UNDERSTANDING AN UNPRECEDENTED REFORM LANDSCAPE: Leveraging Children Youth Behavioral Health Initiative, CalAIM and Community Schools to Transform Schools

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

Training 4 | October 25, 2022
PRESENTER INFORMATION

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CA Children’s Trust

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Statewide Coordinator
CA Partnership for Future of Learning
DRINKING FROM A FIRE HYDRANT

60 MINUTES TO COVER....

KEY LEARNING OBJECTIVES:
- Learn about major reform efforts underway to address the youth mental health crisis
- Hear about funding opportunities that school districts can take advantage of to support mental health programs
- Identify next steps of how to get started

1. Recap of the Series...

2. Current Context: Addressing the Mental Health Crisis and Where We’re Headed...
   a. CCT’s Framework for Solutions

3. Huge Opportunities to Address the Youth Mental Health Crisis and Transform Schools

4. Going Deeper… Community Schools Partnership Program and How to Leverage this Once in a Generation Opportunity & Helpful Tips from a former CBO

5. How to get started?
A QUICK REVIEW OF WHAT WE’VE COVERED IN THIS SERIES....
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
WHY MEDI-CAL IS IMPORTANT TO SCHOOLS

Medi-Cal is an untapped resource - especially in California.

○ Nationally, Medicaid is the third largest federal funding source in schools after Title 1 and IDEA. Each year, schools across the country bill for $13-$14 billion dollars in Medicaid.

The majority of students in CA are Medi-Cal eligible.

○ 6 out of 10 kids are covered by Medi-Cal (and growing). Most students who are enrolled in free and reduced lunch qualify for Medi-Cal, regardless of immigration status)

Medi-Cal can—and should—be used as a tool to fund mental health services and supports in schools.
EXAMPLES OF WHAT MEDI-CAL PAYS FOR IN STUDENT MENTAL HEALTH SERVICES

Direct Services
- Mental health evaluation
- Individual and group counseling
- Targeted case management

Administrative Activities
- Outreach and enrollment
- Program planning
- Transportation
- Care coordination
- Referral

Good News
- Diagnosis is no longer required for certain groups of students
- Recent changes have made it easier for school districts to bill Medi-Cal for general education students
- There are increased efforts to grow the number of providers that represent the cultural diversity of our state
Certified Public Expenditure (CPE) = A state’s use of public funds spent by other government entities (state or county) to claim federal reimbursement for Medicaid services.

Federal Financial Participation (FFP) = The Federal share of Medicaid dollars – GUARANTEED match without limit or cap
HOW TO CAPTURE MEDI-CAL FUNDS

Numerous state, county, and local funds can qualify for this “non-federal match.” It is critical for districts to think creatively about what counts as a match.

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<tr>
<th>Potential “non-federal” funding sources include</th>
<th>Federal funding that DOES NOT qualify as a match includes</th>
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<tr>
<td>• Local Control Funding Formula (LCFF)</td>
<td>• ESSER I, II, III</td>
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<td>• State special education funding</td>
<td>• Title I</td>
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<td>• After School Education and Safety (ASES) funds</td>
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<td>• Community Schools Partnership Program (CSPP) grants</td>
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<td>• Expanding Learning Opportunity Program (ELOP) funds</td>
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<td>• Mental Health Services Act grants</td>
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<td>• County General Fund dollars</td>
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THE MEDICAID MAP: MEDI-CAL IS MORE THAN ONE PROGRAM; IT IS A FRAGMENTED AND COMPLEX SYSTEM

Federal Government
Distributed through Federal departments with funding authorized by Congress (FFP/Match)

State of CA
Acting as pass-through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying (CPE)

Managed Care Plans (MCP)
County Mental Health Dept. (MHP)
School Districts (BOP/MAA)
Community Health Centers (FQHC)
Dept. of Health
Public Hospital
Regional Center
WHO ARE THE MOST IMPORTANT PAYORS FOR SCHOOLS?

