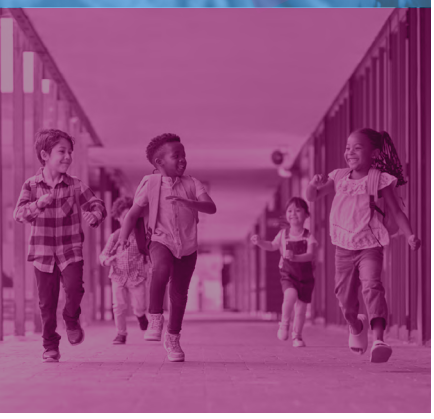
MHSOAC
Mental Health Services
Oversight & Accountability Commission

Report to the Legislature on the Mental Health Student Services Act

by the Mental Health Services Oversight and Accountability Commission

Submitted to the Fiscal and Policy Committees of the Legislature

DRAFT



CONTENTS

EXECUTIVE SUMMARY

In testimony before the Commission in July 2024, a presenter shared a story about a high school student in San Diego who recently brought a weapon to school. That day, a trusted teacher recognized that something was amiss with the student. When the teacher checked in with the student, the student disclosed having a weapon. Having received training in mental health literacy, the teacher expressed care and concern rather than disciplining the student. She worked with the student to secure the weapon and asked why they brought it to school. The student answered that they were hearing voices telling them that someone was trying to hurt them.

The school mental health team was able to refer the student to behavioral health services to address the psychosis that led to him being armed on a school campus. Without the trust and training the teacher and the school mental health team brought to school that day, the scenario of a student bringing a weapon to school could have resulted in a very different outcome.

As reflected in this example, California's behavioral health and education leaders are making significant progress in developing, strengthening, and scaling strategies to ensure that schools represent robust opportunities to serve the behavioral health needs of students. Teachers and educational staff are being provided with training to understand and recognize mental health challenges. School mental health funding is supporting on-campus wellness centers and on-site behavioral health services and supports. State investments are supporting stigma reduction, youth engagement, suicide prevention, social-emotional learning, and more.

These recent investments in school mental health have relied heavily on one-time funds, including one-time funds from the Mental Health Student Services Act (MHSSA). Under the Child and Youth Behavioral Health Initiative, the Department of Health Care Services (DHCS) is leading efforts to shift reliance on short-term grant funding to durable financing strategies that tap into health care insurance resources.

These investments recognize that the peak and median age of onset for any mental health disorder are 14.5 years and 18 years. Unmet mental health needs can disrupt learning and lead to negative student academic outcomes such as chronic absenteeism, poor grades, and eventually failure to graduate from high school.

Strong partnerships between education and community behavioral health can increase access to a continuum of behavioral health services, with an emphasis on prevention and early intervention services to reduce the risk of a child developing a mental health disorder and improve educational outcomes.

California's K-12 schools are an essential access point to these services, particularly for underserved communities. Education in partnership with community behavioral health can increase access to a continuum of behavioral health services including critical prevention and early intervention supports to reduce the risk of a child developing a mental health disorder and improve educational outcomes. Effective partnerships can engage students and families to improve understanding and awareness of what constitutes mental health, promote wellbeing, and create pathways to care through referrals and behavioral health services on campus.

The MHSSA incentivizes partnerships between county behavioral health departments and local education agencies to bring an array of behavioral health services to California's K-12 schools.

The Commission's implementation of the MHSSA within the broader work of the Child and Youth Behavioral Health Initiative has reached 57 out of 58 counties – only Alpine County, which has the smallest population of any county in California, is not represented in the grants. California's $280 million in MHSSA grants have reached approximately 45 percent of districts across the state and just under 25 percent of all California schools (see MHSSA at-a-Glance graphic).

The Commission is aware that these investment dollars did not reach all students in all schools across the state of California. Instead, grant partners prioritized the highest-need districts/schools and tailored MHSSA activities and services to meet local needs. Some grant partners focused on capacity building and training at the county and district levels. Others have directed their dollars toward universal, schoolwide prevention efforts, such as suicide prevention and social-emotional learning curricula. Some have prioritized hiring behavioral health staff to provide intensive services to students including individual counseling and crisis services.

There have been many successes reported at the local level. New and strengthened partnerships between education and county behavioral health have expanded access to services for students. However, access to universal prevention, early intervention, and treatment for all students has not yet been achieved. These efforts need to be expanded to include all of California's 9,997 K-12 schools so that all students benefit from a comprehensive statewide strategy for school mental health.

Building from youth perspectives and MHSSA implementation successes and lessons learned, the Commission identified a set of recommendations to ensure that California's school mental health efforts can be scaled and sustained.

MHSSA at-a-Glance[i]

$280 million

invested in MHSSA to build and strengthen partnerships between county behavioral health, education, and other partners

MHSSA activities and services are tailored to meet local needs and include:

TIER 3
intensive interventions

TIER 2
targeted and early interventions

TIER 1
universal or schoolwide (all students) prevention

IMPLEMENTATION SUPPORT
(teaming, capacity building, and training)

Approximately

242,000
students received Tier 1 services

12,000
students received Tier 2/3 services

through MHSSA in 2022-23, according to grant partner reports

57 of 58

California counties are served by MHSSA, as well as the city municipalities of Berkeley and Tri-City

57
county behavioral health departments

50
county offices of education/superintendent of schools

Approximately

45%
of school districts

25%
of schools and charter schools

39
community-based organizations

480

staff hired by grant partners to provide direct services and support administration, partnership development, and coordination through MHSSA

To support quality improvement and evaluation, the Commission:

Established an MHSSA Learning Collaborative that meets quarterly and has grown to over 300 members since its inception in 2020

Partnered with WestEd to develop a plan to evaluate the MHSSA informed by robust community engagement

Is implementing a statewide school mental health technical assistance strategy to support MHSSA grant partners in achieving sustainability

[i] Information contained in this report comes from several sources of data that the Commission collects from MHSSA grant partners in each of the 57 participating counties and city municipalities: grant summaries, monthly update reports, quarterly hiring reports, annual fiscal reports, site visits, and data on services and students served.

What Youth Are Saying About School Mental Health

The Commission works across its initiatives to elevate youth voices. The school mental health initiative has leveraged the Commission's youth advocacy work designed to increase youth voices and participation through targeted conversations about school-based mental health. Listening sessions with youth were held in Fresno, Humboldt, Sacramento, San Bernardino, and adjacent counties.

In conversations with these youth about school mental health, they indicate wanting:

A school climate that supports wellbeing (e.g., low stress, no bullying, and everyone getting along)

"A school that centers wellbeing looks like no kids fighting and arguing in schools, no one running down the halls screaming. Just everyone going to class doing what they need to do."

Having trusted adults provide safe spaces at school

"It is important that school staff exhibit safe space behavior – that they practice inclusivity and open-mindedness and promote students to speak respectfully and thoughtfully and [have] open-door policies."

Increased mental health awareness training and resources for seeking help

"[It is good] if more students are reaching out to get resources. If there are a lot of resources, it's not always very effective, because students either aren't aware of their own mental health to know they need help or are otherwise hesitating to reach out."

Increased access to peer services (services provided by youth for youth)

"Kids who are considered 'bad kids' or are causing trouble need support. They often are misunderstood and are for the most part going through a lot, feel alone, and feel like outcasts. School may not resolve these issues. Students need to be heard. Peer counseling can reach kids more successfully than adults who often seem like they are lecturing."

MHSSA Implementation Successes

MHSSA grant partners report successes in building strong partnerships, transforming schools into centers of wellness by expanding a continuum of school-based mental health services and providing students and families with access to services that are making a difference in their lives. The following themes emerged as successes of MHSSA from the grantee perspective.

MHSSA deepens partnerships at the local level

Local county partners report that MHSSA funding has deepened and enhanced partnerships between K-12 education and county mental health. This includes greater trust and collaboration, improved service coordination for students and families, and leveraging Medi-Cal and private insurance to cover the cost of services.

MHSSA expands the continuum of mental health services in schools

Local MHSSA partners have expanded prevention, early intervention, treatment, and crisis services on school campuses. These are services that would not have been available otherwise, with over 250,000 students served.

MHSSA increases awareness and destigmatizes mental health

By providing outreach/training and expanding the continuum of services and supports, grant partners report increasing mental health awareness and the normalization of students seeking services on school campuses.

MHSSA services are making a difference in the lives of students and families

MHSSA grant partners regularly share with Commission staff stories about how MHSSA is making a difference in the lives of students and families. Anecdotal reports from grant partners demonstrate the different ways that MHSSA services are improving student outcomes.

MHSSA services engage and educate parents and caregivers

Grant partners report that providing individual counseling to students on school campuses has enabled them to involve families in treatment and provide them with education to help them better understand and support their child.

Lessons Learned

The following are key lessons the Commission has learned from grant and community partners during MHSSA implementation:

1. **Local MHSSA activities and services are heterogeneous and tailored to meet local needs and gaps in services.** Allowing MHSSA grant partners the flexibility to respond to local needs has been a successful feature of the MHSSA grant program but has also presented challenges for conducting a statewide evaluation and establishing consistent metrics for monitoring and reporting.

