“Put your money on the table”

Interagency Coordination to Address the Crisis in Student Mental and Behavioral Health

Marianne Justus
Kelsey Krausen
Lisa Eisenberg
and Jason Willis

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Introduction

The mental and behavioral health needs of students in California and the demand for integrated systems of care that support the whole student are at the forefront of current policy discussions in California and nationally. Rather than a splintered system of service providers across health care, behavioral health, and education, state and regional leaders have begun to focus on the potential role of county offices of education (COEs) in supporting schools and school districts to more effectively serve students and families by coordinating and integrating services with other child-serving agencies. To explore how some COEs have begun to take a central role in the coordination of resources by shifting the way they work with other agencies, this paper profiles four California COEs. The profiles are not intended as detailed how-to guides for practitioners on the steps necessary to begin coordinating resources and creating a system of care. Rather, they are intended to help describe COEs' potential to play a critical role in such systems, including that of coordination, and to show the different forms such efforts might take in different contexts.

According to COE leaders, the work to develop integrated systems of care has been possible only through strong partnerships with other agencies and community partners. An integrated system of care functions as a partnership across several agencies, one of which is a COE, and leverages the strengths and assets of each agency and community partner to effectively serve children and youth in the county.

Increased Student Mental and Behavioral Health Needs

Education systems—from preK to higher education—face a new imperative to address students' mental and behavioral health needs in the aftermath of the COVID-19 global pandemic.[1] In addition to the impact of COVID-19 disruptions on academic outcomes (Hough & Chavez, 2022), studies have also identified the pandemic's negative effects on students' general well-being, revealing a sharp increase in students' mental and behavioral health needs, fueled by such related issues as school closures, disruption in routines, fear, and social isolation (Bonsaksen et al., 2022; Goldhaber et al., 2022; Singh et al., 2020). According to the national Adolescent Behaviors and Experiences Survey,

1 For purposes of this paper, the term *mental health* refers to students' emotional, psychological, and social well-being (Substance Abuse and Mental Health Services Administration, 2023), and the term *behavioral health* refers to "mental health and substance use disorders, life stressors and crises, and stress-related physical symptoms. Behavioral health care refers to the prevention, diagnosis, and treatment of those conditions" (American Medical Association, 2022).

The role of county offices of education in California

California's county offices of education serve as intermediaries between the state department of education and local education agencies. Their responsibilities typically include implementing programs with funding from the state, providing regional services to their districts, and overseeing districts' use of state and federal funds. Among other things, county offices of education approve school district budgets and local control accountability plans, register teacher credentials, certify school attendance records, develop countywide programs to serve students with special needs, and support districts through differentiated assistance as part of the statewide system of support.

designed to assess student behaviors and experiences during the COVID-19 pandemic, "more than one in three high school students (37.1 percent) experienced poor mental health during the COVID-19 pandemic, 44.2 percent of students experienced persistent feelings of sadness or hopelessness, almost 20 percent seriously considered suicide, and 9.0 percent attempted suicide during the 12 months before the survey" (Jones et al., 2021). The California Health Interview Survey (CHIS) found that roughly one third of adolescents experienced serious psychological distress between 2019 and 2021 (Mustala & Cha, 2022, citing the CHIS).

The increase in mental and behavioral health needs is not limited to high school students. Middle and elementary school students have also demonstrated increased mental and behavioral health needs.[2] In the 2020/21 California Healthy Kids Survey, 17 percent of 5th grade students reported feeling sad all or most of the time, and an additional 54 percent reported feeling sad some of the time, with higher rates of sadness reported by female students (Statewide California Healthy Kids Survey, 2022). Undiagnosed or untreated mental health issues for students rank among the most pressing concerns in schools across California, directly impacting student attendance, behavior, and readiness to learn (Barrett et al., 2013). In essence, improving students' mental and behavioral health increases students' ability to achieve academically (Sanchez et al., 2018). School leadership is paying attention to this issue.

Although students' academic learning has long been an important focus for policymakers and education leaders, the pandemic's effects on students' general well-being have amplified the importance of looking at student needs more broadly. Since March 2020, California has invested $4.7 billion in youth mental and behavioral health services and other resources (Office of Governor Gavin Newsom, 2022). Similarly, the Biden administration has been pouring funding into youth mental and behavioral supports through the Build Back Better Act, and it has secured $150 million in federal funds for the Full-Service Community Schools program to "improve the coordination, integration, accessibility, and effectiveness of services for children and families, particularly for children attending high-poverty schools, including high-poverty rural schools" (White House, n.d.). In doubling its prior-year investment in community schools (White House, 2023), the Biden administration is signaling its focus on investments to support not only students' academic needs, but also their health and well-being as well as stronger connections to the community.

California's Investments in Schools as Key Partners

In unprecedented recognition of the value of schools as partners in delivering mental and behavioral health services and supports for students and their families, many new sources of related funding—in California and federally—emphasize both the importance of local education agencies (LEAs) as a critical partner in serving young people and the importance of providing services at school sites. Some of the funding (e.g., the Student Behavioral Health Incentive Program) is structured to incentivize health care partners to work with schools.

Impressive in many ways as this new funding is, much of it, including almost all investments under the state's 2022 *Master Plan for Kids' Mental Health* (Office of Governor Gavin Newsom, 2022), is short term (with the few exceptions discussed in footnote 3) and thus cannot be counted on to support longer-term strategies and system changes for addressing student

2 From March 2020 through October 2020, mental health–related emergency department visits increased 24 percent for children aged 5 to 11 and 31 percent for those aged 12 to 17 compared with 2019 emergency department visits, according to Centers for Disease Control data (Leeb et al., 2020).

needs.[3] Yet, as many education leaders observed in interviews for this study, although the pandemic has exacerbated student mental and behavioral health needs, such needs pre-dated the pandemic and will continue long after one-time state and federal funding to support mental and behavioral health is slated to end. Furthermore, this funding has come from numerous funding sources, bringing different reporting and monitoring requirements, and it is funneled through many different agencies (e.g., the California Department of Education, the California Department of Health Care Services), all of which make integration more challenging.

There is now a new imperative for policymakers and leaders in care-providing agencies and other organizations to better integrate mental and behavioral health care for students and their families. To support integration efforts, in 2022 WestEd, along with Breaking Barriers, the California Alliance of Child and Family Services, and the Santa Clara County Office of Education, developed a field guide to integrated care that provides implementation guidance on a wide variety of cross-sector initiatives to support students beyond academics (Breaking Barriers et al., 2022). Building on prior work in systems of care, in which collaboration among child-serving agencies is foundational, the field guide calls for the blending and braiding of funds to best meet student needs. It also identifies COEs as a critical partner in coordinating cross-agency services and funding.