Federal Government
- Distributed through Federal departments with funding authorized by Congress (FFP/Match)

State of CA
- Acting as pass-through, enhancer, or reconciler of funding—sometimes providing it, sometimes certifying (CPE)

Managed Care Plans (MCP)
- County Mental Health Dept. (MHP)
- School Districts (BOP/SMAA)
- Community Health Centers (FQHC)
- Dept. of Health
- Public Hospital
- Regional Center

“BIG THREE” PAYORS IN SCHOOLS

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

Tier 1: School-Wide Interventions
Tier 2: Short-Term Targeted Interventions
Tier 3: Longer-Term Intensive Interventions

- 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
THE FINANCES ARE MESSY….BUT WE’VE ALIGNED AROUND KEY PRACTICES

1. COST Referral

2. Intake and Assessment

3. Bi-weekly COST Meetings

4. Collaborative Service Delivery

5. Tracking & Evaluation

Coordination of Services Team (COST)
A proven strategy for coordinating learning supports and resources for students

✔ Students with needs get appropriate services
✔ System of student support is well coordinated

See Alameda County Center for Healthy Schools and Communities COST Guide for more info.
CURRENT CONTEXT: ADDRESSING THE YOUTH MENTAL HEALTH CRISIS AND WHERE WE’RE HEADED…
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

- Redefining Medical Necessity
- Expanding Eligible Providers
- Relationship-Centered Community Schools
- Peer Support
- Indigenous and Spiritual Practice Integration
- Family Resource Models
- Community Defined Practices
- Telepsychiatry
- Social Models
A FRAMEWORK FOR SOLUTIONS...

Transforming the mental health system: We are a coalition-supported initiative to reimagine how California defines, finances, administers and delivers children’s mental health supports and services.

With a focus on equity + justice: We frame our approach to reform with a clear and open acknowledgement of the ways existing child-serving systems have underserved, excluded, and in some cases harmed populations of children and families.
Transformed behavioral health systems are not simply financed or administered differently, they are:

- Anchored in new principles that acknowledge structural racism and poverty,
- Informed by relationships to and with beneficiaries and
- Designed as methods for accountability.

Equity and Justice must include Shifting Agency (who does the work) Power (who gets paid to do it).
MAXIMIZE FEDERAL INVESTMENT IN MEDI-CAL

Cross sector state and federal commitments are being made, but the vast majority are one time.

The payment reform components of CalAIM would create unparalleled opportunity to maximize federal revenue and increase access to services for Medi-Cal beneficiaries.

PAYMENT REFORM IN BOTH COUNTY MENTAL HEALTH PLANS and Managed Care Plans will (hopefully) expand the provider class, increase federal revenue, and reduce admin burden.
BROADEN THE DEFINITION OF MEDICAL NECESSITY FOR CHILDREN AND YOUTH

We must shift from a diagnosis-driven **system** to an approach that reflects an understanding of the impact of trauma and the social determinants of health on long-term health and mental health outcomes.

Center the impact of **racism, poverty, and adversity** in new eligibility criteria.

Expand eligible providers (peers, CHW’s, Doulas, BH Coaches) to center culturally concordant providers with relevant lived experience.
The fragmented system creates myriad barriers to care, and many of the opportunities to simplify and streamline administrative inefficiencies are well within the purview of the state to implement without federal approval or authorization.
THIS IS CCT’S FRAMEWORK FOR SOLUTIONS

- **Expand Access and Participation**: Expand who is eligible, who can provide care, what is provided, and the agency of the beneficiary.
- **Maximize Funding**: Increase state and county spending, and fully claim the federal match.
- **Equity + Justice**: Increase transparency and accountability.
- **Reinvent Systems**: Shifting agency (who does the work) and power (who gets paid to do it) in child serving systems.
HUGE OPPORTUNITIES TO ADDRESS THE YOUTH MENTAL HEALTH CRISIS AND TRANSFORM SCHOOLS…
WE HAVE A ONCE-IN-A-GENERATION OPPORTUNITY TO ADDRESS THE CRISIS  
Public opinion and policymaker agendas are aligned

Political Will: New administration has a stated focus on children’s well-being and has expressed interest and willingness to engage.

Community Support: Half (52%) of all Californians say their community does not have enough mental health providers to serve local needs.

Emerging Consensus and Consciousness: Of the impact of adversity, structural racism, and the pandemic on the social and emotional health of children.