2. **MHSSA partners have built and strengthened partnerships but need additional guidance to support local success.** Sustainability is a key concern among MHSSA grant partners. Partners report needing additional funding and sustainability planning to meet local needs, particularly since grants are scheduled to end as early as 2025.

3. **The need for school mental health services often exceeds local capacity.** Partners report that the demand for services is often higher than the availability of services. Hiring and retaining staff continues to be a challenge for MHSSA grant partners, especially in rural counties with more severe mental health professional shortages.

4. **School mental health standards are needed in California to drive quality improvement.** MHSSA grant partners have asked the Commission for guidance in building their local school mental health systems. In California, there are currently no agreed-upon guidelines or standards to support local communities in designing their school mental health systems, monitoring implementation, and measuring outcomes.

5. **Alignment of California's school mental health initiatives is important for local success.** Multiple youth and school mental health funding initiatives in California have benefited local communities but also created stress and overburdened staff who prepare grant proposals, manage different grant programs, track different funding streams, and meet different reporting requirements.

These lessons learned provide a roadmap for what California should prioritize next to continue moving closer toward a vision of schools as centers for wellness. Achieving this vision will require effective and sustainable comprehensive school mental health systems that promote a positive school climate and support the mental health and wellness needs of students and school staff. Through MHSSA, the Child and Youth Behavioral Health Initiative, and other school mental health initiatives, California has made tremendous strides in building the capacity of schools to develop comprehensive school mental health systems. However, there is work to be done to promote this model and its core features across the state.

Recommendations

The MHSSA is part of a broader investment in California's children and youth behavioral health system. To support long-term local success in comprehensive school mental health systems will require a shared understanding across California agencies of both the systems change goals California is working toward and the metrics to measure progress. It is imperative that the state look toward the future and ensure that its investments are efficient, effective, and sustainable.

Based on community feedback and lessons learned during MHSSA implementation, the Commission offers the following three recommendations for the State to consider:

1

LEADERSHIP

The State should establish a leadership structure for youth behavioral health that includes the California Health and Human Services Agency, the California Department of Education, county offices of education, and others to coordinate and align school mental health initiatives and develop a long-term strategy for building sustainable, comprehensive school mental systems in every K-12 school in California. That strategy should design effective ways for the health and education systems and their partners to collaborate with youth and families to deliver a continuum of behavioral health services and supports in schools.

2

ADEQUATE AND RELIABLE FUNDING

As California builds the necessary capacity and infrastructure for comprehensive school mental health services, the State should make additional investments to fill the gap between implementation and long-term sustainability. Funding should be adequate, consistent, aligned, and incentivized to achieve desired outcomes.

3

ACCOUNTABILITY

The State, as part of its strategy to build comprehensive school mental health systems, should develop an accountability structure including school mental health standards and metrics that reports back to youth, parents, teachers, leaders, and other invested partners to show progress toward established goals. This accountability system should include a heavy emphasis on reducing disparities and promoting educational equity.

INTRODUCTION

The Imperative for School Mental Health

The mental health crisis of youth is well documented, particularly in light of the COVID-19 pandemic. The 2023-24 California Healthy Kids Survey of California's 11th graders found that:

45%
report feelings of optimism about their life

31%
report chronic sadness and hopelessness

28%
report experiencing social and emotional distress

12%[4]
report having considered suicide

Although the mental health of California's youth has slightly improved since the COVID-19 pandemic, the seriousness of the crisis continues, particularly for LBGTQIA students, students in the foster care and juvenile justice systems, students from communities of color, and students living in rural settings.

Unmet mental health needs can disrupt learning and lead to negative student academic outcomes such as chronic absenteeism, poor grades, and eventually failure to graduate from high school. Schools are a primary location for promoting wellbeing, supporting early identification of student mental health needs and access to services.

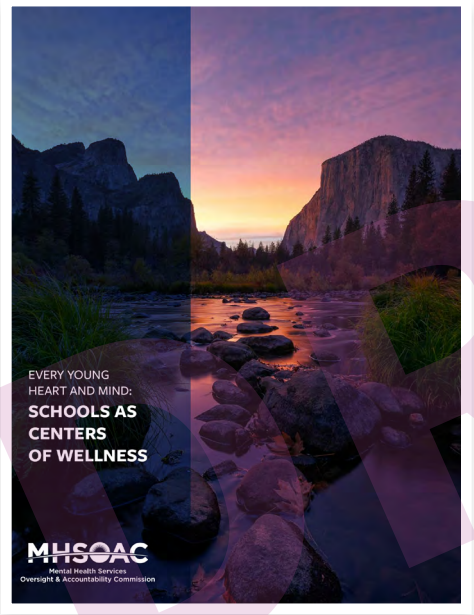
Improved access to mental health services is foundational to supporting children and youth as they develop into healthy, resilient adults. Comprehensive school mental health models and integrated services that are tailored to individual and family needs have the best chance of improving health and academic outcomes.

The Mental Health Student Services Act (MHSSA) is intended to foster stronger partnerships between education and health systems to leverage resources to help students succeed. The MHSSA incentivized counties and local education agencies to enter into partnerships to provide a continuum of behavioral health services to students, with an emphasis on prevention and early intervention. These partnerships offer an opportunity to reach children and youth in an environment where they are comfortable and that is accessible.

[4]California Healthy Kids Survey, 2023-24: Mental Health Report Card, https://calschls.org/docs/sample_sec_district_mhr_2324.pdf.

Schools as Centers of Wellness

The Commission works to transform systems by engaging diverse communities and employing relevant data to advance policies, practices, and partnerships that generate understanding and insights, develop effective strategies and services, and grow the resources and capacity to improve positive behavioral health outcomes for every Californian. The Commission, with support from the Governor and the Legislature, has developed the distinct roles required to shape policies and drive practices and system-level improvements. As part of its role, the Commission seeks to drive transformational change in school mental health so that every child can succeed and thrive.



In 2020, the Commission released its report "Every Young Heart and Mind: Schools as Centers of Wellness," and recommended that the State make a significant multi-year investment to build and enhance partnerships between county behavioral health departments and local education agencies. The Mental Health Student Services Act (MHSSA) realized this vision.

To achieve the vision of schools as centers for wellness requires effective, comprehensive school mental health systems that promote a positive school climate and support the mental health and wellness needs of students and school staff. As illustrated below, the National Center for School Mental Health identified eight core features of comprehensive school mental systems. These core features are interrelated and essential to the success of implementing comprehensive school mental health systems. For example, schools and their partners (in collaboration) should regularly conduct needs assessments to identify student needs and map existing resources to assess gaps in services and support.

Core Features of a Comprehensive School Mental Health System*

California has made considerable progress in building the capacity of schools to develop comprehensive school mental health systems. Governor Gavin Newsom's office released the Master Plan for Kids' Mental Health (California for All, 2023), supporting the vision of schools as centers of wellbeing. The core of CYBHI is a five-year, $4.6 billion investment that reimagines how California supports youth mental health. Several CYBHI workstreams are designed to offer school-linked services, such as the Statewide Multi-Payer School-Linked Fee Schedule, School-Linked Partnerships and Capacity Grants, and the Student Behavioral Health Incentive Program, to name a few. In addition, through the California Community Schools Partnership Act, the state has invested $4.1 billion to establish community schools that connect youth and families to essential services including behavioral health services.

* Adpated from Hoover, S., Lever, N., Sachdev, N., Bravo, N., Schlitt, J., Acosta Price, O., Sheriff, L. & Cashman, J. (2019). Advancing Comprehensive School Mental Health: Guidance from the Field. Baltimore, MD: National Center for School Mental Health. University of Maryland School of Medicine.

MENTAL HEALTH STUDENT SERVICES ACT

The Mental Health Student Services Act (MHSSA), authorized by Senate Bill 75 as part of the State's 2019 Budget Act, provides grants for partnerships between county behavioral health departments and local education agencies (LEAs) to deliver school-based mental health services to young people and their families. The goals of MHSSA are to provide highly accessible, comprehensive, and effective services in schools, which are central to the lives of families and where children spend almost one-third of their lives (180 days a year). A key tenet is preventing mental health conditions from developing and intervening early when students show signs of risk to reduce the need for higher-level, more intensive services.

The Commission awarded MHSSA grant funding in three phases (as funding became available) to 57 county behavioral health departments, including two city municipalities, and their LEA partners. The table on the next page provides a description of the grant phases and total funding amounts. See Appendix A for more information about the history of each phase and the source of funding.

PHASE 1	PHASE 2	PHASE 3
18 partnership grants awarded in 2020, totaling	19 partnership grants awarded in 2021, totaling	20 partnership grants awarded in 2022, totaling
$74,849,047	**$77,553,078**	**$54,910,420**

Grant awards are generally for four years, with Phase 3 grants scheduled to end in December 2026. In 2023, the Commission made available additional MHSSA funding to existing MHSSA grant partners through a request for applications (RFA). Forty-one MHSSA grantees were awarded additional MHSSA funds to expand their capacity, activities, and services.

