Braiding Vision, Funding, and Partnerships to Sustain School-Based Wellness Models

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Objectives

1. Describe key leadership moves that support the development and sustainment of an integrated school-based wellness model.
2. Identify strategies for aligning vision, braided funding, partnerships, and integrated systems to create a coherent model of student and family support.
3. Apply provided tools to assess local readiness, strengthen cross-system partnerships, and plan next steps toward a sustainable school-based wellness approach.

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Fist to Five Rating

1. School Based Mental Health/Wellness Centers
2. PBIS
3. Social Emotional Learning (SEL) Programs or Curriculum
4. Interconnected Systems Framework (ISF)

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Current Reality

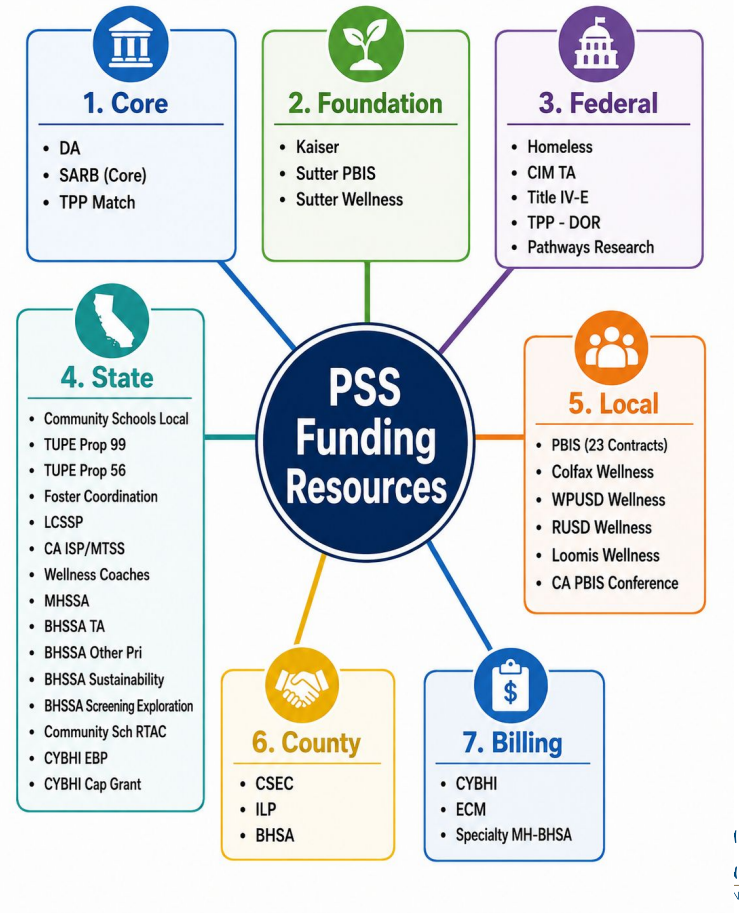
PCOE: Prevention Supports and Services

Mission: Ensure every student has the in-school and out-of-school support they need to thrive at school and in our community.

Supports to Children and Families

Services to Schools and Partners

Complex Funding 36 Resources



Program Leadership: Coherence

- **Focused Direction**
  - Hedgehog Concept (Prevention, EBPs, Implementation)
- **Collaborative Cultures**
  - Learning Across Teams: Applied Laboratory
- **Deepening Learning**
  - Connected to our Hedgehog Concept
- **Securing Accountability**
  - We do what we said we were going to do

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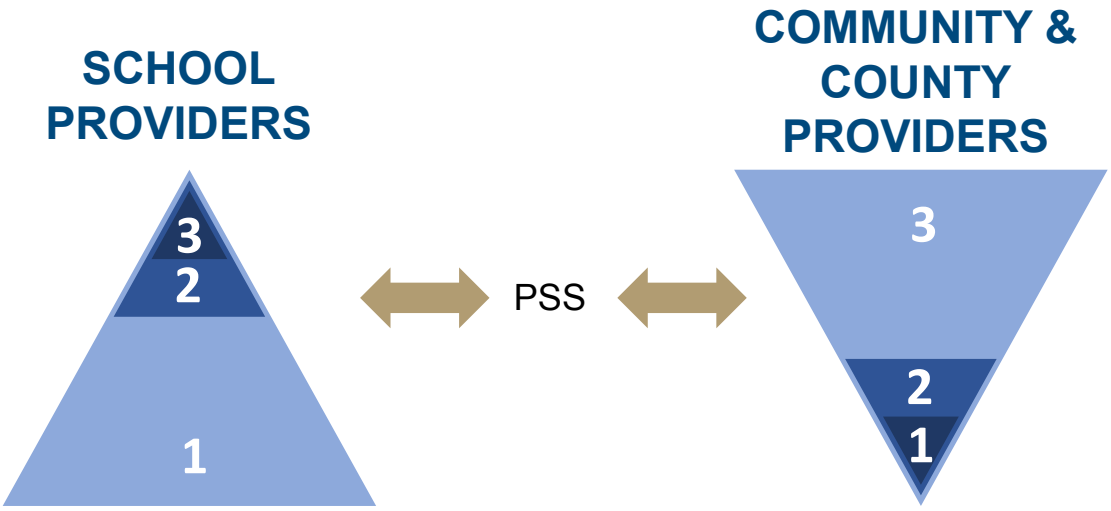
PSS: Hedgehog Concept



Evidence Based Practices & Implementation Science

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ISF CRITICAL FEATURES AND KEY MESSAGES

SINGLE SYSTEM OF DELIVERY	ACCESS IS NOT ENOUGH	MENTAL HEALTH IS FOR ALL	MTSS IS ESSENTIAL
Combine Teams for Efficiency	Intentional Integration for Generalization	Students and Staff	Evidence Based Practices Across Tiers

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Single System

- Integrated referral
- Meet weekly
- MHS and FYCL are interventionists on the team
- Modified SSRS-IE to determine level of support
- Use GAD 7 and PHQ 9 for progress monitoring and exit criteria