Building Integrated Systems of Care

Services and other supports related to the mental and behavioral health of California's children, youth, and families have traditionally been delivered through individual state agencies or departments, each of which is responsible for administering, monitoring, and funding different child- and/or family-serving programs statewide through its county-level offices and, in some cases, through specifically identified divisions within the agency or department. This siloed—and, some argue, splintered—approach presents barriers to maximizing resources both within and among agencies and, thus, to providing integrated and comprehensive mental and behavioral health supports for students (Breaking Barriers et al., 2022, p. 2). Now, in light of the current mental and behavioral health crisis experienced by today's youth—what Governor Gavin Newsom has called "one of the greatest challenges of our time" (Office of Governor Gavin Newsom, 2022, para. 5) and what the surgeon general has referred to as "the crisis of our time" (Peetz, 2023)—policymakers and local leaders have been considering how California can take a more holistic approach to meeting student needs by integrating

3 The dyadic service (where parent and child are treated together) benefit is ongoing, which only accounts for 16 percent of the $4.7 billion investment in mental health in California. The *Master Plan* also includes, without direct funding, the creation of an All Payer Fee Schedule, which will create access to ongoing fee-for-service benefits for school-based behavioral health services via Medi-Cal and private health plans.

Snapshot of Key School Mental Health Initiatives in California

The Student Behavioral Health Incentive Program is intended to "break down silos and improve coordination of child and adolescent student behavioral health services through increased communication with schools, school affiliated programs, managed care providers, counties, and mental health providers" (California Department of Health Care Services, n.d., p. 6)

The Mental Health Student Services Act is intended to foster partnerships between county behavioral health departments and schools to provide school-based mental health services to children, youth, and their families.

The California Community Schools Partnership Program is intended to support schools' efforts to partner with community and county agencies to align community resources to improve student outcomes.

relevant services and supports into a multiagency system of care (see the initiatives highlighted in the text box on the previous page, Snapshot of Key School Mental Health Initiatives in California). In particular, they have been exploring the potential for each of the state's 58 COEs to coordinate with other student- and family-serving organizations in their county—government agencies, nonprofits, and, in some instances, individual clinicians—to ensure that students and, as needed, their families have easy access to appropriate, effective mental and behavioral health care.

As defined for this report, a system of care—also referred to as an integrated system of care, to underscore the goal of integrating services—functions as a partnership among multiple child- and family-serving government agencies or departments and other care-providing entities (and, in some cases, individual clinicians) that is focused on organizing and aligning services and resources. The intent is to leverage the strengths of individual partners so that, operating in concert, they are better able to meet students' mental and behavioral health needs. When implemented well, an effective system results in improved academic, health, and economic outcomes for students and families (Pires, 2010). For students and their families, an integrated system better ensures they will receive needed care, reducing the burden of having to navigate access to services across what can seem like a maze of different agencies, all with different requirements. For system partners, being able to blend and braid funding to support a core set of services and other supports leads to more sustainable funding to help students and families most in need.

In 2018, California established legislative expectations—though not a mandate—that to more effectively serve foster students, child-serving agencies, specifically including COEs, would coordinate at the local level through memoranda of understanding (MOUs) (Powell et al., 2020). Specifically, California Assembly Bill 2083 (AB 2083) identified some key conditions for collaboration, among them establishment of an interagency leadership team that includes county offices of education; shared governance; shared fiscal responsibility and cost-sharing; and information sharing. However, fully implementing an integrated care approach—for foster students and all students—has proved challenging for a range of reasons, including restrictions on the use of various fund types and the need to build relationships between agencies that have not historically worked together.

County-Level Coordination of Services and Supports

Historically, a primary role of California's COEs has been as intermediary between state education leaders and each county's LEAs (California County Superintendents Educational Services Association, 2018). In this role, COEs have multiple responsibilities for each of their local school districts, including approving their budget and local control accountability plan, registering teacher credentials, certifying school attendance records, providing countywide programs to serve students with special needs, and, for eligible districts, providing technical assistance intended to improve student outcomes as part of the statewide system of support (Plank et al., 2019). Since 2017, when COEs were first tapped to provide this technical assistance to districts, the state has increasingly invested in and relied on these county-level entities as support providers for school districts and, starting in 2023/24, for charter schools.

Additionally, the California Department of Education (CDE) funds some COEs to serve as statewide or regional hubs for providing improvement support to schools more broadly, making technical assistance available to school districts and charter schools beyond the respective COE's geographic boundary. Some recent examples of this include the county-based Geographic Lead Agencies, Community School regional technical assistance hubs, and the Scaling Up of Multi-Tiered System of Support (SUMS) Initiative, through Orange County and Butte County Offices of Education. As a result, COE budgets, the size of

their staffs, and their role in supporting LEAs have all increased over the last five years.

In recent years, a number of new state policies and initiatives have focused on improving supports for students, emphasizing students' mental and behavioral health needs in particular. For example, as mentioned earlier, AB 2083, passed in 2018, requires each county to develop an MOU describing how various child-serving agencies will work together as part of a system of care to ensure that all children and youth in or at risk of being in foster care receive coordinated, timely, and trauma-informed services (CDE, 2019). AB 2083 also calls on COEs to play an active role in an integrated system of care to support the mental and behavioral health of students involved in the foster care system. In addition to AB 2083, the Mental Health Student Services Act (MHSSA) funds collaborations between county behavioral health departments and schools to address student mental health; and the Student Behavioral Health Incentive Program (SBHIP) provides funding to incentivize Medi-Cal Managed Care Plans, in collaboration with COEs, to increase access to behavioral health services in schools. These investments incentivize and in some cases even require noneducation partners (e.g., county mental health plan agencies, community mental health agencies, Medi-Cal Managed Care Plans) to collaborate with LEAs to improve health and behavioral health outcomes for youth. However, most health care partners are new to school partnerships and, thus, unfamiliar with how to successfully navigate the complexities of the education system. In some cases, COEs are providing coordination support to facilitate the entry of external partners into several districts or schools in the county, rather than having new partners establish relationships with individual districts or schools.

A community schools approach offers some insight into how schools and COEs can play a central role in supporting children and families in accessing needed services and resources. Although the provision of services is just one component of strong community schools, the community schools' strategy entails LEAs forming partnerships with community-based organizations and child-serving agencies to facilitate the alignment of community resources to improve student outcomes. This strategy involves first identifying key needs of students and families, then finding partners who can provide services to meet those needs and working to integrate services into school-based settings, all in the context of an asset-based approach. COEs can support a community-schools approach through partnerships with other child-serving agencies that center the needs of the local community and broker resources accordingly. In fact, as part of the California Community Schools Partnership Program, state funding is allocated to COEs to facilitate the coordination of county-level government agencies, nonprofit community-based organizations, and other external partners to support community school implementation (CDE, 2023).