In May 2024, the Commission issued a request for applications to award additional MHSSA funds, totaling $25 million. To identify the best use of these funds, the Commission held community listening sessions and conducted surveys of MHSSA grant partners. The Commission learned of specific needs and gaps that informed the targeted use of MHSSA funds in four categories: (1) services for vulnerable or marginalized youth; (2) universal screening learning community; (3) quality improvement and sustainability; and (4) other areas to be identified by the grant applicant. Fifty-one grants across the four categories were awarded in August 2024 to 29 counties.

To date, the Commission has awarded a total of $280 million in MHSSA grant funding.

Mental Health Student Services Act Grant Program Timeline

	2020	2021	2022	2023	2024
PHASE	Phase 1	Phase 2	Phase 3	Additional funding	New targeted grants*
GRANTEES	18 grantees	19 grantees	20 grantees	41 existing grantees	29 grantees
TOTAL FUNDING	$74,849,047	$77,553,078	$54,910,420	$47,687,455	$25,000,000
Total $ Awarded to County/School Partners = $280,000,000					

* Four categories: (1) services for vulnerable or marginalized youth; (2) universal screening learning community; (3) quality improvement and sustainability; and (4) other areas to be identified by the grant applicant.

MHSSA operates in 57 of California's 58 counties, as well as in the city municipalities of Berkeley and Tri-City.

Grants partners were given the flexibility to design school mental health activities and services that were responsive to local needs. To support local implementation of MHSSA, the Commission established an MHSSA Learning Collaborative that meets quarterly to share best practices and provide implementation support. The Commission, in consultation with MHSSA grant partners, is currently implementing a statewide Technical Assistance (TA) strategy to respond to implementation barriers and challenges and support ongoing learning and quality improvement.

MHSSA grant partners report local successes.

MHSSA is deepening partnerships at the local level by building greater trust and collaboration across sectors, improving service coordination, and leveraging Medi-Cal and private insurance to cover the cost of services. MHSSA also has expanded the availability of a continuum of services in K-12 schools, including crisis services. Grant partners report that the increase of mental health services on school campuses has increased awareness of student mental health needs and led to less fear and stigma in seeking services. Lastly, grant partners report that MHSSA is making a difference in the lives of students by engaging parents and caregivers to increase their mental health knowledge and ability to emotionally support their child. Grant partners are reporting positive student outcomes such as increased school engagement, attendance, and high school graduation.

BUILDING AND STRENGTHENING LOCAL PARTNERSHIPS

MHSSA grants build and strengthen partnerships across behavioral health, education, and the community.

As the figure below illustrates, MHSSA grant partners include county behavioral health departments, county offices of education or superintendent of schools, school districts and schools, charter schools, community-based organizations, and other partners. The list of MHSSA partners continues to grow as counties expand their partnerships to meet the needs of students and families in their local communities. It is anticipated that in the next round of MHSSA funding (August 2024), new partners such as those from the child welfare and juvenile justice systems will be added to MHSSA partnerships to better serve system-involved youth.

> *"This partnership is helping to break down communication barriers and build partnerships not only across districts but also between district and behavioral health partners."*
>
> **– MHSSA GRANTEE**

MHSSA Partnerships

57 county behavioral health departments

50 county offices of education/county superintendents of school out of 58 counties

440 districts

2,161 K-12 schools

221 charter schools

39 community-based organizations and other partners

MHSSA funded both established and new partnerships. As a result, there is variation across grant partners in their history of working together and degree of collaboration.

Prior to MHSSA, some partners had established inter-agency relationships and agreements; some are using MHSSA dollars to deepen those relationships and address an unmet need and/or service gap in their local schools and communities. For example, prior to the passage of MHSSA, Fresno County Department of Behavioral Health and Fresno County Superintendent of Schools established the All 4 Youth partnership program to provide services to youth and their families in schools, in the community, or in the home. To expand the reach of All 4 Youth, Fresno County used their MHSSA dollars to build and operate four Wellness Centers in four schools in areas of the county where there was a high concentration of underserved students and families.

Other MHSSA grant partners are in the process of building new relationships and strengthening existing relationships. For example, San Benito partners include the San Benito County Behavioral Health Department, San Benito County Office of Education, and local school districts. Together they have established a Mental Health Provider Network and are developing protocols and routines that establish sustainable coordination of services between entities. For example, the San Benito County partners have developed a universal referral form and process that all partners have agreed to use to better serve students and coordinate services.

An evaluation of MHSSA will examine in more detail its impact on cross-system partnerships, and specifically how relationships are built and strengthened to provide a coordinated and sustainable continuum of mental health services and supports to students and their families.

EXPANDING ADMINISTRATIVE CAPACITY AND DIRECT SERVICES

MHSSA grant dollars are primarily used to fund the hiring of staff to provide administrative oversight and direct mental health services on school campuses. In total, MHSSA funds more than 480 staff in 57 California counties. Approximately 73 percent of these staff provide direct mental health services and supports and include licensed clinicians, case managers, and paraprofessionals such as parent advocates and mentors. Since MHSSA partnerships require dedicated staff time and ongoing cultivation, the other 27 percent of staff provide grant administration and support MHSSA partnership development and coordination.

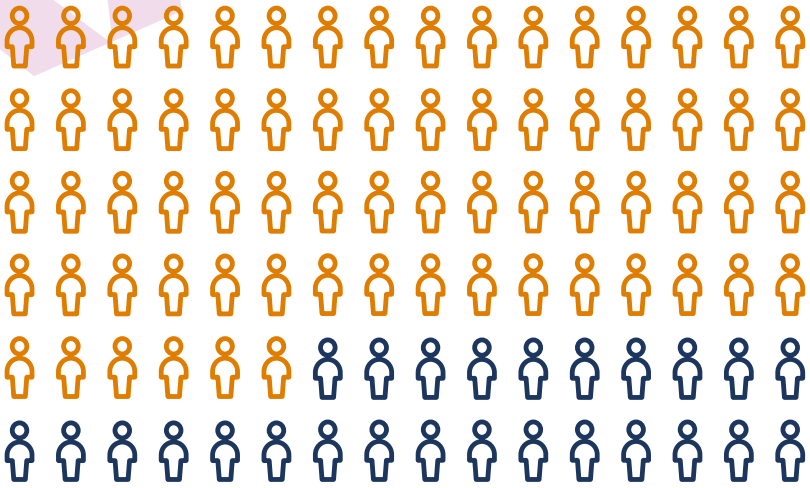
Staff Funded Under MHSSA

483
staff currently funded under MHSSA

353
staff providing direct mental health services and supports

\+

130
staff providing administration, partnership development, and coordination



One figure represents five funded staff members

LOCAL MHSSA SPOTLIGHT

Kern County

Kern County uses MHSSA funds to hire mental health teams that provide direct services on school campuses. These teams include licensed clinical social workers, licensed marriage and family therapists, case managers, substance use specialists, and AmeriCorps mentors. Mental health teams provide the following services to students:

- Screen foster and homeless youth for adverse childhood experiences (ACEs).
- Pilot universal screening for all students.
- Provide check-in/check-out rapid response intervention to support academics, behavior, and social and emotional health.
- Provide school-based therapeutic services for youth during and after school.
- Provide families with community referrals and resources.
- Provide substance use counseling and case management services.

CREATING TAILORED SOLUTIONS

MHSSA legislation allowed for flexibility in grant programs if they meet MHSSA goals (citation). Thus, local partners use MHSSA grant dollars to create solutions tailored to the needs of students, communities, and gaps in service delivery. In other words, there is variation in MHSSA activities and services, target populations, and reach across the county.

To begin to categorize the heterogeneity of MHSSA grant services and activities, the Commission's evaluation partner WestEd conducted a thematic analysis of grant summaries that included for each county its total MHSSA funding, a list of partners, and a high-level narrative of proposed activities and services.

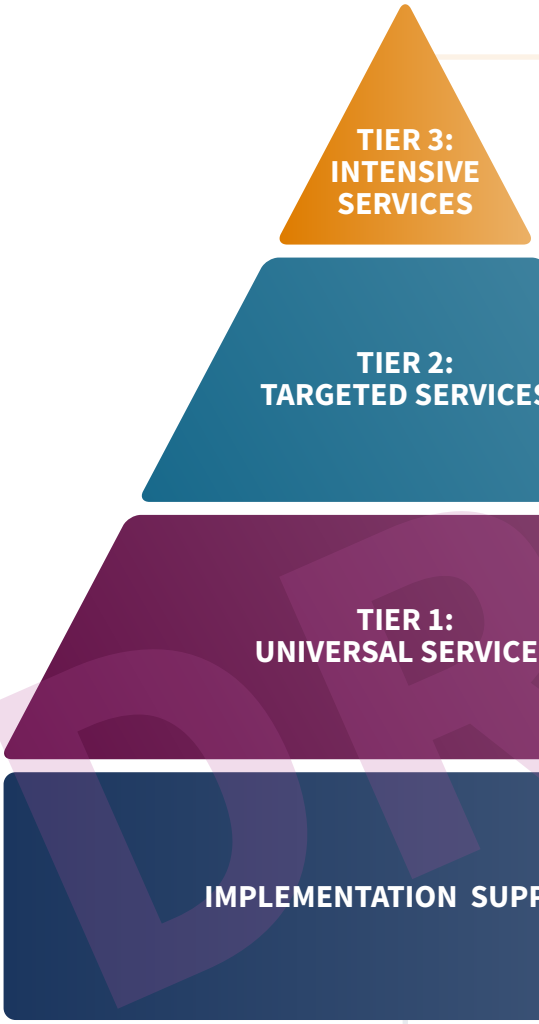
> *"[We] identify gaps and work to find ways to expand services to meet those needs."*
>
> **– MHSSA GRANTEE**

Based on an analysis of the grant summaries, local MHSSA activities and services can be categorized into four broad categories:

- Implementation support (e.g., teaming, capacity building, and training)
- Tier 1 universal prevention and wellness promotion
- Tier 2 targeted, early intervention
- Tier 3 intensive intervention

The figure on the following page illustrates the types of activities and services that fall into each category. All counties report MHSSA activities and services that span at least two of the four categories, with many touching on all four. One of the key investigations of the statewide MHSSA evaluation will be to learn what activities and services ultimately resulted from the partnerships in each county, and if, how, and why these changed over time.

