in a given year.



1 in 5 adults in America experience a mental illness.



Nearly 1 in 25 (10 million) adults in America live with a serious mental illness.



One-half of all chronic mental illness begins by the age of 14; three-quarters by the age of 24.

**During COVID
Global prevalence of anxiety and
depression increased by a massive
25%, according to a scientific brief
released by the World Health
Organization (WHO)**

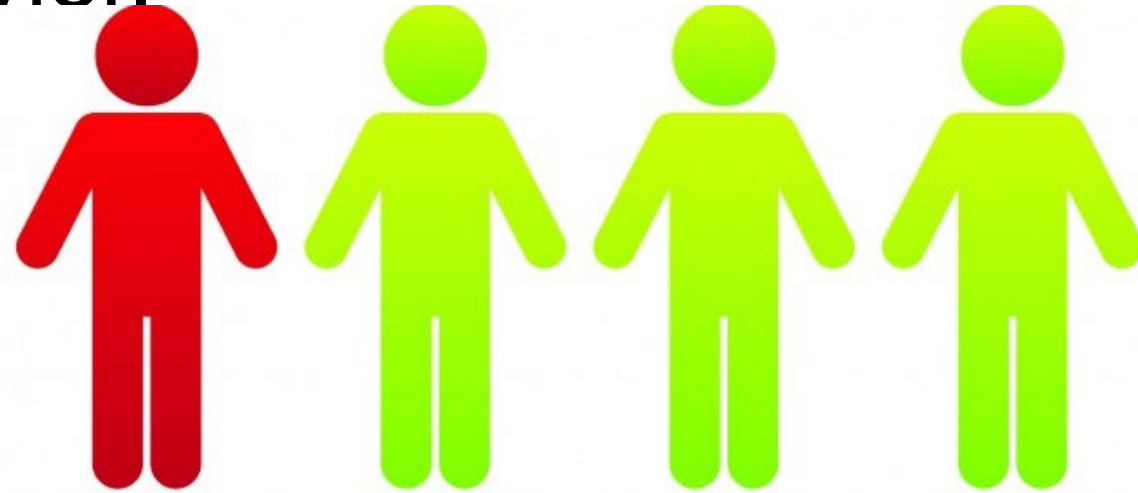


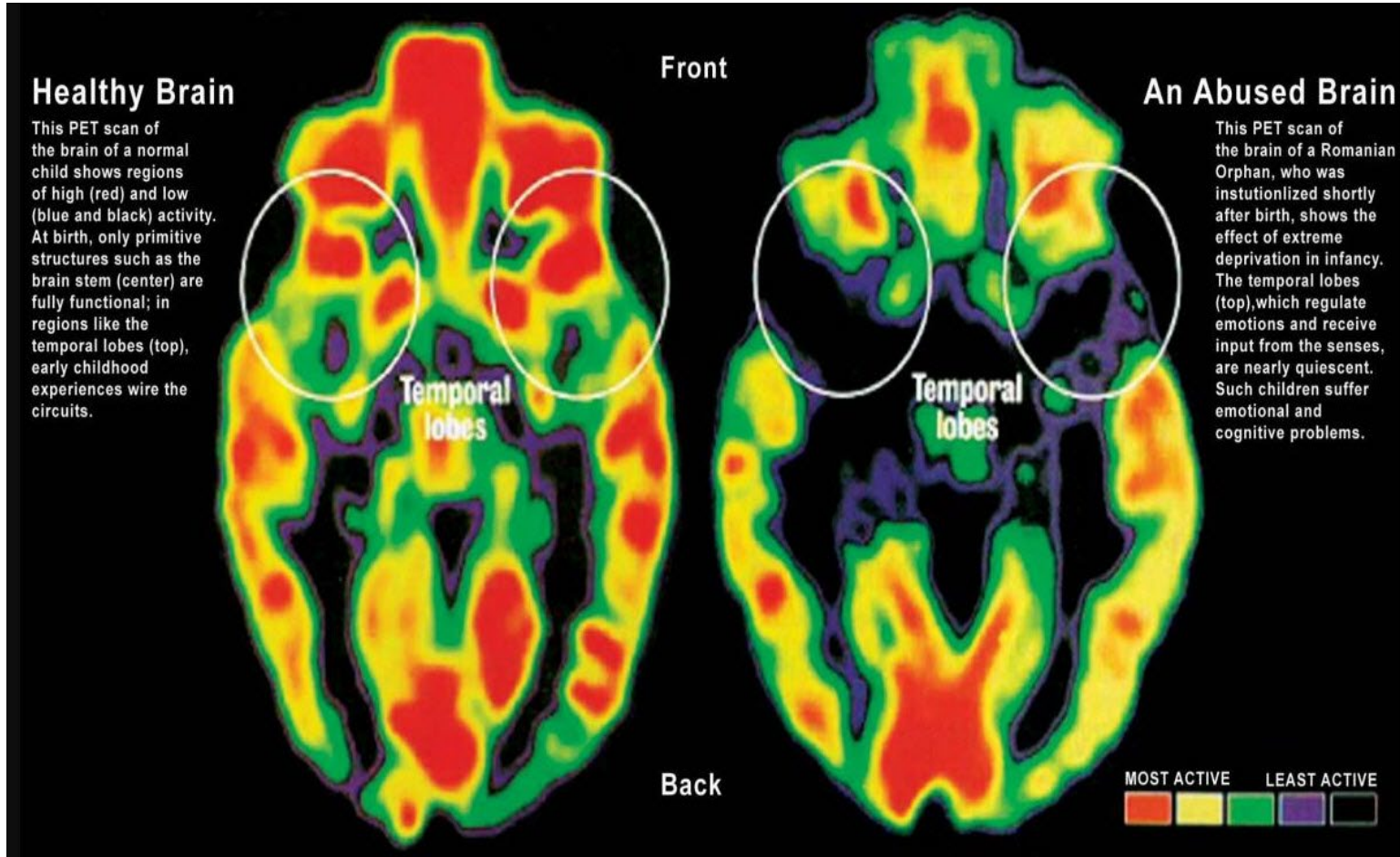
- Sad or Down
- Confused thinking or reduced ability to concentrate
- Excessive fears or worries, or extreme feelings of guilt
- Extreme mood changes of highs and lows
- Withdrawal from friends and activities

-
- Significant exhaustion, low energy or problems sleeping
 - Inability to cope with daily problems or stress
 - Trouble understanding and relating to situations and to people
 - Major changes in eating habits
 - Excessive anger, hostility or violence



FACT: One out of every 4 children attending school has been exposed to a traumatic event that can affect learning and/or behavior.





Impact of Trauma is reversible and strong connected relationships can improve brain development.

Image courtesy of the Center for Youth Wellness

Children and Youth Impacted by Trauma - Symptoms

- Physical:
 - Headaches, backaches, stomach aches
 - Constipation or diarrhea
 - Always sick
- Fear, depression, anxiety
- Sleepy or overreactive
- Easily startled by noises or unexpected touch
- Outbursts of anger or rage, emotional swings
- Tendency to isolate
- Difficulty trusting and/or feelings of betrayal
- Diminished interest in everyday activities

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Chronic Absenteeism
Truancy, and School
Avoidance Behavior

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School discipline,
Suspension and
Expulsion
Attention Seeking
Behavior



Two Types of Behavior

Discuss with a partner or small group the behaviors you are seeing at your school sites?



Organizing District and School Supports



Strategies and Practices


- ✓ Most don't last long is because they take a single trait or implemented alone in silos
- ✓ End up being Ineffective if they are not organized, monitored and coached
- ✓ Often end up sitting on a bookshelf
- ✓ Data not used to monitor both outcomes and implementation
- ✓ Lack structure and only address single student need
- ✓ As a result, educators find themselves lamenting about initiative or strategy not working and repeat the entire process again (Hamster wheel of doom!)

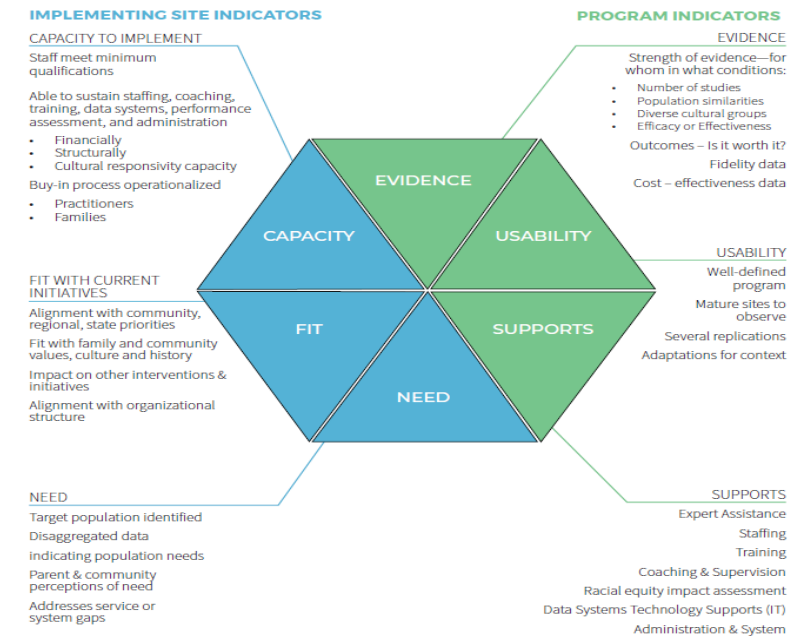


Selecting and Monitoring Programs

Selection of Evidence Based Practices:

1. Identify need and data source for determining Tier EBP's Practice
2. Use care in selecting practice model
3. Track Initiatives and how they link to district LCAP and to Each Other

Initiative Inventory								
								
This tool can be used to guide your team's review of past and current programs to get a clear picture of existing initiatives, mandates, and resource commitments. Information and data collected can be used by the organization when exploring the fit of additional initiatives with current work, guide decision making to make room for new work, and assist with alignment of initiatives.								
Date of Inventory:								
Name of Initiative	Leadership of Initiative (Team and/or Coordinator: Name and Department)	Expected Outcome	Scale of Intended Use (National, regional, targeted population)	Start and End Date	Financial Commitment and Source of Funding (federal, state, grant, or other)	Relation to Organization Priorities & Strategic Plan	Measures of Outcomes	Evidence of Outcomes (What has happened thus far?)