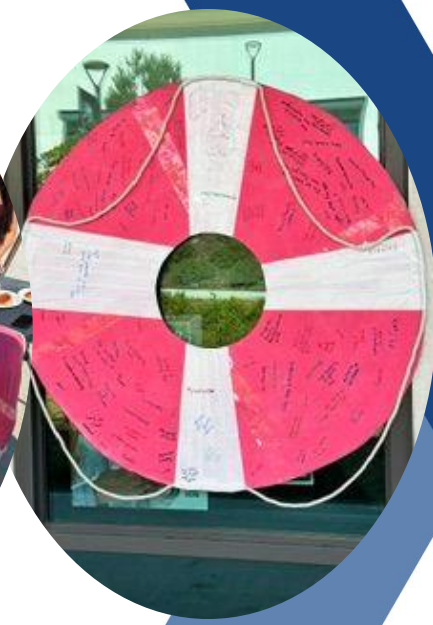
Access is not enough

- Daily Progress Report cards or Check in Check Out for youth who need to generalize skills

Example: Youth is in a RAP-A group. Completes it successfully (understands content, participates) but behavior issues in class still occur. This is a performance issues not an acquisition issue. DPR is utilized to practice skills taught in RAP-A

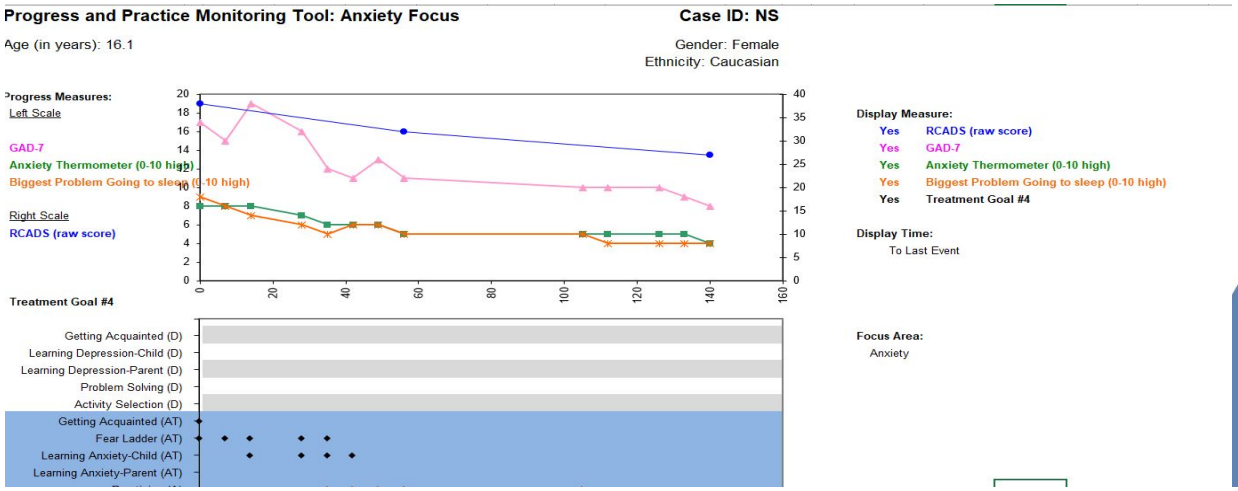
Mental Health is for All

- Maslow’s hierarchy of needs
- Classroom lessons
- Mental health promotion activities

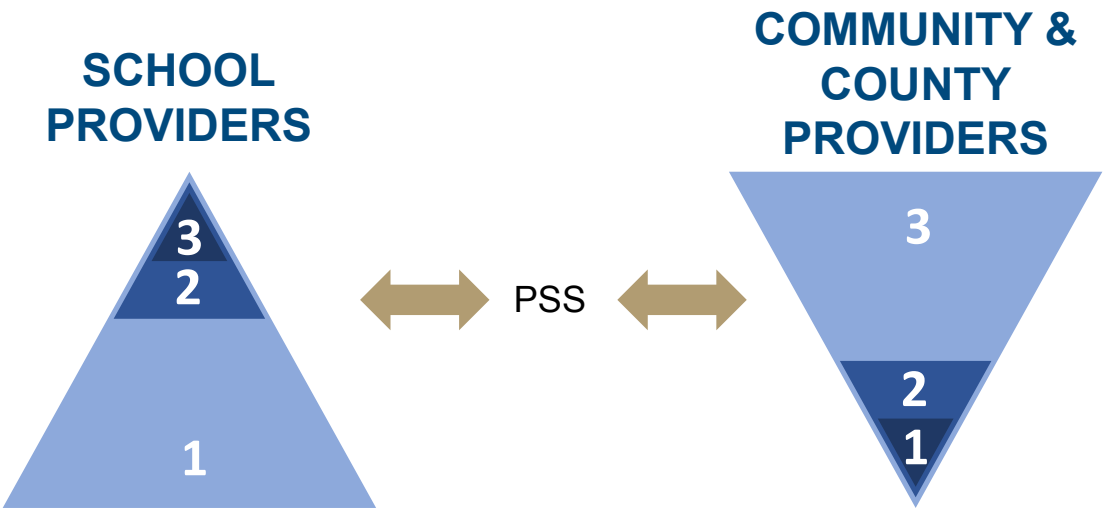


MTSS is essential

- High quality services and processes across all three tiers
- Tier 2 includes RAP-A group, RAP-A skill building, TRAILS
- Tier 3: PCIT, MATCH, TF-CBT



Our Mental Health Approach



Evidence Based Practices & Implementation Science

Our Journey

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Program Timeline

2014	2018	2020	2021-22	2023	2024-Current
MHSA-> PBIS Prevention Logic and Connection to Implementation Science	**1st MH Grant (Triage)** Hired Mental Hx Coordinator (Dec) Hiring Begins (Dec-July)	**MHSSA Begins** Expansion and Systems Building	**Sutter Health 2nd MHSSA** Expansions and Systems Building	**CYBHI Grants MHSA -> ISF** CYBHI Grants Interconnected Systems Framework (ISF)	**CYBHI Fee Sch & Billing** Establishing Billing Processes

2014
MHSA Funded
Positive Behavioral Interventions and Supports

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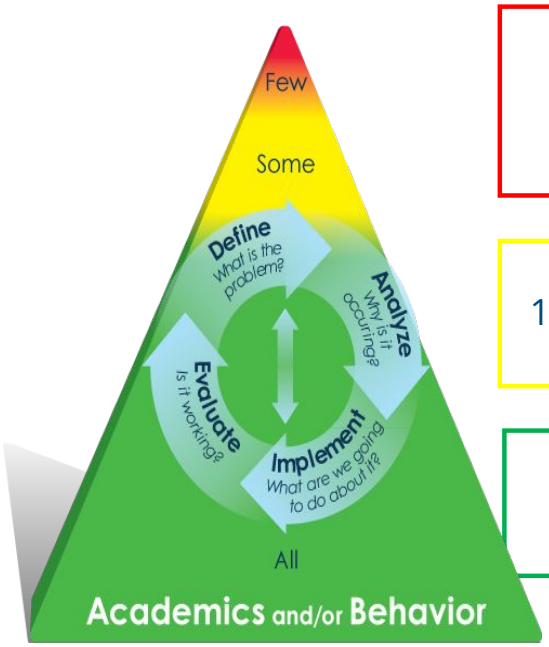
PBIS is a Prevention Framework