Categories of MHSSA Activities and Services



- Individual counseling and treatment
- Case management
- Referral and system navigation
- Telehealth
- Behavioral support
- Substance use treatment
- Crisis services
- Psychiatric services

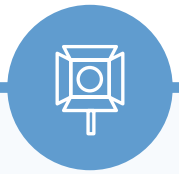
- Small group counseling and support
- Mentoring (e.g., peer-to peer, adult-student)
- Family/parent programs/training
- Youth leadership development
- Check-in/check-out interventions

- Mental health awareness/ literacy promotion
- Screening
- Social and emotional learning
- Behavior management/PBIS
- Trauma-informed and restorative practices
- School climate
- Bullying and violence prevention
- Dropout prevention

- Collaboration/partnering
- Teaming
- Staff training and professional development
- Coaching and consultation
- Culturally responsive and equity centered
- Systems capacity building and continuous improvement
- Procedure/protocol development
- Medi-Cal billing

Implementation Support

The vast majority of MHSSA grantees (95 percent) reported plans to use MHSSA funds to support systems implementation (i.e., to facilitate capacity building and sustainable systems change). The most common implementation support activities were collaboration and partnering, building teams and teaming, and staff training and professional development.



LOCAL MHSSA SPOTLIGHT

San Diego County

San Diego County expands suicide prevention policies and practice through the Creating Opportunities for Preventing & Eliminating Suicide (COPES) Initiative. To build capacity, 31 COPES local education agencies (LEAs) provided 675 mental health and suicide prevention trainings and events in their school communities that engaged over 60,000 students, 850 staff, and 3,000 parents and caregivers.

All participating COPES local education agencies (LEAs) currently:

- Use an evidence-based screening tool.
- Collect data on suicide risk screenings.
- Receive formal training on conducting risk screenings and providing suicide intervention.

In addition, 84% of participating schools have current resources and information about suicide prevention on their website and 56% offer training to families/caregivers on suicide prevention.

Between July 2022–June 2023, COPES LEAs conducted 3,387 suicide risk screenings.

675

mental health and suicide prevention trainings and events in school communities that engaged over 60,000 students, 850 staff, and 3,000 parents and caregivers

3,387

suicide risk screenings conducted*

84%

of participating schools have current resources and information about suicide prevention on their website

56%

offer training to families/caregivers on suicide prevention

* between July 2022–June 2023

Providing a Continuum of Services and Supports: Tiers 1, 2, and 3

MHSSA grantees report transforming schools into centers of wellness by providing a continuum of services and supports to elementary, middle, and high school students. The most common framework that grantees use for organizing and delivering services in schools is a Multi-Tiered System of Support (MTSS): Tiers 1, 2, and 3. The following provides the percentage of grantees that reported plans to provide a specific tier of service or support using MHSSA grant dollars.

81%

reported plans to provide Tier 1 or universal services and activities.

68%

reported plans to provide Tier 2 or targeted group services and activities.

98%

reported plans to provide Tier 3 or intensive individual services and activities.

46% reported plans to provide crisis intervention services, including general crisis intervention, suicide crisis intervention, and mobile crisis services.

LOCAL MHSSA SPOTLIGHT

Sacramento County

Sacramento County places a mental health clinician in every school. A partnership between the Sacramento County Office of Education and the Sacramento County Department of Health Services established an innovative way to address children and youth mental health – placing a mental health clinician in every school in the county to work within a continuum of care at the school site, transforming the schools into centers of wellness. The clinicians provide direct mental health services while also working with school staff to integrate social emotional and relationship-building strategies into the entire school community.

In Sacramento County, currently 40 schools in 12 school districts have an onsite mental health clinician that provides services to the school community. Since October 2021 – September 2023, 770 students have received mental health sessions. Of the 7,959 therapy sessions provided, 90% are reimbursable by Medi-Cal.

40 SCHOOLS & **12** SCHOOL DISTRICTS
are provided with services

770 STUDENTS
received direct mental health services since October 2021

90% OF THERAPY SESSIONS
are reimbursable by Medi-Cal

Wellness Centers

Approximately one in four MHSSA grantees report planning to establish wellness centers on school campuses to provide a continuum of mental health services and supports (often using an MTSS framework) to students and families. Wellness centers provide safe and supportive environments for students to step out of the stresses of a school day, seek mental health support and information, and connect with others. The Commission facilitated student-led discussions on preferred strategies to meet student mental health needs and wellness centers represented the most student-friendly proposal under discussion. The Commission has supported cross-partnership collaboration on how to best design and implement student wellness centers to meet student mental health needs.

LOCAL MHSSA SPOTLIGHT

Santa Clara County

Santa Clara County partners established wellness centers and programs on 18 school campuses. Wellness center activities and services:

- Are informed by Youth Advisory Boards
- Adapt to meet the culture and climate of the school community
- Provide a full continuum of services and support (MTSS)

In the 2022-2023 school year, wellness centers supported over 10,000 student visits. Students reported feeling calmer and less anxious after visiting a wellness center, and over 97 percent said they would like to return for a visit.

Santa Clara Office of Education published "An Introduction to the Wellness Center Model" to support local education agencies and their partners in planning and implementing wellness centers.

STUDENTS RECEIVING MHSSA SERVICES AND SUPPORTS

The Commission collects data on a biannual basis from MHSSA grantees on services provided, the number of students served and their demographic characteristics to meet legislative reporting requirements. To develop a data reporting tool for MHSSA, the Commission conducted extensive engagement with grantees to understand what data are available and feasible to collect/report.

The Commission learned that grant partners vary in their capacity to collect, store, and report MHSSA data. Thus, the data the Commission receives varies in terms of completeness, accuracy, and quality. Thus, the student numbers presented below are approximations of students served and are likely an undercount. The Commission is in the process of establishing MHSSA technical assistance to improve the grant partner's ability to collect and report school mental health data.

The Commission conducted a survey on technical assistance (TA) needs and found that more than 80 percent of MHSSA grant partners reported needing TA for data collection and reporting, and specifically:

- **Setting up data collection systems.**
- **Navigating HIPAA and FERPA laws to share data across partners.**
- **Utilizing data to inform program planning and decision making.**

During the 2022-23 school year, the Commission received data submissions from 45 out of 57 grant partners. The table below presents the approximate number of students receiving Tiers 1, 2, and 3 services funded under MHSSA in 2022-23 by grade level. Other demographic variables such as race-ethnicity are not included in this report due to a lack of consistent reporting.

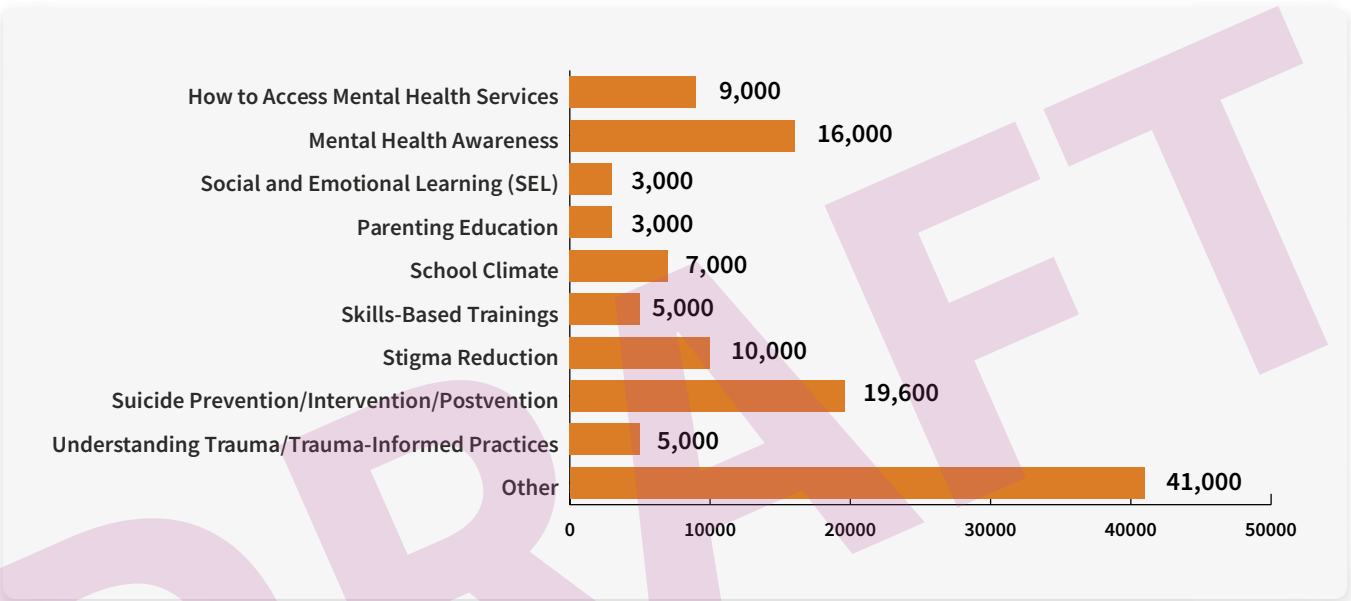
Twenty-one grantees reported providing Tier 1 services and 37 grantees reported providing Tier 2 and 3 services.