Development of community schools is just one model for integrating funding and services to serve the whole student and whole community. Multiple different frameworks outline what integration centered on the needs of children and families could look like, including the widely used multi-tiered system of supports (MTSS) framework, which takes a tiered approach to identifying and meeting students' individualized academic and behavioral needs. Regardless of the exact framework they use to guide their effort, COEs can lead or be part of an integrated system of care that provides a comprehensive, aligned, and accessible set of services to students and families through collaboration with noneducation partners.

For all of its varied legislation and related funding intended to encourage integrated systems of mental and behavioral health care for students and families, the state does not mandate COE involvement in such integration efforts. Thus, to the extent that COEs throughout the state have chosen to engage in such an effort, their involvement looks different based on such contextual factors as the size of their county and the districts they serve; the availability of services

in the region; and any partnerships with other child-serving agencies that already existed. In some instances, the COE plays a leading role in coordinating services for children and families in need of additional support, including convening partner agencies from both the community and other child-serving agencies to determine how best to allocate resources. In other cases, the COE is one partner among a group of several agencies (e.g., formed between the COE and the county's health and human services, probation, and child welfare departments). In some cases, all member agencies formally share a budget, which enables them to make better use of their collective funding, enhancing their ability to meet student needs.

The profiles in this report show how four different COEs have taken a needs-based approach to planning the coordination of resources and services within their unique contexts and how they lead, convene, and collaborate with various agencies and community partners to meet the needs of students and families. The profiles illustrate how the COEs have carried out a central role in the coordination of resources and relationship-brokering with noneducation partners—in partnership with other local education leaders—and they explore the potential to build on this role during the unprecedented push for schools to partner with health care partners. Among other things, the profiles address the following questions:

» How can COEs collaborate with other agencies and other local education leaders to identify and address students' and families' mental and behavioral health needs?

» How can COEs support the coordination of resources and available funding to address mental and behavioral health needs?

» How can COEs form partnerships and create practices to support the long-term sustainability of mental and behavioral health services through an integrated system of care?

The Implications section of this report, which follows the profiles, discusses the potential for expanding the COE role in coordinating services with other agencies as one mechanism to leverage and sustain the state's investment in student mental and behavioral health services and supports.

Methodology

To better understand how COEs that have chosen to be involved in service integration efforts are carrying out this work, WestEd conducted interviews with leaders and other staff from nine COEs from across California that were selected based on the recommendations of state and regional leaders who are actively engaged in research and technical assistance to develop integrated systems of care statewide. The COEs in this study are Sacramento, San Bernardino, and Los Angeles (representing large urban and suburban counties); Tulare, Tehama, and Shasta (representing smaller, rural counties); Yolo and Santa Clara (representing medium-sized, suburban counties); and Placer (representing a medium-sized, rural county).

To gain a fuller picture of each COE's role in coordinating interagency resources, the WestEd research team spoke with individuals holding a range of professional positions within the COEs. In addition to interviewing COE superintendents, the team spoke with COE directors of mental and behavioral health, of inclusive early education, and of continuous improvement and support, along with several other administrators. The interviews were designed to explore how each COE is coordinating resources to address the unique mental and behavioral health needs of students and families in the COE's specific context.

County Office of Education Profiles

Counties throughout California are working to integrate systems of care in various ways. In this section, we highlight four COEs that are actively engaged in ensuring a more coordinated approach to meeting the mental and behavioral health needs of students and their families. These profiles reflect several common themes that were evident in interviews related to all nine COEs studied for this report: the importance of strong relationships and collaboration between a COE and other child-serving agencies; the role of the COE as a convener of essential community partners; and the work that COEs do to equitably provide resources to districts and schools.

Sacramento COE: Leveraging a culture of collective action to integrate mental and behavioral health services into schools

Sacramento COE Overview

994 square miles

243,002 students served

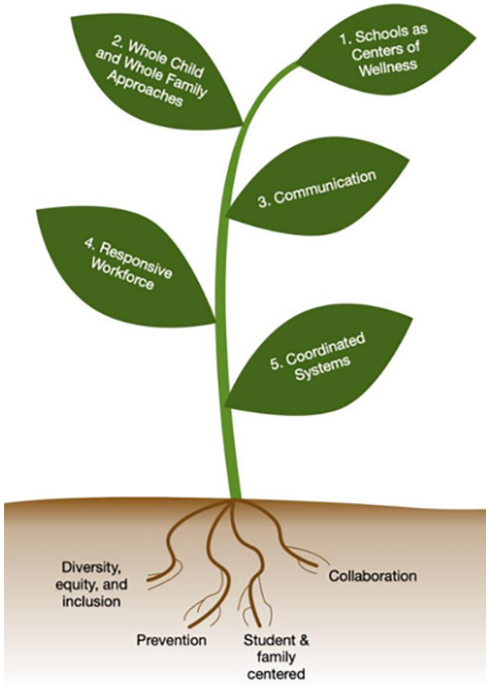
16 school districts

382 schools

Source: Ed-Data, Sacramento County Education Data (n.d.-b)

Cultivating Collective Action

Figure 1. Sacramento COE Pillars, Priorities, and Strategies



Source: Sacramento County Student Mental Health and Wellness Pillars, Priorities and Strategies (SCOE, 2022)

The Sacramento County Office of Education (SCOE) understands the importance of coordination, communication, and cooperation among individuals in achieving collective goals. Well before the COVID-19 pandemic, SCOE's cultivation of shared identity, desire for social change, and collective action spurred the growth of collaboration between many child-serving agencies. For example, the Student Mental Health and Wellness Collaborative has been ongoing since 2009, when a small group of stakeholders came together to discuss a common vision and desired results for the role of schools in creating a comprehensive, countywide system of prevention and early intervention to promote the mental health and academic success of children from birth to high school completion. The purpose of the collaborative is to bring together mental health professionals, educators, and other system partners to collaborate with the goal of developing, improving, and maintaining supports for student

mental health and wellness. Multiple partnerships have emerged from this collaborative; in particular, the Sacramento County Department of Health Services (DHS) has become a steady partner with SCOE in responding to public health crises and in working together to proactively create positive change in local communities and beyond.

More recently, in assessing the impact the pandemic had on learning and knowing that mental health and wellness is foundational for academic achievement, the Sacramento County Superintendent of Schools and the Sacramento County Director of Health joined efforts to transform schools into centers of wellness through the integration of mental and behavioral health services into schools. The two leaders set the conditions for a successful partnership by taking the time to develop meaningful relationships between their respective teams as well as other agencies and to understand the experiences of the students and families within their system.

At first, team members came together to "write in pencil" what they wanted to accomplish. Once they felt confident that they agreed on their shared goals, they solidified processes around providing services to students in schools. Their goal was to figure out how these two agencies, SCOE and the DHS, could partner to integrate mental health services directly into schools. Recognizing the challenges inherent in engaging two very different child-serving agencies, which use different systems and terminology, they emphasized the importance of relationships and a shared mission. A staff member charged with realizing this transformation of schools expressed, "At the end of the day, it's about relationships and making sure everyone understands where we're headed and what the goal is, which is to bring mental health services to the point of access, right in the schools."