Selecting a Practice or Intervention



IMPLEMENTING SITE INDICATORS

CAPACITY TO IMPLEMENT

- Staff meet minimum qualifications
- Able to sustain staffing, coaching, training, data systems, performance assessment, and administration
 - Financially
 - Structurally
 - Cultural responsiveness capacity
- Buy-in process operationalized
 - Practitioners
 - Families

FIT WITH CURRENT INITIATIVES

- Alignment with community, regional, state priorities
- Fit with family and community values, culture and history
- Impact on other interventions & initiatives
- Alignment with organizational structure

NEED

- Target population identified
- Disaggregated data indicating population needs
- Parent & community perceptions of need
- Addresses service or system gaps

PROGRAM INDICATORS

EVIDENCE

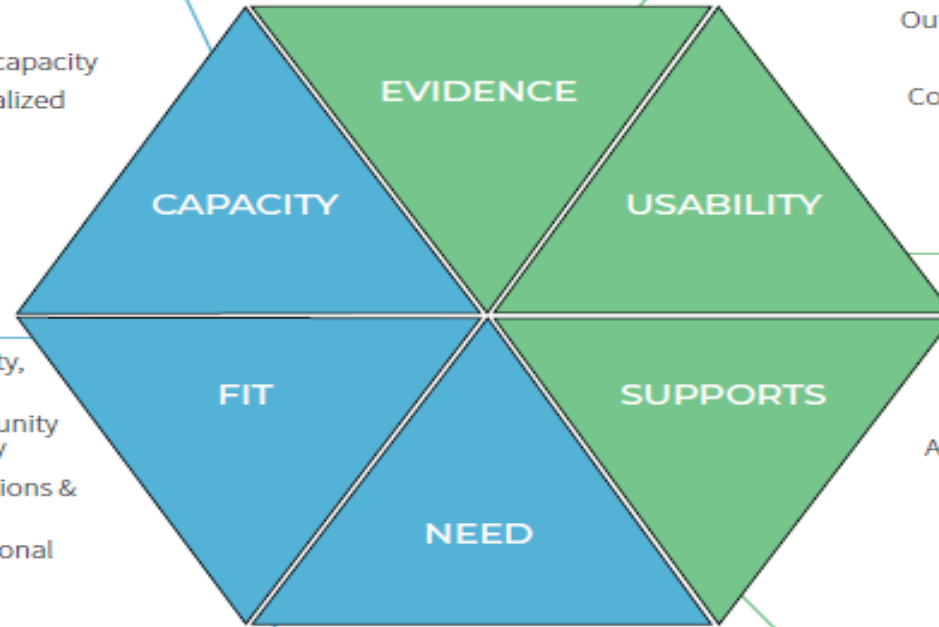
- Strength of evidence—for whom in what conditions:
 - Number of studies
 - Population similarities
 - Diverse cultural groups
 - Efficacy or Effectiveness
- Outcomes – Is it worth it?
 - Fidelity data
 - Cost – effectiveness data

USABILITY

- Well-defined program
- Mature sites to observe
- Several replications
- Adaptations for context

SUPPORTS

- Expert Assistance
- Staffing
- Training
- Coaching & Supervision
- Racial equity impact assessment
- Data Systems Technology Supports (IT)
- Administration & System



Selection Tool

Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring?	Implement What are we going to do about it? G=Gap C= Community F= Family S= School	Evaluate Is the solution working?
Tier I				
Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring?	Implement What are we going to do about it?	Evaluate Is the solution working?
Tier II				
Tier Intervention	Define What the Problem is?	Analyze Why it is Occurring?	Implement What are we going to do about it?	Evaluate Is the solution working?
Tier III				

Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring?	Implement What are we going to do about it? G=Gap C= Community F= Family S= School	Evaluate Is the solution working?
Tier I				
Tier Intervention	Define What the Problem is? Data Source/Evidence	Analyze Why it is Occurring?	Implement What are we going to do about it?	Evaluate Is the solution working?
Tier II	Increased number of referrals from 1 st and 2 nd grade classrooms for frequent disruptions and off task behaviors	First and Second grade behaviors are externalizing: inappropriate play, not following directions, and lack of self control believed to be occurring due to lagging social skills	Implement AI's Pals to improve social-emotional competence. Train teachers deliver two lessons a week, in sequence, to the entire first grade and second grade classroom	Evaluate Every Four Weeks Metric: Student data and group data Desired Result: Decrease behavior referrals by 35% for participant grade levels.

Selection is not enough Organize Supports For Children and Families

California's Multi-Tiered System of Support (CA MTSS)

a comprehensive framework that aligns academic, behavioral, social and emotional learning, and mental health supports in a fully integrated system of support for the benefit of all students. CA MTSS offers the potential to create needed systematic change through intentional design and redesign of services and supports to quickly identify and match to the needs of all students.

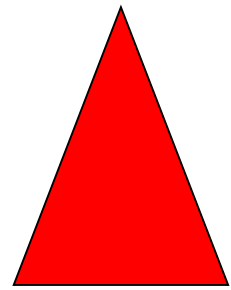
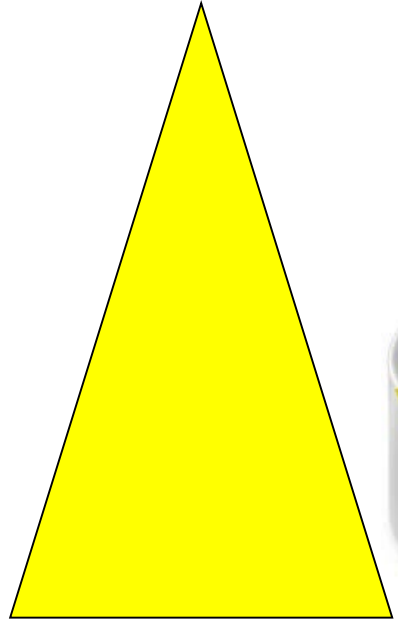
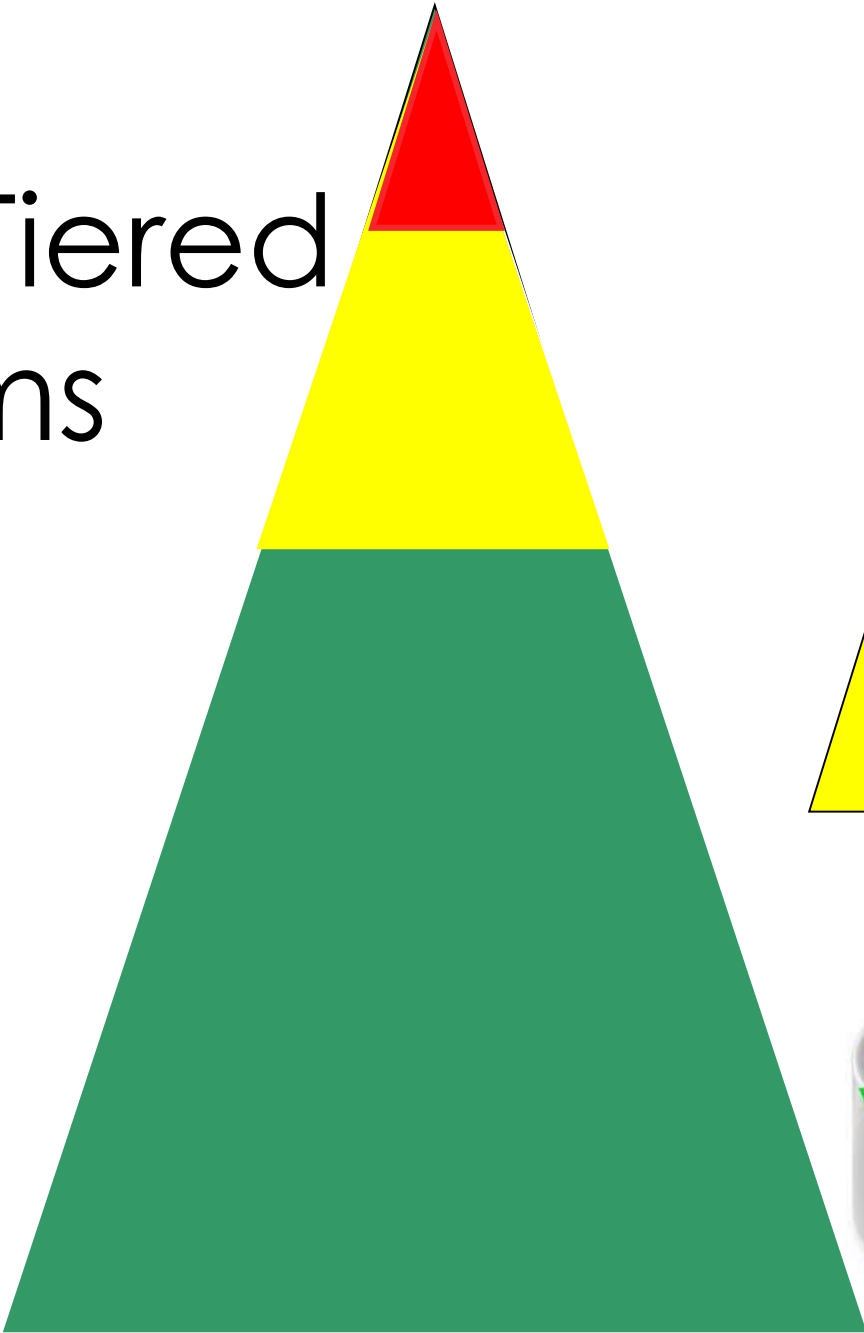
&

Positive Behavior Interventions & Supports (PBIS)

A systems approach for establishing the **social culture and behavioral supports** needed for a school to be an **effective learning environment for all students.**

