



# Financing School-Based Wellness Centers

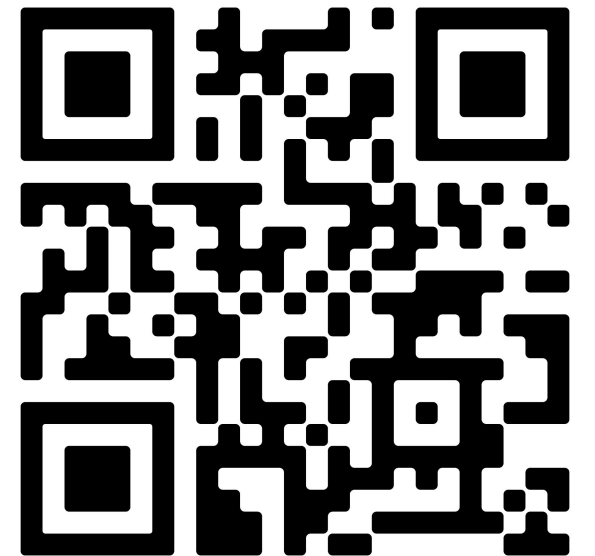
October 4, 2024

Jose Campos, Director



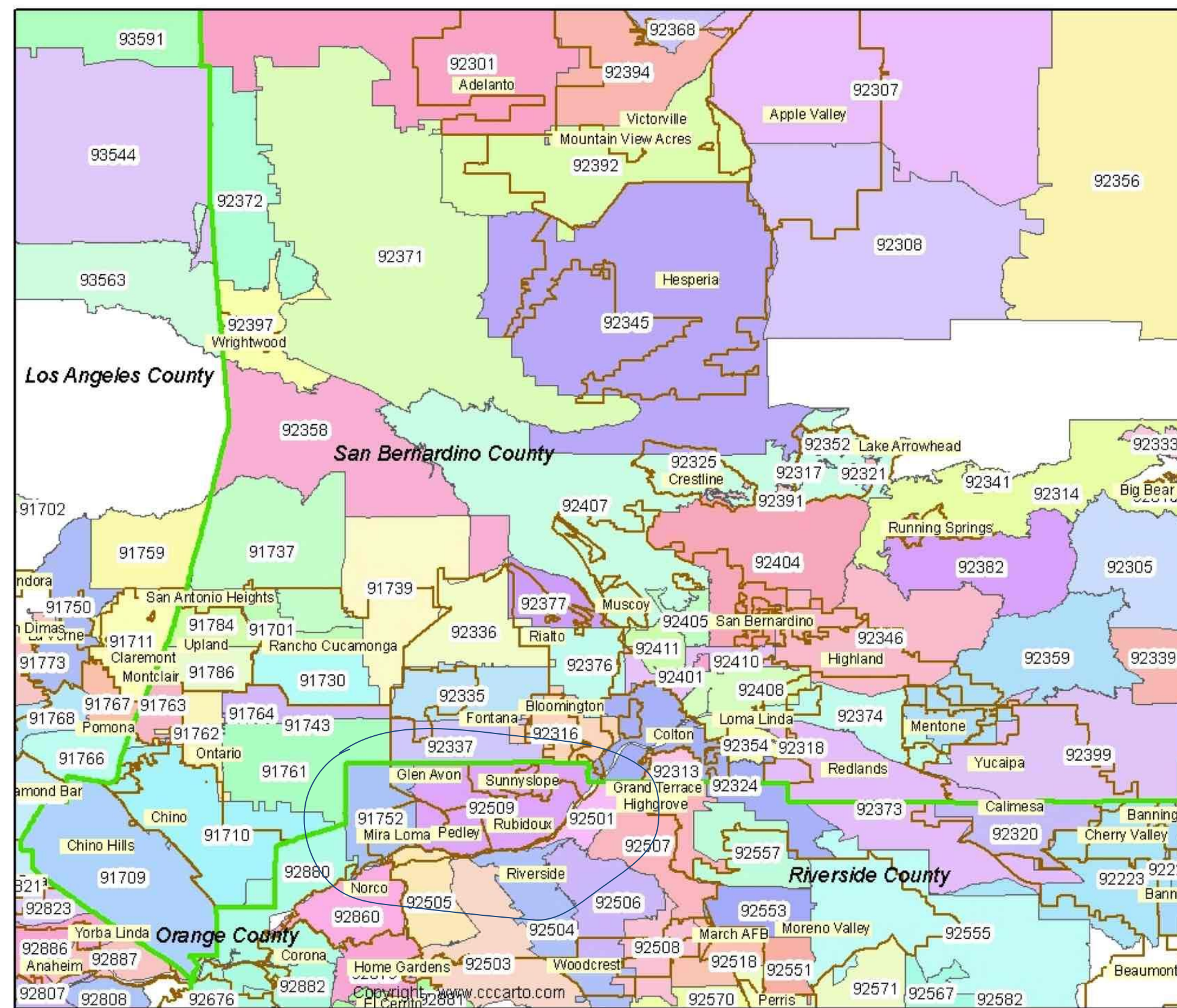
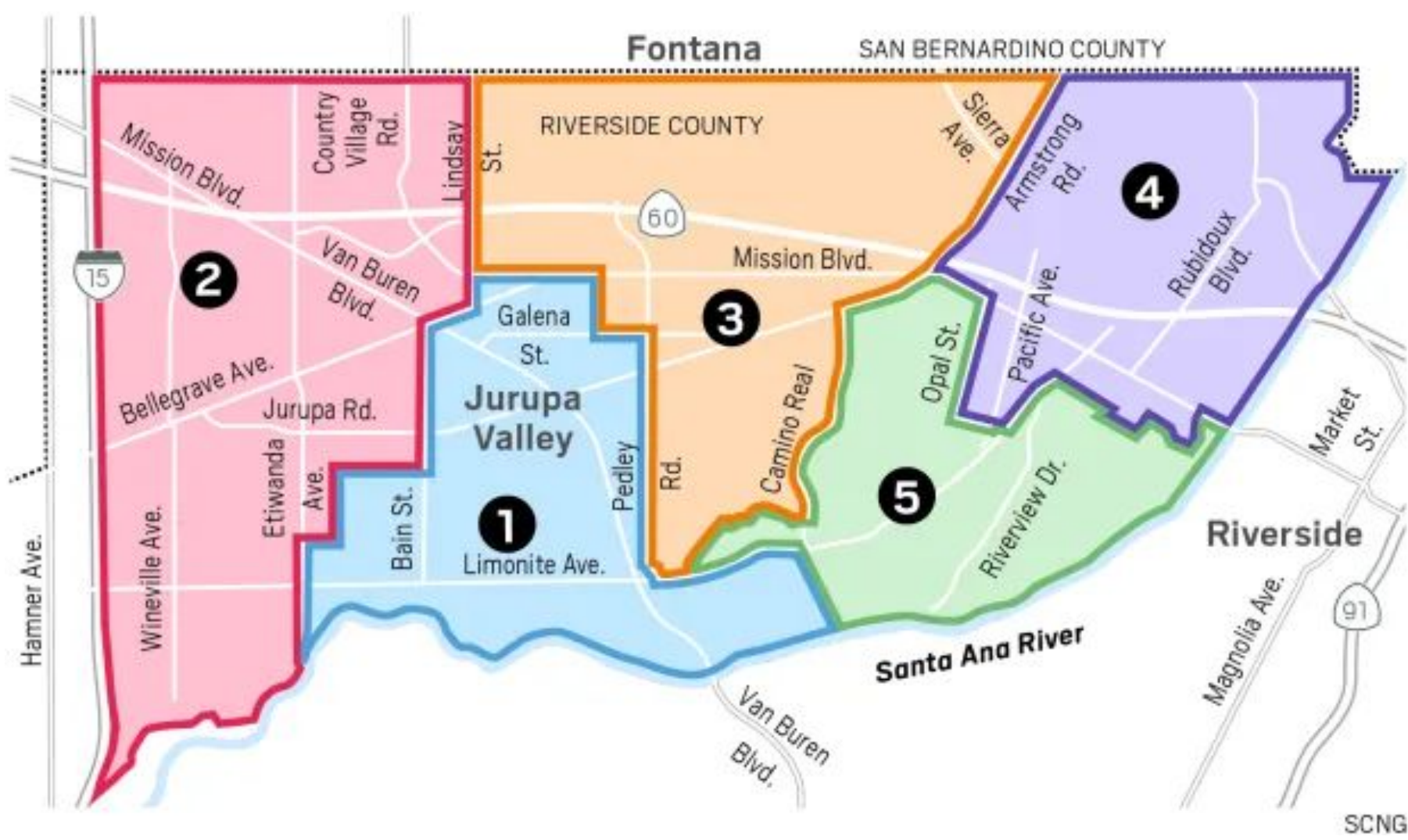
# Agenda

