

Report to the Legislature on the Behavioral Health Student Services Act

by the Behavioral Health Services Oversight
and Accountability Commission

Submitted to the Fiscal and Policy Committees of the Legislature





June 16, 2025

Dear Members of the California Legislature,

On behalf of the Commission for Behavioral Health (CBH), I am pleased to submit this report on the Behavioral Health Student Services Act (BHSSA). This report offers a snapshot of the \$280 million investment aimed at building and strengthening partnerships among county behavioral health departments, local education agencies, and community partners to deliver a continuum of behavioral health services and supports to K-12 students. The report covers the implementation of the BHSSA grant strategy from its inception through August 2024.

BHSSA legislation allowed for flexibility in designing local strategies. As a result, BHSSA activities and services are diverse and include implementation support (e.g., teaming, capacity building, and training), universal prevention and wellness promotion (Tier 1), targeted, early interventions (Tier 2), and intensive interventions like counseling and crisis support (Tier 3).

To date, BHSSA has reached 57 of 58 counties, impacting approximately 45% of public school districts and 25% of all public schools. In the 2022-23 school year alone, more than 12,000 students received Tier 2 and Tier 3 services through BHSSA-funded strategies.

Key findings from our implementation to date include:

- **Flexibility is a strength:** Local agencies highly value the ability to tailor services to meet community needs.
- **Demand exceeds capacity:** Shortages of behavioral health professionals, including certified peer supports, continue to limit service availability.
- **Sustainability is a major concern:** Many grantees report a need for long-term funding and planning support, including technical assistance on the fee schedule.
- **Clearer guidance is needed:** Grantees are asking for standards and frameworks to build comprehensive school behavioral health systems.

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- **Better alignment is critical:** The success of local initiatives depends on a more coordinated approach to state-level school behavioral health strategies.

BHSSA represents a vital component of California's broader investment in the behavioral health of children and youth. To support long-term, sustainable change in school behavioral health, the state must foster shared leadership and a common vision. Informed by BHSSA implementation, the Commission offers the following three recommendations for state action:

1. **Establish a joint office for youth behavioral health**, with shared leadership reporting directly to the Secretary of Health and Human Services, State Superintendent of Education, and Governor's office.
2. **Invest in bridging the gap** between program implementation and long-term sustainability.
3. **Create a clear accountability structure** including school behavioral health standards and performance metrics with transparent reporting to youth, families, educators, and policymakers.

To further support this work, CBH has partnered with the Center for Applied Research Solutions (CARS) to launch a technical assistance hub and communities of practice focused on sustainability and systems development for comprehensive school behavioral health. We have also engaged WestEd to conduct a systems-focused evaluation to support learning, sustainability, and long-term impact. In alignment with these efforts, CBH also recognizes the importance of the newly established California fee schedule for school behavioral health services, which provides pathways for sustainable funding and billing, helping schools and counties braid resources to better meet student needs.

We look forward to working closely with the Legislature and our state partners to ensure that students and families in California have timely access to high-quality behavioral health services – where and when they need them.

Regards,

A handwritten signature in black ink that reads "Mayra Alvarez".

Mayra E Alvarez

Chair, Commission for Behavioral Health

Behavioral Health Services Oversight and Accountability Commission



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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 knife 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 behavioral 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 in telling them that someone at school was trying to hurt them.

The school behavioral health team was able to refer the student to behavioral health services to address the psychosis that led to them 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 behavioral health challenges. School behavioral 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 Behavioral Health Student Services Act (BHSSA). 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 behavioral 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 the continuum of behavioral health services including critical prevention and early intervention supports to reduce the risk of a child developing a behavioral 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 BHSSA 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 BHSSA 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 BHSSA grants have reached approximately 45 percent of districts across the state and just under 25 percent of all California schools (see BHSSA 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 BHSSA 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 behavioral health.