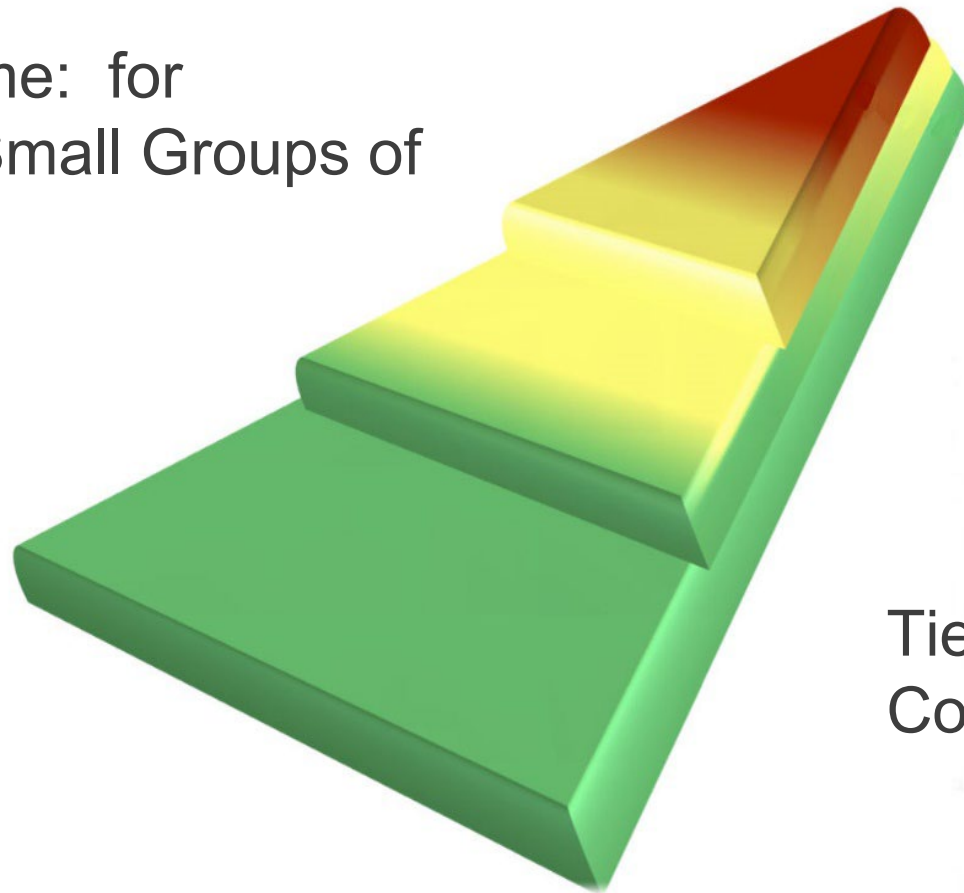


Multi-Tiered Systems



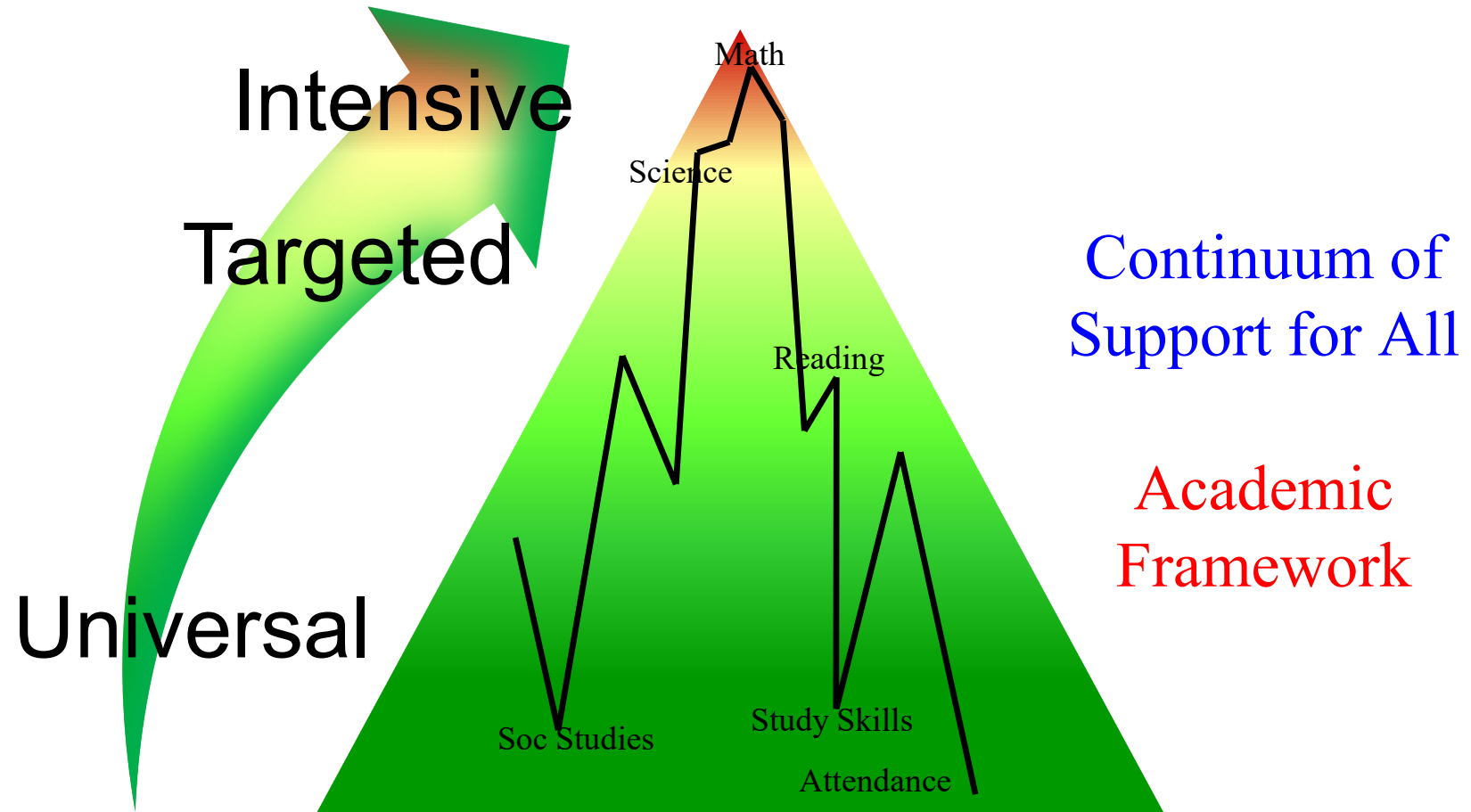
Systems Supporting All Students for Academic Behavior and Social Emotional Outcomes

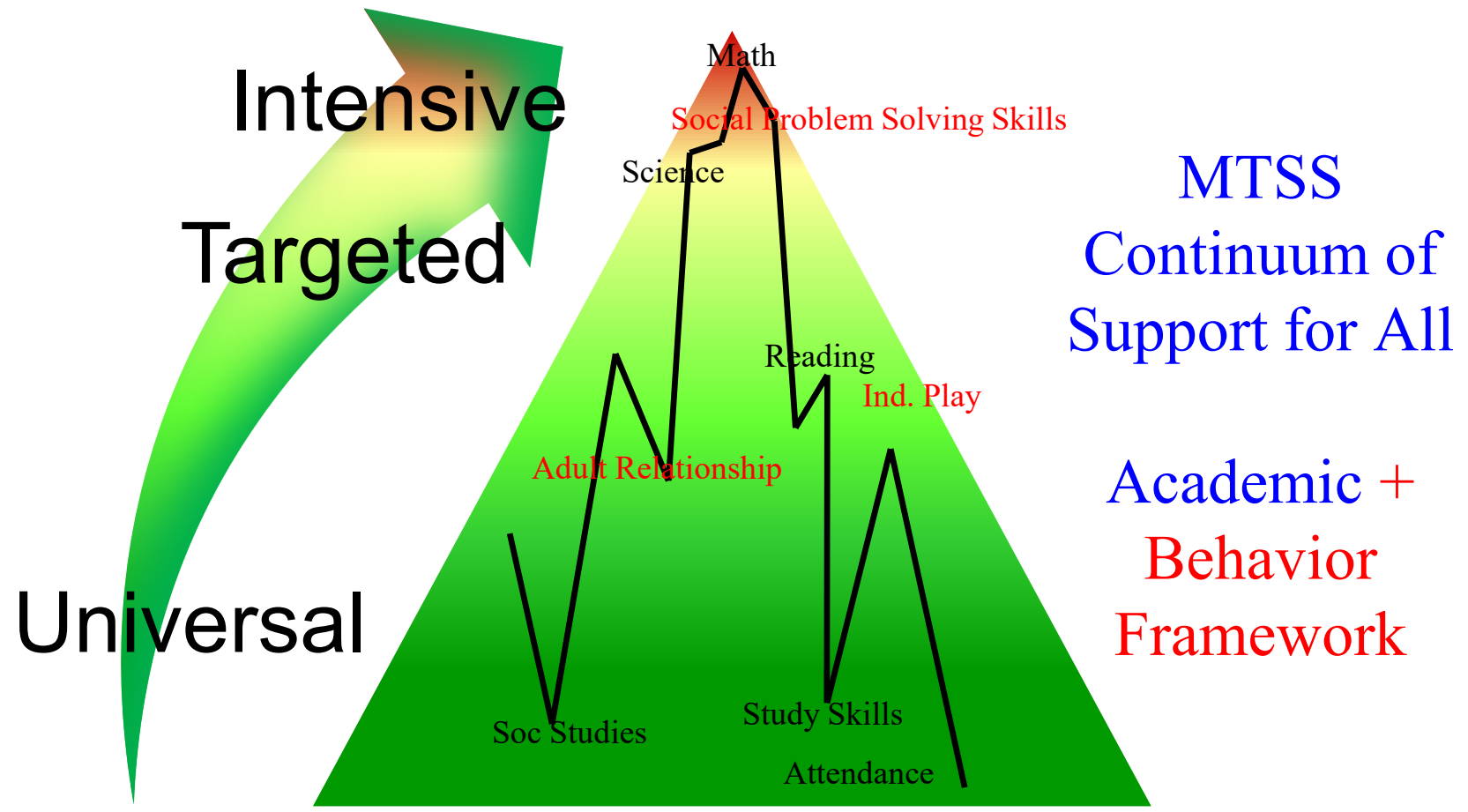
Tier 2 for Some: for Targeted or Small Groups of Students