The COE as the Backbone Agency

The partners embraced the principles of a collective impact model, which, among other things, provides a framework for creating alignment across entities to achieve shared results and suggests that there needs to be one agency to act as the backbone agency to convene the group. Based on the trusted role of the COE to foster partnerships across a wide array of agencies and vast regions, SCOE, with its well-established early learning department, association with First 5 California, and management of extended learning programs for the county, became the clear option for supporting partnerships with behavioral health providers throughout the system. SCOE is also a convener for various child-serving agencies and programs through the Student Mental Health and Wellness Collaborative, which includes clinicians, behavioral health contractors, youth advocates, child protective services agencies, and others who work directly with students and families.

In aligning all of these assets, a continuum of services emerged, from early learning through extended care, whereby internal and external providers could deliver mental health and wellness services for students and families. Not surprisingly, several of the participating agencies worked with the same students and families, so meeting regularly to discuss challenges, identify where their services overlap, and brainstorm ways to best provide the needed services proved very useful. According to SCOE staff, "Everybody has a role to play in promoting mental health and wellness. Every single person who works with children needs to understand the role they play in shaping development."

Identifying a shared framework has been important to the collective impact success. SCOE has helped all partners embrace the MTSS framework, which organizes the types of interventions and programs provided by different partners within a coherent model. In this three-tiered framework, Tier 1 support is provided to all students, Tier 2 provides targeted support to some students, and Tier 3 provides intensive support to a few students. The MTSS framework includes academic supports as well as social, emotional, and behavioral health supports; however, the Student Mental Health and Wellness Collaborative focuses primarily on the latter. The

MTSS framework helps ensure all partners understand their various roles and responsibilities across interventions and as part of a whole system of support.

> "Everybody has a role to play in promoting mental health and wellness. Every single person who works with children needs to understand the role they play in shaping development."
>
> ***—SCOE staff member***

Continuous Improvement and Community Engagement

Through the tenets of continuous improvement and community engagement, leadership staff across child-serving agencies are learning about how their policies and initiatives are impacting children and families in their communities. Specifically, SCOE realizes that bringing key people and voices to the table is critical to engaging in a strategy to hear the most pressing community needs. To do this, they held dialogue with students, employees of local school districts, and employees from different school-based organizations. They collected frequent feedback on whether their newly designed systems were, in fact, reaching the students they were designed to support by creating a youth advisory board, holding listening sessions, and sharing their proposed approaches with community partners. In addition, the leadership team met, and continues to meet, regularly so that they keep each other accountable and address challenges as they arise.

Strategies to Sustain Services Through Partnership

Through their partnership with the DHS, SCOE untangled a formidable puzzle: using Medi-Cal reimbursements to provide services at school sites, rather than referring students to external agencies or partners. This valuable achievement tackled two major challenges schools faced. One challenge was helping families access care through county-provided behavioral health services following a school-based referral to outside providers. The second challenge was that schools lacked the financial resources to hire sufficient mental and behavioral health staff to serve students' needs.

Previously, school staff would make referrals through the access referral system, but when students and families were referred to a clinician off-site, only 5 percent of students and families who qualified for Medi-Cal used the services. However, by partnering with the DHS Director, who was a former social worker and understood the challenges, SCOE was able to create a new system to bring behavioral health services onto school campuses. Staff worked diligently to understand all the different processes that had to operate effectively for students to receive health services at school sites. Specifically, they looked at the referral and

Federally Qualified Health Centers

Federally Qualified Health Centers (FQHCs) are organizations that deliver primary and other health care services to low-income populations. Health centers receive grant funding through the federal Health Resources and Services Administration (HRSA) and typically provide reimbursable health services to Medi-Cal (and Medicare) eligible populations. Most FQHCs in California are community-based nonprofit organizations, although a few county health departments, like that of Sacramento County, are health center grantees. Many California FQHCs partner with schools to provide health services to students, often through school-based health centers (SBHCs). In California, 52 percent of SBHCs are run by FQHCs (California School-Based Health Alliance, 2020).

registration process, the delivery of care, how services were documented, and how information was input into the county Electronic Health Record (EHR) to understand where processes were breaking down and to identify solutions. According to a staff member at SCOE, their goal was to "bring mental health services right to schools and provide services right where students are."

Critically, to solve the challenge of fiscal sustainability, SCOE and the DHS figured out a system for seeking Medi-Cal reimbursement for the services delivered on campus. With the DHS Director as a guide and partner, SCOE was able to understand Medi-Cal and federally qualified health center (FQHC) regulations as well as the complex billing structure of these programs. SCOE then obtained approval to designate schools as satellite sites of the county-run FQHC. Resolving the challenge of how to bill Medi-Cal enabled SCOE to hire mental health clinicians, such as licensed clinical social workers (LCSWs) and marriage and family therapists (MFTs), and place them in schools through an MOU of services process arranged by SCOE. This then enabled clinicians to provide direct mental health services to students in schools, including assessing students, diagnosing them, and treating them. The mental health clinicians log their services in the county EHR system, which turns those documented services into billable claims through the FQHC. By developing this partnership with the DHS and leveraging the county's FQHC status, SCOE was able to create a model that (a) brings mental health clinicians to campus to provide direct behavioral health services to students and (b) leverages Medi-Cal funding to make these services fiscally sustainable for the schools.

With regard to medical data and the sharing of student records, SCOE has developed protocols and procedures for accessing data on students and families and how that data may be utilized. Due to the sensitive and private nature of this data, SCOE continues to protect any sharing of data with other agencies. SCOE notes that the challenge lies not with the platform, but in building trust with communities and ensuring that services are provided regularly in order to maintain that trust.

Shasta COE: Responding to community needs by creating a central access point for services

Shasta COE Overview

3,847 square miles
26,370 students served
24 school districts
77 school sites
15 charter schools

Source: Ed-Data, Shasta County Education Data (n.d.-c)

Attendance as a Starting Point

The Shasta County Office of Education's essential role in coordinating school-based services for students and families traces back to when, some years ago, the COE and the districts it supports worked together to address low attendance rates at several of the county's small schools and districts. Historically, each education agency in the county was responsible for addressing chronic absenteeism through its School Attendance Review Board (SARB), which would hold hearings with students and their families to find out what was causing the absences and create a plan to improve attendance. In the best of circumstances, coming up with an effective plan can be difficult. One Shasta COE leader reports hearing from a local district superintendent that the district's process for identifying and supporting students with poor attendance was not working because "by the time students missed enough school to go to SARB—and then shortly thereafter to Truancy Court—poor attendance and behavior problems were so well established that it was extremely difficult to course correct."