TO TAKE ADVANTAGE OF THIS MOMENT IN TIME WE MUST:

• Embrace the critical need to reform our financing and delivery models in schools so that they are healing and relationship centered.
• Adopt a concurrent but aligned paradigm shift across child serving systems, with particular focus on the role of MediCal in schools.
• Use a significant investment of one time funds to build sustainable programs and supports
SCHOOLS CAN (and must) BE ESSENTIAL ACTORS IN OUR RESPONSE:

Schools are and have been ground zero for the youth mental health crisis, and our collective failure to support them has contributed to the marginalization of black and brown children (80% of children on Medi-Cal are children of color.) Medi-Cal covers more than half of all children in California but MCP’s have struggled to invest strategically or effectively in Children's Behavioral Health. As a result, children make up **42% of enrollees** but only **14% of all expenditures**.

**The Health Care System Needs Schools:** Children ages 8-18 have the lowest rate of primary care utilization of any demographic in Medi-Cal—and 75% of mental illness manifests in adolescence. Not only are schools essential actors in a reformed mental health system that overtly addresses healing, justice, and structural racism, but they are also essential service settings for children with clinical needs.

**The Finances Align:** Schools have what the publicly funded Medicaid system needs: 1) Access to kids  2) Braided funding opportunities, and 3) Consensus on Framework (MTSS) and Mechanism (COST)
UNPRECEDENTED INVESTMENT IN SCHOOLS AND SYSTEMS

CYBHI

- 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

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

CalAIM/Waiver Renewals

CalAIM: $4.5 billion ($3.1 billion in 22-23 year)
- Enhanced Care Management
- Community Supports
- Population Health Management
- Universal Eligibility for System Involved Children

CA Budget Act ESSER

- 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)
CHILDREN AND YOUTH BEHAVIORAL HEALTH INITIATIVE: WHAT DISTRICTS SHOULD KNOW

- The Children and Youth Behavioral Health Initiative (CYBHI), part of 2021-22 CA budget, is an ambitious $4.4 billion dollar multi-year initiative to reimagine the systems that support mental health and emotional well-being for CA’s children and youth

- Administered by California Health and Humans Services (CalHHS) departments in partnership with K-12 and other stakeholders

- Has multiple interlocking components (see next slide) to the initiative

- The entire initiative will have implications to schools; School-Linked Services and Behavioral Health Coaches in Schools will have the most direct impact in the near-term

For more information on CYBHI, visit the website: https://www.chhs.ca.gov/home/children-and-youth-behavioral-health-initiative/
<table>
<thead>
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<th>CYBHI: $4.4 Billion Dollar Initiative Centering Schools</th>
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<tr>
<td><strong>01</strong> Behavioral Health Service Virtual Platform: DHCS, $749.7 M</td>
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<td><strong>02</strong> School-Linked Behavioral Health Services: DHCS/DMHC, $950M</td>
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<td><strong>03</strong> Develop and Expand Age-Appropriate, Evidence-Based Behavioral Health Programs: Agency/DHCS, $429M</td>
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<td><strong>04</strong> Building Continuum of Care Infrastructure: DHCS, $310M</td>
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<td><strong>05</strong> Plan Offered Behavioral Health Services: DHCS, $800M</td>
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<td><strong>06</strong> School Behavioral Health Counselor + Behavioral Health Coach Workforce: OSHPD, $352M</td>
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<td><strong>07</strong> Broad Behavioral Health Workforce Capacity: OSHPD, $448M</td>
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<td><strong>08</strong> Pediatric, Primary Care And Other Healthcare Providers: DHCS, $50M</td>
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<td><strong>09</strong> Comprehensive And Culturally And Linguistically Proficient Public Education And Change Campaign: CDPH + OSG, $100M</td>
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<td><strong>10</strong> Oversight, Coordination, Convening, And Evaluation: DHCS, $70M</td>
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SCHOOL-LINKED BEHAVIORAL HEALTH SERVICES PART 1:
STUDENT BEHAVIORAL HEALTH INCENTIVE PROGRAM (SBHIP)

- Student Behavioral Health Incentive Program (SBHIP) = $389 million to encourage Managed Care Plans (one of “big three” payors in schools) to partner/fund mental health programs and providers in schools

- **How it works:** Medi-Cal Managed Care Plans partner with County Offices of Education to select partner school districts, create a needs assessment and select one or more of 14 targeted behavioral health interventions to implement in schools

- **Timeline:** MCPs and COEs have selected partner districts and must submit a completed Needs Assessment package by December 2022

- **Example:** Districts could consider partnering with their MCP to support care coordination in schools and using the grant program as a bridge to longer-term contracts

For more information on SBHIP, visit the website: [https://www.dhcs.ca.gov/sbhip](https://www.dhcs.ca.gov/sbhip)
SCHOOL-LINKED BEHAVIORAL HEALTH SERVICES PART 2: COMPETITIVE GRANTS PROGRAM: WHAT DISTRICTS SHOULD KNOW

- Goal of the program is to build partnerships, capacity, and infrastructure supporting ongoing school-linked behavioral health services for children and youth under 25 years of age.

