ESSENTIAL COMPONENTS FOR CHANGE: Applying CA MTSS and COST for Student Health and Well-Being

Webinar Series: The Path to Funding Racially Just, Relationship-Centered Schools

Training 3 | October 18, 2022
DRINKING FROM A FIRE HYDRANT

KEY LEARNING OBJECTIVES:

- Understand the components and benefits of the CA Multi-Tiered System of Support and the Coordination of Services Team (COST)
- Explore strategies for financing MTSS and COST in your school district
- Identify next steps of how to get started

1. The Crisis is Real and Why School’s Matter

2. CA Multi-Tiered System of Support Framework
   a. Orange County Office of Education

3. Coordination of Services Team (COST)
   a. What is it and why is it important?

4. How to get started and how to pay for?
THERE IS A CRISIS IN YOUNG PEOPLE’S MENTAL HEALTH

Consider the facts before COVID-19:

**104%**
Increase in inpatient visits for suicide, suicidal ideation, and self injury for children ages 1-17 years old, and 151% increase for children ages 10-14

**50%**
Increase in mental health hospital days for children between 2006 and 2014

**61%**
Increase in the rate of self-reported mental health needs since 2005

**43rd**
California ranks low in the country for providing behavioral, social, and development screenings that are key to identifying early signs of challenges
IMPACT OF COVID: What we feared is coming to pass…

ED VISITS

Beginning in April 2020, the proportion of children’s mental health-related ED visits among all pediatric ED visits increased and remained elevated through October.

24/31%

Compared with 2019, the proportion of mental health related visits for children aged 5 to 11 and 12 to 17 years increased approximately 24% and 31% respectively.

25%

One in four young adults between the ages of 18 and 24 say they’ve considered suicide because of the pandemic, according to new CDC data that paints a big picture of the nation’s mental health during the crisis.

RADY CHILDREN’S HOSPITAL IN SAN DIEGO:

Between FY2011 and FY2019, annual behavioral health volume has increased 1746%.

From 163 visits to 3,009 visits in 8 years.

Comparatively, total Emergency Department visits has grown 23% during this same time period.
THE “PRICE” IS HIGHER FOR BLACK AND BROWN CHILDREN
Many receive the wrong services at the wrong time…in restrictive or punitive settings.

75% of children on Medicaid in CA are children of color.

The suicide rate for black children, ages 5-12, is 2x that of their white peers.

70% of youth in California's juvenile justice system have unmet behavioral health needs, and youth of color are dramatically over-represented.

Making Healing Centered Systems a reality isn’t simply a matter of tweaking access or programs…

It requires acknowledgment of how racism and poverty impact the social and emotional health of children.
THE MEDICAL MODEL ISN’T THE ANSWER

• Approximately 75% of mental illness manifests between the ages of 10 and 24. Since adolescents have the lowest rate of primary care utilization of any demographic group, it makes early warning signs difficult to detect.

• Provider shortages at the PCP and mental health practitioner level compound the challenge—even if you wanted to you couldn’t.

• Diagnosis-driven models are only appropriate for some children. Mental health must be reimagined and infused with contextual understanding of the SDOH and ACES.

How did we get here?

We have no common framework for defining and understanding behavioral health among and between public systems and clinical care providers.

Our public systems are deeply fragmented and under-resourced. Commercial/MCO payers have not effectively partnered with child-serving systems.

A lack of clarity over whether youth mental health care is an essential benefit, public health function, or social justice movement systems from fully engaging.

Our definition of medical necessity is outdated and inconsistent with emerging trends and evidence regarding the impact of trauma and adversity on social and emotional health.

The field is young. Many clinical modalities with widespread application are less than 20 years old.
THERE IS HOPE…

Youth are telling us what they need.

Do we have the skill and will to listen to young people and work with them to co-create the solutions that work best for them?

And, we can apply the new and emerging practices that are grounded in the principles and practice of youth organizing and social justice.