TIER 3

Tertiary — intensive, individualized.
1-5% of student population requires supports customized specifically for them in one or more domains

TIER 2

Secondary — targeted, small group.
10-15% of student population might require Tier II supports in one or more domains

TIER 1

Universal — primary prevention.
Typically meets the needs of 80% of student population

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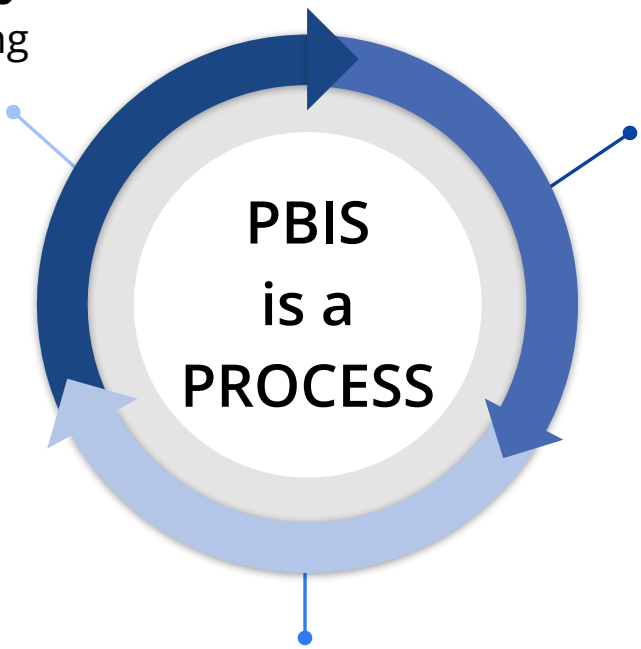
Getting Ready

Attend training



Getting Started

Begin sharing with educational partners, gathering input and planning

Getting Better

Continuous improvement through assessment and action planning

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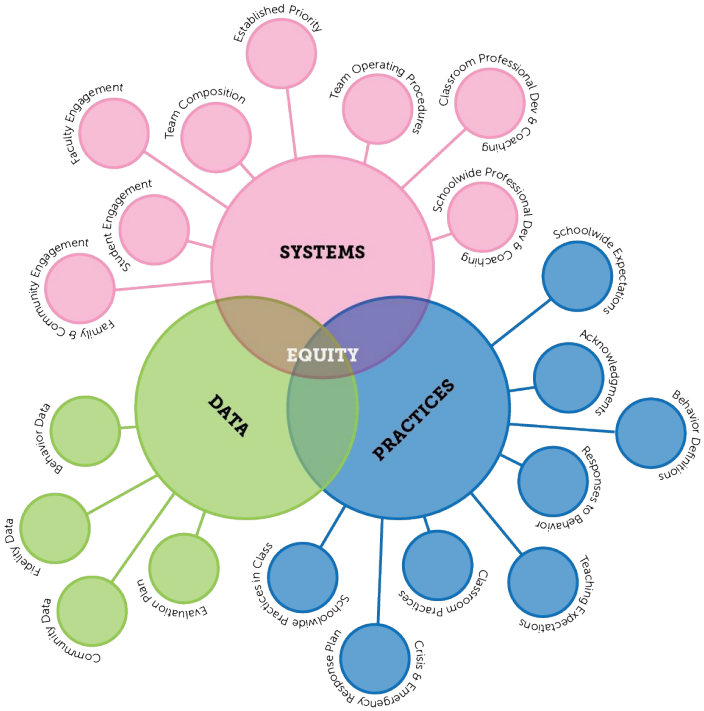
Integrated Elements



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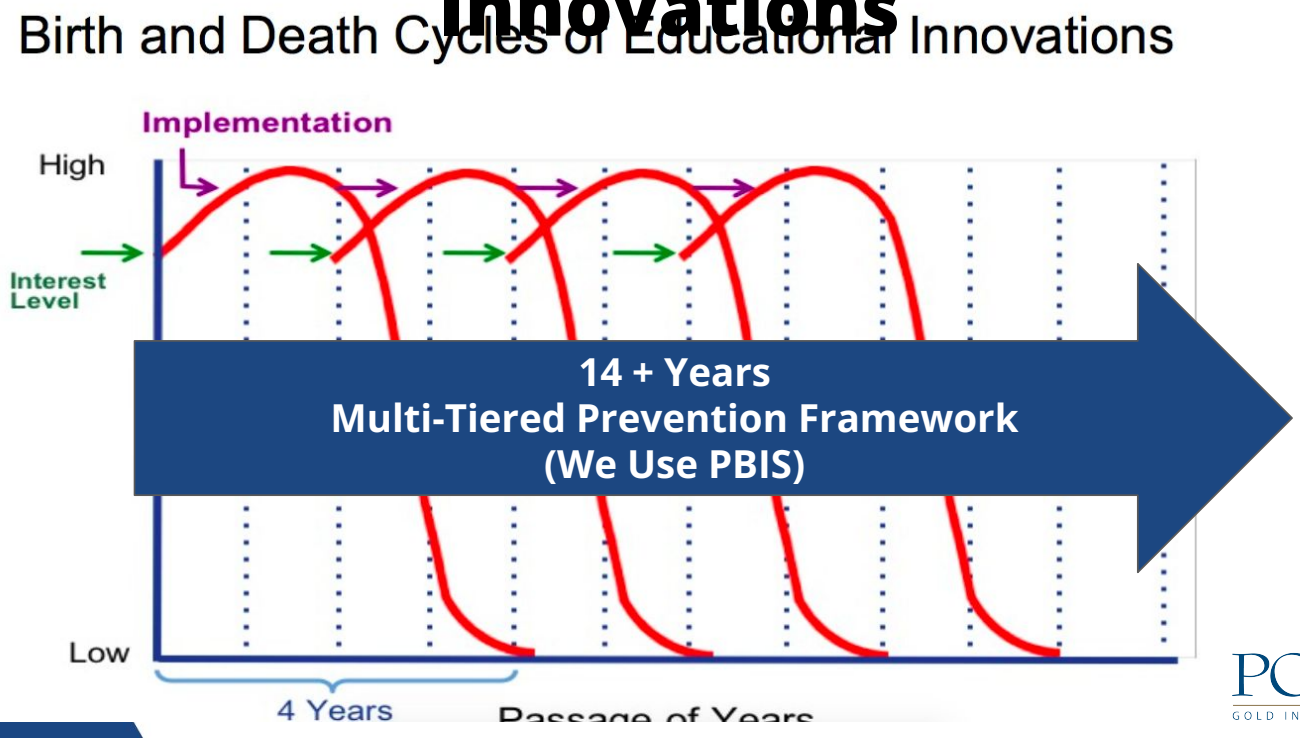
Frameworks Outlast Innovations