Approximate Number of Students Statewide Receiving MHSSA Services By Grade in 2022-23

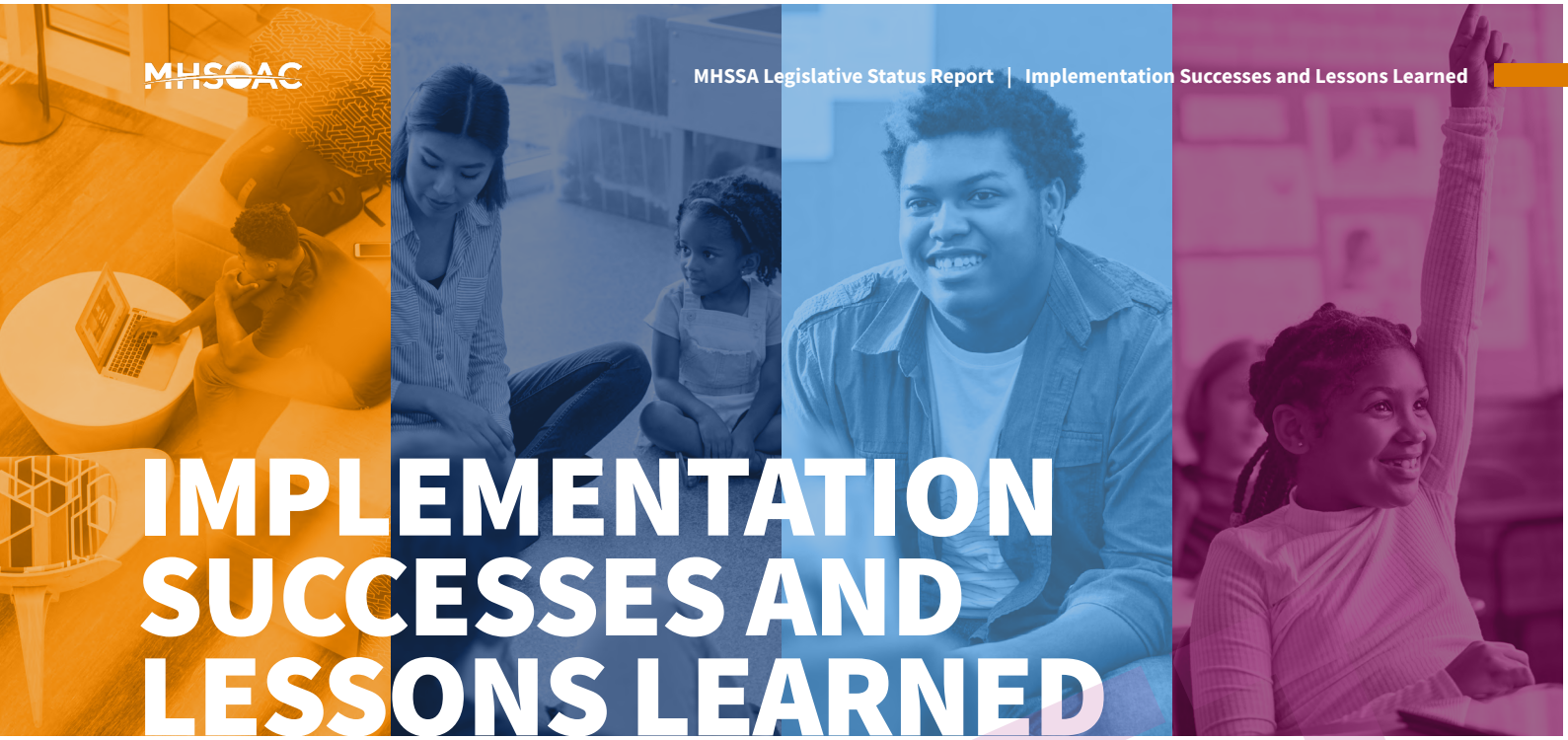
	TIER 1 SERVICES (21 grantees reporting)	TIERS 2 & 3 SERVICES (38 grantees reporting)
Elementary schools (grades PreK-6)	109,000	4,000
Middle schools (grades 7-8)	43,000	2,000
High schools (grades 9-12)	83,000	4,200
Other/Unknown	7,000	2,000
TOTAL	**242,000**	**12,200**

In addition to direct services, MHSSA grants support outreach and training for students, parents, staff, and others in the community. The figure below provides the approximate number of individuals trained in 2022-23 by type of training and outreach, as reported by 24 MHSSA grant partners. Please note individuals may have been trained across several training types. We will continue to work with state agencies, MHSSA grantees, students, parents, and other community partners to identify outcomes that matter for a wide range of perspectives.

Type of Training/Outreach and Approximate Number of Individuals Trained in 2022-23*



** 24 grantees reporting*



IMPLEMENTATION SUCCESSES AND LESSONS LEARNED

MHSSA grant partners report successes in building strong partnerships, transforming schools into centers of wellness by expanding a continuum of school-based mental health services and providing students and families with access to services that are making a difference in their lives. The following highlights a few of these successes and stories.

Implementation Successes

MHSSA Deepens Partnerships at the Local Level

Local county partners report that MHSSA funding has deepened and enhanced partnerships between K-12 education and county mental health. Specifically, MHSSA grants:

- **Build greater trust and collaboration across education and county mental health systems.** Grant partners report that MHSSA has been the impetus for bringing a diverse group of partners together to improve access to services in schools. By holding regular planning meetings, partners get to know each other, build trusting relationships, and establish common goals for working together.

> *"[For MHSSA] representatives from all five school districts, the County Office of Education, and the County Health and Human Services Agency (HHSA) have participated in the Project Implementation Workgroup and Steering Committee meetings. Within each Catchment area, representatives from the district, vendor, and HHSA attend regional committee meetings. A partnership/planning team consisting of the County HHSA and the Office of Education meet monthly to discuss implementation and ensure alignment."*
>
> **— STAFF/PROVIDER**

→ **Improve service coordination for K-12 students and their families.**
Grantees report that MHSSA partnerships are co-developing and implementing processes for improving the coordination of services, including improved referral pathways and closed referral loops.

> *"A high school student needing crisis services was evaluated using the Columbia Suicide Rating Scale. The tool called for referral to behavioral health for crisis services. This linkage was successful and demonstrated a seamless integration between [county name] Wellness Center sites and county mental health."*
>
> **— STAFF/PROVIDER**

→ **Leverage Medi-Cal and private insurance to cover the cost of services.**
Grantees report that their partners are working together to bill Medi-Cal and private insurance.

> *"The County's success continues to be the collaborative relationship that is being created between County Behavioral Health and the County Office of Education. This collaboration will help our students for years to come. We have a plan to Medi-Cal site certify all school campuses in [name] County."*
>
> **— STAFF/PROVIDER**

LOCAL MHSSA SPOTLIGHT

Sustainability

ALAMEDA COUNTY

The Alameda County of Education (ACOE) seeks to align MHSSA and the Student Behavioral Health Incentive Program (SBHIP) assessments, identify additional funding opportunities, and build the infrastructure to support insurance billing during the CalAIM transition.

ACOE is working to support local school districts in building out the infrastructure to bill for services and increase long-term sustainability and expansion of site-based mental health services, as part of SBHIP and CalAIM and the larger landscape. To support this work, ACOE hosts monthly "Funding Learning Exchange" meetings countywide.

NAPA COUNTY

Napa County is building sustainability through the intersection of MHSSA, and the Statewide Multi-Payer School-Linked Fee Schedule.

The Napa County Office of Education (COE) has begun working with Kaiser Permanente as a new partner in the region to provide mental health services to K-12 students in the county. Napa COE reported to the Commission that their school districts are excited to partner with Kaiser, look forward to interconnected support for school mental health services as the Fee Schedule launches across California, and greater coordination of closed-loop referrals, as the wait time for services can be long.