It’s (past) time!
WE HAVE EVOLVED TO BETTER MODELS

Where We Were

WAVE 1
Psychoanalysis

WAVE 2
Behavior Modification

WAVE 3
Humanistic/Experiential Psychotherapy

WAVE 4
Cognitive Psychotherapy

WE ARE HERE
Racial Justice and Social Capital Building
Strategies in Emerging Delivery Models:
Resisting Pathology

• Multi-tiered System of Support (MTSS)
• Coordination of Services Teams (COST)
• Peer Support
• Relationship-Centered Community Schools
• Redefining Medical Necessity
• Community Defined Practices and Providers
• Indigenous and Spiritual Practice Integration
• Family Resources
• Tele therapy
• Social Models
GROUNDING THE CONVERSATION: THE FUTURE OF MENTAL HEALTH IN SCHOOLS

- **Expand Access and Participation**
  - Expand who is eligible, who can provide care, what is provided, and the agency of the beneficiary

- **Maximize Funding**
  - Shifting agency (who does the work) and power (who gets paid to do it) in child serving systems
  - Increase state and county spending, and fully claim the federal match

- **Reinvent Systems**
  - Increase transparency and accountability

- **Equity + Justice**
Supporting the Whole Child via the California MTSS Framework

Orange County Department of Education
Objectives

- CA MTSS Overview
- Continuum of Support
- Evidence-based Practices
- Mental Health within the CA MTSS Continuum of Support
- Crosswalk between CA MTSS and Community Schools Pillars
What is CA MTSS?

California's Multi-Tiered System of Support (CA MTSS) is a comprehensive framework that aligns academic, behavioral, social-emotional learning, and mental health in a fully integrated system of support for the benefit of all students. CA MTSS offers the potential to create needed systemic change through intentional design and redesign of services and supports to quickly identify and match to the needs of all students.

This comprehensive framework is designed to provide effective supports for districts and schools to meet the needs of each and every student in the most inclusive and equitable learning environment.
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

Adapted with permission from: SWIFT Education Center. (2016). Domains and Features Placemat. Lawrence, KS. swiftschools.org
Whole Child Domain

The whole child is supported through a multi-tiered continuum of research-based, system-wide practices of data-based decision making used to meet the academic, behavior, social-emotional and mental health needs of all students.

<table>
<thead>
<tr>
<th>Inclusive Academic Instruction Features</th>
<th>Inclusive Behavior Instruction Features</th>
<th>Inclusive Transformative Social-Emotional Instruction and Mental Health Support Features</th>
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</thead>
<tbody>
<tr>
<td>• Identify and utilize a comprehensive assessment system</td>
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<tr>
<td>• Create and utilize teams, including specialized service providers</td>
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<td>• Create and utilize teams, including specialized service providers, such as community mental health providers</td>
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<tr>
<td>• Provide a continuum of support that includes evidence-based practices for universal, supplemental, and intensified supports for academic content</td>
<td>• Provide a continuum of support that includes evidence-based practices for universal, supplemental, and intensified supports for behavior</td>
<td>• Integrate trauma-informed practices</td>
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<tr>
<td>• Develop guidelines to implement curriculum with Universal Design for Learning (UDL)</td>
<td>• Integrate Behavior Supports</td>
<td>• Provide a continuum of support that includes evidence-based practices for universal, supplemental, and intensified supports for social-emotional and mental health</td>
</tr>
<tr>
<td>• Utilize Content Standards and Curriculum Frameworks</td>
<td>• Utilize P21 Framework</td>
<td>• Integrate SEL competencies aligned to CASEL CA’s SEL Guiding Principles and CDE’s T-SEL</td>
</tr>
<tr>
<td>• Support Literacy across the content</td>
<td>• Integrate Culturally Relevant and Responsive Teaching Practices and Asset Based Pedagogies</td>
<td>• Integrate mental health supports</td>
</tr>
<tr>
<td>• Utilize P21 Framework</td>
<td></td>
<td>• Support Resilience in Schools</td>
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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.
Implementation and Capacity Data

School Wide Implementation Tool (SIT)

Fidelity Integrity Assessment (FIA)

Local Education Agency Self-Assessment (LEASA)
Fidelity Integrity Assessment Tool

SWIFT-Fidelity Integrity Assessment (FIA) - used by school leadership teams to examine the current reality, measure the implementation of a multi-tiered system of support