- Wellness Centers
- Financing
- Starting a Wellness Center Today





# Jurupa Valley





# Jurupa Unified School District

## 18,370 Enrollment

- 86.5% Hispanic / Latino
- 6.9% White
- 2% African American
- 1.6% Asian
- 1.3% Not Reported
- .8% Two or More Races
- .6% Filipino
- .2% American Indian or Alaskan Native
- .2% Pacific Islander

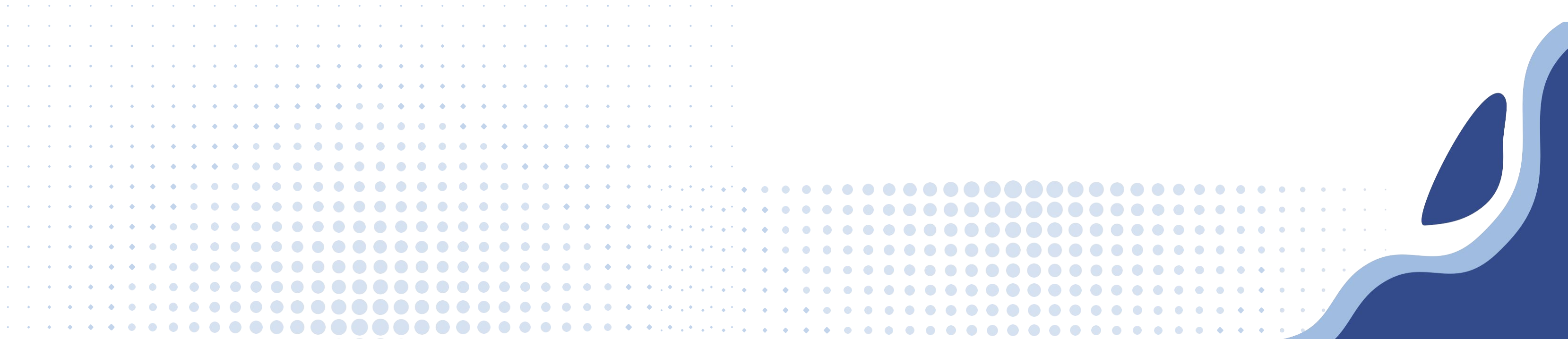
## Riverside County (23 LEAS)

- 422,804 Enrollment
- 66.6% Hispanic / Latino
- 17.1% White
- 5.7% African American
- 3.5% Asian
- 3.6% Two or More Races
- 1.9% Filipino
- 1% Not Reported
- .4% American Indian or Alaskan Native
- .3% Pacific Islander



# Jurupa Unified School District

- Under 63% Medi-Cal Enrollment
- 79% Socioeconomically disadvantaged
- 77.5% NSLP (Free / Reduced Lunch)
- 29.6% English Learners
- .7% Foster
- .5 Homeless (McKinney Vento)
- 12.3% Students with disabilities (Special Education)







**\$13 Million Annual Budget (18 budgets)**

Community Schools

**Specialty Mental Health**

**FIRST 5**

School Based Mental Health  
Mental Health Demonstration  
Congressional Discretionary