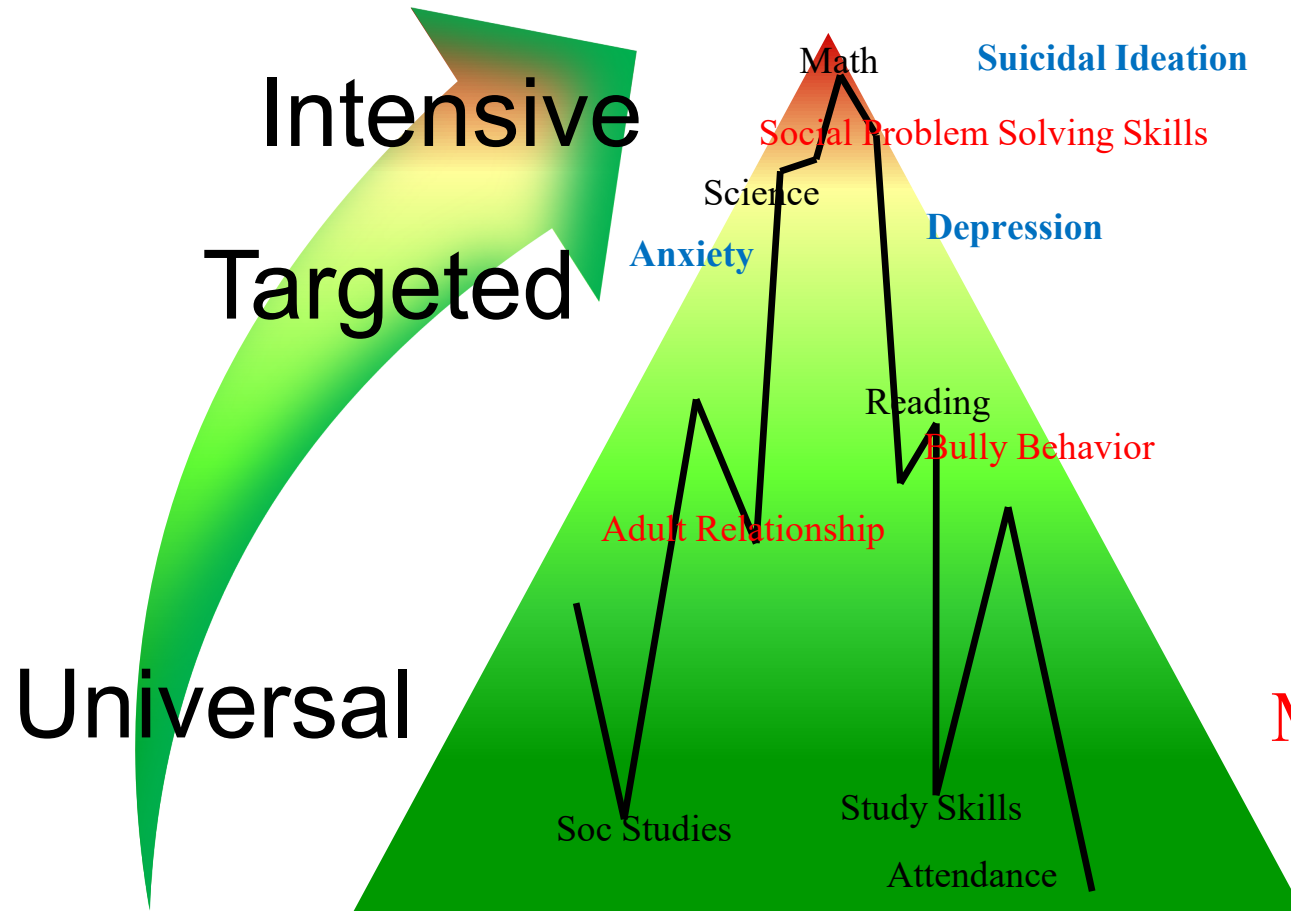


Tier 3 for few: Intensive and Individualized

Tier 1 for **All** Students
Core/Universal

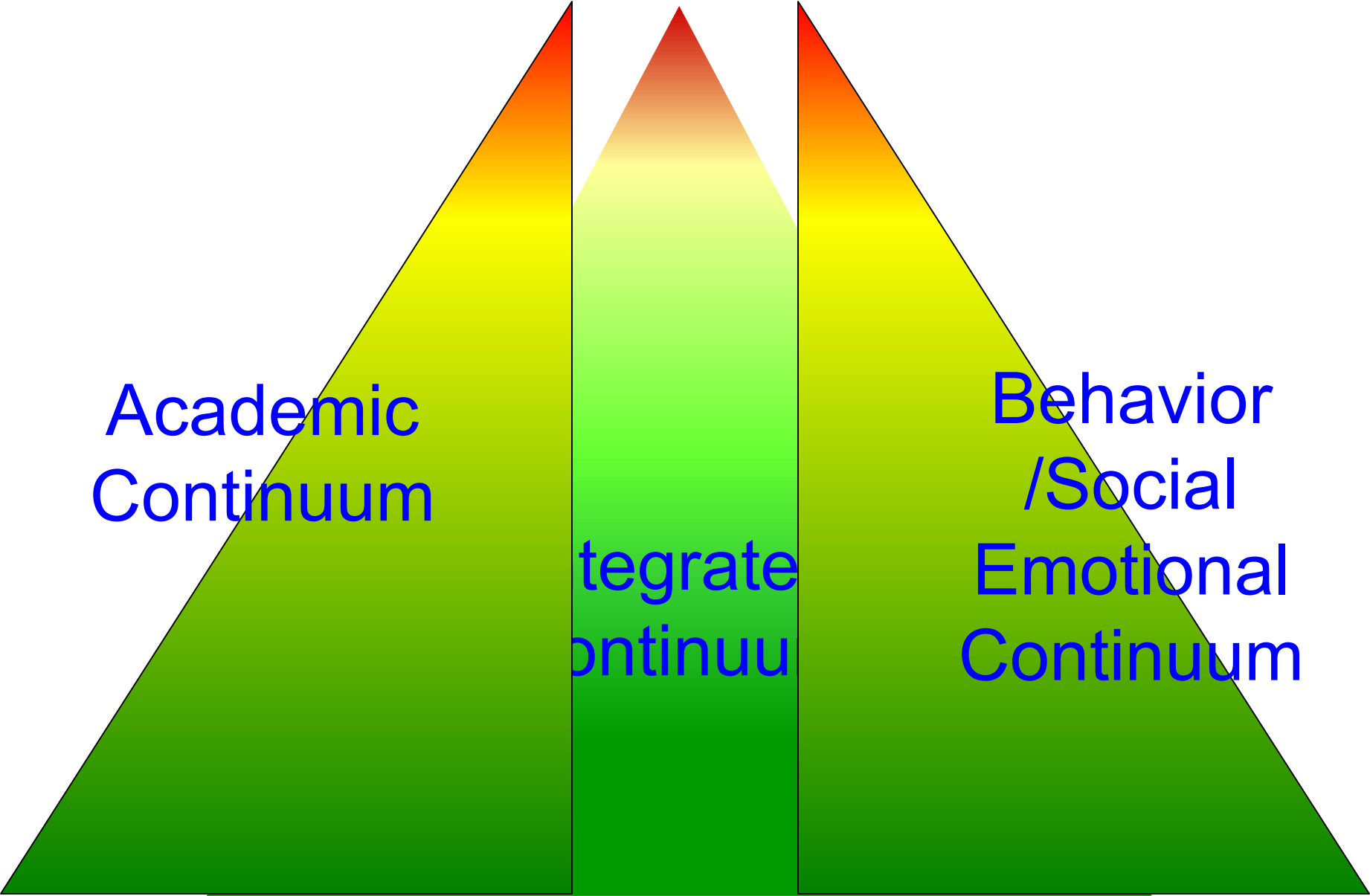






MTSS
Continuum of
Support for All

Academic +
Behavior +
Mental Wellness
Framework



Placer Integrated Mental Health & Wellness Center



Placer Integrated Mental Health & Wellness Center

Wellness Centers are safe places on campuses for students, families and staff to get support to increase the success and well being of students. The centers are designed to reduce stigma and increase access to mental health services. They are not silos to send students who are struggling in class. This is the hub of the Wellness Campus



Wellness Centers in Placer County

Auburn Unified School District

- Alta Vista Elementary
- Auburn Elementary
- Skyridge Elementary
- Rock Creek Elementary

Roseville City School District

- Sargent Elementary
- Spanger Elementary
- Buljan Middle School

Colfax Elementary Unified School District

- Colfax Elementary

Roseville Joint Union High School District

- Roseville High School
- Woodcreek High School

Western Placer Unified School District

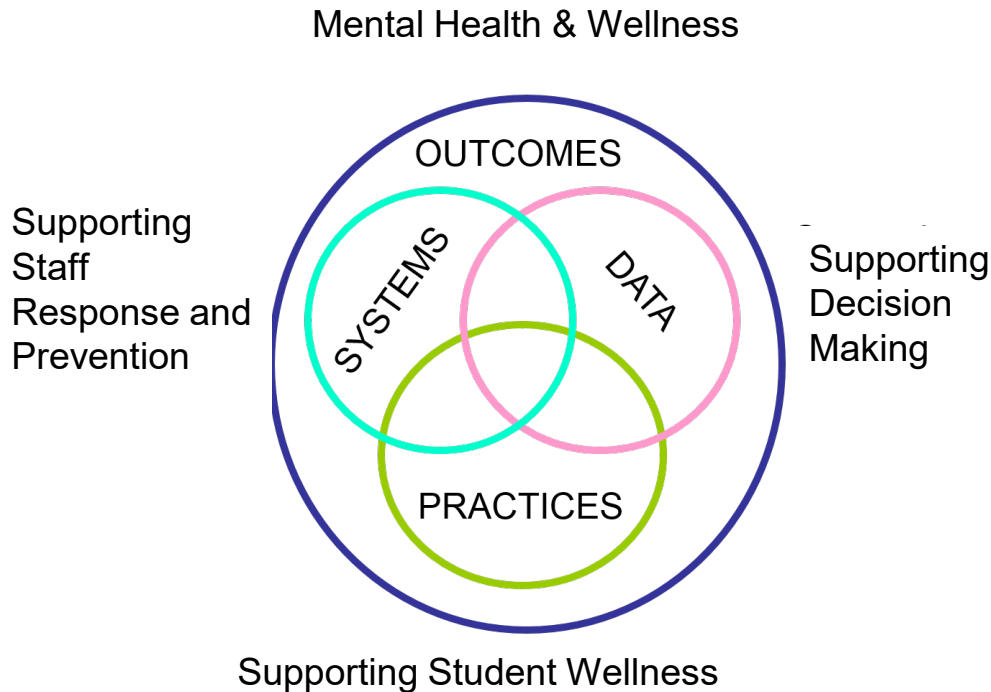
- Glen Edwards Middle School
- Lincoln High School