- School Districts will be eligible to apply for this grant program. Competitive grant process; school districts, schools, health plans, counties, tribes and community-based organizations can apply, based on criteria developed through a stakeholder process with attention to racial equity and fair geographic distribution.

- $400 million will be available for services addressing preschool to 12th grade students.

- RFA is expected to come out in December 2022.

- Website is pending – check CYBHI and DHCS websites for more information.

- Districts could consider using one-time funding to enhance non-clinical behavioral health programs - such as peer-to-peer programs, school staff trainings and supports, and Tier 1 interventions such as socio-emotional skills training.
SCHOOL BEHAVIORAL HEALTH COUNSELOR AND COACHES
WHAT DISTRICTS SHOULD KNOW

● CYBHI created a **new provider class in schools** – Behavioral Health Coaches – to deliver mental health services in schools and bill Medi-Cal

● **Details about the positions are still being developed**; a workgroup is currently determining scope of services, training requirements, career lattice, etc.

● The intent is that these will be **non-licensed positions** (and not require a BA), although a certificate may be required; **this could allow districts to hire more diverse staff who are reflective of the community**

● The State will establish a **statewide fee-schedule** for school-linked behavioral health services including behavioral health coaches

● **Timeline**: Behavioral health coaches could start as early as the 2023-24 school year

● **Examples**: Behavioral Health Coaches could support Tier 1 and Tier 2 services in schools and complement the work of school counselors and social workers who often have large caseloads. Schools could hire parents as Behavioral Health Coaches to better meet the cultural and linguistic needs of students and families

More info on Behavioral Health Coaches can be found [here](#).
SECTION 9. Section 1374.722 is added to the Health and Safety Code, to read: (a) Effective January 1, 2024, a health care service plan that is required to provide coverage for medically necessary treatment of mental health and substance use disorders pursuant to Sections 1374.72 and 1374.721 shall cover the provision of such services when delivered at school sites pursuant to this section, regardless of the network status of the local educational agency, institution of higher education, or health care provider. Nothing in this section shall be construed to relieve a local educational agency, or institution of higher education from requirements to accommodate or provide services to pupils with disabilities pursuant to any applicable state and federal law including, but not limited to, the federal Individuals with Disabilities Education Act (20 U.S.C. Sec. 1400 et seq.), Part 30 of Division 4 of Title 2 of the Education Code, Chapter 3 of Division 1 of Title 5 of the Code of Regulations, and Chapter 26.5 (commencing with Section 7570) of Division 7 of Title 1 of the Government Code.
CALIFORNIA ADVANCING AND INNOVATING MEDI-CAL (CalAIM)  
WHAT DISTRICTS SHOULD KNOW

- California Advancing and Innovating Medi-Cal (CalAIM) is the state’s ambitious reform initiative focused on improving our state’s Medicaid program.
- California’s Medi-Cal program is the largest Medicaid program in the nation; however, for children we rank among the lowest performing states by any metrics including screening rates (43rd), access to needed mental health services (48th) and spending per beneficiary
- CalAIM was formed to address these issues even before the pandemic (which has inevitably gotten worse!)
- CalAIM has a stated focus on children and families, and new benefits and funding are coming (most but not all through Managed Care Plans, one of the “big three payors in schools”).

For more information on CalAIM, visit the website: https://www.dhcs.ca.gov/calaim
Growing importance of Managed Care Plans. As the state drives reforms through MCPs, it’s important to highlight that MCPs have historically had little or no relationship with schools. It’s important for schools to build relationships with MCP’s to expand services and link children and families to their benefits.

CalAIM brings new care coordination and case management expectations for MCPs. Schools are well positioned to provide or partner with CBO’s to provide these supports in school-linked or school-based models.