Wellness Coach

LCSP Cohort 8

**MHSA - CBITS**

MHSSA

**CYBHI** & CYBHI Capacity Grant  
LCAP

**Alma Family Services**

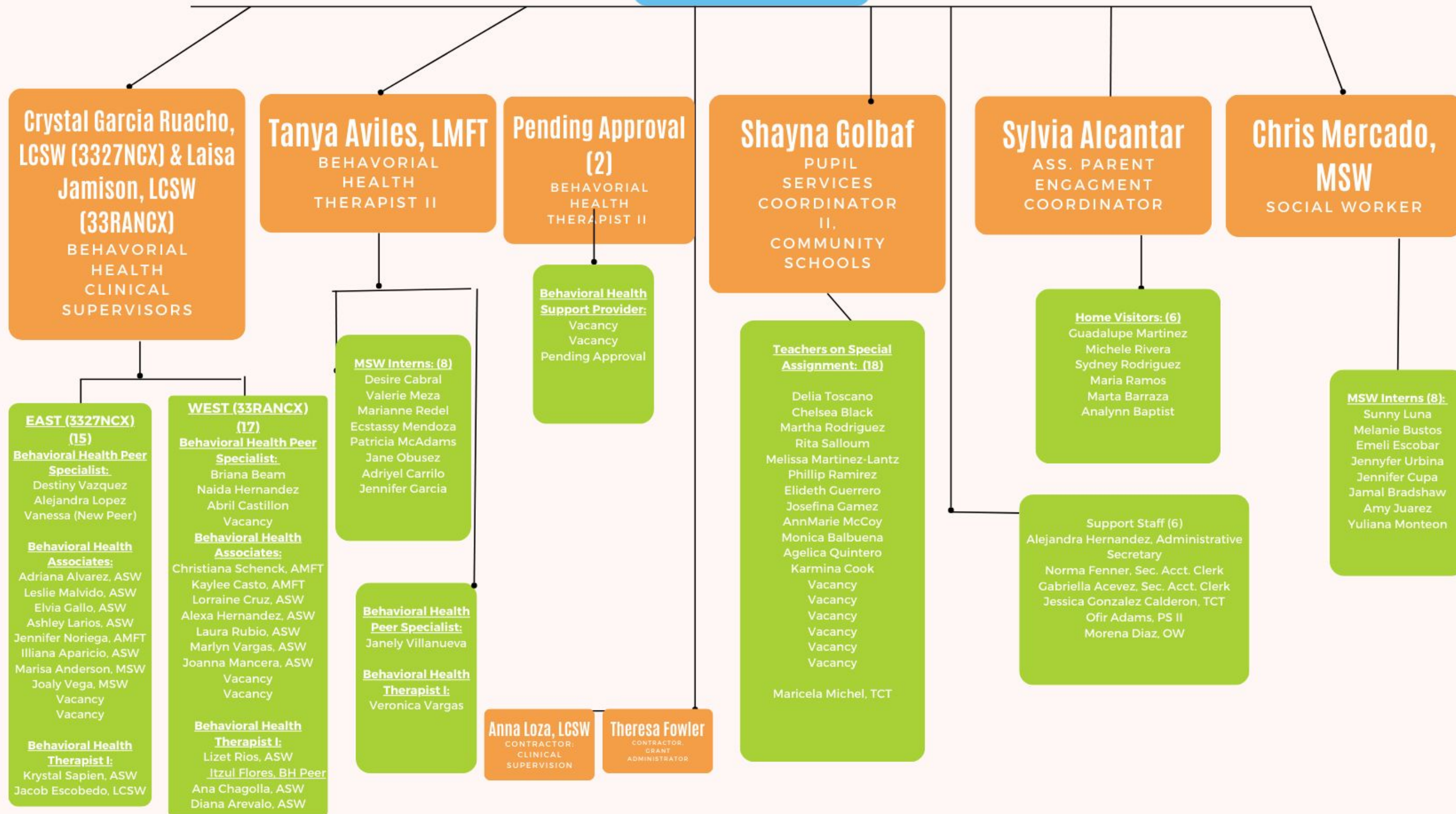




# J.U.S.D PARENT INVOLVEMENT & COMMUNITY OUTREACH ORG CHART



**Jose Campos**  
DIRECTOR



- Family Engagement
- Community Engagement & Services
- Home Visitation
- School-Based Health
- Behavioral Health
- Community Schools
- Behavioral Supports (94)

# 2014

**Jose Campos, Director**

**Sandra Rodriguez, .5 FTE Administrative Secretary**

**Guided by Frameworks:**

**Focus:**

- **Build Relationships**
- **Outreach: HOPE Collaborative, PEI Collaborative, Non-Profits, MCPs**
- **MOUs & Contracts**





# FRAMEWORKS

## The Whole School, Whole Community, Whole Child (WSCC) Model

- Places the child at the center
- Takes a comprehensive approach to supporting learning and health
- Calls for greater collaboration across sectors
- Educators are familiar with WSCC
- Connected to funding streams (ESSA)
- Aligns with USDA Wellness Policy requirements

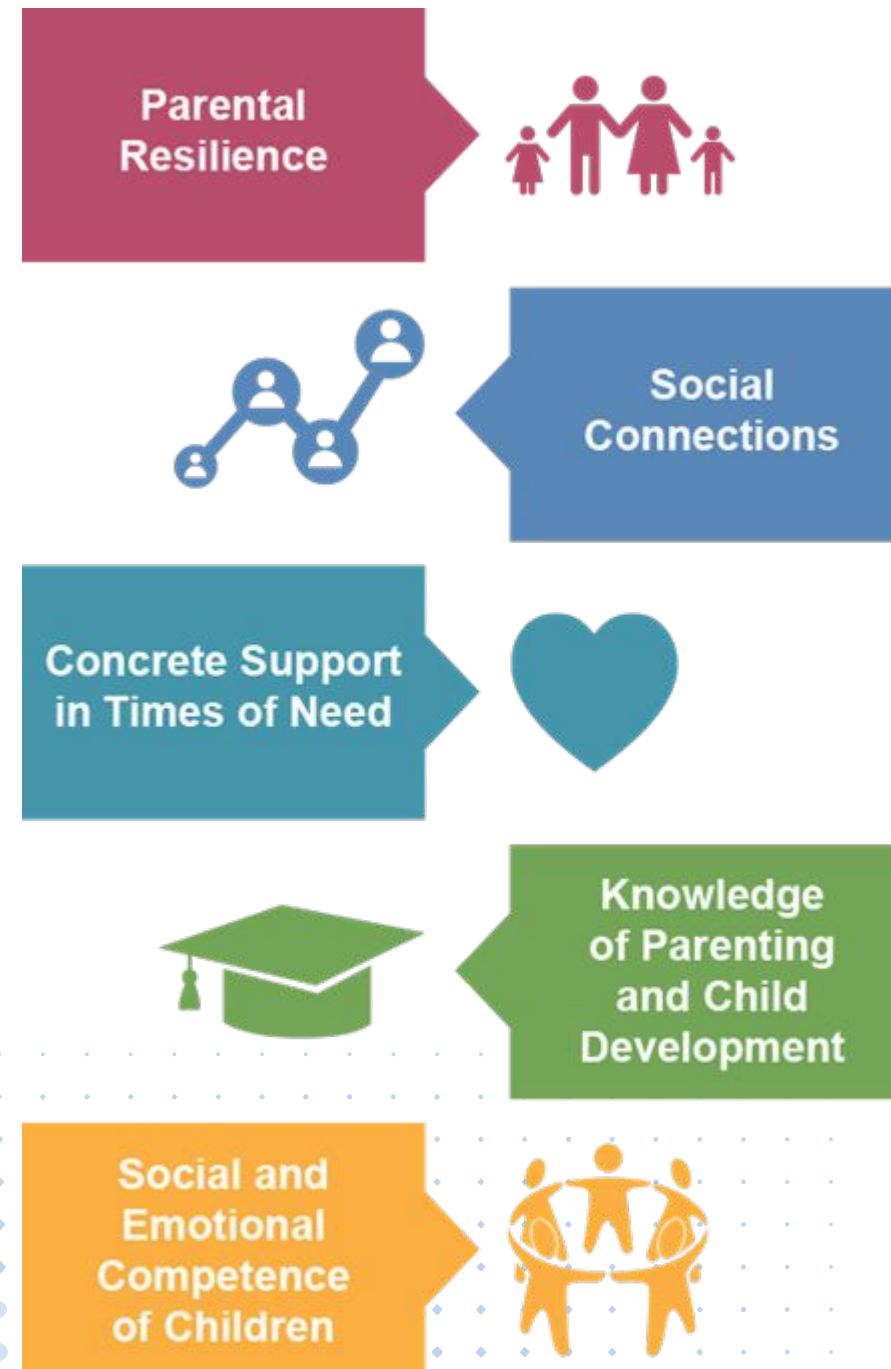




## Keys to Successful Partnerships: Six Types of Involvement

 <b>Type 1</b>	<b>Parenting</b> Assist families with parenting skills and setting home conditions to support children as students. Also, assist schools to better understand families.
 <b>Type 2</b>	<b>Communicating</b> Conduct effective communications from school-to-home and from home-to-school about school programs and student progress.
 <b>Type 3</b>	<b>Volunteering</b> Organize volunteers and audiences to support the school and students. Provide volunteer opportunities in various locations and at various times.
 <b>Type 4</b>	<b>Learning at Home</b> Involve families with their children on homework and other curriculum-related activities and decisions.
 <b>Type 5</b>	<b>Decision Making</b> Include families as participants in school decisions, and develop parent leaders and representatives.
 <b>Type 6</b>	<b>Collaborating with the Community</b> Coordinate resources and services from the community for families, students, and the school, and provide services to the community.