Rocklin Unified School District

- Victory High School

Plus Early Childhood Education State Preschools

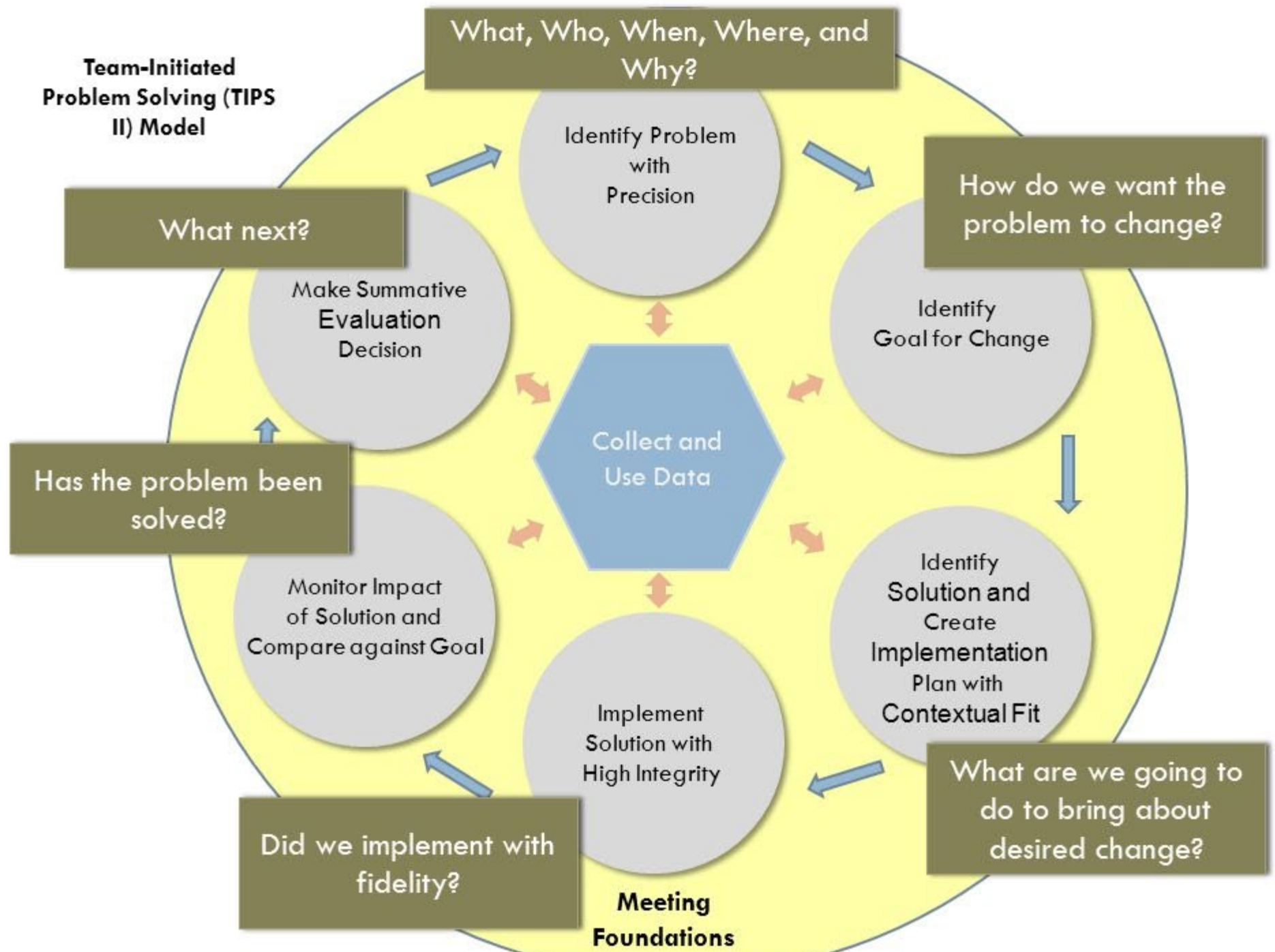
Consider creating an integrated team structure by expanding current teams



Key Features of Integrated Team

- Meets Regularly
- Databased Decision Making
- Referral/ Nomination Process
- Facilitated Team Structure
- Respect for Members
- Multi-tiered System of Supports
- Defined Structured Social Expectations





Addressing wellness in schools leads to

...

- better academic outcomes
- higher promotion/graduation rates
 - reduced absenteeism
 - reduced suspensions
- positive school climate
- better staff wellness

Provide services in a framework

“The 4 As”

- Accessibility
- Availability
- Affordability
- Acceptability



Schools

- On campus
- Flexible hours/qualified MH staff
- low to no cost
- learning environment to “unteach” stigma

Guiding Principles of the Wellness Program



Wellness

Promote Universal Wellness for staff, students and families



Respect

Respect the wisdom of students and families. Respect that schools are the expert in academics and education



Shared Decisions

Decisions about the program are made with a variety of stakeholders. Student/family input is included. Decisions are made through data.



Relationships

Protect positive relationships and foster connections. Know that relationships are the driving force of wellness.

Program Coordinator

Ali Murphy

Provide oversight and implementation for existing and new Wellness Centers

Clinical Supervisor

Gina Karabinis

Provided direct clinical & program supervision

Collaborative Manager

Leslie Roth

Provided connected and integrated support to Children System of Care

Mental Health Specialists

PCOE

Co supervised

Licensed therapists or social worker.

Experience working in and/or with schools

Site program leads

Family/Youth Community Liaisons

PCOE

Co supervised

Lived experience with community systems such as SpED, CPS, probation, mental health services

2019 Placer Wellness Center (Mental Health Data Snapshot)

Roseville Wellness Sites

(August 2019):

Roseville High School
 West Park High School
 Woodcreek High School
 Buljan Middle School
 Sargeant Elementary School
 Spanger Elementary School

Auburn Wellness Sites

(August 2020):

Alta Vista Charter School
 Auburn Elementary School
 Rock Creek Elementary School
 Skyridge Elementary School

*Colfax Elementary Spring 2022

Total Services Since 19/20 School Year	
Total Services (tiers I-III): 41,424	Approximately 80% of all services provided are Tier I, i.e., SEL lessons, school-wide resilience activities, school staff education
Crisis response services: 560	Crisis response services increased significantly in January of 2021 (after students returned to school)
Individual Clients: 1,037	14% of students receive tier III mental health services through our program. (community providers have long waitlists and students cannot be served through their insurance providers or other agencies. In general, we serve a lot of students who have Kaiser and Sutter. We frequently provide mental health counseling to this population)

2021-22 Placer Wellness Center

(Mental Health Data Snapshot)

Total Services Since 19/20 School Year	
Total Services (tiers I-III): 36.954 Total Since 2019: 78,378	Approximately 80% of all services provided are Tier I, i.e., SEL lessons, school-wide resilience activities, school staff education
Crisis response services: 511 Total Since 2019: 1,071	Crisis response services increased significantly in January of 2021 (after students returned to school)
Individual Clients: 1,141 Total Since 2019: 2,178	15% of students receive Tier III mental health services through our program. (community providers have long waitlists and students often cannot be served through their insurance providers or other agencies.)

Example of Wellness Center – Auburn Elementary School

Wellness services are offered using a 3-tier MTSS approach:

- Classroom SEL lessons/teacher support
- Wellness breaks-a 10-15 minute “brain break”
- Teacher or parent referral to Wellness Program
- Student participation in a peer group
- Check in/Check out intervention using PBIS
- Parenting support
- Individual counseling
- Referrals to community based resources.



Strategies for Sustainability

Potential Ongoing Sources

- Medi-Cal Fee for Service
- Commercial Fee for Service
- LEA Core Funding
- Special Education Funding
- LEA Medi-Cal
- Title I Funding
- Early and Periodic Screening, Diagnostic and Treatment (EPSDT) (A form of Medi-Cal)

- Early Childhood Education
- Family First Prevention Services Act (FFPSA) (Title IVE)
- Student Behavioral Health Incentive Program (SBHIP)

New Grants

- Community Schools Funding 0
- Child Youth Behavioral Health Initiative (School Mental Health Funding)