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

BHSSA at-a-Glanceⁱ



\$280 million

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



57 of 58

California counties are served by BHSSA, 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

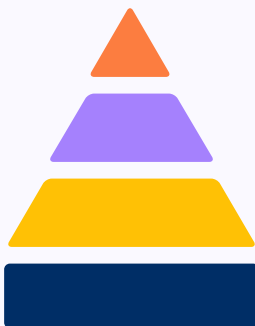
25%

of schools and charter schools

39

community-based organizations

BHSSA 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 BHSSA in 2022-23, according to grant partner reports

480

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

To support quality improvement and evaluation, the Commission:

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

Partnered with WestEd to plan an evaluation of BHSSA that includes development of statewide school behavioral health metrics and a monitoring and reporting system

Is implementing a statewide school behavioral health technical assistance strategy to support BHSSA grant partners in overcoming barriers and challenges

ⁱ Information contained in this report comes from several sources of data that the Commission collects from BHSSA 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 behavioral health initiative has leveraged the Commission's youth advocacy work designed to increase youth voices and participation through targeted conversations about school-based behavioral 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."



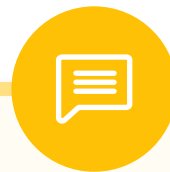
Having trusted adults provide safe spaces at school

"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."



BHSSA Implementation Successes

BHSSA grant partners report successes in building strong partnerships, transforming schools into centers of wellness by expanding a continuum of school-based behavioral 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 BHSSA from the grantee perspective.

BHSSA deepens partnerships at the local level

Local county partners report that BHSSA funding has deepened and enhanced partnerships between K-12 education and county behavioral 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.

BHSSA expands the continuum of mental health services in schools

Local BHSSA 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.

BHSSA increases awareness and destigmatizes mental health

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

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

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

BHSSA 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 BHSSA implementation:

- 1 Local BHSSA activities and services are heterogeneous and tailored to meet local needs and gaps in services.** Allowing BHSSA grant partners the flexibility to respond to local needs has been a successful feature of the BHSSA grant program but has also presented challenges for conducting a statewide evaluation and establishing consistent metrics for monitoring and reporting.
- 2 BHSSA partners have built and strengthened partnerships but need additional guidance to support local success.** Sustainability is a key concern among BHSSA 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 demand for services is often higher than the availability of services. Hiring and retaining staff continues to be a challenge for BHSSA grant partners, especially in rural counties with more severe behavioral health professional shortages.
- 4 School behavioral health standards are needed in California to drive quality improvement.** BHSSA grant partners have asked the Commission for guidance in building their local school behavioral 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 behavioral health initiatives is important for local success.** Multiple youth and school behavioral 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 the vision of schools as centers for wellness. Achieving this vision will require effective comprehensive school behavioral health systems that promote a positive school climate and support the behavioral health and wellness needs of students and school staff. Through BHSSA, the Child and Youth Behavioral Health Initiative, and other school behavioral health initiatives, California has made tremendous strides in building the capacity of schools to develop comprehensive school behavioral health systems. However, there is work to be done to promote this model and its core features across the state.

Recommendations

The BHSSA is part of a broader investment in California's children and youth behavioral health system. To support long-term local success in comprehensive school behavioral 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 successful and sustainable.

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

1

LEADERSHIP

The State should establish a joint office for youth behavioral health with shared leadership reporting directly to the Secretary of Health and Human Services Agency, the State Superintendent of Public Instruction, and Governor's office. This office needs deputy-level authority to collectively determine jointly owned programs that will elevate school-based behavioral health with intentional outcomes that improve student behavioral health metrics. This office needs to have the authority to act meaningfully, which requires cooperation between students' medical and educational needs.

2

ADEQUATE AND RELIABLE FUNDING

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

3

ACCOUNTABILITY

The State, through the youth behavioral health leadership structure, should develop an accountability structure including school behavioral health standards and metrics that reports back to youth, parents, teachers, and leaders 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 behavioral 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%¹

report having
considered suicide.

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

Unmet behavioral 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.