CalAIM creates new mental benefits for children and youth up to 21 that are important to know about, access, and promote. Specifically, the new family therapy benefit removes diagnosis as a prerequisite for care and qualifies children for access to mental health support based on discrimination, housing instability, or other adverse experience.
CalAim creates four new provider classes that will expand the base of culturally concordant providers in schools that can bill Medi-Cal. These include behavioral health coaches and schools, community health workers, certified peer counselors, and doulas. The first three could be relevant for schools.

CalAim also changes eligibility criteria for specialty mental health services (county mental health plans or MHPs, one of the “big three payors” in schools) to all system involved youth, and young people experiencing homelessness. Previously, young people had to meet specific diagnostic criteria in order to receive benefits. This change presumes that certain youth qualify for case management services based on circumstance.

K-12 Example: A youth is returning from the juvenile justice center and re-enrolling in an alternative school in a K-12 setting. This student is now entitled to behavioral health services through the County and does not need a diagnosis to qualify. S/he also qualifies for Enhanced Case Management services by the Managed Care Plan (MCP).
K-12 BUDGET INCLUDES SIGNIFICANT INVESTMENTS FOR MENTAL HEALTH
WHAT DISTRICTS SHOULD KNOW

● Many school districts used ESSER to fund mental health programs

● Recent budgets have included significant multi-year, multi-billion dollar investments in Expanded Learning Opportunity Program (ELOP) and Community School Partnership Program (CSPP) which complement mental health in schools

● 2022-23 CA Budget includes:
  ○ $75 million to support wellbeing and mindfulness programs, available for K-12 schools for school day, after-school and summer
  ○ $10 million to support School-based Peer-to-Peer (P2P) Demonstration project; selection of eight high schools serving 9-12 to expand P2P
  ○ Investments to address the mental health workforce shortage

● Even with one-time funds, school districts could consider billing Medi-Cal through BOP/SMAA (one of “big three payors in schools”) on mental health investments when state funding (not federal) was used
GOING DEEPER: COMMUNITY SCHOOLS PARTNERSHIP PROGRAM
HOW TO LEVERAGE THIS ONCE IN A GENERATION OPPORTUNITY
CA Partnership for the Future of Learning
Creating, Expanding & Sustaining Racially Just Relationship-Centered Community Schools in California

CCT Webinar Series: Session 4
October 25, 2022

Katy Nunez-Adler, Statewide Coordinator, CA PFL
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The California Partnership for the Future of Learning is a statewide alliance of community organizing and advocacy groups advancing a shared vision of racially just, relationship-centered community schools that confront the historical legacy and generational impact of inequitable schooling in California and the country to birth a transformational education system built for us all.

Our work together centers equity, elevates the voices of students and families of color in partnership with educators, focuses on long-term systemic change, and connects to a larger national effort to strengthen public education systems.

It is led by Californians for Justice, Catalyst California, PICO California, and Public Advocates, with the support of Building Healthy Communities Monterey County, Community Coalition, InnerCity Struggle, and over a dozen grassroots, research and philanthropic partners.

Art by Innosanto Nagara, Oakland Graphic Artist.
Our Priorities

1. Equitable, Full Funding
2. Schools of Belonging and Inclusion
3. Student & Family Power
4. Student-Centered Deeper Learning
5. Diverse, Prepared, Supported Educators

Our Northstar

CA PFL is advancing a shared vision of racially just relationship-centered community schools that confront the historical legacy and generational impact of inequitable schooling in California and the country to birth a transformational education system built for us all.
March-April 2020

Needs Assessment with over 600 students and families from low-income communities of color in more than 20 school districts. Led the CA Partnership to increase advocacy for greater investments in Racially Just and Relationship-Centered Community Schools.

From the Every School, Every Community, Beyond COVID-19 Report, April 2020, CA PFL
What are Transformative Community Schools?

Transformative Community Schools are a long-term strategy for whole school and systems transformation. “Transformative Community Schools” are not a program, they’re an approach to HOW we do school in California.

Transformative Community Schools start with building trusting relationships and teams that involve ALL members of the school community - students, families, educators and community partners. Team members share power, decision-making, and responsibility.

Transformative Community Schools are rooted in liberatory anti-racist approaches to teaching and learning. Curricula is culturally rooted, sustaining, and joyful. It’s relevant, project-based, and connected to the wider community, and it includes the arts, movement, and the outdoors.