MHSSA Expands the Continuum of Mental Health Services in Schools

As detailed above, MHSSA through local partnerships has expanded a continuum of Tiers 1, 2, and 3 services, and crisis services on school campuses. These are services that would have not been available without MHSSA funding, with over 250,000 students served. MHSSA grant partners report that the increase of mental health services on school campuses has increased awareness of student mental health needs and led to less fear and stigma in seeking services. These efforts have been augmented by over 26,000 individuals receiving mental health awareness and stigma reduction training through MHSSA.

MHSSA INCREASES AWARENESS AND DESTIGMATIZES MENTAL HEALTH

By providing outreach/training and expanding the continuum of services and supports, grant partners report increasing mental health awareness and the normalization of students seeking services on school campuses.

Imperial County reported that staff and students at one of their schools have been enthusiastic about new mental health campaigns, events, and initiatives. For example, during May 2023, Imperial reported that over 500 students and staff participated in mental health campaign events, and 2,000 students attended a mental health resource fair. Imperial reported that these events have increased school staff mental health awareness and the motivation to look out for students and refer them to school-based mental health services if needed.

Ventura grant partners have observed that ninth-grade students have been the main population accessing high school wellness centers, noting that most of these ninth-graders came from a middle school that had a wellness center on campus. Ventura County reports that these students are extremely comfortable accessing the centers, resources, and services when needed. Many even bring in friends to introduce them to the center. Ventura concludes that the stigma around mental health and services is slowly decreasing due to the introduction of wellness centers across their county.

MHSSA Services Are Making a Difference in the Lives of Students and Families

> *"I started feeling very depressed, I had many absences and was going to get kicked out of school. I started going to therapy at school each week. I also learned that it is important to face my anxiety and all my fears and not avoid it. It helped that my therapist talked to my mom a lot because my mom also learned how to help me start feeling better. Today, I am a lot better."*
>
> **— YOUTH**

MHSSA grant partners regularly share with Commission staff stories about how MHSSA is making a difference in the lives of students and families. Anecdotal reports from grant partners demonstrate the different ways that MHSSA services are improving student outcomes. These outcomes include, but are not limited to:

- Increased student wellbeing and quality of life
- Improved ability to reach goals like graduating from high school
- Improved school engagement and ability to make friends
- Improved school attendance and grades
- Reductions in anxiety, depression, self-harm, and other trauma-related symptoms

MHSSA SERVICES HELP STUDENTS GRADUATE

MHSSA legislation identifies several outcomes for the grant programs to achieve, including the reduction of school failure. Across California, grant partners are sharing stories about how MHSSA services are enabling students at risk of school failure to graduate from high school.

In Humboldt County, a student was at risk of not graduating from high school due to poor grades. This student had been diagnosed with a chronic health condition that had impacted his academics and engagement with school and caused significant anxious and depressive symptoms that led to a mental health crisis. Support was provided to the student and family via teletherapy and in-person sessions. The student graduated from high school and began a paid community internship program, which has increased his wellbeing.

In Imperial County, a student's family had experienced a tragedy and were struggling to cope. The student was suffering, and they were at risk of not graduating. The student's goal for seeking services was to "feel okay" and be the first person in his family to graduate from high school. The school-based clinician worked together with the student allowing him space to process the loss and share his trauma for the first time. Talking about how he felt opened the door for him to share with his mom. Having each other's support in their grieving process helped them both. The student met his goal and became the first person in his family to graduate from high school.

Grant partners report that MHSSA services are engaging parents to improve student outcomes. Under the MHSSA grant program, local communities provide training and education to parents on a range of topics such as mental health awareness, and social and emotional learning.

MHSSA SERVICES ENGAGE AND EDUCATE PARENTS AND CAREGIVERS

Grant partners report that providing individual counseling to students on school campuses has enabled them to involve families in treatment and provide them with education to help them better understand and support their child.

In Riverside County, a student was barely attending school, struggling with anxiety and self-harm, and had no friends. She began receiving services at school and, with staff support and the involvement of her mother in her treatment plan, has made tremendous progress. She is no longer self-harming and has started making friends who she eats lunch with every day. A parent partner is also working with her mother to provide psychoeducation and parenting tips to bring more calmness and stability to the household. The student's younger sibling has significant behavioral issues, and the parent partner is providing support in accessing services for this child as well.

LOCAL MHSSA SPOTLIGHT

Solano County

SOLANO COUNTY SCHOOL-BASED MOBILE CRISIS RESPONSE SYSTEM

Solano County Behavioral Health and Solano County Office of Education (SCOE) have partnered with local education agencies to address increasing rates of Solano County youth requiring intervention for suicidal ideation. Solano County partners established a uniform school-based mobile crisis response system that responds to students experiencing a mental health crisis at school. Solano County provides crisis services to 79 local K-12 schools, which represents most schools in the county.

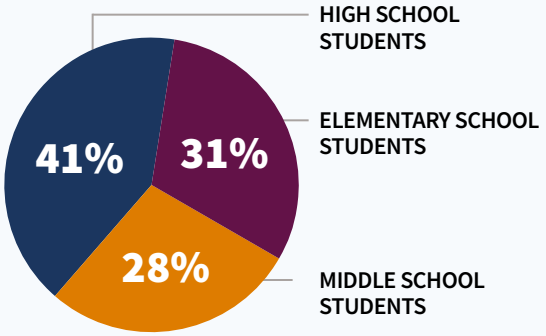
The Mobile Crisis Response team, housed at SCOE, provides the following services during school hours:

- Hotline crisis intake.
- In-person assessments and direct interventions (e.g., de-escalation, safety planning) to students in crisis at school.
- Brief case management to support students' successful integration back into school and linkage to additional services.

There are no insurance requirements for receiving these services. If there is an overt safety risk to students, SCOE responds to the crisis in partnership with local law enforcement.

Solano County partners use data to guide programming and serve their community. Since the beginning of the MHSSA grant, SCOE has responded to 697 student mental health crises (unduplicated students).

PERCENTAGE OF STUDENTS IN CRISIS BY SCHOOL LEVEL



40%

of mental health crises involved LGBTQ+ students

74%

of students (518 out of 697) were stabilized at their school site and did not require an emergency room visit or hospitalization

Lessons Learned

The following are key lessons the Commission has learned from grant and community partners during MHSSA implementation:

1. **Local MHSSA activities and services are heterogeneous and tailored to meet local needs and gaps in services.** Allowing MHSSA grant partners the flexibility to respond to local needs has been a successful feature of the MHSSA grant program but has also presented challenges for conducting a statewide evaluation and establishing consistent metrics for monitoring and reporting.

2. **MHSSA partners have built and strengthened partnerships but need additional guidance to support local success.** Sustainability is a key concern among MHSSA grant partners. Partners report needing additional funding and sustainability planning to meet local needs, particularly since grants are scheduled to end as early as 2025.

3. **The need for school mental health services often exceeds local capacity.** Partners report that the demand for services is often higher than the availability of services. Hiring and retaining staff continues to be a challenge for MHSSA grant partners, especially in rural counties with more severe mental health professional shortages.

4. **School mental health standards are needed in California to drive quality improvement.** MHSSA grant partners have asked the Commission for guidance in building their local school mental health systems. In California, there are currently no agreed-upon guidelines or standards to support local communities in designing their school mental health systems, monitoring implementation, and measuring outcomes.

5. **Alignment of California's school mental health initiatives is important for local success.** Multiple youth and school mental health funding initiatives in California have benefited local communities but also created stress and overburdened staff who prepare grant proposals, manage different grant programs, track different funding streams, and meet different reporting requirements.

These lessons learned provide a roadmap for what California should prioritize next to continue moving closer toward a vision of schools as centers for wellness. Achieving this vision will require effective and sustainable comprehensive school mental health systems that promote a positive school climate and support the mental health and wellness needs of students and school staff. Through MHSSA, the Child and Youth Behavioral Health Initiative, and other school mental health initiatives, California has made tremendous strides in building the capacity of schools to develop comprehensive school mental health systems. However, there is work to be done to promote this model and its core features across the state.

BARRIERS AND CHALLENGES TO IMPLEMENTATION

The Commission collects information from MHSSA grant partners on implementation barriers and challenges, successes, and lessons learned from several sources including monthly reports, site visits, and surveys.

Grant partners report five main barriers and challenges they have encountered (or are encountering) when implementing activities and services:

1. Developing partnerships across sectors
2. Hiring and retaining mental health providers and staff
3. Implementing activities and providing services
4. Collecting and reporting data to the Commission
5. Building fiscal sustainability to continue grant activities and services

These barriers have been consistent and ongoing for many grant partners, particularly in rural areas. One rural grant partner noted the difficulties are *"because rural aspects of living and the challenges that we face are extremely different than those in an urban setting. Isolation plays a huge factor, adequate transportation, poverty needs, everything is exacerbated in rural areas because of unique considerations."*

In response, the Commission is developing a technical assistance approach to provide guidance and support to MHSSA grant partners. Since California's Children Youth Behavioral Health Initiative workstreams (workforce training and capacity, developing ecosystem infrastructure and coverage) seek to address and rectify these common barriers, the Commission will collaborate with California's Health and Human Services Agency and other departments on how to best respond to local needs for capacity building and support.