Upon learning from district partners that SARBs were implemented differently throughout the county due to a range of access to resources,

Shasta COE leaders and district leaders concluded that they could work together to coordinate hearings for all students in the county. After exploring how other districts and counties throughout the state structured these boards, the COE and districts engaged in a coordinated effort to establish a countywide system with SARBs operating by grade level. The intent was twofold: to use available resources more efficiently and to make the SARB process more efficient and more effective for students and their families. According to one Shasta COE staff member, the COE "really made an effort to be like a large district office on behalf of [its] schools and districts … to be that go-between and provide supports they couldn't provide on their own."

Responding to Student Needs by Centering Community Resources

Figure 2. Shasta COE's Community Connect System

Source: Shasta County Office of Education

Once Shasta COE staff began engaging with districts in SARB meetings, they quickly learned more about students who were chronically absent. A key conclusion was that compared with those who attend school regularly, this group of students and their families tend to have a wide range of unmet needs and would benefit most from receiving mental and behavioral supports at school. Addressing these needs would be key to improving attendance patterns.

> The Shasta COE "really made an effort to be like a large district office on behalf of [its] schools and districts … to be that go between and provide supports they couldn't provide on their own."
>
> ***—Shasta COE staff member***

With this in mind, the COE and districts worked together to develop Community Connect. Modeled after a well-established program called Help Me Grow Shasta[4] and operating within the Shasta COE, the new program was designed to provide an integrated system of care, including screenings for developmental and behavioral concerns, with referrals made, as needed, to other student- and family-serving agencies or organizations.

The Shasta COE and district leaders had envisioned Community Connect as a proactive approach to improving student attendance by engaging with families to address the underlying causes of their children's absenteeism. But they also saw Community Connect's broader potential to promote learning, well-being, and other positive outcomes for students who may not struggle with attendance, but who, nonetheless, need mental and/or behavioral health support. As a result, Community Connect has become the central access point for students and families throughout the county who need support, irrespective of students' attendance history.

Shasta COE staff describe Community Connect's principal role as one of care coordination. "We wanted to build a system [in which] everyone has access to mental health clinicians, and there was

4 For more on Help Me Grow Shasta, visit https://www.helpmegrowshasta.com/.

no way to do that school by school," says one COE leader. By providing service coordination, the COE sought to take the pressure off schools and districts to compete with one another for a limited number of resources. One interviewee describes development of the Community Connect system as "building a highway [by which] all these services can come into the Office of Education and then [be] equitably promoted to students and families in greatest need." Today, Community Connect case coordinators refer students and families from schools throughout the county to needed services and supports, including mental health services, then follow up for about three months to ensure that clients have been able to access the resources. Community Connect's online portal offers an additional access point for community resources.

Over the course of Community Connect's first year, the percentage of families with children enrolled in the county's public schools who received services and supports through the new program rose from 40 percent to 70 percent. Shasta COE staff report they do not attribute that precipitous growth to growth in student and family mental and behavioral health needs, because those needs were already there. Rather, as families and school-based staff became increasingly aware of Community Connect over its first year, they realized that students and families could now access services and supports that had not been available previously, or at least not easily available—especially to those in the county's more far-flung communities. Thus, they used the system.

Recognizing the importance of interagency collaboration to ensure the continued high quality of what would clearly need to be a growing program, Shasta COE leadership reached out and presented their preliminary data to the county's Public Health Advisory Board and to its health and human services (HHS) agency, which has traditionally overseen the county's mental and behavioral health services. Noting the early, dramatic increase in the number of families whose needs were being met through Community Connect, the HHS agency offered fiscal support—a first step in what has since become an ongoing partnership to ensure that Community Connect can continue to grow and evolve to meet the needs of Shasta County students and their families.

As of winter 2022, Community Connect had received more than 1,500 referrals from schools and districts and, in turn, had referred these students and families to partnering organizations that could meet their needs. In addition to the Shasta COE and the county's HHS agency, Community Connect partners include North American Mental Health Services, Catalyst Mentoring, youth activity and community centers, and numerous local psychologists and therapists.

Shasta COE's partnership with the county's HHS agency has been critical to ensuring adequate financial support for Community Connect's coordination of services. By strategically blending and braiding funding from early childhood funding streams, such as 2-1-1 and First 5, as well as funding from foundations, mental health service agencies, Medi-Cal, and community school grants, the Shasta COE has been able to ensure access to a wide range of services and other resources for rural families who would not otherwise have access.

Clear Delineation of Roles and Responsibilities

When it comes to the work of Community Connect, Shasta COE leaders are focused on making sure that all district and COE staff, those working in partner child-serving agencies and nonprofits, and private practitioners who receive referrals through Community Connect are clear about who is responsible for what, where services overlap, and when and where collaboration is needed. The Shasta COE's Director of Family and Community Engagement and Support communicates regularly and intentionally both with service providers and with those involved in the back-end web-based referral work at the COE. Meanwhile, the COE's Director of Continuous Improvement and Support works directly with

schools and districts that need support with attendance and students' mental and behavioral health issues. This work includes working with districts to navigate Community Connect's online portal and to submit student referrals to the case coordinators. Staff at Community Connect are responsible for providing students and families with "warm referrals" to outside agencies, which entails contacting a service with or for a client as opposed to simply giving families the name of an agency and its phone number and letting them proceed on their own.

To keep the system's back end (i.e., staff who manage the Community Connect website) and front end (i.e., COE staff and other providers who work directly with students and families) in sync, the two directors meet regularly to review data, reflect on what is working well, and address challenges as they arise. Leaders of partner agencies in the Community Connect collaboration note that such ongoing attention is needed in order to ensure alignment on terminology and shared processes, both internally among Shasta COE staff and externally with other partners. Since many commonly used terms have slightly different meanings in education and health care, the two directors often translate technical language among the various child-serving agencies to ensure a shared understanding of the terms they are using. By meeting regularly both internally and with their external partners, Shasta COE staff, in concert with the districts in their county, have created a comprehensive, coordinated system to support the varying needs of the students and families in the county.

Placer COE: Collaborating with other child-serving agencies for decades

Placer COE Overview

1,502 square miles
74,446 students served
20 school districts
143 school sites

Source: Ed-Data, Placer County Education Data (n.d.-a)

A Court Mandate Seeds Collaboration

In the late 1980s, Placer COE became part of an integrated system of care, now known as the Children's System of Care, created in response to a court's request that leadership from child- and youth-serving agencies meet weekly to determine the best way to serve children, youth, and families. Local lore has it that, faced with disagreements among different child-serving agencies about which ones were responsible for providing which types of supports, a Placer County judge said it was time to "put your money on the table and put your hands behind your back." Under the direction of the court, the agencies came together to create a structure for sharing resources and working collaboratively to ensure a comprehensive, aligned, and accessible set of services for students and their families.