- Developed by SWIFT Education Center (Univ. of Kansas)
- 22 items aligned to the CA MTSS Framework Domains and Features
  - Inclusive Academic, Behavior, and Social-Emotional Learning
  - Administrative Leadership
  - Integrated Supports
  - Family and Community Engagement
  - Inclusive Policy Structure and Practice
- Stages of Implementation:
  - Laying the Foundation (0)
  - Installing (1)
  - Implementing (2)
  - Sustaining Schoolwide Implementation (3)
Schoolwide Implementation Tool (SIT) - used by School Leadership Teams to examine the current status of school climate and conditions.

- Developed by the CA MTSS Design and Advisory team and Inflexion
- Based on the School Conditions and Climate Workgroup Recommendation Framework
- 4 components: Vision for Readiness, Identity, Structures, and Approaches to Learning
- Scale:
  - Laying the Foundation
  - Installing
  - Implementing
  - Continuous Improvement & Sustainability
LEA Self-Assessment (LEASA) - used by LEA/District Leadership Teams to examine the current status of systemic practices.

- Developed by CCSESA
- Based on SWIFT-FIA, District Capacity Assessment (NIRN), LEA Self-Assessment Companion Resource (CCSESA) & Michael Fullan’s Coherence Framework
- 25 indicators that measure research-based components of effective district systems
- Scale:
  - Laying the Foundation
  - Installing
  - Implementing
  - Continuous Improvement & Sustainability
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.

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Mental Health within a Continuum of Support

Interconnected Systems Framework (ISF)

A structure and process for education and mental health systems to interact in the most effective and efficient way, guided by key stakeholders in education and mental health/community systems who have the authority to reallocate resources, change role and function of staff, and change policy.
Why Use the Interconnected Systems Framework to Address Mental Health in Schools?

**INTERCONNECTED SYSTEMS FRAMEWORK**

1. Identify students with social-emotional-behavioral needs **earlier**
2. Link students to **evidence-based interventions**
3. Use **data** to ensure students are receiving support to improve outcomes
4. Expand roles for clinicians to support school personnel and students at **every tier**
5. Create healthier school **environments**

**KEY MESSAGES**

- Single System of Delivery
- Access is Not Enough
- Mental Health is for All
- Multi-Tiered System of Support (MTSS) is Essential to Install Systems to Support School Mental Health (SMH)

**ENHANCED MULTI-TIERED SYSTEM OF SUPPORT CORE FEATURES**

- Integrated Teams
- Expanded Data-based Decision Making
- Collaborative Selection & Implementation of Single Continuum of Interventions
- Comprehensive Screening for Early Access
- On-going Coaching
Addressing Mental Health/Social Emotional Well-Being in a Tiered Framework

- School and community clinicians are embedded members of the school community and participate on systems teams at all 3 tiers.
- Youth, Families and community provide expanded context and participate in all decisions.
- Teams use an evidence-based protocol for selection and delivery of interventions across tiers.
- Teams continuously monitor fidelity and outcomes, adjusting to improve effectiveness and efficiency.

<table>
<thead>
<tr>
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<th>Tier 2 Team</th>
<th>Tier 3 Team</th>
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<tr>
<td>• Focus on wellness promotion and mental health literacy for ALL&lt;br&gt;• Universal screening data uncovering externalizing and internalizing needs used to inform Tier 1 instruction&lt;br&gt;• SEB curriculum embedded in academic content with coaching support provided by SEB leaders</td>
<td>• Universal mental health screening used with other data to identify students for Tier 2 and 3 interventions&lt;br&gt;• Request for Assistance protocol is same for academic, social behavior and mental health needs&lt;br&gt;• Team selects, coordinates and monitors a continuum of supports to address social skills, problem-solving skills, and coping skills; including for those students who are experiencing anxiety, depression, and the impact of trauma</td>
<td>• Teams review data, select interventions and assign facilitators to lead individual student teams&lt;br&gt;• Teams progress monitor fidelity &amp; outcomes of all interventions with data provided by clinicians who facilitate interventions&lt;br&gt;• Teams make data-based decisions to determine coaching to improve practices across Tier 3</td>
</tr>
</tbody>
</table>
- Youth Mental Health First Aid
- Suicide Prevention & Response
- Critical Incident Stress Management
- Mindfulness
- Trauma-Informed Education
- Self-Care for Educators