1 Developing partnerships across sectors

Although MHSSA grant partners report success in building and strengthening local partnerships, some note that developing partnerships requires overcoming several challenges:

- Building trust and rapport with new partners, each of whom has their own unique culture, policies and procedures, etc.
- Overcoming the divide between different sectors to learn each other's language and terminology, systems and service delivery models, etc.
- Strategic planning and conducting needs assessments to set goals and priorities.
- Determining levels of administrative oversight and teaming structures.
- Engaging students and families for consultation and planning services.

2 Hiring and retaining staff mental health providers and staff

Grant partners report that hiring and retaining school mental health providers is a main barrier to implementing their school mental health activities and services. These barriers can include finding and hiring qualified mental health providers, particularly in rural areas, as well as retaining staff throughout the grant cycle.

3 Implementing activities and providing services

Grant partners report several barriers in establishing and providing a continuum of school mental health services on school campuses:

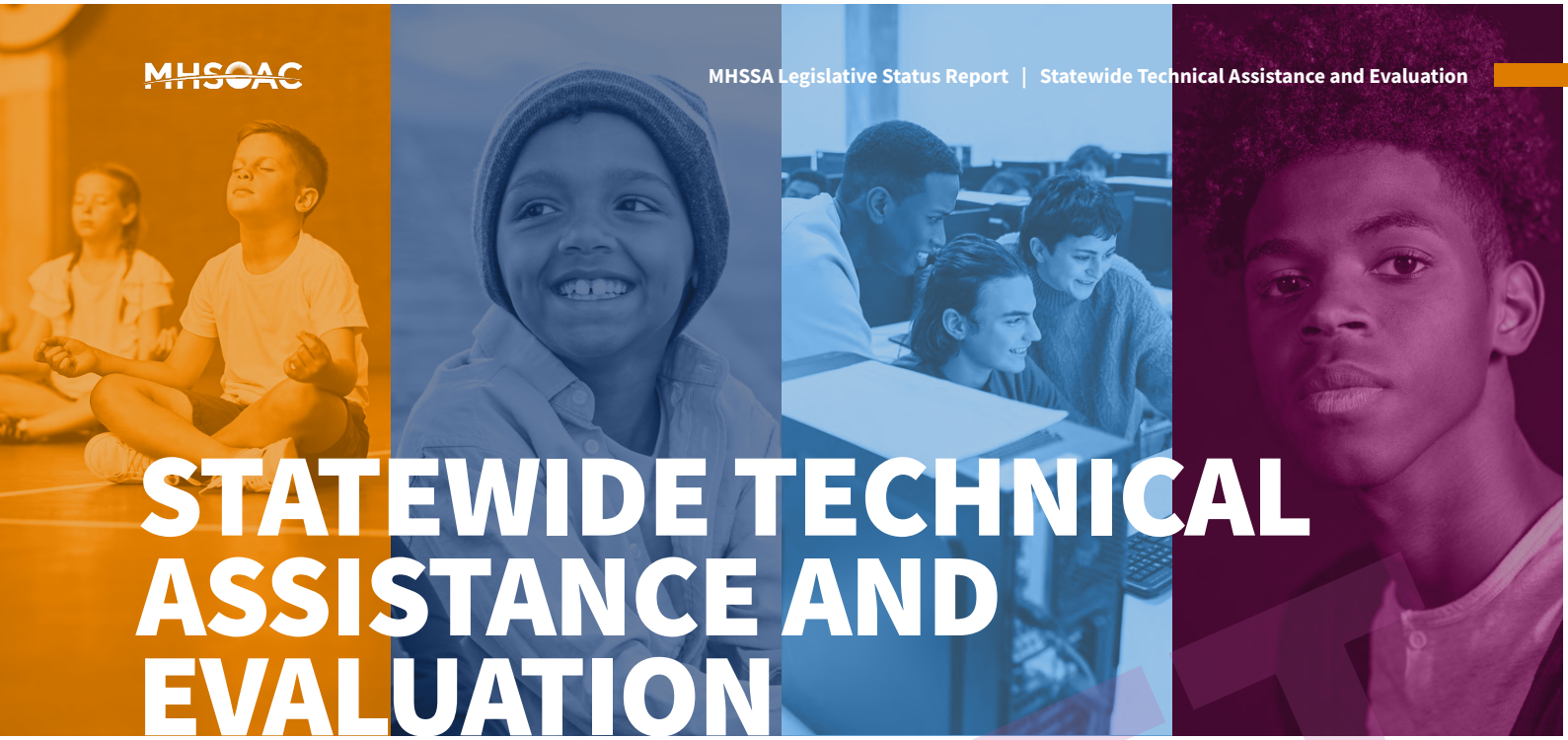
- Locating space on school sites to provide services or establish wellness centers.
- Responding to student and family needs for services, which often exceeds service availability and staff capacity.
- Managing multiple school mental health programs and initiatives makes implementation and coordination of activities and services difficult.
- Lack of community referral loops and providers.

4 Collecting and reporting data to the Commission

Although grant partners see the value in collecting data on MHSSA activities and services, they report several barriers to collecting and reporting data to the Commission, including lack of data systems and staff resources dedicated to data reporting, HIPAA/FERPA concerns around reporting individual-level data, and difficulty establishing memoranda of understanding with multiple partners.

5 Building fiscal sustainability to continue grant activities and services

MHSSA grant partners report concerns about how they will continue school mental health activities and services after MHSSA ends. In a survey of technical assistance needs, 86 percent of grant partners surveyed reported needing support to sustain their MHSSA activities and services after the grant ends. More than half of these grantees report needing support in establishing Medi-Cal billing, partnering with private health insurance companies, and blending and braiding these different funding streams.



STATEWIDE TECHNICAL ASSISTANCE AND EVALUATION

School Mental Health Technical Assistance

To address the technical assistance needs of MHSSA grant partners, the Commission partnered with the California School-Based Health Alliance in 2020 to produce the *California Student Mental Health Implementation Guide*.

The guide was recently updated in 2024 and includes resources designed to support local education agencies and county behavioral health departments as they work together to deliver comprehensive, high-quality school mental health.

Recently, the Commission established a Technical Coaching Assistance Grant to establish and implement Technical Coaching Teams to provide direct assistance to MHSSA grantees statewide. Three MHSSA grantees – Placer, Imperial, and Tehama – were awarded the grant to provide technical assistance support and direct consultation to other MHSSA grantees in four subject areas:

- **PARTNERSHIP DEVELOPMENT**
- **PROGRAM IMPLEMENTATION**
- **DATA COLLECTION AND REPORTING**
- **SUSTAINABILITY**

These four subject areas were identified by the Commission as creating barriers to success for MHSSA grant partners. In addition, a web-based information hub will be developed by a third-party statewide coordinator to be selected in 2024. The Technical Coaching Teams will begin providing support to MHSSA grantees in the summer/fall of 2024. The statewide coordinator will survey what technical assistance related to school mental health is being provided across the state, and work with those to providers to explore better coordination and alignment, so efforts are not duplicative.

MHSSA Evaluation

MHSSA legislation requires the Commission to develop metrics and a system to measure and publicly report on the performance outcomes of services provided using the grants. The Commission aims to conduct an evaluation that meets this legislative requirement and supports transformational change in school mental health. **In June 2023, the Commission partnered with WestEd to develop a framework and plan for evaluating the MHSSA.**

The Commission's primary goals for the evaluation are to:

1. Understand MHSSA implementation and successes, challenges, and lessons learned.
2. Understand the impact of MHSSA on different levels (a) cross-system partnerships; (b) services in schools and communities; and (c) student and family outcomes.
3. Understand the experiences of student subgroups and the provision of mental health services to close the equity gap.
4. Develop performance metrics that cut across systems to create a shared understanding of student success and wellbeing and close equity gaps.
5. Build capacity of school-county partnerships for data-driven approaches that inform continuous improvement toward effective and sustainable school mental health systems.

To evaluate the MHSSA, the Commission and its partner WestEd have engaged:

6 MHSSA Evaluation Workgroup meetings

24 listening sessions

16 youth from diverse backgrounds participating in a Youth Advisory Group

WestEd will submit a final evaluation plan to the Commission for approval in October 2024, after which implementation of the evaluation will begin. The MHSSA evaluation will be designed to promote systems change and a culture of learning for both MHSSA grant partners and the Commission which will be supporting technical assistance.

OPPORTUNITIES AND RECOMMENDATIONS

Under Governor Newsom's administration, California has made monumental investments to better support the mental health of its young population. Through initiatives such as the Children and Youth Behavioral Health Initiative, the Mental Health School Services Act, and its modernized public healthcare system known as CalAIM, California is building a full continuum of infrastructure and service systems that emphasize prevention and early intervention in mental health services.

Schools are an important access point for mental services in this continuum. To support long-term local success in school mental health will require a shared understanding across California agencies of both the systems change goals California is working toward and the metrics to measure progress.