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MHSA - Learning

Have a clear vision for your outcome and a process for getting there (Hedgehog Concept)

Know and leverage the social-emotional-behavioral grant space

Develop partnerships outside of education

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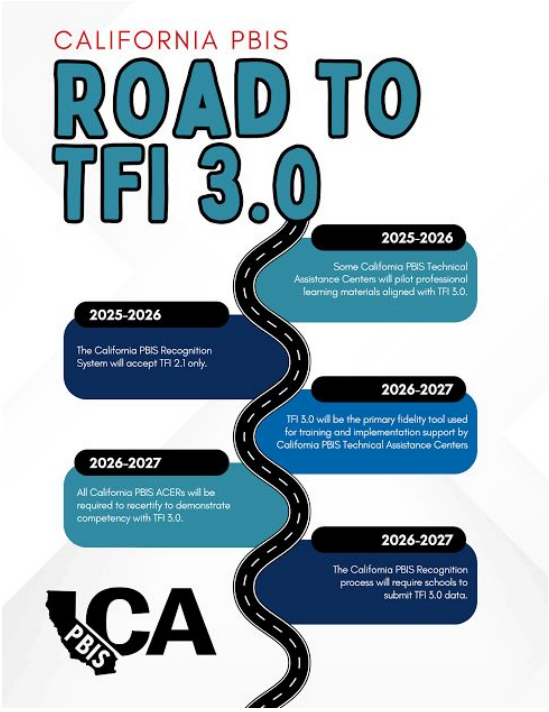
Useful Tools:

[PBIS Tiered Fidelity Inventory]



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2018
Triage Grant
First Mental Health Project

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Building a Foundation

People

Intentional leadership hires: expertise and prioritized mental health and lived experiences

Roles between PCOE and district staff

Processes

Referral pathway

Workflow and teaming

Places

Physical Wellness Centers

Visible in the school community

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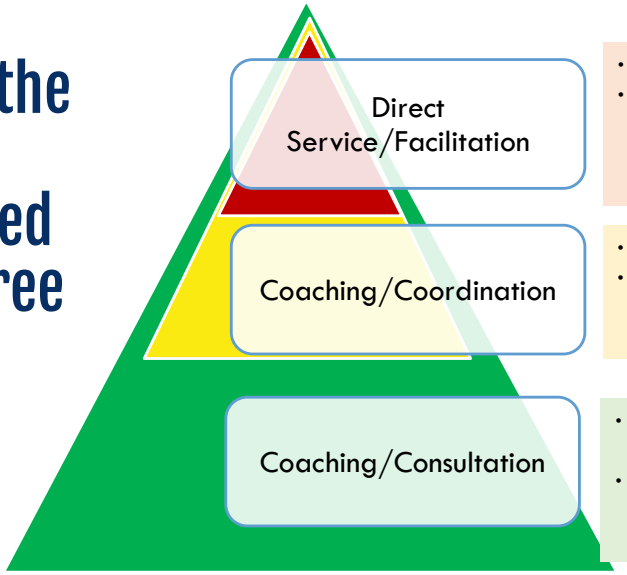
The *Changing* Role of the School and/or Community- Employed MH Clinician at All Three Tiers



- Deliver intensive interventions
- Work with team to ensure students receiving interventions are improving and staff support new skills across contexts.

- Coordinate Tier 2 Interventions
- Build capacity of staff to deliver Tier 2 interventions and set up progress monitoring systems

- Consult with Tier 1 team to discuss ways to strengthen Tier 1
- Build capacity for ALL staff to embed social emotional skills with academics

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Triage Learning

Moving services onto a school campus is only the beginning

Multiple sources and discuss district contributions

Create district and readiness and formal agreements

Useful Tools:

Informed Consent

INFORMED CONSENT FOR COUNSELING SERVICES

Please read this Informed Consent Statement before receiving behavioral health services. When you meet, you can discuss any questions or concerns you have before signing the document. If you would like a copy, please request one.

Eligibility and Service Limits
Behavioral health services are available to students in need of social, emotional, behavioral and mental health support. Services are provided by a Mental Health Specialist, Student Support Practitioner, and/or Family and Youth Community Liaison who is employed by the Placer County Office of Education (PCOE). The PCOE staff person ("provider") works in collaboration with your child's school district and often works or can provide services on your student's campus. Your child is eligible for services at no cost to you. The services your child receives is based upon a referral and determination of his/her needs and goals, and the program's resources. The PCOE staff will determine if community based agencies would better meet your child's needs and goals and discuss this with you and your child.

Interventions may include but are not limited to, psychoeducation, care coordination, case management, skills practice, individual counseling, and group counseling. Services will be provided by PCOE staff members working within their scope of practice, which may include Family and Youth Community Liaisons, Student Support Practitioners, Employment Placement Specialists, Practicum Students, Mental Health Specialists, and Manager, Coordinator, or Director level staff. If you have any questions about staff roles or qualifications, please contact Stephanie Kaiser at skaiser@placercoe.org. Please note: Some PCOE staff are professionals licensed with the California Board of Behavioral Sciences (BBS) and those registered with BBS as Associates and working toward licensure. If at any time you need to file a complaint regarding services provided by BBS registered provider, please contact the BBS at bbs.ca.gov or at (916)-574-7830.

Confidentiality
While your child's information will be held in confidence, to provide effective services, your child's clinician may consult with their supervisor and/or other school staff. A confidential counseling record is maintained with access restricted to PCOE progam staff. These records are not a part of your child's cumulative school record and may only be released when mandated by the court, to aid in the investigation of a crime, or should the counselor be ordered to testify in an administrative or judicial proceeding.

Federal and state laws require that health and counseling staff professionals report certain situations, which include:

- A reasonable suspicion of past or current child abuse (physical and sexual).
- A reasonable cause to believe that disclosure is necessary to avert a clear and present danger to the health, safety, or welfare of the student, a danger to self and/or a danger to others.
- A student indicates that a crime, involving the likelihood of personal injury or significant or substantial property losses, will be or has been committed.