- Family therapy
- Mindfulness
- SuperFlex/Social Skills
- Parent Project/Loving Solutions
- Cognitive Behavioral Intervention for Trauma in Schools

- 1:1 Therapy
- Medication Management
- Crisis Intervention
- Mindfulness
Crosswalk between CA MTSS and Community School Pillars
The Four Pillars of Community Schools and CA MTSS Framework

**Pillar 1: Integrated Student Supports**
- CA MTSS: Whole Child Domain
  - Academic Instruction
  - Behavior Instruction
  - Social and Emotional and Mental Health Support

- CA MTSS: Integrated Supports Domain
  - Paraprofessionals to support
  - Access to expanded learning opportunities
  - Restorative & Trauma-Informed Practices

- CA MTSS: Inclusive Policy Structure and Practice Domain
  - Strong LEA/School relationship
  - LEA Policy Framework

**Pillar 2: Family and Community Engagement**
- CA MTSS: Family and Community Engagement Domain
  - Trusting Family Partnerships
  - Trusting Community Partnerships

- CA MTSS: Integrated Supports Domain
  - Ensure all students have access to expanded learning opportunities

- CA MTSS: Inclusive Policy Structure and Practice Domain
  - Strong LEA/School relationship
  - LEA Policy Framework

**Pillar 3: Collaborative Leadership and Practices for Educators and Administrators**
- CA MTSS: Administrative Leadership Domain
  - Strong and Engaged Site Leadership
  - Strong Educator Support System

- CA MTSS: Inclusive Policy Structure and Practice Domain
  - Strong LEA/School relationship
  - LEA Policy Framework

**Pillar 4: Extended Learning Time and Opportunities**
- CA MTSS: Administrative Leadership Domain
  - Strong and Engaged Site Leadership
  - Strong Educator Support System

- CA MTSS: Family and Community Engagement Domain
  - Trusting Family Partnerships
  - Trusting Community Partnerships

- CA MTSS: Integrated Supports Domain
  - Use paraprofessionals to support inclusive education
  - Ensure all students have access to expanded learning opportunities
  - Integrate Restorative Practices and Trauma-Informed Practices

- CA MTSS: Inclusive Policy Structure and Practice Domain
  - Strong LEA/School relationship
  - LEA Policy Framework
Resources

Connecting the Dots: CA MTSS and Mental Health
Connecting the Dots: The School Counselor Role and Mental Health
Interconnected Systems Framework (ISF) Overview Video (34 min)
JASP Research article on ISF
Fostering the Whole Child: A Guide for School Based Mental Health Professionals
Details on Grant RFA

- **Phase 3 Fall 2022 RFA:**
  - Applications for new awardees not currently involved in Phase 3
    - Schools
    - Consortia
    - COEs
  - Applications due: November 15, 2022
  - Awardees announced: December 15, 2022
  - Awardee Orientation: February 15, 2023 at 1:00 PM
  - Awardees begin: March 1, 2023
Purpose of the CA MTSS Phase 3 Grant

- Utilize the CA MTSS Framework to support the needs of the whole child with special emphasis on enhancing the SEL/MH domain to improve outcomes for all learners.

- Build educator capacity through professional development using the CA MTSS Pathway Certification for Schools course

- Coaching Model for Administrators to support implementation of the CA MTSS framework at school sites
Contact Information

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CA MTSS Webpage: https://ocde.us/mtss/Pages/default.aspx
WHAT IS COST?
BACKGROUND: COORDINATION OF SERVICES TEAM (COST)

A PROVEN STRATEGY FOR COORDINATING LEARNING SUPPORTS AND RESOURCES FOR STUDENTS

- Nationally recognized model in schools
- Ensures system of student support is well coordinated
- Goal is that students with needs get appropriate services
- Strength based approach
- Helps all the adults in a child’s life work collaboratively to support the student’s needs
WHAT IS A COORDINATION OF SERVICES TEAM?