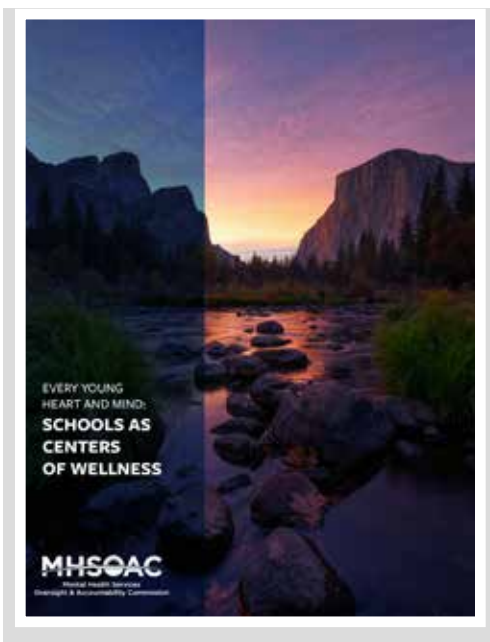
Improved access to behavioral health services is foundational to supporting children and youth as they develop into healthy, resilient adults. Comprehensive school behavioral health models and integrated services that are tailored to individual and family needs have the best chance of improving health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

The Behavioral Health Student Services Act (BHSSA) is intended to foster stronger partnerships between education and health systems to leverage resources to help students succeed. The BHSSA 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.

¹ 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 behavioral 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 Behavioral Health Student Services Act (BHSSA) 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 health 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 behavioral 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 behavioral 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.

* Adapted 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.



BEHAVIORAL HEALTH STUDENT SERVICES ACT

The Behavioral Health Student Services Act (BHSSA), 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 behavioral health services to young people and their families. The goals of BHSSA are to provide highly accessible, comprehensive, and effective services in schools, which are central to the lives of families and where students spend almost one-third of their lives (180 days a year). A key tenet is preventing behavioral 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 BHSSA 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

18 partnership grants awarded
in 2020, totaling

\$74,849,047

PHASE 2

19 partnership grants awarded
in 2021, totaling

\$77,553,078

PHASE 3

20 partnership grants awarded
in 2022, totaling

\$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 BHSSA funding to existing BHSSA grant partners through a request for applications (RFA). Forty-one BHSSA grantees were awarded additional BHSSA funds to expand their capacity, activities, and services.



In May 2024, the Commission issued a request for application to award additional BHSSA funds, totaling \$25 million. To identify the best use of these funds, the Commission held community listening sessions and conducted surveys of BHSSA grant partners. The Commission learned of specific needs and gaps that informed the targeted use of BHSSA 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 BHSSA grant funding.

Behavioral 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.

BHSSA 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 behavioral health activities and services that were responsive to local needs. To support local implementation of BHSSA, the Commission established a BHSSA Learning Collaborative that meets quarterly to share best practices and provide implementation support. The Commission, in consultation with BHSSA 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.

BHSSA grant partners report local successes.

BHSSA 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. BHSSA 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 behavioral health needs and led to less fear and stigma in seeking services. Lastly, grant partners report that BHSSA 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

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

As the figure below illustrates, BHSSA 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 BHSSA 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 BHSSA funding (August 2024), new partners such as those from the child welfare and juvenile justice systems will be added to BHSSA 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.”

– BHSSA GRANTEE

BHSSA 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

BHSSA 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 BHSSA, some partners had established inter-agency relationships and agreements; some are using BHSSA 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 BHSSA, 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 BHSSA 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 BHSSA 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 BHSSA 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 behavioral health services and supports to students and their families.



EXPANDING ADMINISTRATIVE CAPACITY AND DIRECT SERVICES

BHSSA grant dollars are primarily used to fund the hiring of staff to provide administrative oversight and direct behavioral health services on school campuses. In total, BHSSA 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 BHSSA partnerships require dedicated staff time and ongoing cultivation, the other 27 percent of staff provide grant administration and support BHSSA partnership development and coordination.