# Strengthening Families Framework: Five Protective Factors





# California MTSS Framework

## California MTSS FRAMEWORK

The California MTSS Framework includes 5 Domains and 11 Features. The needs of the Whole Child are successfully met when ALL Domains and Features are effectively implemented with fidelity.



### Whole Child Domain

**Inclusive Academic Instruction Features**

**Inclusive Behavior Instruction Features**

**Inclusive Transformative Social-Emotional Instruction and Mental Health Support Features**

### Essential Domains and Features to Support the Whole Child

#### Administrative Leadership Domain

Strong & Engaged Site Leadership Features

Strong Educator Support System Features

#### Integrated Supports Domain

Organizational Structure Features

Strong & Positive School Culture Features

#### Family and Community Engagement Domain

Trusting Family Partnerships Features

Trusting Community Partnerships Features

#### Inclusive Policy Structure and Practice Domain

Strong LEA / School Relationship Features

LEA Policy Framework Features

## California MTSS Continuum of Support

Universal Design for Learning and differentiated instruction are integrated and implemented at all levels of the continuum of support to ensure the academic, behavior, social-emotional, and mental health development of ALL students in the most inclusive and equitable learning environment.



**ALL STUDENTS**

#### UNIVERSAL SUPPORT

Evidence-based practices are accessible by ALL students where the integration and implementation of Universal Design for Learning and differentiated instruction support academic, behavior, social-emotional, AND mental health development.



**SOME STUDENTS**

#### SUPPLEMENTAL SUPPORT

Additional services are provided to some students to support academic, behavior, social-emotional, and/or mental health through the integration and implementation of Universal Design for Learning and differentiated instruction. Supplemental supports are provided in addition to, not in place of universal supports, and available to all students regardless of identification for specialized services based on need through the use of diagnostic and progress monitoring assessments.



**FEW STUDENTS**

#### INTENSIFIED SUPPORT

Targeted supports are provided to students with greater needs to support academic, behavior, social-emotional, and/or mental health through the integration and implementation of Universal Design for Learning and differentiated instruction. Intensified supports are provided in addition to, not in place of universal supports, via specialized service providers, and available to all students regardless of identification for specialized services based on need through the use of diagnostic and progress monitoring assessments.

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## Four Pillars of Community Schools





# Integrated Student Supports



A dedicated staff member coordinates support programs to address out-of-school learning barriers for students and families.

Mental and physical health services support student success.



# Integrated Student Supports



## Physical Health

Neighborhood Health Mobile Dental

RUHS - Public Health Mobile Unit

RUHS - Vaccination Team

Community Health Systems Mobile Unit

Coming Soon: Volta Health

\*Access to care, sports physicals, dental, immunizations



# Integrated Student Supports

- Professional Development
- Classroom Presentations
- Coordination of Services
  - Wellness Centers and Calming Corners
- Tiered Level of Supports / Other Means of Correction
- Student Voice
- Sustainability



# Professional Development Wellness Centers / Coordinated Services



May / June 2023 trained secondary sites on Coordination of Services Team “COST” Meetings to work collaboratively and provide the appropriate intervention / support at the right time. This included outreach and working with ASBs, group services, contract services, re-entry meetings, mentoring, youth court services, etc.

July 2023 and ongoing: COST meetings and technical support to continue to develop the structure and supports.

## Wellness Centers

2022-23: RHS

2023-24: MMS, MLMS, JVHS.

Pending: JMS, PHS





# Wellness Centers

Systems of  
Support





# Professional Development Wellness Centers / Coordinated Services Team

## Wellness Centers

1. Where Services are offered for students at secondary schools
2. Where partner agencies provide services
3. Where staff engage with students
  1. Wellness Wednesday (open for activities and games)
  2. Thrifting Thursday (closet is open to students for thrifting)
4. Where we provide student check-ins for supporting self-regulation.
  1. “The nurse’s office for behavioral health needs”
  2. High Crisis support is also provide (maximum of three check-ins before formal consent and services need to be provided by our clinician).





# Classroom / School Presentations

## Let's Talk About Boundaries





# Professional Development Calming Corners – Highlight

## Pilot:

5 Schools / 51 Teachers.

## District Wide:

Dec. 5, 2023 - 40




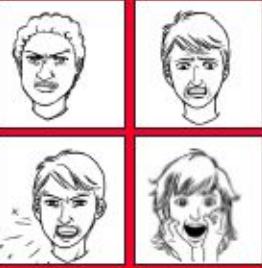
May 2024 - 50

October 2024 - 130

January 2025 - 140

March 2025 - 140

## The **ZONES** of Regulation®

			
<b>BLUE ZONE</b> Sad Sick Tired Bored Moving Slowly	<b>GREEN ZONE</b> Happy Calm Feeling Okay Focused Ready to Learn	<b>YELLOW ZONE</b> Frustrated Worried Silly/Wiggly Excited Loss of Some Control	<b>RED ZONE</b> Mad/Angry Terrified Yelling/Hitting Elated Out of Control