Today, Placer COE boasts a robust system of care in which, according to staff, agencies and other organizations representing education, child welfare, mental health, probation, and family/youth services collaborate to seamlessly serve children and families. In this system, Placer COE plays a key coordination role, carried out within its Prevention Supports and Services division. Among other things, the COE employs 62 staff, most of whom who are co-located across a wide range of student-serving sites, including the school-based wellness centers described below. These days, said one interviewed COE staff member, the office's relationship with other agencies is "one of problem-solving and collaboration."

Wellness Centers Bring Services to Schools

Central to Placer County's integrated system of care are 18 school-based wellness centers. Managed by Placer COE, the centers essentially serve as community schools, defined by the CDE as schools that have "community partnerships that support improved academic outcomes, whole-child engagement, and family development" and that also include integrated support services (CDE, 2023). Although the primary function of the wellness centers is to improve outcomes for students and their families, they also provide a welcoming space for school staff to receive support. To support the centers, the COE leverages school-based funding from state, federal, and philanthropic sources.

Figure 3. Placer COE's Wellness Campus Teaming Model

Source: Placer County Office of Education Wellness Center Programs (2023)

Having service providers such as mental health practitioners, probation officers, and social workers from multiple agencies (and, sometimes, from multiple divisions within agencies) co-located at the wellness centers helps ensure that students have immediate access to important support. Many schools in Placer County have an integrated team made up of individuals who are focused on supporting child wellness. For example, a high school might have staff specializing in transition-age youth and more rural sites might have a different mix of staff types based on students' needs. Student support practitioners hired by Placer COE work side by side with these providers, effectively serving as case managers or coordinators so that individual students are less likely to experience service gaps or service redundancies. Such coordination is particularly important for students and families with multiple, complex needs, which is commonly the case for students who are unhoused or who are in the foster care system, especially those who are aging out of that system.

Advantages of Funding Through a Shared Budget

Placer County's individual student- and family-serving agencies, and the divisions within them, have come to understand that when they work collaboratively as an integrated system of care, their collective potential for meeting the needs of local children, youth, and families is greater than the sum of its parts. Key to this heightened capacity is the creation of a shared budget for the integrated system of care, one that blends child- and family-oriented funding from all partners.

By braiding funding, system partners can more easily recognize duplications and gaps in positions and services and consider whether and how to refocus available resources. The integrated budget also makes their funding go further in another way. It's not uncommon for individual agencies to leverage funding across multiple staff positions. Through braiding multiple funding sources, staff positions can be more effective in a common department budget than would otherwise be possible. Example, when Placer COE created a new staff position focused on preventing child sex trafficking, the position was initially funded solely by the Placer County Health and Social Services Department. But when the cost of the position proved higher than expected, that department could no longer fully support it. In counties whose budgets—and the responsibilities

reflected in the budgets—are more siloed, this relatively new position might well have been cut or another, equally important, position within that same division might have been cut in order to free up funding for the new position. But in Placer COE, with its braided funding and collaborative approach, leadership had the flexibility to more easily shift funding and staffing as needed. In this case, managers from across different departments were able to creatively reallocate funding and reassign portions of staff time to ensure that the county retained its new capacity to prevent child sex trafficking without eliminating any other staff positions.

The integrated system of care is possible in part, notes one Placer COE staff member, because the participating organizations work together to "braid funding across divisions and [among] agencies so that we can have better outcomes, because that's what really matters."

This same approach is effective not just among agencies, but within the divisions of a single agency, as is evident in Placer COE. In other counties, COE divisions such as Foster Youth and Mental Health each have their own small budget, which commonly results in the siloing of both the funding and the services of individual divisions. In Placer COE, the different child-serving divisions (all wellness-related) operate under one budget with 35 funding streams, managed by the Prevention Supports and Services Department. Thus, COE leaders can blend and braid funding streams to maximize services for students and avoid disruptions in services as well as staff layoffs when there are cuts to a particular funding stream or when a funding stream ends. In addition, leadership can more easily move funding around in times of need, such as when projected budgets don't match actual budgets, when budgets need to accommodate an unexpected cost of living increase, and so on.

"We braid funding across divisions and [among] agencies so that we can have better outcomes, because that's what really matters."

—Placer COE staff member

Regular Meetings With Agency Partners

In Placer COE, partners collaborate together under an integrated system of care with the Systems Management Advocacy Resource Team (SMART) to integrate and most effectively use dollars that might come with restrictions.

Given the partners' strategies of merging individual budgets from different agencies into a single interagency budget and of co-locating service providers within schools, it is essential that system leaders meet regularly and reasonably frequently—twice a month or even once a week. To ensure regularly scheduled and effective meetings, Placer COE and its partners formed the SMART, which, in turn, created formal structures to support collaboration, from the leadership level to the level of those providing direct services. During regularly held meetings, staff at all levels have opportunities to discuss services that are being provided to children and families by various agencies in the integrated system and to consider whether they are providing the necessary services without duplicating efforts. COE staff note that operating and sustaining an integrated system of care requires hard, ongoing work, with collaboration and shared responsibility being the guiding principles for those doing the work.

Yolo COE: A Shared Vision and a New Way of Thinking

Yolo COE Overview

1,024 square miles
29,689 students
7 school districts
62 school sites

Source: Ed-Data, Yolo County Education Data (n.d.-d)

By the time the COVID-19 pandemic hit, Yolo COE and other Yolo County agencies and community partners were already well versed in collaboration, with structures in place to support their cooperative work. Referring to collaboration as "the default" in Yolo County, one COE staff member explained why, from the COE's perspective: "We assume that the problems we're tasked with are too large for the COE to solve alone. So we ask ourselves, who shares our interests? Who has the technical know-how to support us in this work? Where are the resources?" When it became clear in the early days of the pandemic that children and families were facing an especially challenging time, Yolo County leaders from across sectors realized that this cooperative bent would be critical in helping to meet the needs ahead.

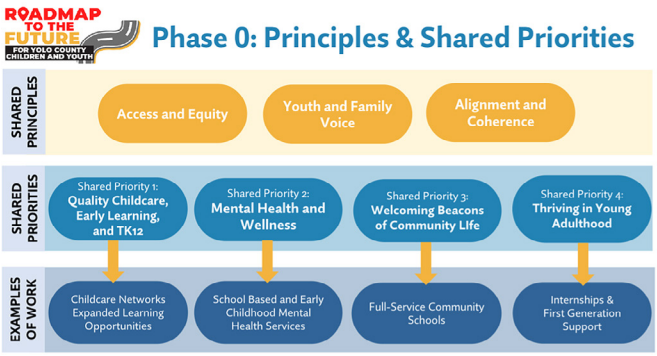
A Shared, Clearly Articulated Vision

In a collectively authored op-ed commentary, *Mapping the Future of Yolo Youth—A Postpandemic Response* (Provenza et al., 2021), some 20 public officials from across Yolo County—including mayors, county supervisors, school superintendents, education board trustees, the county clerk, and the county assessor—asserted that the pandemic presented an "unprecedented opportunity" to find a better way to meet the needs of the county's children, youth, and families, which were exacerbated by the pandemic. Noting that the county had been successful in past collaborative efforts, the authors pointed out that the collaboration needed for this critical new effort would be enhanced by the ability to use American Rescue Plan and other anticipated one-time funding "to invest in communities and build up our public health and economic infrastructure."