A Coordination of Services Team (COST)
- A strategy for managing and integrating various learning supports and resources for students
- Teams identify and address student needs holistically and ensure system of supports works together
- COST uses a centralized, easy-to-use referral system so that anyone in a school community can refer students most in need; students can also self refer

A COST is a multidisciplinary team of school staff and providers who:
- Create a regular forum for reviewing the needs of individual students and the school overall.
- Collaborate on linking referred students to resources and interventions.
- Support students’ academic success and healthy development.
- Develop tailored interventions that connect academic and social-emotional supports to student

A school may have other existing systems such as Student Support Teams (SST), Individual Education Plan (IEP) meetings, SARB process, disciplinary meetings, etc. The main difference is that a COST team triages ALL students, not only a subset, such as those who are diagnosed with a learning or other physical challenge.
WHY START COST?

What are the Benefits?

- COST will strengthen your school’s ability to support its students **holistically**.
- Increase your school’s capacity to respond quickly and appropriately to a wide range of student needs.
- More students will stay engaged in school.

COST improves coordination, communication, and collaboration across providers working on behalf of students, which leads to:

- Improved capacity to tailor interventions to each student’s unique needs and strengths.
- Higher efficiency and use of limited resources.
- Increased sense of belonging and quality of services among providers on the team.
- Expanded range of universal and prevention services.

An effective COST structure builds upon a school’s Multi-Tiered System of Support and Tier 1, Tier 2 and Tier 3 services.
WHO IS ON A COST TEAM?

COST team members will vary by school depending on available staff resources and community partners but may include:

- School Administrators (Principal, AP, TSA)
- Attendance clerk
- School Security officer
- Teacher Representatives for SST, IEP, 504
- School Counselor
- Culture and climate liaison/MTSS lead
- School Health Center staff
- Family liaison
- Social workers or case managers
- After school providers

 Helpful tip: Every school has “culture keepers” and staff who have developed a close rapport with students, but their role/title may differ by school. Seek out these individuals within your school campus and meet with them.
WHAT DO COST TEAMS DO?

COST teams perform four major tasks:

• Identify students who need additional supports through a schoolwide referral system.

• Assess referred students and explore strengths and supports needed.

• Coordinate efforts to link referred students to appropriate supports by tracking progress and tailoring interventions over time.

• Assess learning supports and needs school-wide, make recommendations about resource allocation to the administration, and recruit new resources.
KEY COMPONENTS OF A COST PROCESS IN SCHOOLS

1. Building a School-Wide or COST Referral System
2. Setting-Up an Effective Intake and Assessment Process
3. Creating Regular Meetings with a Consistent Structure
4. Ensuring Collaborative Service Delivery
5. Establishing a Tracking System for Evaluating Success
WHY ARE COST LEADERS IMPORTANT?

COST leaders play a critical role in contributing to a school’s culture and climate amongst students and staff. COST leaders become change leaders by:

- Bringing together a team to work in new ways
- Challenging the team to create solutions
- Guiding the team and setting high expectations
- Creating a collaborative and trusting environment that supports a student-centered approach
- COST leads often hold other responsibilities at the school site (family liaisons, social worker, community school coordinator, etc.) but it is important to have a designated COST lead responsible for moving the work forward at a school.

 Helpful tip: Identifying and supporting COST “champions” at your school will help to expand the reach in the school community. Taking the time develop relationships with staff and partners will go a long way.
STUDENT-CENTERED APPROACH PROVIDES MORE COORDINATED SUPPORTS

Before COST

Mentoring → Mental Health
Mental Health → Physical Health
Physical Health → Academic Counseling
Academic Counseling → Outside Referral
Outside Referral → Student

Afterschool Programs → Student

After COST

Mental Health
Physical Health
Special Education
Physical Health
Outside Referral
Afterschool Programs
Academic Counseling

Student-Centered COST
FINANCING MTSS AND COST: HOW TO GET STARTED
REVIEW OF MEDICAID MAP: MOST IMPORTANT PAYORS FOR SCHOOLS