Staff Funded Under BHSSA



483

staff currently funded under BHSSA



353

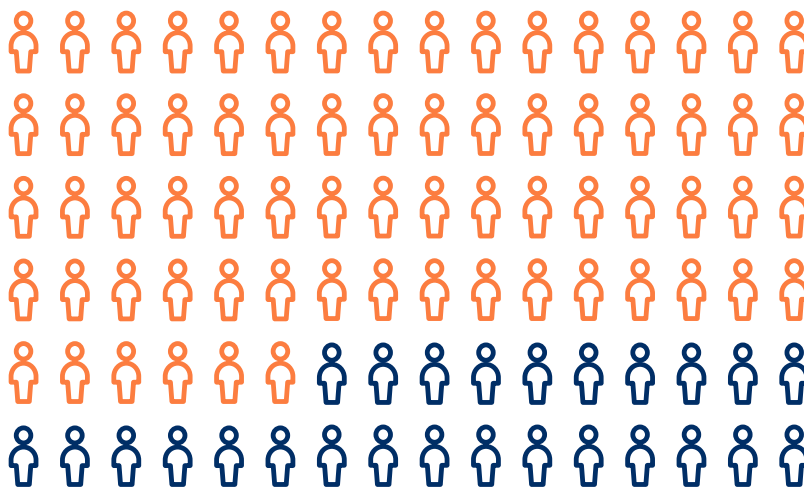
staff providing direct behavioral health services and supports

+

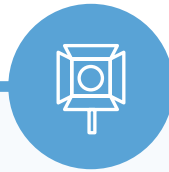


130

staff providing administration, partnership development, and coordination



One figure represents five funded staff members

**LOCAL BHSSA SPOTLIGHT**

Kern County

Kern County uses BHSSA 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

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

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

Based on an analysis of the grant summaries, local BHSSA 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

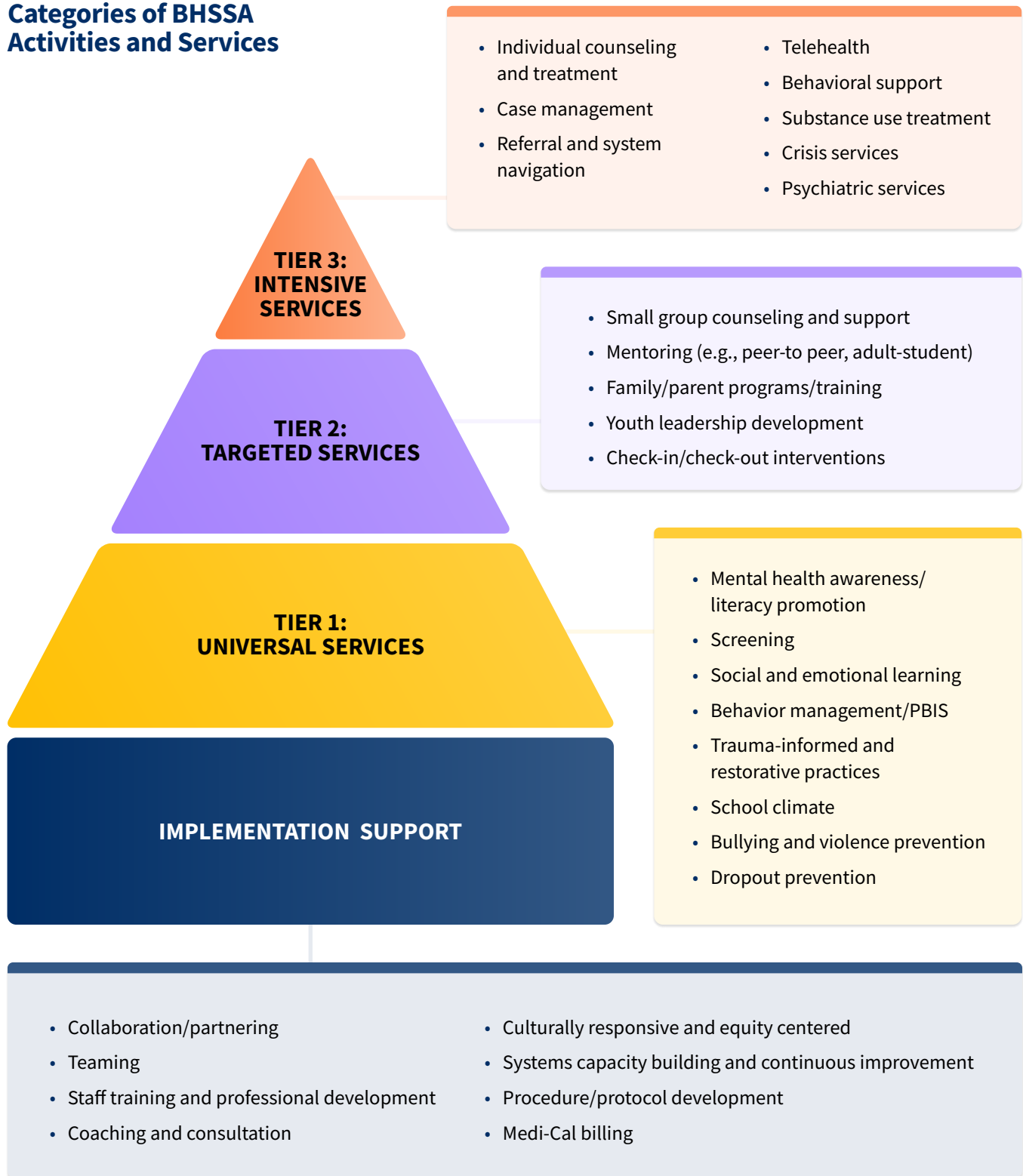
The figure on the following page illustrates the types of activities and services that fall into each category. All counties report BHSSA activities and services that span at least two of the four categories, with many touching on all four. One of the key investigations of the statewide BHSSA evaluation 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.