The PCOE staff will make your child aware of these limits of confidentiality and will inform your child when sharing information with others.

Some information may be used for data reporting per requirements set forth by the state agency that funds the program and are responsible for monitoring efficacy of the program. You have the right to request that your child's identifiable information be redacted from such data reporting submissions. Whether requested or not, no child identifiable information will be used in any state agency publications regarding the program.

Updated 12/18/25

Secure Records Storage
PCOE has contracted with Medical Billing Technologies, Inc. ("MBT") to securely store your child's information electronically. MBT and all of its staff are required to comply with the Family Educational Rights and Privacy Act (FERPA) and HIPPA confidentiality laws applicable to your child's information and records. Student information sent from MBT to PCOE will be encrypted and password protected.

Benefits and Risks
There are benefits and risks that may occur in counseling. The benefits from counseling may include: (1) improved ability to handle academics and increased success in our school related activities, (2) enhanced personal development and (3) improved interpersonal relationships. Counseling may also involve the risk of remembering unpleasant events that could trigger strong feelings.

Emergencies
PCOE providers are available Monday through Friday during school hours or by appointment. For after hour emergencies you may call the Placer County Child & Adult Crisis Team (530) 886-5401 or 1-888-886-5401 or call 911.

Appointments
Counseling appointments will be scheduled in a manner least disruptive to your child's academic demands. Your provider will discuss this with you, your child, and the teacher to determine the best time to schedule sessions. If the provider cannot keep an appointment with you, you will be notified as soon as possible.

Consent to Services
I have read the above conditions of behavioral health counseling services. I understand and accept these conditions and hereby give my informed consent for my child to receive behavioral health services through PCOE.

Student Name (printed)	Student Signature	Date
Parent/Guardian Name (printed)	Parent/Guardian Signature	Date
PCOE Staff Name (printed)	PCOE Staff Name Signature	Date
PCOE Staff Name (printed)	PCOE Staff Name Signature	Date

PCOE staff licensure or certification information (if applicable)

Licensed Professional Clinical Counselor	Certified Wellness Coach
BBS License/Registration Number	CWC ID#
License/Registration Expiration Date	CWC ID# Expiration Date

Team Initiated Problem Solving

Wellness Team Meeting Minutes: site name

Meetings	Date	Time (begin and end)	Location	Wellness Team Lead	Minute Taker	Time Keeper
Today's Meeting						
Next Meeting						

Team Members (Place "X" to left of name if present)

☒ ☒ ☒ ☒ ☒ ☒ ☐ ☐ ☐

Guiding Principles of Wellness

- Promote Universal **Wellness** for staff, students and families.
- **Respect** the wisdom of students and families. Respect that schools are the expert in academics and education.
- Make **shared decisions** about the program through the use of data and with a made variety of stakeholders. Student/family input is included.
- Protect positive **relationships** and foster connections. Know that relationships are the driving force of wellness.
- Advocate for **equity** and inclusion for all.

Meeting Purpose	Team Agreements:
1. Identify & select student in need of Tier II–III Wellness supports 2. Coordinate implementation of Tier II- III Wellness supports 3. Monitor systems & interventions for fidelity of implementation 4. Monitor overall status of student progress towards goals.	

Item 1: Today's Agenda Items (Place "X" to left of item after completed):

1.	Review agenda (2 min.)	4.	Fading and Graduation (5 min.)
2.	New referrals (20 min.)	5.	Sys. Updates & Gen. Info/Issues (5 min.)
3.	Problem Solving & Action Planning (15 min.)	6.	Evaluation (2 min.)

Item 2. New Referrals to Wellness
Possible sources: SWIS data, teacher/staff referral, parent/student request
Standard procedures: Referral, determination by Wellness team, referring party notification, classroom observation , parent/student notification, parent/student introduction, begin service

Student	Grade	IEP Y/N	Referral Date	Referral source & relevant information	Response Actions & Next Steps	Who?	By When?	Goal & Timeline	Follow-up
									☐ Not started ☐ In progress ☐ Done ☐ Not Needed

PCOE Wellness program

Item 3. Tier II/III Intervention Problem Solving & Action Planning (for students that are not experiencing success with current Wellness intervention)
Possible problems: fidelity, intervention/function mismatch, intervention needs to be modified; Possible decisions: meet with teacher or parent, change intervention, referral to community provider

Student	Intervention	Identified Problems & Supporting Data	Response Actions & Next Steps	Who?	By when?	Goal & Timeline	Follow-up
							☐ Not started ☐ In progress ☐ Done ☐ Not Needed

Item 4. Intervention Fading & Graduation
Exit may occur if intervention is successful, if student will be provided with a different intervention, student/parent declines service, student leaves school, etc.

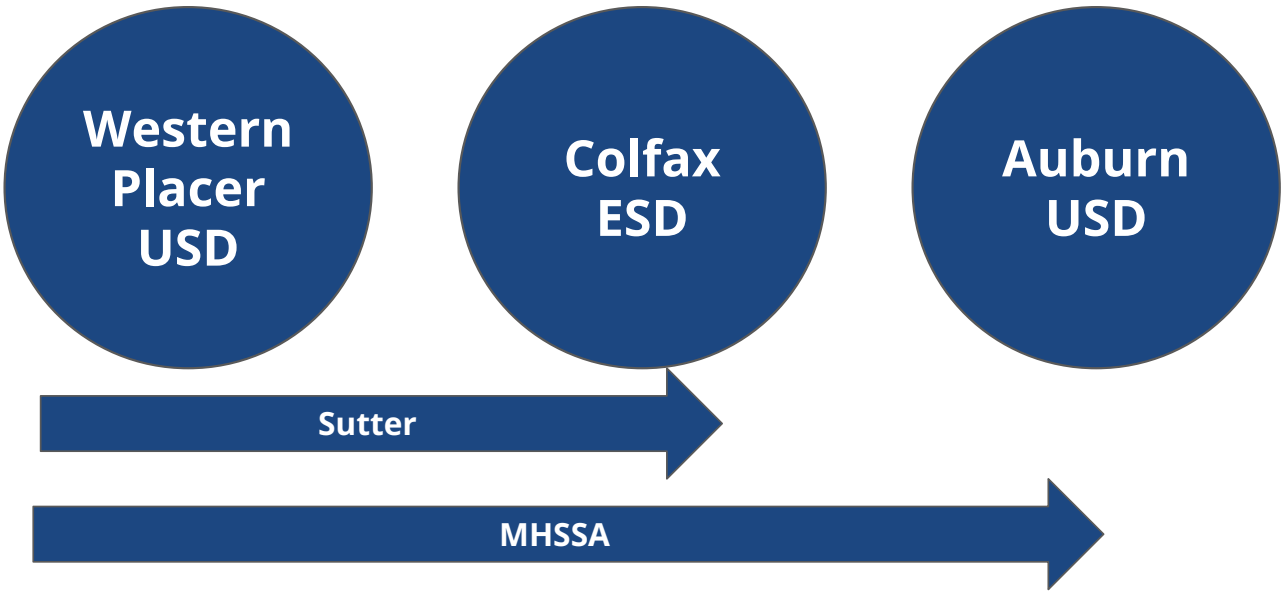
Student	Intervention	Supporting Data	Fade or Graduate	Response Actions & Next Steps	Who?	By when?	Follow-up
							☐ Not started ☐ In progress ☐ Done ☐ Not Needed