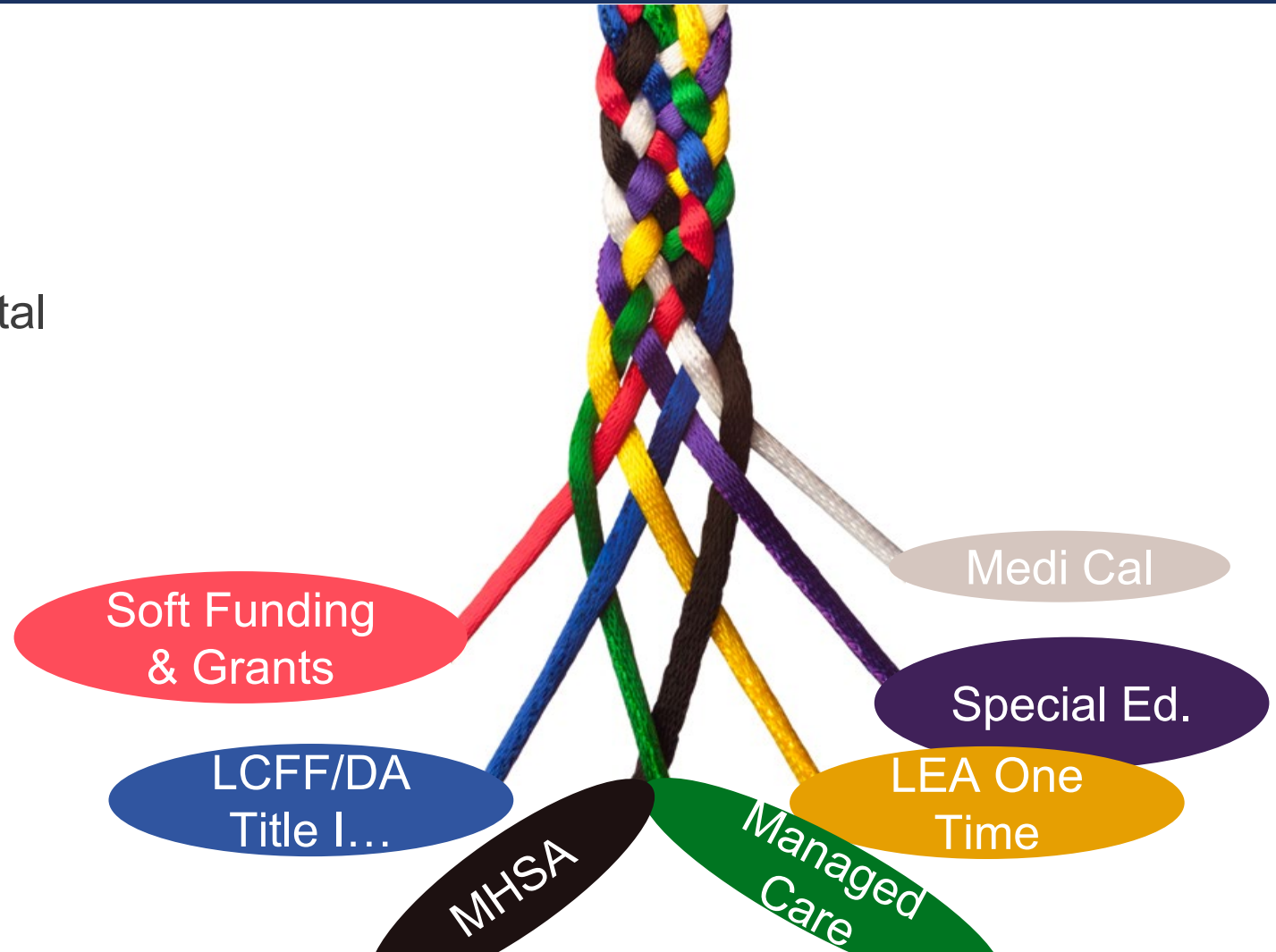
Opportunities for Sustainability / Reality Check

Funding
Mental
Health in
isolation
often results
in this....



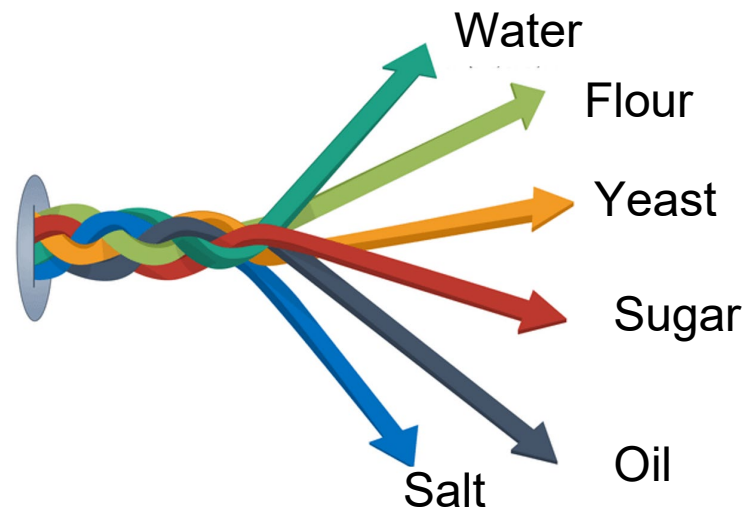
Opportunities for Sustainability / Reality Check

- There is no one funding source to leverage that will fully fund an integrated mental health program.
- Communities must look at braided/blended funding

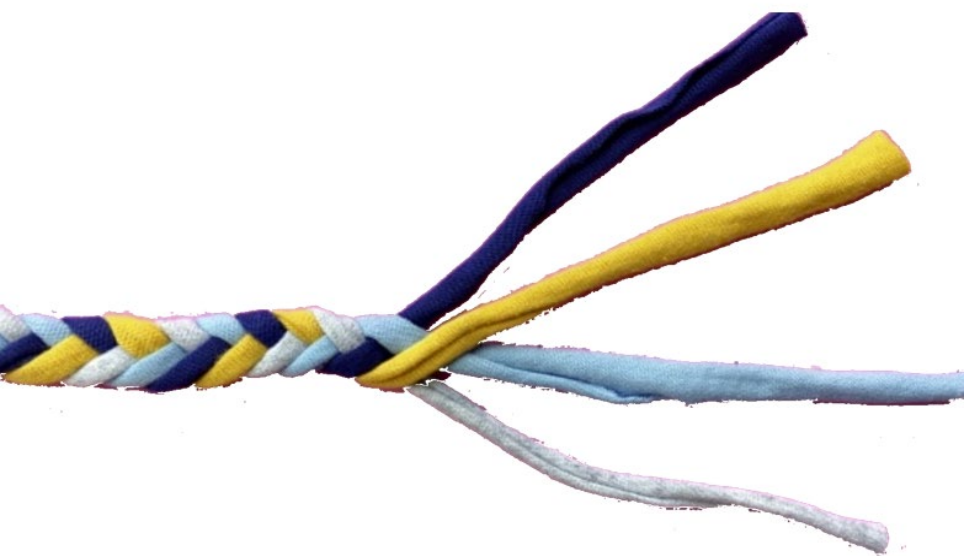


Definition of Blended and Braided Funding

- Blending refers to using funds from two or more funding sources together to fund a specific part of a program or initiative. In blending, costs are not necessarily allocated and tracked by individual funding sources.
- When funds are braided, two or more funding sources are coordinated to support the total cost of a service. Revenues are allocated and expenditures tracked by different categories of funding sources. In braiding, cost-allocation methods are required to ensure that there is no duplicate funding of service costs and that each funding source is charged its fair share across the partners.



Wellness Center Braided Funding Model



Mental Health Service Act & Mental
Health Student Services Act

School Behavior Health Incentive
Program

Sutter Health / Kaiser Health Foundation

LEA Funding

Braided and Blended Funding

Funding Sources

Mental Health

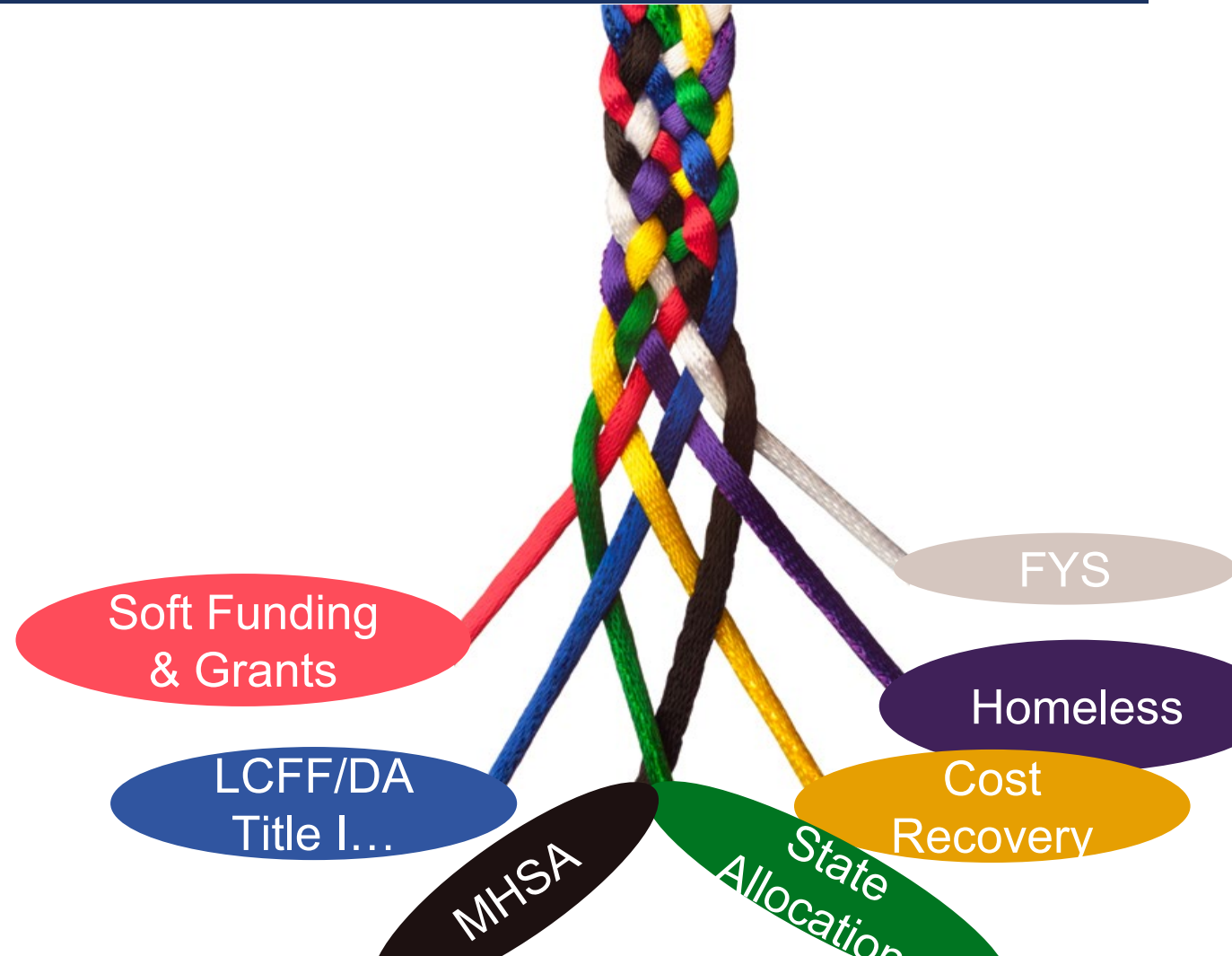
Triage
MHSSA
Health Care
Philanthropy
MHSA
SBHIP

State Allocated

TUPE
McKinney-
Vento
FYS
DA
Core
Cost-
Recovery
CSEC

Grants

ESSR
ILP
Homeless
DOR
Cal Hope



PCOE Current Mental Health Initiatives

- **School Integrated Mental Health (Wellness Centers)**
 - Roseville High School District (3) & Roseville City School District (3)
 - Auburn Union School District (4)
 - Colfax Elementary School District (1) **Western Placer USD 2**
 - Rocklin USD (1/2) Victory HS
 - **Positive Behavior Intervention and Supports / Multi-tier Systems of Support**
 - Actively Training 13 districts, totaling 59 schools *Placer has 18 Districts and
 - **Mental Health Community Integration in Schools**
 - Provide Coordination for three non-profits to establish and support Tier II Group interventions in Placer Schools:
 - Kids First
 - Lighthouse Counseling
 - Grant Wellness
 - **Early Childhood Education Pre-K Program**
 - Support Multi Tier Mental Health Services for Programs (1 FTE)
- Triage Grant Funding
MHSSA
MHSA
Sutter Health Foundation
LEA – Cost Recovery
SBHIP
MHSA
Kaiser Community Benefit
MHSA
ECE - AB-2698

PCOE Current Mental Health Initiatives

- **Coordinator for Mental Health and Wellness**
 - Role is to build sustainability and coordination of MH Continuum
- **Transition Partnership Plus (TPP) ([Link](#))**
 - Provide Department of Rehabilitation Services to youth 16-21 to support job readiness, skills building and employment **(3 to 1 Match)**
- **Rehabilitation for Empowerment, Natural Supports, Education and Work (RENEW)**
 - Unique application of the wraparound process designed for transition-aged youth who are at the greatest risk of adverse consequences and impacts of mental illness impacting their future.