Helps students develop skills in the area of self-regulation

## Teaches students:

Vocabulary of emotional terms - Common language

Recognize their own emotions

Detect the emotions of others

Triggers

How others may interpret their behavior

Problem solving skills

Healthy coping and regulation strategies



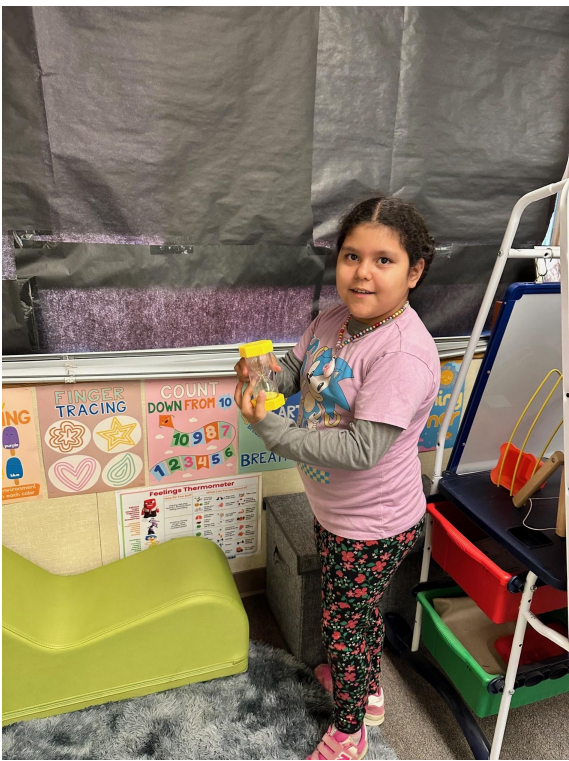
# Professional Development

## Calming Corners – Highlight



The **ZONES** of Regulation®

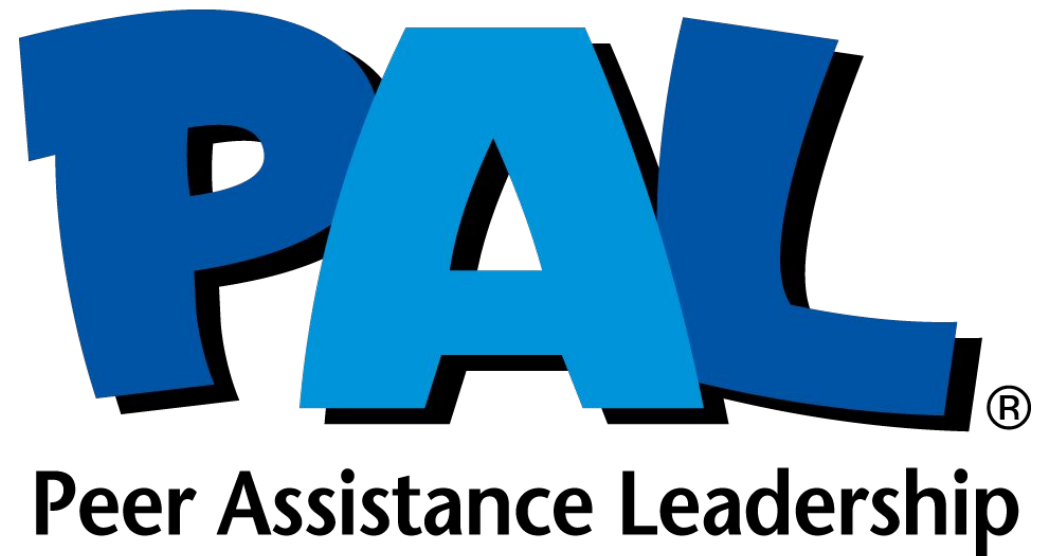
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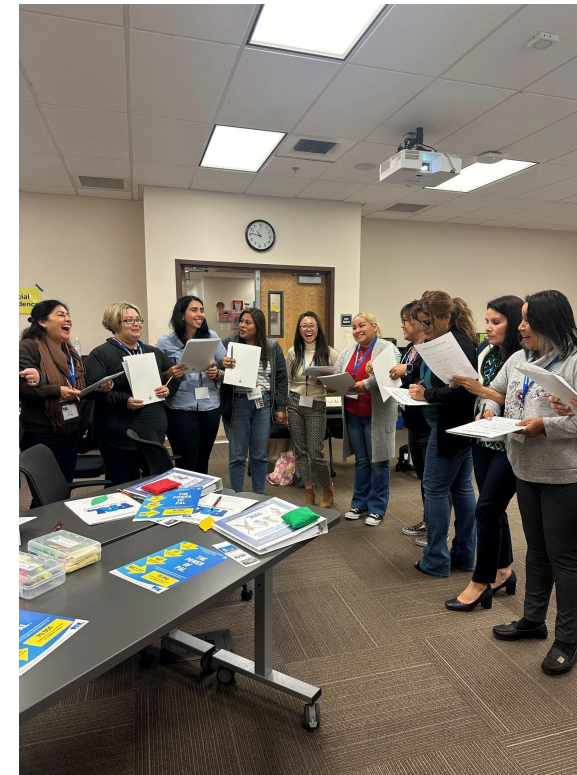


# Student Voice

## Peer Assistance Leadership



Rubidoux High School: Pilot classroom  
Elementary Training: Dec. 7-8: 13 Certified participants  
Mira Loma Middle: WEB "Where Everyone Belongs"  
summer training and new advisory.





# MTSS Direct Services Provided

## Tier 1

- Presentations / Professional Dev.
  - Calming Corners
  - Trust Based Relational Intervention
  - Restorative Practices
  - What is Mental Health
  - Self-Awareness for Teachers
  - Wellness Toolkit
  - Empowerment
- Monthly Newsletters (Wellness Centers)
- Suicide Prevention Month
- Outreach Events
  - Parent Teacher Conference
  - Community Events such as Trunk o Treat & Other Events

### Data

- 30 Presentations

## Tier 2

- Small groups
  - Seeking Safety
  - Why Try
  - Social Skills
  - Relational Aggression
  - Substance Use
  - Self Care
  - Empowerment
  - Stress Management
- Check-Ins at primary sites
- Lunch groups such as
  - Therapeutic Tuesdays
  - Wellness Wednesdays
- Wellness Center Check-Ins at secondary sites (COST Referrals)
- Thrifting Events, clothing assistance
- IEP and 504 meetings

### Data

- Over 2,500 PICO Visit Entries in Q, 1238 unduplicated students
- 19 Groups so far in 23/24 academic year

## Tier 3

- Individual counseling and case management
- Collateral with parents and school personnel
- Crisis Intervention/Risk Assessments
- SART meeting
- SARB meeting
- Family Needs Assessment

### Data

- 490 students being served as of 4/08
  - 416 Specialty Mental Health
  - 74 Student Assistance Program
    - Short Term - no reimbursement
- 698,601 minutes of direct services from 7/1/23-11/30/23
- 1278 requests for individual services since 7/31/23
- 273 family needs assessments completed

# Integrated Student Supports



## New / Expanded supports this year

- Substance Abuse Prevention and Treatment
- More intense Behavioral Supports (ICC/IHBS)
- Substance use groups / OMC: 8,736 minutes of service.
- Health Navigator with IEHP
  - Coming Soon: Behavior Support

### Successes from Integrated Supports

- Services for All
- Increase site level collaboration & coordination
- Other Means of Correction





# Behavioral Health Staff



- 23 Direct Service Clinicians
- 8 Behavioral Health Peer Specialist (Youth)
- 1 Behavioral Health Peer Specialist (Parent)
- 1 Behavioral Health Peer Specialist II
- 16 interns
- 2 Clinical Supervisors
- 3 office support staff
- 1 Director
- 5 contract provider clinicians

24/25

- Adding four more positions.

# Wellness Center Questions?

Systems of  
Support





# CYBHI Vision is to give tools to supporting integrated and holistic systems of support.

The **Children and Youth Behavioral Health Initiative (CYBHI)** is a historic, five-year, \$4.7 billion initiative to reimagine and transform the way California supports children, youth and families.