Working well
Item 5. Systems Updates and General Information/Issues

Information for Team, or Issue for Team to Address	Discussion/Decision/Task (if applicable)	Who?	By When?

2020-2022 MHSSA Funding Sutter Foundation

MHSSA & Sutter (Expansion)



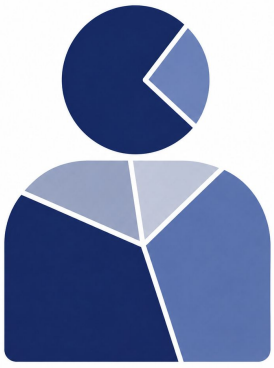
Multi-Funded Challenge

Multiple Managers Overseeing Grants

Differing Grant Rules

Complex Grant Timelines

Multi-Funded Staff



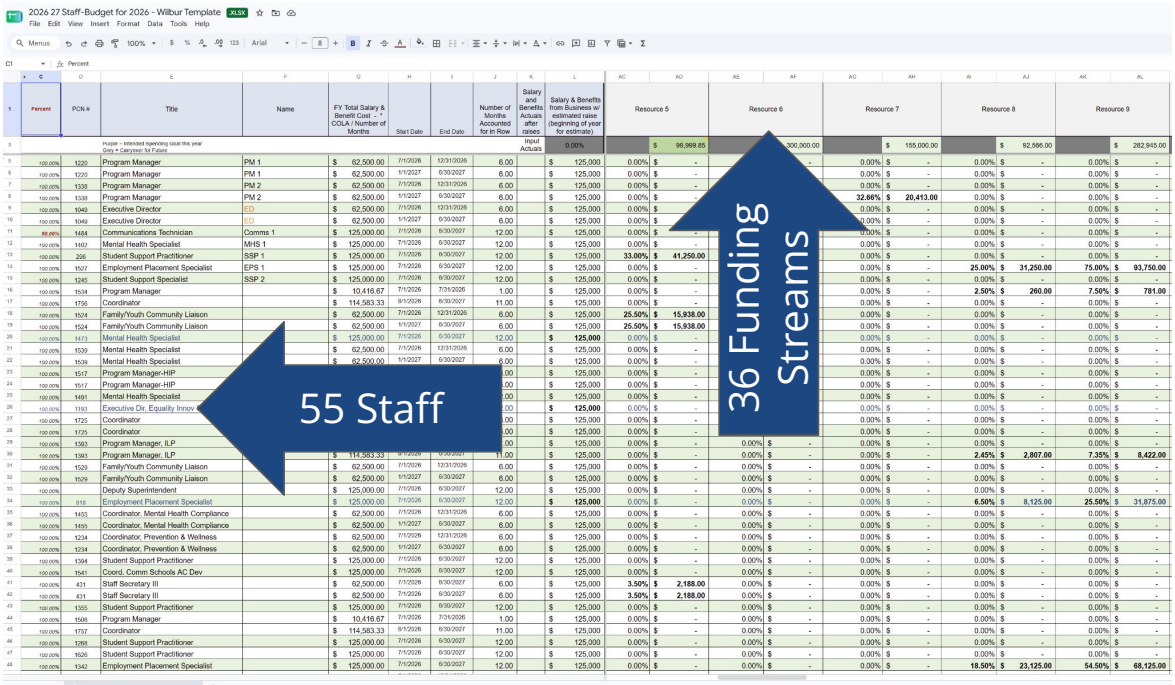
MHSSA and Sutter Learning

Systematizing Supervision & Improved Onboarding of Staff and Districts

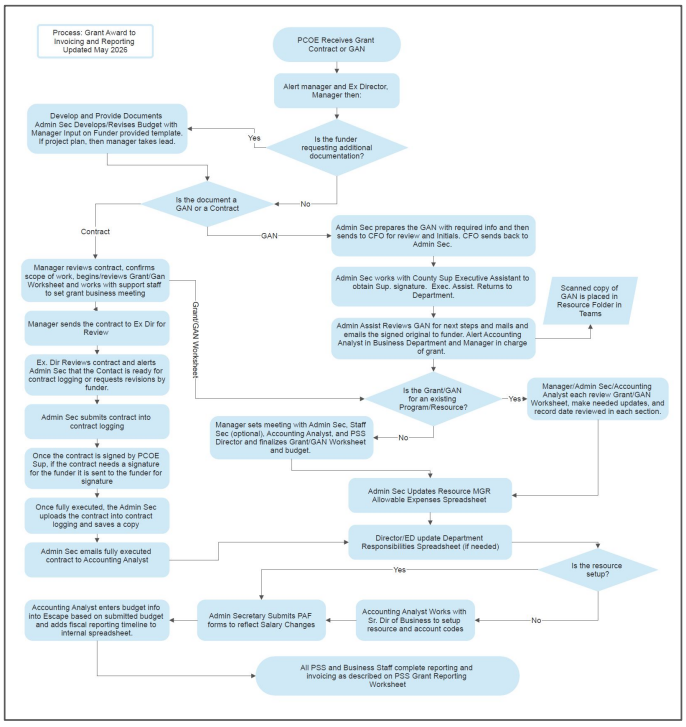
Increased grant complexity and co-funded models

Expanding partnerships, improving communication

Useful Tools: Wilbur



Tool: Grant/GAN Process and



Prevention Supports and Services Grant/GAN Worksheet

Purpose: This worksheet is designed to guide the grant business team in documenting key elements required for effective program and business reporting. Please complete all sections thoroughly.