ESSR, Cal Hope,
Sutter Health,
MHSA

MHSA &
Department of
Rehabilitation

MHSA

PCOE Current Mental Health Initiatives

- **Handle with Care ([Video Link](#))** **Sutter Health, MHSA, PCOE Core**
 - Web based referral system between Community First Responders and Schools to send a notification letting schools know a child may have experienced a traumatic or adverse event
 - Big thank you to Sutter Health Foundation, Resilient Placer and Stanislaus County Office of Education
- **SEL Training and Community of Practice**
 - Project Cal Hope is funding through OCDE and SCOE each COE statewide support a Community of Practice ([Link](#)). PCOE focus on Rural and Single School Districts **Cal Hope & ESSER**
- **Request for Assistance and Triage System** **PCOE, HHS, MHSA**
 - Part of Placer's continuum of services system, we screen high need request from school districts for supports and services, provide case manage or escalate to the county wide Family Resource Community Collaborative
- **CSEC Prevention and Intervention ([Link](#))** **HHS & PCOE**
 - County collaboration to prevent and intervene in the Commercial Sexual Exploitation of Children.

PCOE Current Mental Health Initiatives

■ Coordination and Training Suicide Prevention

Sutter Health
Foundation & MHSA

■ County Wide Mental Health Suicide Prevention Training:

- Kognito, ASIST, Safe Talk Mental Health First Aid and Youth Mental Health First Aid
- Kognito Trauma Informed Educator

■ Multi Tier System of Mental Health Supports

Cost Recovery

■ **Student Behavioral Health Incentive Program (SBHIP) – NEW Program and Funding**

■ Student Behavioral Health Incentive Program (SBHIP) (Assembly Bill 133: Section 5961.3) (FAQs)

- SBHIP will support new investments in behavioral health services, infrastructure, information technology and data exchange, and workforce capacity for school-based and school-affiliated behavioral health providers
- Increase in funding allocated over two program years to fund approximately \$4.1 million in incentive payments paid to Medi-Cal MCPs

Opportunities for Sustainability (Key Features)

- Create spaces where:
 - “Every adult on campus using principles of strength based and engaged relationships.
 - Every adult understands and implements Tier I: Early Intervention, Stigma Reduction, and Empathetic Support for children who may be experiencing mental health needs
 - Building (Mental Health Multi-Tier System of Support is Critical
 - Integrated Behavior Health Tiered System (MTSS/PBIS)

Opportunities for Sustainability

- Seek alternate “Soft Funding” sources:

- Soft Funding:

- Community donations – materials, family resources and more

- Community Donated Supplies

Furniture, gift cards, clothing, food.....

- Community Benefit - Health Care Organizations

- Partner with Health Care Agencies
- Significant interest for investing in schools
- Build relationships with HMOs

Placer Example:

- Sutter Health Foundation
- Kaiser Community Benefit

Opportunities for Sustainability

Workforce Training and Capacity

Behavioral Health Counselor and Coach Workforce (HCAI)

Broad Behavioral Health Workforce Capacity (HCAI)

CalHOPE Student Services (DHCS)

Trauma-informed Training for Educators (OSG)

Behavioral Health Ecosystem Infrastructure

School-Linked Partnership and Capacity Grants (DHCS)

Student Behavioral Health Incentive Program (DHCS)

Behavioral Health Continuum Infrastructure Program (DHCS)

Behavioral Health Virtual Services Platform (DHCS)

Healthcare Provider Training and e-Consult (DHCS)

Scaling Evidence-Based and Community-Defined Practices (DHCS)

Coverage Architecture

Enhanced Medical Benefits – Dyadic Services (DHCS)

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

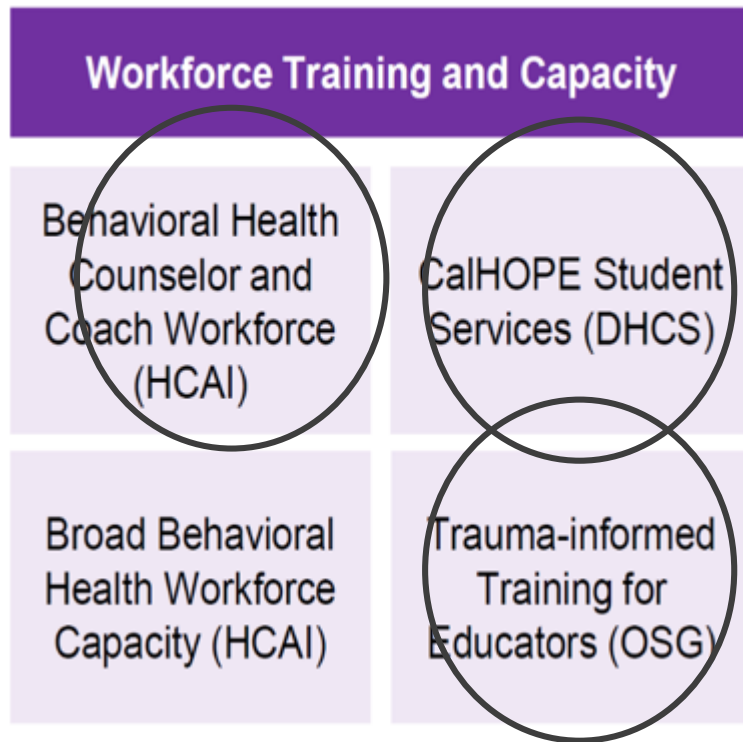
Public Awareness

Public Education and Change Campaigns (CDPH)

ACEs and Toxic Stress Awareness Campaign (OSG)

CYBHI Workstreams impacting continuum of services in schools across California

Opportunities for Sustainability



Behavioral Health Counselor and Coach Workforce

- Develop a pathway for workforce development

Cal Hope Student Services (DHCS)

- Statewide and County Programs
- Support Social Emotional Learning and Mental Health

Trauma - Informed Training for Educators (OSG)

- Resource for Educators
- Summer of 2023 Professional Learning Modules

Opportunities for Sustainability

Behavioral Health Ecosystem Infrastructure

School-Linked Partnership and Capacity Grants (DHCS)

Student Behavioral Health Incentive Program (DHCS)

Behavioral Health Continuum Infrastructure Program (DHCS)

School - Linked Partnership and Capacity Grants

- DHCS-CYBHI-EBP-CDEP-Round-2 of 6 Rounds ([Link to CYBHI Webpage](#))
- Round 1: Parent/caregiver support programs and practices (December 2022);
- **Round 2: Trauma-informed programs and practices (February 2023);**
 - **Application Due April 10th at 5:00 pm**
- Round 3: Early childhood wraparound services (March 2023);
- Round 4: Youth-driven programs (April 2023);
- Round 5: Early intervention programs and practices (April 2023); and,
- Round 6: Community-defined programs and practices (approximate timeline for release: June 2023)

Student Behavior Health Incentive Program (SBHIP)

- Goal is to expand Mild to Moderate Medi Cal Services in schools
- Placer's two goals are to continue existing & expand Wellness Center to Tahoe
- Develop Managed Care Billing for Schools

Opportunities for Sustainability

- Collaborate with Managed Care Providers “Student Behavioral Health Incentive Program (SBHIP)”
 - \$389 million in incentive payments paid to Medi Cal Managed Care Plans (MCPs)
 - Build infrastructure, partnerships, and capacity to provide a sustainable school behavioral health platform
 - Fourteen Recommendations #9 “Technical Assistance Support for Contracts and Agreements: Medi Cal managed care plans and/or county BH departments execute contracts with schools to provide preventive, early intervention, and BH services.” (Final Stakeholder Mtg PowerPoint)
 - SBHIP Allocation by County (Click Here)

Opportunities for Sustainability

Coverage Architecture

Enhanced Medical Benefits –
Dyadic Services
(DHCS)

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

Statewide All Payer Fee Schedule for School Linked Behavioral Health Services (Fee for Service)

- Build a fee schedule for schools to bill for both Medical and Commercial Insurance
- Implemented in cohorts starting in February 2024
- Questions Remaining to be answered:
 - Who will be eligible to bill
 - What will qualify for an expense
 - Where can activity happen
 - At or around school sites

This funding will not reimburse 100% of the cost of an employee . A good estimate will be 50%

Opportunities for Sustainability

- Partner with County Behavioral Health to explore braiding funding sources such as:
 - Early and Periodic Screening, Diagnostic and Treatment (EPSDT)
 - Administered / Authorized by County Behavioral Health
 - Student must be Medi Cal and must establish medical necessity
 - Available to beneficiaries, up to age of 21

Opportunities for Sustainability

- Partner with County Behavioral Health to explore braiding funding sources such as:
 - Mental Health Services Act (MHSA) **
 - Passed 2004 a one percent income tax on personal income in excess of \$1 million per year to expand CA Behavioral Health
 - Prevention, early intervention, and service needs (supplement not supplant)
 - “Prevention and Early Intervention (PEI) component, mandates County must work with schools
 - Prevent mental illness and emotional disturbance from becoming severe, disabling and costly to individuals, families, communities and the State