Federal Government
Distributed through Federal departments with funding authorized by Congress

State of CA
Acting as pass-through, enhancer, or reconciler of funding

School Districts (LEA BOP/MAA)
County Mental Health Depts (MHP)
Health Plans (MCO)
Community Health Centers (FQHC)
Dept. of Health
Hospital
Regional Center

WATCH OUR MEDI-CAL 101 AND FINANCING AND SUSTAINING SCHOOL HEALTH WEBINARS FOR MORE INFORMATION ON HOW THESE APPLY IN SCHOOLS!!
FUNDING STRATEGIES FOR SCHOOL-BASED MENTAL HEALTH

- School-Based Medi-Cal Administrative Activities
- Local Control Funding Formula
- ESSA, Title I & Title IV
- Community School Program
- Expanded Learning Program
- LEA Billing Option Program
- Enhanced Care Management (ECM)
- Medi-Cal Specialty Mental Health
- Medi-Cal Managed Care Mental Health Plan
- Federally Qualified Health Center
- Care Coordination
- Mental Health Services Act

Source: Public Funding for School-Based Mental Health Programs, California School-Based Health Alliance, page 3
FIVE MODELS FOR FINANCING SCHOOL-MENTAL HEALTH PARTNERSHIPS

- Special Education Local Plan Area (SELPA)
- Community Based Orgs (CBO)
- County Health Authority (MHP/DPH)
- County Office of Education (COE)
- School District (LEA)
UNPRECEDENTED INVESTMENT IN SCHOOLS AND SYSTEMS

MORE TO COME…

FUNDING OPPORTUNITIES FOR SOCIAL, EMOTIONAL AND MENTAL HEALTH IN SCHOOLS AND SYSTEMS

- Managed Care Plans ($400 million)
- Competitive Grants Program ($550 million)
- MHSA SSA funding ($250 million)
- Workforce including BH Coaches ($800 million)
- BH Virtual Platform: ($750 million)
- Expanding Evidence Based Programs ($429 million)
- DYADIC Benefit

- Community School Partnership Grant Program ($4 billion+)
- Expanded Learning Opportunity Grant Program ($4 billion)
- Mindfulness ($75 Million); Peer to Peer Demonstration ($10 million)
- Investments in Counselor/Social Worker pipeline
- Educator Effectiveness Grant ($1.5 billion)
- HCSB/Special Ed/Other….($1.5 billion)
- Universal TK ($176 million)
- ESSER 1, II, III ($23.4 billion)

CalAIM/Waiver Renewals

CalAIM: $4.5 billion ($3.1 billion in 22-23 year)
- Enhanced Case Management
- Community Supports
- Population Health Management
- Universal Eligibility for System Involved Children
FIVE ACTIONS SCHOOL LEADERS CAN TAKE NOW:

Commit to social, emotional, and mental health as a district priority: Identify activities (immediate, short, longterm) that can be done to address the youth mental health crisis which has only grown more stark during the current pandemic.

Identify your key collaborators: Connect with your thought partners and potential agency collaborators. If applicable, determine who will provide the services and who will do the billing.

Prepare financial scenarios: Determine your Medi-Cal eligible student population. Identify the costs you are incurring that can be claimed from direct and administrative services. Estimate the new and/or additional Medi-Cal revenue that could be generated.

Design your partnership: Develop the new, enhanced, or expanded services to be financed with the new and/or additional Medi-Cal revenue. Convene a working group to apply the step-by-step process outlined in the next section.

Execute your strategy: Bill Medi-Cal for services and ensure revenue is reinvested to support students’ social and emotional well-being.

From the Practical Guide for Financing Social, Emotional, Mental Health in Schools:
UPCOMING WEBINARS

FINAL WEBINAR OF SERIES!!!