The op-ed piece wasn't intended to be simply aspirational words on a page. It was a call to action that led directly to the collaborative interagency development of Yolo County's *Roadmap to the Future*, a living document that presents the county's "long-term plan to help effectively coordinate the services, supports, and opportunities children, youth, and families in Yolo County need [in order] to thrive" (Yolo COE, n.d.). The roadmap also includes a shared framework to guide the work of child- and family-serving serving staff in partner organizations, an asset-mapping process, and an online tool for students and families to use to find the resources they need. The intent is to also establish measurable objectives and actions to guide collaboration among various child-serving agencies and community organizations in the county.

The roadmap is being developed by a partnership of the county's child-, youth-, and family-serving agencies and community-based partners, including Yolo COE, social services, child protective services, county mental health services, and each of the county's five city council boards and five school district boards and superintendents. According to the Yolo County Superintendent of Education, "In Yolo County, leaders are intentionally prioritizing the needs of children, youth, and families as they lead out of the pandemic."

Figure 4. Yolo County Roadmap to the Future Principles and Shared Priorities



Source: Yolo County Office of Education Roadmap to the Future (n.d.)

Yolo's roadmap is built around four shared priorities: (a) quality childcare, early learning, and TK–12; (b) mental health and wellness; (c) welcoming beacons of community life; and (d) thriving in adulthood. The second of these priorities, mental health and wellness, speaks to Yolo COE's commitment to providing students with needed mental and behavioral health services (Yolo COE, n.d.).

Identifying and Building on Community Resources

Yolo County leaders take an assets-based approach in their joint effort to improve outcomes for children and families. Thus, in developing the roadmap, a Yolo COE asset-mapping team set out to identify the various student- and family-serving resources within the county. To do so, team members asked students, staff, and families the following types of questions: Where do you go when you need x? What do you do when you can't afford your medication? You're concerned about immigration, so whom do you trust to help you pay your taxes? Through such queries, the team was able to develop a deep understanding of where and how people within the community access resources. Among the identified assets were some obvious ones, such as schools and other government agencies, community-based organizations, and services that support Yolo County's children, youth, and families, including those that serve students in their home environments. By honoring local knowledge and building trust with community members, team members learned about valuable assets that many of them didn't even know existed. For example, they discovered that a church within walking distance of one school gives away food once a week. As one Yolo COE staff member explained, "We knew about the big places, but asset-mapping helped us see the smaller, more discreet assets within our community."

Another cornerstone of roadmap development and implementation has been holding regular listening sessions with the community. In early 2023, county leaders held listening sessions with hundreds of community members to share progress on roadmap implementation, to discuss implementation challenges, and, together with the community, to problem-solve. A key learning from those sessions was that many of those providing services to students and families had no knowledge of other services available to their clients. Staff across child-serving agencies realized that the county needed a resource map that would illustrate all the resources in the local communities. That discussion was followed by a discussion about how resources can be leveraged to better serve the needs of the community. Staff also realized through the listening sessions that they needed to develop a shared understanding of how to work together, since different agencies and community organizations in the partnership had different ways of thinking about the purpose of the roadmap and how it would benefit their constituents. To help all partner organizations develop a mutual understanding of the goals of an integrated system of care and to help show them how to achieve these goals, an earlier version of the roadmap was subsequently augmented to include a framework that would guide the work of the partnership as a whole and its individual partners.

Developing a Shared Framework

Realizing that child- and family-serving agencies and other organizations in Yolo County used different approaches to their respective work with students and families, Yolo County leaders

began developing a shared framework to guide all such work across the county. The Child and Youth Development Framework, which is now under development and which pulls from such frameworks as the MTSS and the Positive Behavioral Interventions and Supports frameworks, outlines key human development milestones, prenatal through 24 years of age. According to the *Roadmap to the Future: Overview of Outcomes*, the purpose of outlining these milestones is to establish a "foundation for assessing the adequacy of the growing support system for children and youth in Yolo County" (Yolo COE, n.d., p. 1). Once finalized, the framework will be shared with the community and then used to measure the degree to which Yolo County children, youth, and young adults are attaining the developmental milestones outlined in the roadmap.

Using Needs Assessment to Identify Areas of Support

Yolo County leaders are conducting an extensive needs assessment to determine where and how to direct resources. By holding regular listening sessions with the community and working with external partners to identify areas of need and synthesize feedback, Yolo County leaders are identifying areas for potential investment to support children, youth, and families. The needs assessment includes collecting demographic data that indicate where children and youth need support in relation to the location of existing assets. The goal is to identify strengths, gaps, and overlaps in assets within the community (Yolo COE, n.d.).

An Online Tool for Students, Families, and Staff

Yolo COE is also in the process of developing a resource-connection online system that will live on the COE's website. This online system will be available for all members of the Yolo County community—students, parents/caregivers, neighbors, teachers, and others—to connect students and families with resources in the community. The tool's embedded screening process will identify the needed resource(s), which could be, for example, a health care provider, a therapist, a food bank, or some combination of multiple resources. Once users have submitted either a service request (in the case of a student or family, for example) or a student or family referral (in the case of a teacher or neighbor, for example), a message will be sent to the relevant partner agency, and the person who made the submission will be notified that their request or referral has been sent to that agency.

This particular online system is what is known as a "closed loop" system, which means status reports will be generated regularly so that whoever made the referral (e.g., a teacher) knows whether the intended services have been provided. An essential piece of this process is that Yolo COE staff will meet regularly to analyze referral dashboards, which include reports on how many referrals have been submitted, how many referrals were picked up by a partner agency (as well as the number of referrals that were not picked up), and the number of students and families who have started receiving new services based on new referrals. As one Yolo COE staff member explained, "In the past, we had no way of knowing if students or families didn't get the services they needed. With this system, we can figure it out, and we openly discuss: Where did the ball get dropped? How can we go back and fix it so that students and families actually get the services they need?"

Open, Honest Collaboration Across Divisions and Agencies

Critical to the roadmap's ongoing development and implementation is that Yolo COE staff, as well as staff in partner agencies, engage in open, honest collaboration—within their own organizations and with staff in their partner organizations. Recognizing that many of them have long been working in a siloed fashion, they now center their collective work around one central question: What can we do together to better meet the needs of the whole child?