## The initiative is:

- Reimagining a more **integrated, youth-centered, equitable, prevention-oriented system**
- Promoting mental, emotional and behavioral health and well-being
- Supporting prevention and early intervention while addressing emerging and existing needs
- Increasing access to mental health and substance use services and supports
- Addressing inequities for groups disproportionately impacted by mental health challenges and that face the greatest systemic barriers to wellbeing

Built on a foundation of **equity** and **accessibility**, the CYBHI is designed to **meet young people and families where they are** to create an ecosystem that can help them **when, where and in the way they need it most.**

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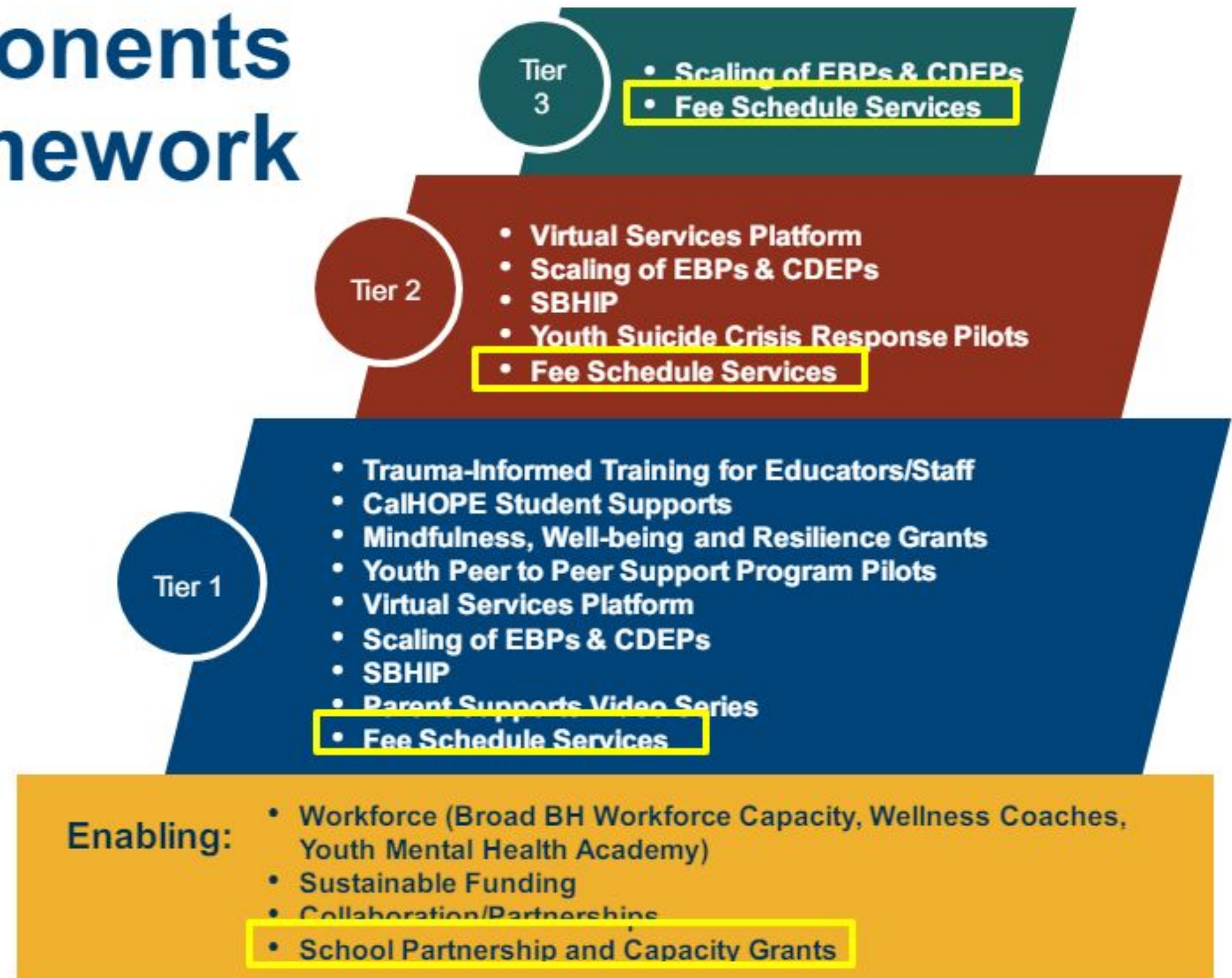


# California MTSS Framework

## How CYBHI components fit into MTSS Framework

### Values:

- Whole Child
- Integrated/Coordinated
- Youth-Centered
- Equity-Centered
- Prevention and Well-being Oriented





# New Role Under CYBHI

## Certified Wellness Coaches in Tiered Support

### Tier 3

- Support School Counselors
- Crisis referral
- Care coordination

### Tier 2

- Check In / Check Out
- Assist in identifying students with Tier III needs
- Life skills (e.g., stress management, time management, problem-solving)

### Tier 1

- Assist or lead group interventions/activities that do not require PPS-C or licensure
- Support Universal Screening tools
- Teach and reinforce classroom social, emotional, behavioral lessons under guidance of mental health or PPS staff
- School-wide Bully-Prevention Programs such as Stop, Walk, and Talk
- Provide mental health and wellness information across campus in the forms of visuals, posters, flyers, and more...
- Assist in identifying students with Tier II needs
- Deliver structured curriculum to groups or classrooms, focusing on wellness promotion and education such building



## Payers to LEAs

- Medi-Cal
  - LEA - BOP
  - SMAA
  - Specialty Mental Health
  - CYBHI
- Commercial Insurance
  - CYBHI

# LEA BOP/SMAA IN A NUTSHELL – WHAT DISTRICTS SHOULD KNOW

A blue circle with a thin white border, containing the text 'SCHOOL DISTRICTS (BOP/SMAA)' in white, bold, uppercase letters.

## SCHOOL DISTRICTS (BOP/SMAA)

- Bill Medi-Cal directly through the **Billing Options Program (LEA BOP)** and **School based Medicaid Administrative Activities (SMAA)**.
- Program has historically had challenges and low participation rates but new opportunities should help districts increase revenue
- Since 2020 school districts can bill Medi-Cal for allowable expenditures in general education (not just IEPs)—opens opportunities to bill for additional students and services.
- CDE has stepped up outreach and technical assistance efforts to help districts increase LEA BOP and SMAA revenues



# Reimbursement

LEA uses non-federal funding to pay for staff. Reimbursement is submitted.

- LEA - BOP
  - Reimbursement for direct service
    - Rate is fixed determined by service and staff member delivering direct service.
    - Reimbursement is at 50% or less of published DHCS Rate.
  - Reimbursement after “Cost Settlement”
    - Takes a percentage of total cost of direct service staff minus previously reimbursed amounts. Using a formula determines cost settlement
- SMAA
  - RMTS: Random Moment in Time Study: Time on Task for Allowable Activities