Transformative Community Schools engage and leverage the power of partnerships - with community-based partners, neighbors, and government agencies grounded in mutual support and respect.
$4.1 Billion For Community Schools !!!

- In 2020, $45 million allocated for community schools.
- In 2021, WE WON $3 BILLION for the California Community Schools Partnership Program (CCSPP) with our collective advocacy and in partnership with the Governor, CDE, SBE, and the legislature.
- In 2022, $1.1 additional allocated for CCSPP!

Shared Leadership

- 60+ delegations -- We met with folx from the State Board of Education, California Department of Education, Legislative leadership, Department of Finance, and more, we also got support & sign-ons from over 55 organizing, advocacy, policy, & research orgs!
- Advanced a racial justice values and narrative frame centered on transformative racially just and relationship-centered community schools!
CA PFL & ABMoC Supported 6 CDE-Hosted Virtual Regional Community Schools Forums November 30-December 10, 2021

**Active Engagement** - Over 600 students, families, educators, advocates and residents participated in English, Spanish, Purepecha and Arabic.

**Shared Leadership** - Students, families and education leaders presented about opportunities and challenges in their regions.

**6 Themes** emerged from the small group discussions among participants as essential for successful, racially just community schools:

1. Power-sharing with students, families, educators and community partners
2. Trusting relationships and communication form the foundation
3. Learning must be effective, inspiring and culturally rooted
4. Inclusive, safe and police-free schools
5. Schools need more resources and diversity to reflect the communities they serve
6. The urgent need to integrate mental health and wellness

www.futureforlearning.org/california-partnership | @CA_Partnership | #ReimagineCAschools
A Racially Just, Relationship-Centered School Culture Creates the Necessary Conditions for Strong Teaching & Learning.

This is the Foundation for a Transformational Education System Built By and For Us All.
Expanded 4 Pillar Components
Based on Community Feedback

**Shared Power and Collaborative Leadership and Practices**
Shared power embedded in governance structure with impacted students and families as equal partners.

**Active Student, Family and Community Engagement**
Strong relationships between students, families and educators are at the heart of a community school.

**Culturally-rooted and sustaining approaches to teaching and learning**
Programs and curricula beyond ethnic studies that foster racially just schools. Capacity building and support for staff, particularly aimed at anti-racism and expanding a diverse, multilingual staff. Inspire students through project-based learning, expansion of the arts, music, outdoor learning, including school gardens, extra-curricular activities and experiential learning connected to the local community.

**Integrated Student, Family, and Staff supports**
Focus on a culture of everyday wellness, not only in times of crisis.
Our Recommendations Included in the CA Community Schools Framework

Four Cornerstone Commitments -
- Assets-Driven and Strength-Based Practice
- Racially Just and Restorative School Climates
- Powerful, Culturally Proficient and Relevant Instruction
- Shared Decision-Making and Participatory Practices

Four Proven Practices -
- Site-Based and LEA-Based Advisory Councils
- Community Asset Mapping and Gap Analysis
- Community School Coordinator
- Integrating and Aligning with Other Programs
SBE approved $664 million in 1st round of grants for 268 school districts, county offices of education and charter schools.

What kinds of grants are available?

**Implementation Grants**

Up to $500,000/year per school for 5 years for districts that already have community schools to create new or strengthen existing community schools. Use for:

- Staffing, including Community Schools Coordinators
- Support Services
- Training/School Culture Efforts
- Student, Family and Community Engagement
- Needs and Assets Assessments
- Capacity Building
- Program and Funding Sustainability Planning
- Data Collection and Program Evaluations

**Planning Grants**

Up to $200,000 per district for up to 2 years for districts with no community schools to plan for establishing new community schools. Use for:

- Community Schools Coordinators
- Needs and Assets Assessments
- Training and Support
- Student, Family and Community Engagement
- Preparing Implementation Plans
- Partnership Development and Collaboration
Who is eligible to apply?

School districts and other local educational agencies are eligible if they have either:

- 50% or more low-income, English learner and/or foster youth students (“unduplicated students”), or
- Higher than state average dropout rates, suspension and expulsion rates, or rates of child homelessness, foster youth or justice-involved youth

What is the timeline?