California's historic investments in school mental health, including the Mental Health Student Services Act, have allowed for initial steps to be taken to develop school-based mental health services and supports across the state. However, many of these investments are one-time funds. In the next two to three years, MHSSA grant partners will be facing a "fiscal cliff" as their grants end, with many still in the process of building their partnerships and comprehensive school mental health systems. MHSSA grant partners are still learning to leverage Medi-Cal, private insurance, and blend and braid various funding streams. Grant partners need additional time and preparation to implement sustainability plans with the help of the Commission's statewide technical assistance team.

> *"Implementing new strategies for funding mental health in schools is not a sprint. It is a marathon and will take time and preparation. To be successful will require new partnerships, strategies, and staff collaborations."*
>
> **– COMMISSION PARTNER AND SUBJECT MATTER EXPERT**

Based on lessons learned during MHSSA implementation, the Commission offers the following three recommendations for the State to consider:

1 State School Mental Health Leadership

The State should establish a leadership structure for youth behavioral health that includes the California Health and Human Services Agency, the California Department of Education, county offices of education, and others to coordinate and align school mental health initiatives and develop a long-term strategy for building sustainable, comprehensive school mental systems in every K-12 school in California. The leadership structure would simplify the complex network of leadership, funding, and reporting under which counties currently operate, and foster collaborative leadership among state agencies, local governments, educational institutions, youth, and families. This will promote a unified approach to school mental health, enhance resource allocation, and enable the sharing of best practices across different regions and communities.

A long-term comprehensive school mental health strategy should design effective ways for the health and education systems and their partners to collaborate with youth and families to deliver a continuum of behavioral health services and supports in schools. To strengthen partnerships, the State should establish policies that codify these partnerships, create incentives to encourage collaborative behavior, and build metrics into an accountability system to monitor collaboration.

2 School Mental Health Funding

As California advances toward establishing a robust infrastructure for comprehensive school mental health services, it is crucial to secure additional funding to bridge the gap between initial implementation and long-term sustainability. The State should increase its investment through the Mental Health Services Act (MHSSA) to allow behavioral health and education partners more time to continue to strengthen partnerships, build capacity, and implement a continuum of services and support that began under the initial investment. The State should also invest in programs, services, and resources to support the mental health of teachers and school staff. If California makes a targeted investment, behavioral health and education partners will be able to address immediate funding needs, support the scalability of successful programs, and ensure that mental health services in schools are sustainable and able to adapt to evolving student needs over time.

3 State School Mental Health Standards and Metrics

The State, through the youth behavioral health leadership structure, should develop and implement robust mental health standards and metrics that establish clear guidelines for comprehensive school mental health systems. These standards should encompass essential components such as prevention, early intervention, crisis support, and school climate indicators to ensure a holistic approach to student wellbeing. Metrics should be designed to track progress, assess program effectiveness, and drive continuous improvement. As part of accountability, the State should establish a data collection and reporting system to collect consistent, school-wide data on mental health services and supports for students. By creating a shared framework and data system for evaluating and enhancing school mental health systems, the State can foster consistency in quality, promote accountability, and support schools in their efforts to deliver impactful mental health support.

APPENDIX A

Description of MHSSA Grant Award Phases

PHASE 1	PHASE 2	PHASE 3
18 partnership grants awarded in 2020, totaling	19 partnership grants awarded in 2021, totaling	20 partnership grants awarded in 2022, totaling
$74,849,047	**$77,553,078**	**$54,910,420**

Grant awards are generally for four years, with Phase 3 grants scheduled to end in December 2026. In 2023, the Commission made available additional MHSSA funding to existing MHSSA grant partners through a request for applications (RFA). Forty-one MHSSA grantees were awarded additional MHSSA funds to expand their capacity, activities and services.

PHASE 1 GRANTS WERE AWARDED TO 18 OUT OF 38 APPLICANTS IN 2020.

Phase 1 grants were awarded in two categories: (1) An existing history of partnership between county and local education agencies (n = 10); and (2) New and/or emerging partnerships between county and local education agencies (n = 8).

A total of $75 million was issued for the four-year MHSSA grants, with awards determined by county size (small, medium, and large). Phase 1 grantees were slated to begin their programs in Fall 2020 but many experienced significant delays in hiring staff and implementing their programs due to the COVID-19 pandemic. As a result, the four-year grants were amended to allow for a fifth year.

PHASE 2 GRANTS WERE AWARDED TO 19 APPLICANTS IN 2021.

The Budget Act of 2021 provided an additional $95 million to fund applicants who applied to the first round of MHSSA funding (Phase 1) but did not receive a grant. These applicants were approached by the Commission to see if they were still interested in the MHSSA grants and whether their proposal was still applicable. One original applicant chose not to participate. Phase 2 grant contracts were issued to 19 counties between August 2021 and March 2022. In addition, grantees were given additional time to make changes to their original proposal and submit a modified budget within 90 days after the contract was executed.

PHASE 3 GRANTS WERE AWARDED TO 17 APPLICANTS IN FEBRUARY 2022.

The Federal American Rescue Plan (ARPA) provided up to $100 million through the State Fiscal Recovery Fund (SFRF) to support the remaining 20 California counties in establishing an MHSSA program. The Commission surveyed the 20 eligible counties to understand why they did not apply for a Phase 1 grant and asked what their main barriers would be for submitting a proposal. Counties reported a lack of resources and staff to develop a plan and submit a proposal as the primary barrier to participating in the MHSSA program. It should be noted that most of these counties are small, rural counties, many of which had been significantly affected by natural disasters such as wildfires as well as the pandemic. The Commission offered one-on-one sessions, confidential guidance on plan development, and a four-month planning phase to overcome barriers. Phase 3 grant contracts were executed on March 1, 2022.

In addition, approximately $48 million dollars, which was not awarded in the previous RFAs, were distributed to the 41 grantees that applied for it to expand their capacity, activities, and services.

MHSSA Funding Table (as of January 2024)

COUNTY	SIZE	PHASE 1: 18 GRANTS (2020)	PHASE 2: 19 GRANTS (2021)	PHASE 3: 20 GRANTS (2022)	ADDITIONAL MHSSA FUNDS
Alameda	Large			$6,000,000	$1,619,403
Alpine	Small				
Amador	Small		$2,487,384		
Berkeley City	Small			$2,500,000	
Butte	Medium			$4,000,000	$1,079,602
Calaveras	Small	$2,500,000			$674,751
Colusa	Small			$2,500,000	
Contra Costa	Large		$5,995,421		$1,618,167
Del Norte	Small			$0	$2,500,000
El Dorado	Medium			$4,000,000	$1,044,665
Fresno	Large	$6,000,000			$1,619,403
Glenn	Small		$2,500,000		
Humboldt	Small	$2,500,000			$674,751
Imperial	Small		$2,500,000		$674,751
Inyo	Small			$2,499,444	
Kern	Large	$6,000,000			$1,619,403
Kings	Small			$2,500,000	$674,751
Lake	Small		$2,499,450		
Lassen	Small			$2,274,040	
Los Angeles	Large		$6,000,000		$1,619,403
Madera	Small	$2,499,527			$674,623
Marin	Medium		$4,000,000		$1,079,602
Mariposa	Small			$0	$2,500,000
Mendocino	Small	$2,500,000			$674,751
Merced	Medium			$4,000,000	$810,949
Mono	Small			$2,500,000	
Monterey	Medium		$3,999,979		
Napa	Small			$2,500,000	$454,476
Nevada	Small		$2,499,448		$674,602
Orange	Large	$6,000,000			$1,619,403

COUNTY	SIZE	PHASE 1: 18 GRANTS (2020)	PHASE 2: 19 GRANTS (2021)	PHASE 3: 20 GRANTS (2022)	ADDITIONAL MHSSA FUNDS
Placer	Medium	$4,000,000			$1,079,602
Plumas	Small			$1,749,800	
Riverside	Large		$5,862,996		$1,409,487
Sacramento	Large		$6,000,000		$1,619,403
San Benito	Small			$0	$2,500,000
San Bernardino	Large		$5,998,000		
San Diego	Large		$6,000,000		$1,111,133
San Francisco	Large		$6,000,000		
San Joaquin	Large			$6,000,000	$1,619,403
San Luis Obispo	Medium	$3,856,907			
San Mateo	Large	$5,999,999			
Santa Barbara	Medium	$4,000,000			$1,022,151
Santa Clara	Large	$6,000,000			$1,619,403
Santa Cruz	Medium		$4,000,000		$1,079,602
Shasta	Small		$2,500,000		$465,755
Sierra	Small			$1,566,204	
Siskiyou	Small			$2,500,000	$674,751
Solano	Medium	$4,000,000			$1,079,602
Sonoma	Medium		$4,000,000		$1,079,602
Stanislaus	Medium			$4,000,000	$1,079,602
Sutter-Yuba	Small		$2,215,438		$402,746
Tehama	Small	$2,500,000			$674,751
Tri-City	Medium			$3,820,932	$1,031,272
Trinity-Modoc	Small	$2,492,684			$453,146
Tulare	Medium	$4,000,000			$1,079,602
Tuolumne	Small		$2,494,962		
Ventura	Large	$5,999,930			$1,619,384
Yolo	Medium	$4,000,000			$1,079,602
TOTAL		**$74,849,047**	**$77,553,078**	**$54,910,420**	**$47,687,455**