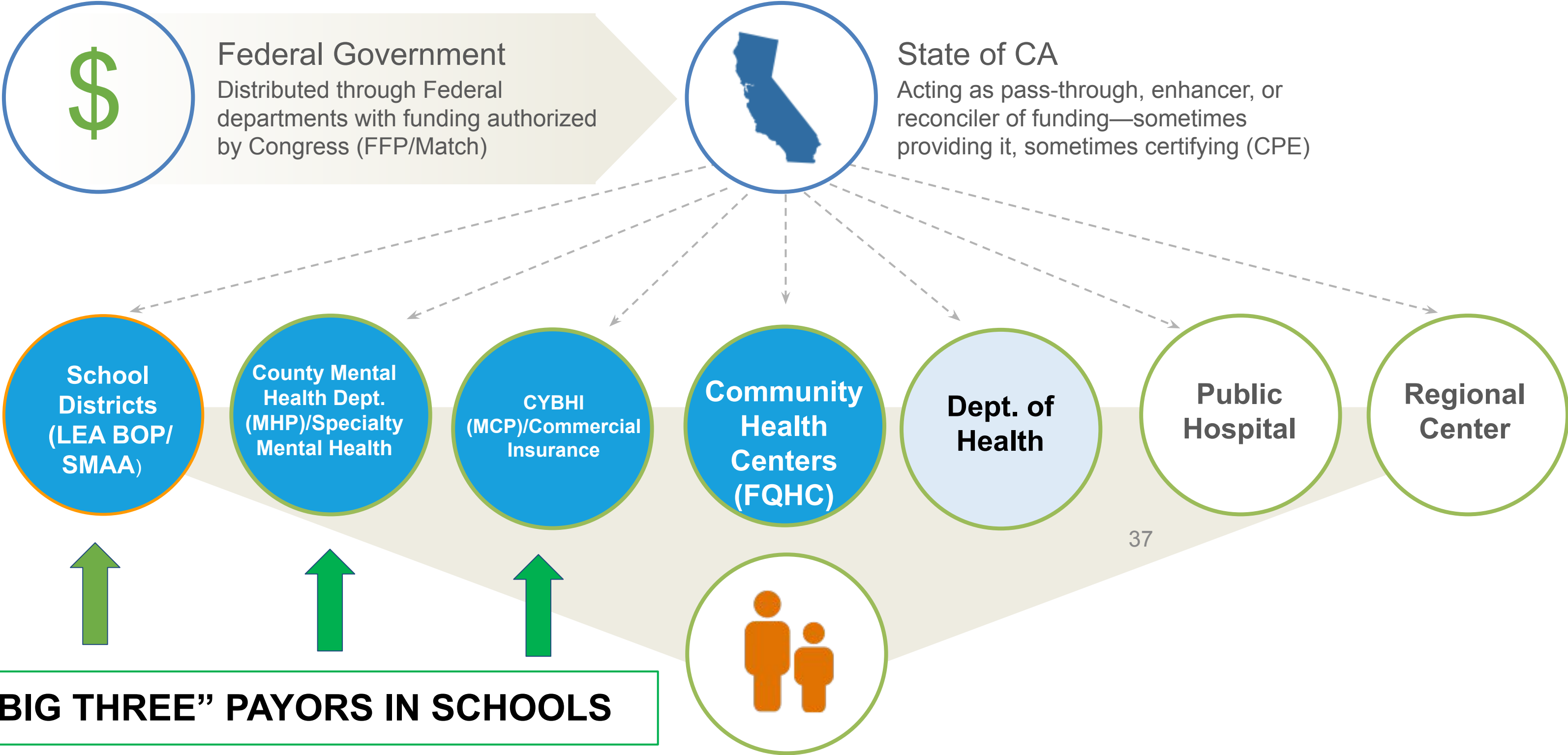
## Fee For Service

LEA can fund positions / expenses directly from fees charged for services.

- [Specialty Mental Health](#)
  - Reimbursement for direct service provided.
    - Rate is fixed determined by service and staff member delivering direct Service.
    - Rate is established by DHCS under “specialty mental health”. Rate is nearly double the rate of the published rate for LEA BOP or CYBHI.
- [CYBHI](#)
  - Reimbursement for direct service provided.
    - Rate is fixed determined by service and staff member delivering direct Service.
    - Rate is established by DHCS and typically the same as LEA BOP but at 100% of the rate.



# WHO ARE THE MOST IMPORTANT PAYORS FOR SCHOOLS?



# IMPORTANT PAYORS FOR SCHOOLS: Mental Health Plans (MHPs)

## WHAT DISTRICTS SHOULD KNOW



**County  
Mental  
Health Plan  
(MHP)**

- **County Mental Health Plans (MHP) = County Behavioral Health Departments. = RUHS-BH**
- Federally designated health plans that manage the Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) mental health benefit for children.

\*County MHPs can contract with a Community Based Organization (CBO) to locate and staff mental health services at a school sites. The CBO takes care of Medi-Cal billing and hiring staff.

\*County MHPs can contract with LEAs. LEAs provide staff and take care of Medi-Cal billing. Example (PSUSD, JUSD, and MVUSD pending).

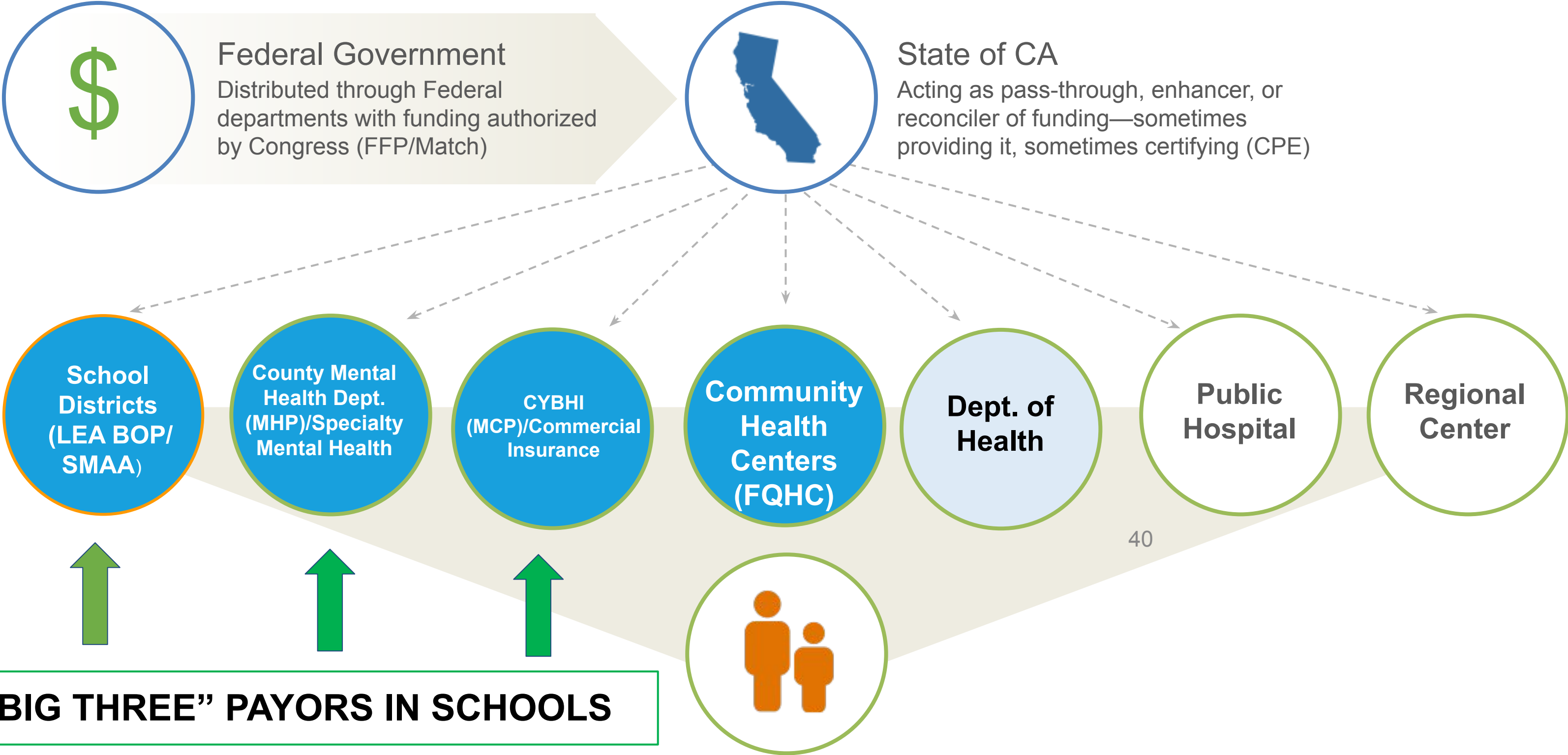


# What is considered Specialty Mental Health program cost?

- Staff providing direct service.
- Operational:
  - Clerical
  - Clinical Supervisor
  - Facility Fee
- Administrative Cost not to exceed 15%
  - This includes LEA's indirect rate set by CDE.