Training 4
October 25, 2 - 3:30 am

California’s Historic Investment in Students: Creating Racially Just, Relationship Centered Schools
OFFICE HOURS WITH CALIFORNIA CHILDREN’S TRUST

Do you have a specific question related to funding mental health in schools that you would like discuss further? Want to learn more about how this information can apply to your school district? Bring your questions and join Alex Briscoe and CCT staff in Office Hours this fall:

November 10, 2022  1 - 3 pm
November 29, 2022  1 - 3 pm

To sign up for virtual Office hours, email aimee@cachildrenstrust.org
Please share your feedback on today’s webinar in a short survey.
You can access the survey by:
• Scanning this QR code ➔
• Or visiting this website:
  https://ucsf.co1.qualtrics.com/jfe/form/SV_dhhduaGZ3nCM1Vk

(the link will also be pasted in the chat)
Thank You!

Read and share our issue briefs and presentations, www.cachildrenstrust.org

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CA MTSS Webpage:  https://ocde.us/mtss/Pages/default.aspx
APPENDIX
### DEEPEN YOUR UNDERSTANDING OF STUDENT NEEDS IN YOUR DISTRICT

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<th>KEY ACTIONS</th>
<th>CRITICAL QUESTIONS AND STRATEGIC TIPS</th>
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| Review the existing plans and documents that articulate student needs and current strategies to support their academic and social emotional well-being. | Key documents include:  
• Local Control Accountability Plan (LCAP)  
• MTSS Framework  
• SELPA Local Plan  
• Single Plans for Student Achievement (SPSA)  
• Strategic Plan |
| Consolidate data on student demographics, social, emotional and mental well-being, and needs. | • California Dashboard, CA Healthy Kids Survey, KidsData, Race Counts, CANS  
• Use proxy indicators to estimate students who are Medi-Cal eligible, e.g., free/reduced meals, student level data in Title 1 schools.  
• Review students receiving mental health related services through IEPs\(^\text{13}\) |
| Convene key stakeholders to contextualize the data and understand the root causes. | Engage a diverse cross-section of individuals that can represent various perspectives including school and district leaders, teachers, students, families and community partners. |
| Develop consensus among your team regarding the students most in need of mental health services. | Which populations, schools, neighborhoods, or regions in your district are the highest priority? |

\(^{13}\) Note that the non-federal portion of your school district’s AB 114 funding could be used as the state and local match to draw down federal Medicaid funds.
## EVALUATE YOUR DISTRICT’S CURRENT APPROACH TO SOCIAL, EMOTIONAL, AND MENTAL HEALTH SERVICES AND IDENTIFY GAPS

### KEY ACTIONS

<table>
<thead>
<tr>
<th>Map the current array of programs to support student services.</th>
<th><strong>CRITICAL QUESTIONS AND STRATEGIC TIPS</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>• What social, emotional and mental health services are students provided? How are they funded? How effective are they?</td>
<td></td>
</tr>
<tr>
<td>• Do schools have established Coordination of Service Teams (COST)?</td>
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<tr>
<td>• How do schools invite student and family engagement in district and school level decision making?</td>
<td></td>
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<tr>
<td>• Where are the gaps in services and supports?</td>
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</table>

| Map the supports available to staff. | • Are staff trained in best practices in social and emotional learning\(^{14}\) (i.e., trauma-informed and healing-centered approaches, implicit bias)? |

| Identify your framework. | • Does your district have an MTSS strategy including social, emotional, and mental health services and supports for students? |
| | • What enhancements can you make to the framework based on the student data and landscape assessments above? |
| | • If you do not have an MTSS strategy, how can you build a comprehensive framework that can be used to guide your approach? |

| Assess your district’s current Medi-Cal strategy. | • Are you leveraging Medi-Cal reimbursement to provide mental health services? |
| | • Are any current district expenditures potential Certified Public Expenditures eligible to draw down Medi-Cal reimbursement? |

\(^{14}\) See The Collaborative for Academic, Social, and Emotional Learning (CASEL) [https://casel.org](https://casel.org)
## CONDUCT ASSET MAPPING IN YOUR COMMUNITY