Important dates for Round 1 Grantees:

- **May 18, 2022** - Grantees Announced
- **July 2022** - Disbursement of funds to Grantees
  - **Planning**: Full disbursement of grant funds (can be used for up to two years)
  - **Implementation**: Initial disbursement of grant funds (funds will be disbursed annually over 5 years and can be rolled over from year to year)
- **June 30, 2023**
  - **Planning**: Mid-Project Progress or End of Project Report and Mid-Project or End of Project Expenditure Report due
  - **Implementation**: Annual Progress Report, Presentation and Plan Update, and Expenditure Report due (and annually thereafter)
- **June 30, 2024**
  - **End-of-Project Report and Expenditure Report due (all planning grant funds must be expended)**
- **June 30, 2027**
  - **End-of-Project Report (including Sustainability Plan) and Expenditure Report due (all implementation grant funds must be expended). Annual Public Presentation of Plan.**
# CDE Proposed Timeline for Round 2 Grantees

## Planning Grants

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<tbody>
<tr>
<td>November 1, 2022</td>
<td>RFA Release Date</td>
</tr>
<tr>
<td>December 20, 2022</td>
<td>Applications must be received at the CDE, by 11:59 p.m. PST</td>
</tr>
<tr>
<td>March 8-9, 2023</td>
<td>Proposed grantees Announced and Presented to the SBE for Approval</td>
</tr>
<tr>
<td>May 1, 2023</td>
<td>Project Term Begins</td>
</tr>
</tbody>
</table>

## Implementation Grants

<table>
<thead>
<tr>
<th>DATE</th>
<th>ACTIVITY</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 17, 2023</td>
<td>RFA Release Date</td>
</tr>
<tr>
<td>March 17, 2023</td>
<td>Applications must be received at the CDE, by 11:59 p.m. PST</td>
</tr>
<tr>
<td>May 17-18, 2023</td>
<td>Proposed grantees Announced and Presented to the SBE for Approval</td>
</tr>
<tr>
<td>July 1, 2023</td>
<td>Project Term Begins</td>
</tr>
</tbody>
</table>

Source: SBE Agenda Item 4, November 2022 Meeting
### ALL Funding Sources Can Be Used to Support A Transformative Community Schools Strategy

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Budget Information</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Schools Partnership Program (CCSPP)</td>
<td>$4.1 Billion, one-time over 7 years</td>
</tr>
<tr>
<td>Expanded Learning Opportunities</td>
<td>$4 Billion, one-time &amp; ongoing</td>
</tr>
<tr>
<td>Universal Transitional Kindergarten</td>
<td>$3.3 Billion, one-time &amp; ongoing</td>
</tr>
<tr>
<td>Child &amp; Youth Behavioral Health Initiative (CYBHI); Mental Health Student Supports Act (MHSSA)</td>
<td>$4.7 Billion, one-time</td>
</tr>
<tr>
<td>Wellbeing &amp; Mindfulness Programs; Peer to Peer Pilot Project</td>
<td>$75 Million &amp; $10 Million</td>
</tr>
<tr>
<td>Educator Effectiveness Grant</td>
<td>$1.5B, one-time</td>
</tr>
<tr>
<td>LCFF (increased funding rate for concentration factors)</td>
<td>$4.3 Billion</td>
</tr>
<tr>
<td>Continuing MTSS or MTSS expansion</td>
<td>$82 Million</td>
</tr>
<tr>
<td>Universal School Meals program</td>
<td>$650 Million</td>
</tr>
<tr>
<td>ESSER I, II, III</td>
<td>$23.4 Billion</td>
</tr>
</tbody>
</table>
THANK YOU!
THIS IS CCT’S FRAMEWORK FOR SOLUTIONS

- **Increase state and county spending,** and fully claim the federal match
- **Expand who is eligible,** who can provide care, what is provided, and the agency of the beneficiary
- **Shifting agency (who does the work) and power (who gets paid to do it) in child serving systems**
- **Maximize Funding**
- **Equity + Justice**
- **Reinvent Systems**
- **Expand Access and Participation**
- **Increase transparency and accountability**
FIVE ACTIONS SCHOOL LEADERS CAN TAKE NOW:

Commit to social, emotional, and mental health as a district priority: Identify activities (immediate, short, long term) 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.

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](http://www.cachildrenstrust.org)

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