“

“[We] identify gaps and work to find ways to expand services to meet those needs.”

– BHSSA GRANTEE

Categories of BHSSA Activities and Services



Implementation Support

The vast majority of BHSSA grantees (95 percent) reported plans to use BHSSA 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 BHSSA 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

BHSSA 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 BHSSA 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 as a part of their grant summary, including general crisis intervention, suicide crisis intervention, and mobile crisis services.

**LOCAL BHSSA 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 child 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 **&** **12**
SCHOOLS **LOCAL**
EDUCATION
AGENCIES
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 BHSSA 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 behavioral 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 behavioral health needs.



LOCAL BHSSA 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 BHSSA SERVICES AND SUPPORTS

The Commission collects data on a biannual basis from BHSSA 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 BHSSA, 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 BHSSA 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 BHSSA technical assistance to improve the grant partner's ability to collect and report school behavioral health data.



The Commission conducted a survey on technical assistance (TA) needs and found that more than 80% of BHSSA 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 BHSSA 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.

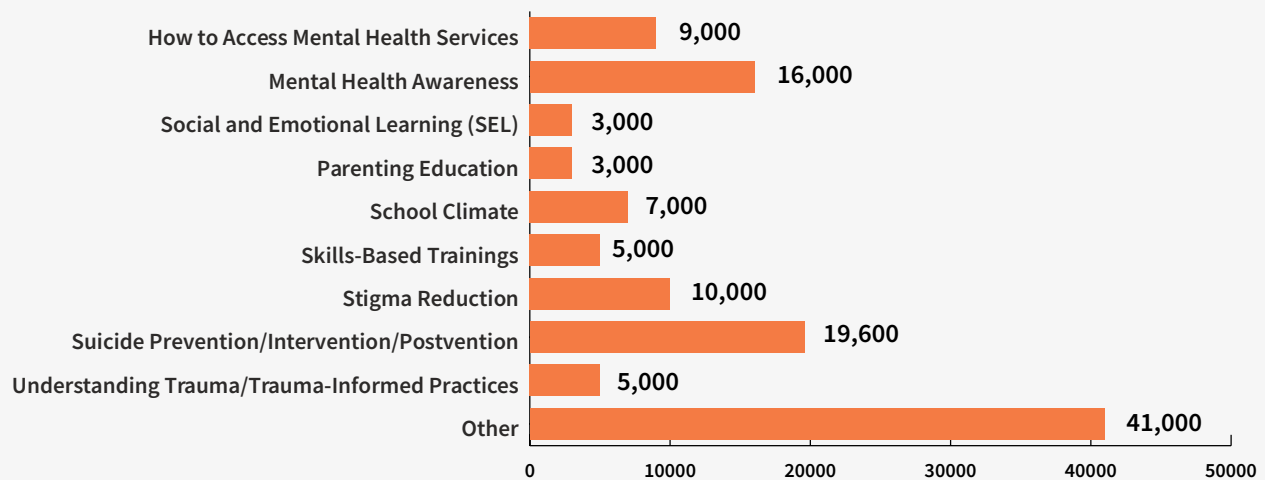
Approximate Number of Students Statewide Receiving BHSSA Services By Grade in 2022-23