Implications

In interviews with leaders and other representatives from nine COEs throughout the state, including the four profiled above, several themes emerged. First, strong working relationships are essential for effective collaboration, whether within or across agencies and with districts. Every agency leader with whom the WestEd team spoke mentioned relationships as the backbone of successful partnerships. Also mentioned frequently was the need for a shared commitment to students and families and the importance of decoupling agencies from dollars. This last issue was mentioned many times, especially by interviewees whose agencies collaborate with others to combine resources, including budgets, to more effectively and efficiently provide services needed by students and families.

According to interviews, the benefits of addressing the complex needs faced by students and their families through partnerships outweighed the barriers to collaboration—barriers such as siloed funding, the ability to share protected data and information, and traditional responsibilities of partner agencies. In fact, many interviewees reported how critical collaboration has become in sustaining the new systems and or services set up to serve students. For COEs and their partners, the collective potential to meet the needs of students and families is greater than the sum of the parts.

COEs are uniquely positioned to address the barriers that students and families face in accessing mental and behavioral health services. When COEs, local education leaders, and partner agencies work together to provide mental and behavioral health services at school sites, students and families are relieved of the burden of having to travel to access services. According to studies, youth are six times more likely to complete mental health treatment in schools than in community settings (Jaycox et al., 2010), and mental health services are more effective when integrated into students' academic instruction (Sanchez et al., 2018). Additionally, when mental and behavioral health services are well integrated into schools, students and families no longer face the burden of navigating different complex systems such as Medi-Cal billing. And finally, when COEs work in concert with other child-serving agencies, resources that might otherwise be constrained by small budgets are freed up to be used nimbly and in response to community need.

Implications for COEs With Local Partners

Use needs assessments to guide long-term strategies with partners. COEs should take a needs-based approach to resource coordination, starting with an assessment of student and family needs and identification of a funding strategy based on those needs. All California COEs have recently completed a needs assessment, with their Medi-Cal Managed Care partners, as part of the requirements of the SBHIP. The findings should be integrated into an ongoing strategy for ensuring that funding and services are matched to the needs identified in each county, particularly to address gaps in access to mental and behavioral health interventions for identified students. State leaders can also use the findings to identify major gaps in capacity across the state, and target resources and technical assistance to these areas.

Use short-term funding to build infrastructure for partnerships. COEs can serve as both a convener of and a partner with other child- and family-serving agencies to plan and support long-term strategies for providing mental and behavioral health services. COEs can also play a lead role in ensuring that resources are allocated equitably and that services are implemented to most effectively address students' mental and behavioral health needs. Some of the state's short-term funding, particularly from the SBHIP, the MHSSA, and the California Community Schools Partnership Program, explicitly incentivizes COEs, other county agencies, and health care partners to coordinate resources for students and schools. In addition to being a key partner in these short-term programs, COEs could leverage such funding opportunities to build partnership structures with new entities (e.g., county behavioral

health departments, probation, child welfare, and Medi-Cal health plans) that will last beyond the duration of the short-term funding. For example, in addition to hiring new staff to provide mental and behavioral health services in school settings, COEs and their partners could design and refine the mechanisms needed to sustain those new staff, such as developing a process that allows education agencies to receive Medi-Cal reimbursement to cover some staff costs, potentially through partner agencies that already have a Medi-Cal billing infrastructure in place.

Implications for System Advocates and Policymakers

Expand technical assistance and professional learning for COEs. The nine COEs examined in this study are all at different stages in their efforts to integrate mental and behavioral health services, especially into schools. Some have been deeply engaged in collaborative partnerships for decades and are well on their way to full integration of services. Others are still in the early stages of such efforts. Drawing on teams of experts, such as the one created through the development of the Integrated Care Field Guide,[5] state policymakers and agency leaders should expand opportunities for system experts to provide assistance to COEs on the more technical aspects of funding integration and coordination of mental and behavioral health supports. In particular, COEs across the state may benefit from technical assistance and training in three general areas: strategies for integrating services at school sites, particularly those historically provided in health and human service community settings; the technical aspects of funding integration and service sustainability (e.g., strengthening Medi-Cal billing systems); and relationship-brokering with other county-level agencies.

Strategies for integrating services at school sites should ensure that partners identify and use student and family needs to guide decision-making rather than defaulting to the traditional roles and responsibilities of partnering agencies. One way to ensure this is through co-location of services. In co-location of services, the COE and its partners collaboratively design an approach that strategically places mental health staff in settings that are most easily accessible to students and their families—including at school sites. Locating services at school sites or as close as possible to students and community members can facilitate closer engagement between practitioners and those they serve, drawing from their lived experiences, to develop and expand service models that are responsive to student and community needs. Co-location requires clear communication, explicit delineation of roles and responsibilities, and a shared vision for goals and outcomes—elements that COEs have the potential to lead.

Funding integration between agencies can take many forms. One approach that has been used in some counties is to create a superagency. In creating a superagency, several agencies merge their funds, under an MOU, into a single shared budget so that they have greater flexibility to respond to arising needs within their community. Services are still integrated in the school setting, but everyone operates as one superagency, as opposed to separate partners working together. Given the complexity of funding integration, many COEs could use additional support as they consider how to navigate the formation of shared decision-making capabilities and how to create collaborative budgets aligned to shared goals. Successful co-location or the creation of a superagency requires a shared vision for goals and outcomes and clear communication. Technical assistance can help COEs and partners understand the benefits and tradeoffs of each approach and how to ensure elements for success are in place.

As noted earlier, some COE leaders have a long history of collaboration and coordination with other agencies. The county profiles in this paper are examples of the types of relationship-brokering that COEs have engaged in, not only with

5 Contact information for the cross-sector team of experts is available at the end of the Integrated Care Field Guide.

county-level partners, but also with their district and charter school partners but also. State advocates and policymakers can help support regional agencies to build strong working relationships by creating forums for shared learning and vision-setting.

Coordinate state funds across agencies. As schools and other child- and family-serving organizations consider how to work together to better serve students and their families, policymakers should ensure that legislation and state funding decisions do not have the unintended consequence of siloing services and otherwise preventing agencies from sharing funds in order to serve their communities more effectively and efficiently. Additionally, it is essential for state leaders to consider how to ensure that state resources are allocated equitably. In some cases, ensuring equitable allocation may require directing funding streams to COEs so they can pool resources (including staff and services) to ensure access to services for students in their county's areas of highest need.

Invest in deeper research on needs, capacity, and services gaps. The SBHIP is one example of a short-term funding initiative that required Medi-Cal Managed Care plans to partner with LEAs and county partners to conduct mental and behavioral health needs assessments for participating districts in each county served by the health plan. In many cases, the COE played a critical role in coordinating the district-level needs assessments and facilitating collaboration between participating districts and health plan(s). The needs assessments also provide important information about the greatest service gaps for students and families and about which student groups have been disproportionately impacted by mental and behavioral health crises. An analysis of these documents could inform how best to focus future initiatives and shape a network of state and regional technical assistance providers in the years ahead.

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