<table>
<thead>
<tr>
<th>KEY ACTIONS</th>
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</tr>
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</table>
| Identify essential health and human service providers (public, private, and nonprofit) in your community. Invite key stakeholders to your school campus to understand current and future program offerings, align interests, and discuss potential collaboration to support students. | • What non-profits provide mental health services in your area and/or district? How are they funded?  
• Are there any programs, initiatives or trainings designed to support social, emotional, or mental health needs of students provided by your county office of education? Your county health authority?  
• What health plans are available in your county? Which ones are your students enrolled in?  
• What managed care organizations are in your county? Are they currently partnering with school districts? |
| Understand the MHSA resources available in your county using the MHSA Transparency Tool. | • Develop an asset map of resources in your community that your school district can tap into when designing your model.  
• Are there county programs, hospitals, foundations, faith-based organizations, non-profits, etc. to tap into for support? |
## SELECT THE PARTNERSHIP MODEL(S) MOST APPROPRIATE FOR YOUR NEEDS

Given the needs of your students and the current infrastructure and assets of your school community, determine which of the five School-Medi-Cal models (LEA, CBO, SELPA, COE, CHA) your district can pursue to leverage Medi-Cal to provide student services.

<table>
<thead>
<tr>
<th>KEY ACTIONS</th>
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<tbody>
<tr>
<td>• What are the pros and cons of:</td>
<td>• How will the Medi-Cal revenue model impact your cash flow projections? Can your existing cash</td>
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<tr>
<td>o Developing your capacity as a school district to directly administer</td>
<td>management tools address the impact?</td>
</tr>
<tr>
<td>Medi-Cal billing for mental health services to obtain federal</td>
<td>• How can you plan for and/or absorb the impact of potential negative audit results? Can you establish</td>
</tr>
<tr>
<td>reimbursement?</td>
<td>a contingency to minimize the financial impact?</td>
</tr>
<tr>
<td>o Hiring school district staff to provide services to students and/or</td>
<td>• How can this work be integrated into the organizational structure? Is there a position or team ready</td>
</tr>
<tr>
<td>directly contracting out the work to community-based agencies?</td>
<td>to take on the tasks? Would a stand-alone position serve you best?</td>
</tr>
<tr>
<td>o Partnering with another agency (CBO, SELPA, COE, CHA) to handle</td>
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<tr>
<td>Medi-Cal billing and/or hire and supervise staff to provide services to</td>
<td></td>
</tr>
<tr>
<td>students?</td>
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</table>

- Pros: Flexibility, streamlined billing process, potentially lower costs.
- Cons: Additional administrative burden, increased staff training, potential loss of control over billing.

- Pros: Immediate access to services, reduced administrative workload.
- Cons: Increased costs, potential loss of control over service delivery.

- Pros: Cost savings, potential for economies of scale.
- Cons: Potential for loss of control, increased administrative workload.

- Pros: Consistency in service delivery, potential for long-term savings.
- Cons: Potential for increased administrative workload, increased costs.
## STEP 5

**CREATE FORMAL CONTRACTUAL AGREEMENTS FOR YOUR PARTNERSHIP MODEL(S)**

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<thead>
<tr>
<th>KEY ACTIONS</th>
<th>CRITICAL QUESTIONS AND STRATEGIC TIPS</th>
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<tbody>
<tr>
<td>Determine what formal and informal structures are needed to support the delivery of services in the selected partnership model.</td>
<td>• Clearly articulate any financial commitments between partners from the beginning.</td>
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<td>• Develop shared goals, outcomes, data collection and sharing agreements.</td>
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<td>• Identify individuals with primary responsibility to be decision makers and assign staff to be the day-to-day liaison between agencies (and between district and schools).</td>
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<td>Create MOUs between partner agencies to define roles in partnerships and support with coordination and implementation.</td>
<td>Key issues to address in contract language:</td>
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<tr>
<td></td>
<td>• Staffing</td>
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<td></td>
<td>• Facilities</td>
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<tr>
<td></td>
<td>• HIPAA, FERPA, IDEA, and 504 Plans</td>
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<td>• Access to student records</td>
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<td>• Grievance procedures</td>
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<td>• Communication protocols</td>
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<td>Manage and monitor the MOU upon execution.</td>
<td>• Train staff involved in legal compliance and hold regular trainings (at least annually).</td>
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<td></td>
<td>• Regularly assess partnerships and data for results to ensure services are improving outcomes for students’ academic, social, emotional, and behavioral health needs.</td>
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