	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, BHSSA 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 BHSSA grant partners. Please note individuals may have been trained across several training types. The Commission will continue to work with state agencies, BHSSA 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 SUCCESSSES AND LESSONS LEARNED

BHSSA grant partners report successes in building strong partnerships, transforming schools into centers of wellness by expanding a continuum of school-based behavioral 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

BHSSA Deepens Partnerships at the Local Level

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

→ **Build greater trust and collaboration across education and county mental health systems.**

Grant partners report that BHSSA 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 BHSSA] 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 BHSSA 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 BHSSA SPOTLIGHT**

Sustainability

ALAMEDA COUNTY

The Alameda County of Education (ACOE) seeks to align BHSSA 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 BHSSA, 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 behavioral 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.

BHSSA Expands the Continuum of Mental Health Services in Schools

As detailed above, BHSSA 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 BHSSA funding, with over 250,000 students served. BHSSA grant partners report that the increase of behavioral health services on school campuses has increased awareness of student behavioral 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 BHSSA.



BHSSA 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.

BHSSA 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

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

Increased student well-being 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.



BHSSA SERVICES HELP STUDENTS GRADUATE

BHSSA 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 BHSSA 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 BHSSA services are engaging parents to improve student outcomes. Under the BHSSA 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.



BHSSA 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 with whom she eats lunch 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 BHSSA SPOTLIGHT**

Solano County

SOLANO COUNTY SCHOOL-BASED MOBILE CRISIS RESPONSE SYSTEM

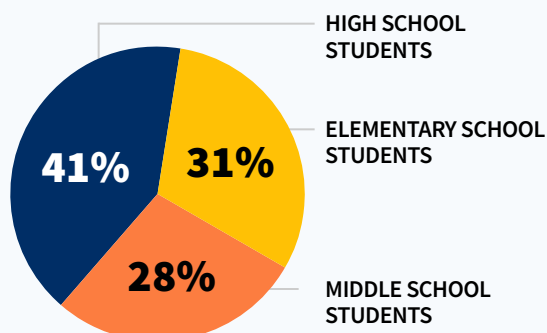
Solano County Behavioral Health and Solano County Office of Education (SCOE) have partnered with local education agencies to address increasing rates of Solano County youth requiring intervention for suicidal ideation. Solano County partners established a uniform school-based mobile crisis response system 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 BHSSA 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 from BHSSA Implementation

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

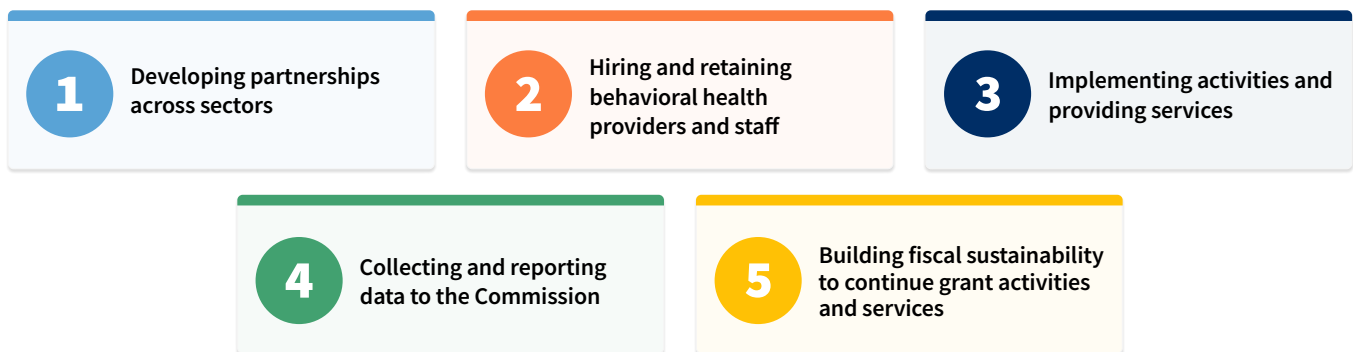
- 1 Local BHSSA activities and services are heterogeneous and tailored to meet local needs and gaps in services.** Allowing BHSSA grant partners the flexibility to respond to local needs has been a successful feature of the BHSSA grant program but has also presented challenges for conducting a statewide evaluation and establishing consistent metrics for monitoring and reporting.
- 2 BHSSA partners have built and strengthened partnerships but need additional guidance to support local success.** Sustainability is a key concern among BHSSA 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 BHSSA grant partners, especially in rural counties with more severe behavioral health professional shortages.
- 4 School mental health standards are needed in California to drive quality improvement.** BHSSA grant partners have asked the Commission for guidance on building their local school behavioral health systems. In California, there are currently no agreed-upon school behavioral health standards to support local communities in designing their school behavioral 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 behavioral 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 must 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 of wellness. Achieving this vision will require effective and sustainable comprehensive school behavioral health systems that promote a positive school climate and support the behavioral health and wellness needs of students and school staff. Through BHSSA, 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 BHSSA 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:



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 BHSSA 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 BHSSA 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 behavioral health providers is a main barrier to implementing their school behavioral 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 behavioral 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 behavioral 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 BHSSA 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

BHSSA grant partners report concerns about how they will continue school behavioral health activities and services after BHSSA ends. In a survey of technical assistance needs, 86 percent of grant partners surveyed reported needing support to sustain their BHSSA 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 BHSSA 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 behavioral health.

Recently, the Commission established a Technical Coaching Assistance Grant to establish and implement Technical Coaching Teams to provide direct assistance to BHSSA grantees statewide. Three BHSSA grantees – Placer, Imperial, and Tehama – were awarded the grant to provide technical assistance support and direct consultation to other BHSSA 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 BHSSA 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 BHSSA grantees in the summer/fall of 2024. The statewide coordinator will survey what technical assistance related to school behavioral health is being provided across the state, and work with those to providers to explore better coordination and alignment, so efforts are not duplicative.

BHSSA Evaluation

BHSSA 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 behavioral health. **In June 2023, the Commission partnered with WestEd to develop a framework and plan for evaluating the BHSSA.**

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

- 1** Understand BHSSA implementation and successes, challenges, and lessons learned.
- 2** Understand the impact of BHSSA 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 behavioral 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 behavioral health systems.



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

6 BHSSA 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 BHSSA evaluation will be designed to promote systems change and a culture of learning for both BHSSA 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 health care system known as CalAIM, California is building a full continuum of infrastructure and service systems that emphasize prevention and early intervention in behavioral health services.

Schools are an important access point for mental services in this continuum. To support long-term local success in school behavioral 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 behavioral health, including the Behavioral Health Student Services Act (BHSSA), have allowed for initial steps to be taken to develop school-based behavioral health services and supports across the state. However, many of these investments are one-time funds. In the next two to three years, BHSSA 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. BHSSA 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 BHSSA implementation, the Commission offers the following three recommendations for the State to consider:

1

State School Behavioral Health Leadership

The State should establish a joint office for youth behavioral health with shared leadership reporting directly to the Secretary of Health and Human Services Agency, the State Superintendent of Public Instruction, and Governor's Office. This office needs deputy-level authority to collectively determine jointly owned programs that will elevate school-based behavioral health with intentional outcomes that improve student behavioral health metrics. This office needs to have the authority to act meaningfully, which requires cooperation between students' medical and educational needs.

The office should 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

School Behavioral 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 Behavioral 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 behavioral health services and supports for students. By creating a shared framework and data system for evaluating and enhancing school behavioral health systems, the State can foster consistency in quality, promote accountability, and support schools in their efforts to deliver impactful behavioral health support.

APPENDIX A

Description of BHSSA Grant Award Phases



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

BHSSA Funding Table (as of January 2024)

COUNTY	SIZE	PHASE 1: 18 GRANTS (2019)	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 (2019)	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