Section 1: General Grant Information: Manager to complete this section Record the most recent update/review date:	
1. Program Name:	
2. PCOE manager in charge of this project/grant:	Name(s):
3. Grant program contact (from funder):	Name and email address:
4. Grant fiscal contact (from funder, if known):	Name and email address:
5. Existing or new program:	EXISTING NEW
6. PCOE support staff assigned to this program:	Name:
7. PCOE business contact for this program:	Name:
8. Resource (assigned or existing)	
9. Grant includes PCOE contract subcontractors:	YES NO If subcontractor(s), School District/Organization Name for all: - - -
10. Contract Term:	Starting Date: Expiration Date:

2023 CYBHI Funding & ISF Grant

Increased Billing and District Community Leadership

Systems Expansion

Systems

Using ISF to strengthen teaming and referral processes

Establishing DCLTs

Practice

Expanding use of EBPs

Research guides who gets what and when

Intentional implementation of EBPs

Funding

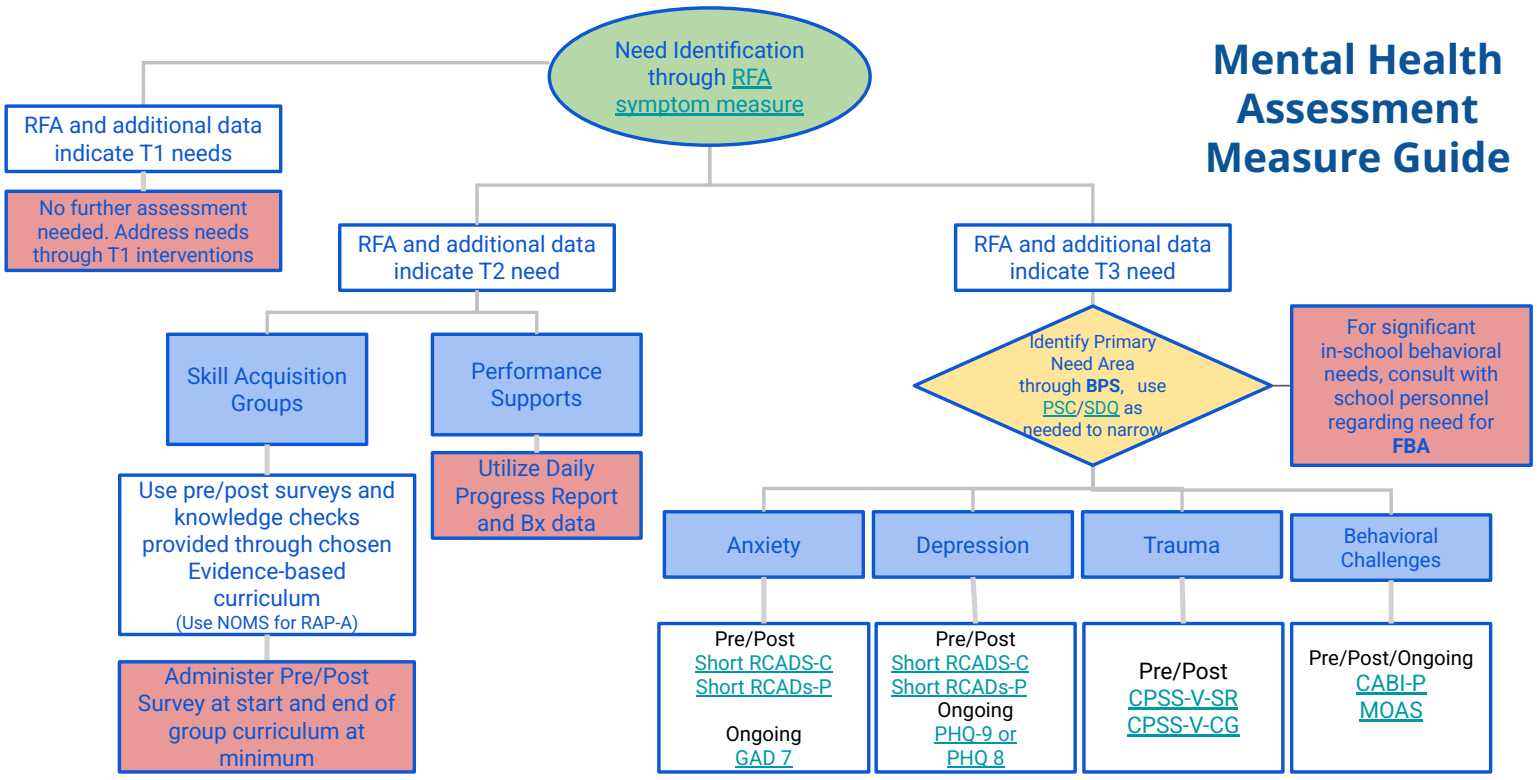
CYBHI EBP grants

MHSA funding for ISF

Needs → Services → Interventions

Needs → Interventions → Services

Mental Health Assessment Measure Guide



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Intervention Decision Rules for Specific Interventions

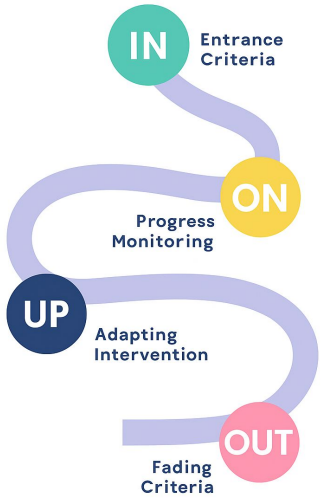
Defining the

In: Criteria for entrance into the **specific** intervention (e.g. matching criteria)

On: Data sources and procedures for progress monitoring student receiving the intervention

Up: Criteria and procedures for adapting or implementing new intervention

Out: Criteria and procedures for fading and graduation from the intervention



CYBHI and ISF Learning

Use community data to build shared direction

One time funding can open the door but it doesn't keep the lights on

Know who is providing what and when

Useful Tools

Practice Profiles

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Social-Emotional-Behavioral (SEB) Reteach Skills Groups

Tier: Tier 2 (Targeted)

Brief Description: SEB skills groups are brief, short-term small groups (e.g. 20 minutes 2x/week for 3 weeks or 30 minutes 1x/week for 6 weeks) are designed to:

- Provide an additional dose of direct instruction on SEB skills that are aligned with school-wide SEB skills
- Provide opportunity for structured practice with direct behavior-specific feedback

Considerations for Use:

1. SEB skills groups are most effective for students with acquisition deficits. Students are classified as having an acquisition deficit when particular, essential social skills are missing from their repertoire i.e. the skill has not been demonstrated/there is no evidence that the skills have been acquired.
2. This intervention can be facilitated by varying staff roles (e.g., teacher, paraprofessional)

Steps or Critical Features:

Before starting the group

- Assess to identify common skill needs
- Gather targeted lessons from research-based resources, existing tier 1 SEL program, etc.
- Plan for generalization and maintenance
- Establish session procedures
- Notify group participants and obtain consents/assents/permissions

During the group lessons/sessions

1. Introduce the new skill.
2. Define the skill(s) and key vocabulary.-
3. Explain why the skill(s) is important.
4. Identify steps for using the skill(s).
5. Give opportunities for students to repeat the skill steps.
6. Include modeling and role-play opportunities.
7. List procedures for reinforcing occurrences of the skill during the session.
8. Provide specific examples and non-examples of the expected skill(s).
9. Include time for goal setting and homework assignment.

Progress monitoring and generalization

- Adult staff members and family members are provided with materials that communicate skills and steps students are working on so that other adults can prompt, cue, and recognize students for using skills.
- Classroom teachers track performance of skills using the SEB Skills Progress Report as indicated by the intervention team

Fidelity Measure(s):

(X) Adherence to Steps/Procedure

(X) Duration/Frequency

(X) Quality of Delivery

(X) Student Responsiveness

Tier 2 Group Fidelity Checklist

Outcome Measures:

1. Staff managed and office managed referrals, Suspensions, Absences, SEB screening data
2. Demonstration of taught SEB skills in small group setting and in generalized school settings (SEB Skills Progress Report)

Data Decision Rules

SEB RFA Data-Decision Rules

Click here to access an automated scoring sheet

SEB RFA Data	Score Range	Risk Level	Decision Rule	Recommended Intervention Tier	Interventions to Consider
Externalizing: -Steal -Lie, Cheat, Sneak -Behavior Problem -Low Academic Achievement -Negative Attitude -Aggressive Behavior	0-3	Low Risk	Continue Tier 1 supports; no additional intervention needed.	Tier 1	-Reinforce PBIS school-wide expectations - SEL curriculum (e.g., Second Step)
	4-8	Moderate Risk	Monitor student; implement Tier 2 behavior intervention supports.	Tier 2	- Small Group (RAP-A, Strong Kids, Trails) -Skill Building Ind. RAP-A -Skill Building Ind. Check In/Check Out (CICO)
	9-21	High Risk	Conduct further SEB assessment (BPS, Measures); implement individualized Tier 3 support.	Tier 3	* Conduct further assessment to determine best fit Tier 3 Interventions (MATCH, TF-CBT) -Biopsychosocial -MH Assessment Measure Guide
Internalizing: -Peer Rejection -Emotionally Flat -Shy;Withdrawn -Sad;Depressed -Anxious -Lonely	Elementary 0-1 MS/HS 0-2	Low Risk	No intervention needed beyond Tier 1 SEL supports.	Tier 1	- SEL curriculum (e.g., Second Step) - Reinforce PBIS school-wide expectations
	Elementary 2-3 MS/HS 3-4	Moderate Risk	Provide Tier 2 support (skills groups, CICO).	Tier 2	-2 x 10 - Small Group (RAP-A, Strong Kids, Trails) -Skill Building Ind. RAP-A -Skill Building Ind. Check In/Check Out (CICO)
	Elementary 4-6 MS/HS 5-15	High Risk	Conduct further SEB assessment (BPS, Measures); implement Tier 3 support.	Tier 3	* Conduct further assessment to determine best fit Tier 3 Interventions (MATCH, TF-CBT) -Biopsychosocial -MH Assessment Measure Guide

* Use scores in combination with other data (e.g., office discipline referrals, teacher input, attendance).

2024-Current
#billing

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Funding for the Long Haul

CYBHI Fee Schedule

Flexibility

Certified Wellness Coaches

Crosswalk of services

ECM

SBHIP supported ability to explore this stream

Required expertise and knowledge of health care billing

Specialty Mental Health & BHSA

Opened access to a more established Medi-Cal billing structure

Required stronger clinical, compliance, supervision, documentation, and QA systems

Billing Learning

The funding opportunity can't define the program. Be clear about what students need

"Does this funding source make sense for this service?"

County partnership is crucial

Useful Tools

Coordinator Report

Month	# of students input into MBT portal to date	# of signed consents to bill to date	# of DECLINED consents to bill to date	# of insurance plans sent to Carelon for billing to date	# of Non Billing Site students to date	# of Consents to Bill still pending to date	% of Declines to bill to date	Total # of services this month	# of Wellness Coach services this month	# of Mental Health Specialist Services
December	170	118	39	114 (4 TriCare)	12	1	25%	196	68 (46 group, 22 individual)	
January	223	154	45	138	12	12	23%	327	109	
February	242	171	49	151	14	8	22%	256	78	
March	257	185	57	178 (7 Tricare)	14	1	23%%	362	79 group services, 52 individual	78 individual therapy sessions, 80 group sessions, 56 ind/group Skills Training and Develpment

Useful Tools

Coordinator Report

Staff	Total# of Services
A	185
B	126
C	257
D	204
E	235
F	124
G	240
H	144
I	70
J	98
K	131
L	206
M	59
N	200
O	194
P	74
Q	5
	2552

Site	Total # of Services	Service Minutes
A	311	14,130
B	461	12,850
C	359	13,520
D	240	6,565
E	144	5,532
F	70	2,168
G	229	8,540
H	265	7,502
I	394	10,722
J	79	4630
	2552	

District % of Total Services	
A	12%
B	42%
C	5%
D	3%
E	35%
F	3%

# of Sudents	Health Plan	%
93	Partnership	51.60%
27	Kaiser	15%
21	Anthem Blue Cross	11.60%
10	Blue Shield	5.50%
7	United Healthcare	3.80%
7	Western Health Advantage	3.80%
5	Aetna	2.70%
5	Sutter Health Plan	2.70%
4	Health Net	2.20%
1	Cigna	0.05%
180	Total	

Objectives

1. Describe key leadership moves that support the development and sustainment of an integrated school-based wellness model.
2. Identify strategies for aligning vision, braided funding, partnerships, and integrated systems to create a coherent model of student and family support.
3. Apply provided tools to assess local readiness, strengthen cross-system partnerships, and plan next steps toward a sustainable school-based wellness approach.

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Request for slides and resources

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