



**Mental Health Student Services Act (MHSSA)**  
September 7, 2022 Collaboration Meeting Notes

**Breakout Sessions:**

Wellness Centers

Grantee questions:

- Q: There use to be a link, that lead to a google form, on the California school health alliance’s website to add your wellness center, is this still the protocol? Or email the agency directly?  
A: It’s not up anymore, but Link and form will be added back to website. You can also provide information over the phone if that’s easier.
- Q: Just to clarify, you would like us to include our wellness centers as a school-based health center?  
A: If you are providing clinical health care services, which includes behavioral health, then yes.
- Q: What would you say is the advantage of connecting and signing on as a school-based health center for our grantees, who have won the centers?  
A: For many years the California school-based health alliance has been advocating for State funding for school-based health centers. We're not there yet, we don't have an infrastructure at the State level for our movement but join and be part of this growing number and help us get there. CSHA is the Hub for school-based health centers in the State of California, including wellness centers. We have a range of technical assistance. Our website has lots of information about how to start school-based health centers and how to sustain school-based health centers. Our resources are really targeted to the school-based health center model. We also have an annual conference that's really helpful in supporting your school-based health center.

1. To what extent are your wellness centers staffed by in-house school district employees versus community-based organizations?
  - Staffed by superintendent school staff.
  - Office of education staff, also support districts that have their own sites, all sites have some level of partnership with community-based organizations.
  - All county staff, but also support and integrate community-based providers.
  - Mix – district, office of ed intern grant, volunteers, tap into retired staff, and working with school education faith collaborative.

2. Does any of your wellness centers provider other, non-mental or behavioral health, services?
  - Some centers contract with CBOs which provides dental and primary care services off-site.
  - Partner with mobile health centers who do developmental screenings, sports physical, vaccinations, dental, and health education, and we do the follow up because we have public health nurses and registered nurses.
3. What resources have you used in planning and implementation?
  - SWAG (Student Wellness Advisory Group) which has been very successful.
  - Note: we want to focus on Wellness Centers and recognize those launched. 300+ School Based Health Centers (SBHC) and community services serving schools and explore components of each and see how they can work together and be expanded.
4. What issues are you executing or running in your Wellness Centers?
  - Not having all of the proper resources and support from the school district to establish a center in their area. They continue to have ongoing discussions in district meetings.
5. Jamboard activity  
[https://jamboard.google.com/d/1PWpEPitKprEj9\\_rWBtnGpDLUNhHSMjh-CDVJblrXmTQ/edit?usp=sharing](https://jamboard.google.com/d/1PWpEPitKprEj9_rWBtnGpDLUNhHSMjh-CDVJblrXmTQ/edit?usp=sharing)):
  - A. What service components are part of your Wellness Centers?**
    - Screening students for needs using an internal tool focused on whole person health
    - Funds a clinician for mental health services at a high school campus wholeness center
    - Clinician (3 days a week); Mental Health Advocate (2 days a week); and case management
    - One clinician preschool site (5 days a week) providing mental health services
    - 3 family partners who provide the following services: calming strategies, workshops, trainings, parent engagement, linkages to services and resources
    - Tiered social-emotional support, LEA Social Emotional Counselors-5 times a week, and county behavioral health-5 times a week, and LEA SSW - 5 times a week, Community Partners-5 times a week, RJ facilitator-5 times a week
    - Walk-ins, tier 2 groups, SFBC sessions, and crisis individual /group therapy
    - FEP; DBT; TUPE; EPSDT; SMHS; and MHSA
    - 2 clinicians and 2 family specialists on ten elementary school campuses providing Tier I/II and Specialty Mental Health. All staff are contracted by a local agency
    - Staffed by a mix of school site includes district funded mental health staff; interns through Office of Education, site administrators, teachers, librarians and more

- Utilize a MTSS model from clinical to universal support including small group, stigma reduction and suicide prevention. These are provided by a clinical staff and a family youth liaison (5 days a week)
- Provide mental health screenings, counseling, education, training, and support crisis intervention
- Supporting a career pipeline from community colleges to staff wellness centers. Also supporting a faith education collaborative to recruit volunteers, retired teachers, etc.
- Mental health only wellness centers, e.g. clinical interns or district mental health staff. County Behavioral Health funds partners NAMI, Solano Pride Center, Office of Ed., SUD prevention, etc. to provide support
- Utilize COE staff (1 Clinical and 1 Family Youth Liaison) providing tiered response from clinical services to universal prevention and intervention for small groups, wellness events, stigma reduction and suicide prevention
- Utilize calming spaces (i.e.; yoga, art, music, caring person to link to ongoing services) and biased on staffing on a given day can be considered mental health only wellness centers, e.g. clinical interns or district mental health
- Clinician (3 days a week), one on one therapy, crisis evaluations, Mental Health Advocate (2 days a week), groups, resource linkage, and case management
- A community health agency who contracts with schools staffed by APCC/AMFT, MFT Trainee, MSW/BSW Interns