Note: LEA must contribute 5% as non-federal match.

# WHO ARE THE MOST IMPORTANT PAYORS FOR SCHOOLS?





# **MEDI-CAL MANAGED CARE (MCPs)**

- Health plans paid monthly on a prospective, capitated basis (“per member, per month”)
- **Health plans provide physical and some behavioral health benefits (lower-acuity behavioral health services or “mild to moderate,” or “non-specialty behavioral health”)**

## MEDI-CAL Managed Care and Specialty Mental Health: What is the difference?

- **Delivery of Medi-Cal Behavioral health services is shared between counties and Medi-Cal managed care plans (MCPs):**
  - **County Behavioral Health Departments** are responsible for *specialty mental health* and substance use disorder services
  - **Managed Care plans (MCPs)** are responsible for lower-acuity mental health services (i.e., “mild-to-moderate” services); this is also known as *non-specialty mental health*



# Final Fiscal Thoughts

# Fee For Service

LEA can fund positions / expenses directly from fees charged for services.

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# Cost Reconciliation / LEA Collaborative

- Cost Reconciliation
  - LEA - BOP
  - SMAA
- LEA Collaborative
  - LEA-BOP reimbursement
- Specialty Mental Health & CYBHI require no Cost Reconciliation nor LEA Collaborative

# LEA Funding Resource

- 9XXX (local restricted)
  - LEA - BOP
  - Specialty Mental Health

■ Revenue must stay within program / resource for intended purpose of behavioral health services to students with Medi-Cal. Carry over is allowed as of FY 2023/24 with the elimination of Cost Reporting / Cost Reconciliation

- 0XXX (local unrestricted)
  - CYBHI
  - SMAA



# LEA Recommendations

- When Possible Bill Specialty Mental Health first and then CYBHI.
- Use LEA-BOP only when “pursuant to an IEP”
- Add all non-federal funded positions to your “provider list” for RMTS / LEA-BOP to maximize LEA-BOP cost settlement (confirm with your vendor as this is a changing landscape with CYBHI / LEA-BOP).

# Can it Really Cover Cost?

- Most LEAs has some level of Base Service.
  - Focus on Reimbursement allows growth above the base to meet the LEA's need.
  - One staff member (therapist or peer specialist) can generate \$10,000 - \$20,000 a month through a Fee For Service under Specialty Mental Health.
    - Expectation is \$17,000 minimum average per month.
      - 11 month work year: \$187,000 through fee for service.
      - Average Salary for Therapist (with fixed costs) \$180,000
  - Targets are set to “sustainability” and services are for students with Medi-Cal under Specialty Mental Health.

\*Specialty Mental Health is intended to cover the entire program costs when services are delivered to only the intended Medi-Cal population.



# JUSD Sustainability Plan

Specialty Mental Health: \$\$\$\$ Medi-Cal  Fee For Service  Resource 9XXX	School Linked All Payer Fee Schedule (CYBHI): \$\$ MCPs / Commercial Insurance  Fee For Service  Resource 0XXX	LEA BOP \$ Medi-Cal  50% reimbursement  Resource 9XXX	SMAA:\$ Medi-Cal  Random Moment in Time  Resource 0XXX
2024/25 Projected Revenue to be Received by JUSD (Enrollment 18,500 est.)			
\$4.6 Million	\$460,000 (Commercial Insurance Revenue Projection at 10% of Specialty Mental Health Service Revenue)	Difficult to project \$400,000 - \$500,000	Difficult to project \$400,000 - \$525,000
*5 <sup>th</sup> year of operation having utilized ESSER funds as seed money. 29 Direct Service Providers, three office support staff, two clinical supervisors	Service population is 20% of total students receiving services. Reimbursement rate is just over a 50% when compared to Specialty Mental Health but allows for reimbursement where previously there was none.	Includes services provide by all Special Education Staff: Nurses, Speech, OT, Psychologists, etc. (over 140 staff with 1,680 eligible students)	
Case Load = 400+	Case Load = 80+	22/23 reimbursement - \$496,883.95  23/24 reimbursement to date \$342,542.12 Cost Settlement for 22/23 \$1,468,116	20/21 reimbursement - \$525,279.53 received 22/23 21/22 reimbursement - \$328,496.6 received in 23/24 – Quarters 1-3

# Recommendations

Recommendations	Specialty Mental Health: \$\$\$\$	School-Linked All Payer Fee Schedule (CYBHI)/MCPs/Commercial Plans: \$\$	LEA BOP:\$ Medi-Cal	SMAA: \$ Medi-Cal
	<ul style="list-style-type: none"><li>Complete Specialty Mental Health Contracting.</li><li>Establish NPI for LEA (subset of current NPI for LEA billing)</li><li>Each employee providing services will need an NPI.</li></ul>	<ul style="list-style-type: none"><li>Complete and submit LEA Survey</li><li>Complete CYBHI Readiness Agreement.</li><li>Establish NPI for LEA (subset of current NPI for LEA billing)</li><li>Each employee providing services will need an NPI.</li></ul>	<ul style="list-style-type: none"><li>Work with your consultant to maximize reimbursements.</li><li>Modify Online LEA-BOP Billing Opt Out to be inclusive of all Medi-Cal billing services. Emphasis access to behavioral health services in the Opt Out. Ensure this form is reviewed internally.</li></ul>	<ul style="list-style-type: none"><li>Work with your consultant to maximize reimbursements.</li></ul>
Contract	Work with County MHP to contract for services.	Work with MCPs to contract for services.		
Establish Readiness	<ul style="list-style-type: none"><li>Modify the Annual Parent Notification to be inclusive of all Medi-Cal billing services when releasing directory information. Ensure this form is reviewed internally.</li><li>Electronic Health Record (look for turn-key systems for ease)</li></ul>			

Funding Opportunities to launch /start up.

1. Capacity Grant for CYBHI: RCOE to receive 24.8 Million with 70% of funds must go to LEAs.
2. Ongoing Grants: Learning Communities (prop. 47), CCSPP Cohort 4, MHSA Grants, School Based Mental Health Grant, ELOP funds

Even with one-time funds, school districts can bill Medi-Cal on mental health investments when local or state funding (not federal) was used; hunt for federal matching funds anytime you can!





Systems of  
Support



# Thank You Questions?

Jose Campos  
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