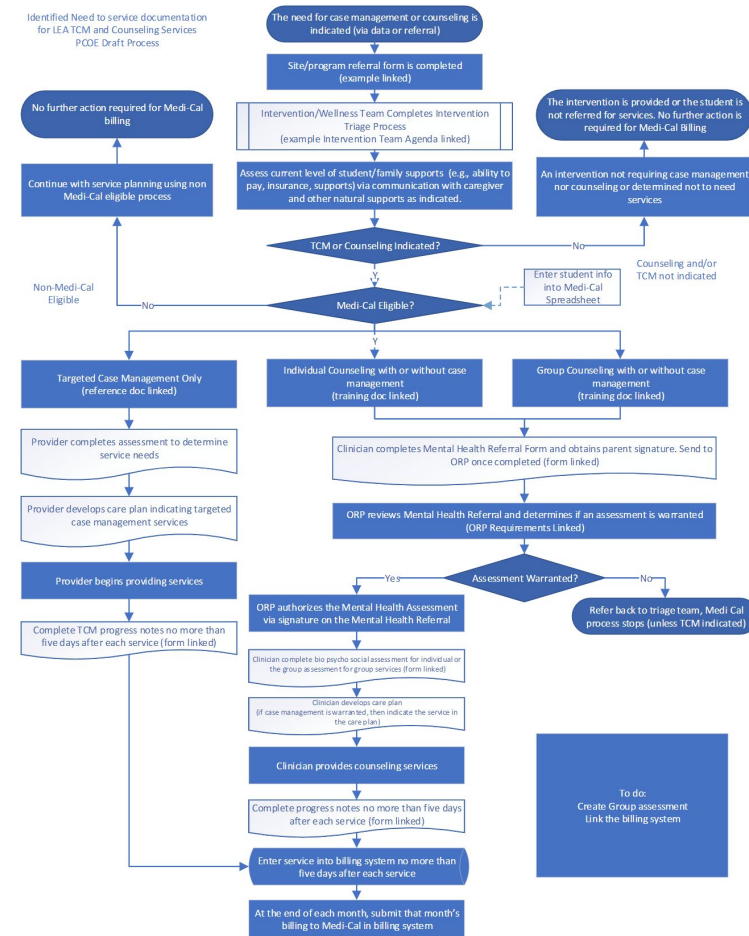


Opportunities for Sustainability

- LEA Medi Cal Funding:
 - Primary Types:
 - (Medi-Cal Administrative Activities, & Local Educational Agency Medi-Cal (LEA Program Targeted Case Management))
 - Example Placer COE activities:
 - Evaluate all staff for use of **Administrative Medi Cal (240 Staff = \$80,000 quarterly)**
 - Designed a Process Map for **LEA Targeted Case Management TCM** and Pilot Project
 - Goal:
 1. Identify process and forms necessary for TCM
 2. Determine number of Medi Cal Eligible Students using Mental Health Supports
 3. Identify quality improvement and documentation strategies

Evaluate Process for LEA Medi-Cal



Develop a process map for workflow to identify barriers, trigger points and detailed process for LEA Medi Cal billing
(email: mlombardo@placercoe.org for sample)



Opportunities for Sustainability

- The California State Plan Amendment 15-021 was approved on April 27, 2020
 - Local Educational Agency Medi-Cal Billing Option Program (LEA BOP)
 - “Expands reimbursements to include covered services under an Individualized Health and Support Plan (IHSP), which will allow LEAs to receive reimbursement for eligible beneficiaries without an Individualized Education Plan (IEP) or Individualized Family Services Plan (IFSP), resulting in increased services for Medi-Cal eligible general education students.”

Opportunities for Sustainability

- Early Related Mental Health Services (ERMHS) Expansion & Senate Bill 98 ([Link Here](#))
 - Starting in 20-21, ERMHS funds can be used for mental health related services, including:
 - Out of home residential services for emotionally disturbed students
 - Counseling and guidance service (including counseling, personal counseling, and parent counseling and training)
 - Psychological services
 - Social work services
 - Behavioral interventions (ADDED) 
 - Other mental health related services not required by IDEA (ADDED) 

Opportunities for Sustainability

- Local Control Funding Formula (LCFF)
 - School Climate, Family/Youth Engagement & Suspension/Expulsion Rates
- Title I Funding
 - Part A: Title I, Students who are economically disadvantaged, students with disabilities, migrant students or English learners
 - Part B: School-aged children with disabilities
- SEL Cal Hope
 - Allocation to each COE in CA (SCOPE Lead in Northern CA & OCDE in Southern CA)
- Elementary and Secondary School Emergency Relief Fund (ESSER) (Ends 2024)
 - 16 allowable uses #10: Providing mental health services and supports, including through the implementation of evidence-based full-service community schools.
 - PCOE hired a Mental Health Coordinator to support implementation, exploration and sustainability of Mental Health programs

Opportunities for Sustainability

- *****Early Childhood Education*****
 - AB-2698 “California state preschool programs: general child care and development programs: mental health consultation services: adjustment factors.”
 - Assembly Bill 2698 — Effective January 1, 2019
 - “Assembly Bill 2698 allows contractors to receive an additional adjustment of 0.05 for children served in classrooms where early childhood mental health consultation (ECMHC) services are provided, and are served in a California State Preschool Program (CSPP), infants and toddlers 0 to 36 months of age and are served in General Child Care Development Programs (CCTR), and children zero to five years of age and are served in a family child care home (FCCH) education network setting funded by a CCTR contract.”
 - Example Placer COE uses \$48,000 to offset the cost of Mental Health and Wellness Coordinator
- ([Link to CDE Information Letter Here](#))

Opportunities for Sustainability

- Department of Rehabilitation Cooperative Programs ([Link](#)) & Transition Partnership Plus (TPP) ([Link](#))
 - Administered through third-party cooperative agreements with select Local Education Agencies (LEAs) and the Department of Rehabilitation (DOR).
 - TPPs provide enhanced, coordinated vocational services including DOR Student Services and employment preparation, job development, and short-term support services to successfully transition students with disabilities into meaningful employment.
 - Funding either supported by a 3:1 match or time study 1:1)
 - Can not use Federal Funds as much, but you can use MHSA, Foster, Core, LCFF.....

Opportunities for Sustainability

- Child Youth Behavior Health Initiative (CYBHI) ([Link](#))
 - \$4.4B investment to enhance, expand and redesign the systems that support behavioral health for children and youth.
 - Reimagine the way behavioral health support is provided to all children and youth in California, by bringing together support systems to create an ecosystem that fosters social and emotional well-being and addresses the behavioral health challenges facing children and youth

What does Braided Funding Look Like:

45 Funding Streams

63 Staff

What does Braided Funding Look Like (Sample Version)

PCN #	Title	Dates	Name	FTE Auth	FY Total Salary & Benefit Cost	Resource XXXX		Resource XXXX		Resource XXXX		Resource XXXX		Resource XXXX		COMBINED TOTAL	ERROR CHECK	
						22-23 Orig. Budget	22-23 Orig. Budget	22-23 Orig. Budget	22-23 Orig. Budget	22-23 Orig. Budget	22-23 Orig. Budget	22-23 Orig. Budget	22-23 Orig. Budget					
						85,000	61,000	25,000	500,000	200,000	871,000							
1258	Family/Youth Community Liaison		Adams John	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3654	Program Manager		Alexander, Susie	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
9526	Program Manager		Anderson, Bart	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
98526	Senior Director		Armstrong, Keith	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
7526	Program Manager		Abbott, Jenny	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3258	Mental Health Specialist		Austin, Walker	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
1256	Mental Health Specialist		Baker, Simone	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
4526	Family/Youth Community Liaison		Bailey, Jessica	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3255	Administrative Secretary		Bell, Courtney	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
1236	Vocational Specialist		Brown, Rex	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
4569	Student Support Practitioner		Campbell, Tiffany	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
7896	Family/Youth Community Liaison		Carter, Tristan	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
5412	Bilingual Community Liaison		Collins, Terri	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
8547	Family/Youth Community Liaison		Cook, Greg	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
9856	Mental Health Specialist		Davis, Duncan	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3256	Coordinator		Dixon, Rebecca	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3698	Mental Health Specialist		Dunn, Penelope	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
8963	Mental Health Specialist		Doyle, Doug	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
25632	Program Manager		Davidson, Stacey	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3578	Employment Placement Specialist		Ferguson, Jim	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3695	Student Support Practitioner-PCOE		Franklin, Mary	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
3214	Family/Youth Community Liaison		Freeman, Carter	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
25639	Mental Health Coordinator		Gibson, Beth	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
951	Mental Health Specialist		Griffen, Nancy	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
1245	Student Support Practitioner		Gonzalez, Jose	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
1228	Family/Youth Community Liaison		Harrison, Joanne	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
6521	Staff Secretary III		Hayes, Kacey	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
8541	Student Support Practitioner		Jacobson, Diane	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
7526	Mental Health Specialist		Jennings, Phylcia	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
95412	Executive Director		Kennedy, Paul	1.00	100,000	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	NOT 100%	100,000
						-	-	-	-	-	-	-	-	-	-	-		3,000,000

Discussion

- Do any of these strategies stand out for you and your LEA?



Opportunities for Sustainability

- Increased Revenue – Decreased Cost
 - Increased attendance (ADA May be changing soon)
 - Decreased Suspension and Expulsion
 - Increased Academic Outcomes
 - Improved systems for prevention
 - More appropriate use of Special Education
 - Increased efficiencies for current practices supporting families
 - Decreased misidentified youth for special education



Resources

- School Mental Health Funding - California School Based Health Alliance ([Link](#))
- Public Funding for School-Based Mental Health Programs (CSHA) ([Link](#))
- CA-School-Mental-Health-Implementation-Guide - MHSOAC ([Link](#))
- Interconnected Systems Framework ([Link](#))
- Practical Guide for Financing Social, Emotional, and Mental Health in Schools – Breaking Barriers ([Link](#))
- Guidance to States and School Systems on Addressing Mental Health – SAMHSA ([Link](#))
- Local Educational Agency Medi-Cal Billing Option ([Link](#))


Contact Information

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Before we go

What Nuggets will you take back to your agency?





Michael Lombardo
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Thank You