**B. What challenges are you facing? What TA is needed?**

- Staff flex time to serve families after hours/weekends
- Following HIPAA versus FERPA guidelines
- Consistent staffing
- Issues with staffing for MH services is one, due to demand/need.
- Braiding funding sources, hiring licensed clinicians
- Funding for construction of WC spaces, sustainability of services, supporting districts that have different funding/staffing needs and abilities
- Sustainability considerations and partnership development
- Space and staffing
- Staffing for services during after-school hours

**C. What outcomes/metrics are you collecting to know if your program is successful?**

- Multiple depending on grant
- MHSA grant requirements, data from the PSC-35, LCSW
- Tracking weekly/monthly encounter rates
- District, age, grade, gender, services provided by staff, surveys for services offered and satisfaction surveys for our wellness centers
- Demographic surveys collected from students

- CANS, strengths and difficulties questionnaire, goal-based attainment in treatment plans, survey feedback
  - D. How do you collaborate with existing SBHCs?**
  - Our Wellness Centers are SBHCs
  - Two elementary schools and four middle schools
  - Opening a Wellness Center on a high school campus in partnership with Public Health
  - We collaborate with our School Based Mobile Health Center and school Superintendents we work directly with
  - We have 47 Wellness Centers K-12 and adult and ed sites including juvenile justice facility and now the community college. Based on staffing on a given day these could be considered health
  - We collaborate closely between Office of Ed and County Behavioral Health to ensure linkage to crisis or ongoing treatment services
  - I didn't know there were existing SBHCs
  - Desires to establish a wellness center in Amador County
6. HIPAA FERPA: Access link for additional information - [www.schoolhealthcenters.org/hipaafferpa](http://www.schoolhealthcenters.org/hipaafferpa)

Note: How do we do the work of linkage for Wellness Centers to “more traditional” SBHCs, connecting the partners together?

### Creative Staffing Strategies

1. What are your barriers to staffing? What have you done to overcome these barriers?

#### **Barriers:**

- Staff compensation – independent contractors are charging exorbitant amount of money, it's hard to compete with that.
- Increase in indirect that LEAs must charge and has significant impact on funding stream which causes additional challenge in offering equitable wages. Unable to bill Medi-cal to recoup some of that money.
- Staffing is not sustainable due to grant term, which leads to challenges in hiring and retaining staff. Need long term solutions.
- County government salary does not offer hiring bonuses or those types of incentives. County hiring process is lengthy. County process does not make it nimble so cannot compete with other employers. County hiring process is more cumbersome.
- Not enough clinicians - large increase in funding and new providers of mental health services creates increase in demand and forced to compete with telehealth services.

**Ways to overcome barriers:**

- Push money out to school districts to subcontract to bring in folks who can do direct service.
  - Hiring window is approximately January through March or May.
  - Develop internship program.
2. What planning strategies have you used in recruitment difficulties? Does anyone employ trainees/ interns, who are under clinical supervision? How do you ensure that staff are working at the highest level of their scope of practice?
- Internally, supervision is provided by LCSW counselors, but it has been enough for recruitment efforts.
  - 40hr week schedule to receive clinical supervision and get paid, but it does not appear to be enough as still unable to retain staff.
  - Intern model is challenging to tap into due to pandemic and schools are on a reduced schedule.
  - Relationship between schools, grad school, is well established and is great but not enough students in school or graduated and ready to work.
  - Increase need and funding for non-credentialed staff.
  - Hire retire counselors and offer permanent employment to temporary intern students.
  - Create a great team and sense of comradery. Step outside the box, get the right people in, and influence/flip career path of employees.
  - Funding available for PPS and not available for non-PPS folks.
  - In terms of building sustainability, it would be great to have funding for peer support programs in schools and introduce younger folks to the field and steer them into a career at an earlier age. Ultimately increase the pools that they can eventually draw from.
3. Brainstorm some of the previous responses. What are your thoughts, what can you do to strategize and meet current staffing needs? What have you tried today?
- Telehealth/remote work?
- Build relationships and provide positive experiences, good working conditions, support, and strong sense of team - Introduce staff to this type of environment.
  - Take advantage of the tax credits that may be available.
  - Where you advertise is helpful. Spend extra funding to post positions if other places and get the word out i.e., ads on Facebook. Rebranding of positions, i.e., add clinical mental health staff in the title instead of wellness specialist. Job posting needs to be clear that they are hiring for a staff member who will be providing clinical services.

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## Partnership Development

1. To what degree has attrition played a role?
  - It is happening between agencies
  - Interacting with people who are unknown, who didn't come from our County
  - Mental Health Navigation
  - Helps to already be established
  - Not having enough counselors is a challenge
2. With reference to attrition across agencies, cross pollination, how do you build capacity when people are leaving in upper-level management?
  - Bring projects up to scale by creating projects for all counties.
  - Interconnected framework systems model
3. How are you able to collect data for reporting?
  - System challenges due to different data collection needs
  - MHSOAC client level data collection
  - OPEKA is building a data collection mechanism
  - Only certain departments can see the data
  - Still working on a solution