

Operational Plan Report

Expansion of School-Based Behavioral Health Wellness Centers

County of Santa Clara

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Introduction

On April 19, 2022 (Item No.13), the Board was presented with recommendations related to the expansion of school-based behavioral health wellness centers as part of the Children’s Roadmap to Recovery Recommendations Report. The recommendations proposed an assessment of existing wellness center models in Santa Clara County, a review of other counties’ wellness center models, and the development of an operational plan. Beginning in September 2022, these recommendations were incorporated into a multi-component wellness center study and operational planning process. This report provides a narrative summary of the study results and the operational plan recommendations.

Wellness Center Study Overview

The overarching purpose of the study was to inform a detailed operational plan for the expansion of school-based behavioral health wellness centers across Santa Clara County. The study encompassed five key components: 1) wellness center survey, 2) incorporation of related assessment data, 3) best practices and approaches in other counties, 4) stakeholder input, and 5) identification of potential funding sources. A summary of progress for each component follows.

An online wellness center survey was distributed to 15 school districts¹ in October 2022. The Santa Clara County Office of Education (SCCOE) provided feedback on the survey and supported its dissemination to school districts. The survey requested information about existing wellness center models, staffing, services, and funding; plans for wellness center expansion and sustainability; and collaboration with other agencies and organizations. The survey was designed to complement information being collected through the Student Behavioral Health Incentive Program (SBHIP) needs assessment. Fourteen districts submitted responses to the wellness center survey.

Related assessment data was reviewed for a multi-method needs assessment that was conducted for the Student Behavioral Health Incentive Program (SBHIP) during the wellness center study time period. A subset of school districts who participated in a survey about school-based behavioral health services agreed to share their data results with the County, and relevant information was incorporated into the study findings.

A best practice review of wellness centers in the Bay Area and select California counties was conducted from September to November 2022. The purpose of the review was (1) to provide examples of the various wellness center models being implemented, and (2) to provide context for understanding the status of wellness centers locally to offer strategic insights to inform a County operational plan for possible wellness center expansion. Ten counties were included in the review, and information was collected on six wellness center components: (1) key elements and services, (2) target schools and populations, (3) staffing, (4) collaborative partnerships, (5) funding sources, and (6) evaluation of outcomes. Data were collected through internet research and interviews, and information was analyzed for commonalities and variations across counties. The review also included a summary of best practices, which was derived from reports and articles published by experts and organizational leaders in the field of school-based behavioral health.

Stakeholder input was gathered from a variety of organizations. Staff from the Office of the County Executive and Behavioral Health Services Department collaborated with leadership from the Santa Clara County Office of Education (SCCOE) on the assessment and planning for wellness centers. Throughout the duration of the wellness center study, regular meetings provided opportunities for input and coordination of assessment and

¹ Surveyed school districts included: Alum Rock Union Elementary, Campbell Union, Campbell Union High, East Side Union High, Evergreen Elementary, Franklin-McKinley Elementary, Gilroy Unified, Luther Burbank, Moreland, Morgan Hill Unified, Mountain View Whisman, Oak Grove, Palo Alto Unified, San Jose Unified, and Santa Clara Unified.

planning efforts. SCCOE has been an important resource on the wellness centers they implement and support, providing context and content for the study and its findings. Information and perspectives were gathered from additional key stakeholders including City of San José school-based programs, community-based providers of school-based behavioral health services, and County Departments with related school-based programming (Social Services Agency Department of Children and Family Services and Probation Department).

Current and potential funding sources for wellness centers were researched and compiled across health, education, and social service arenas; local, state, and federal levels; and public and private sectors. This information was gathered through the wellness center survey, the review of other California counties’ funding sources, review of previous wellness center funding reports (e.g., Mental Health Student Services Act), and recommendations from school-based health experts and organizational leaders.

Wellness Center Study Findings and Conclusions

The study findings and conclusions are organized by the following sections: (1) wellness center models, core services, and core staffing, (2) wellness center service coordination and collaboration, (3) wellness center infrastructure, and (4) wellness center funding sources.

Wellness Center Models, Core Services, and Core Staffing

A total of 60 wellness centers were identified among 15 school districts in Santa Clara County (Chart 1). Across the surveyed districts, wellness centers are located in elementary, middle, and high schools in Santa Clara County. Chart 2 presents the number and percent of the student population within each surveyed district that has access to wellness centers, reflecting opportunities for expanding students’ access to wellness centers. Five school districts reported that they planned to add a wellness center in the next two years.

Chart 1. Number of School Wellness Centers by Surveyed Districts

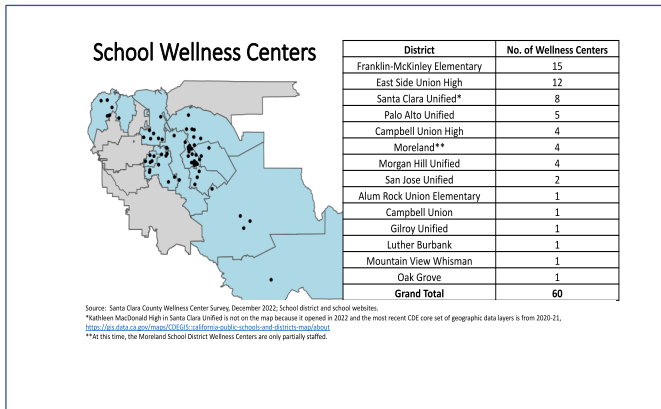
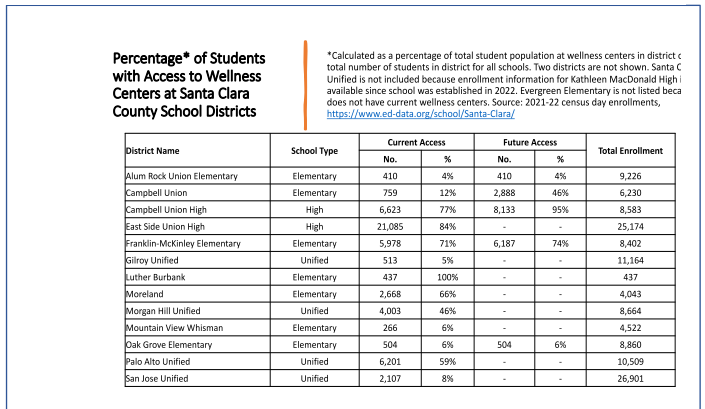


Chart 2. Percentage of Students with Access to Wellness



Across the reviewed California counties, wellness centers are most common in high schools with the goal to expand to middle schools. Schools are prioritized for wellness centers using a variety of criteria:

- School demonstrates readiness, including available space, leadership support, and funding investment.
- School student population has limited access and systemic barriers to behavioral health services at school, in the community, or through health plans.
- School demonstrates commitment to providing and coordinating school-based behavioral health services through wellness centers, including leveraging available funding.
- High schools and middle schools are prioritized to maximize number of students reached and build continuity from middle school to high school.

- Schools are prioritized based on the needs of the students, which may include percentage of students eligible for free and reduced-price school meals, suspension rates, chronic absenteeism rates, graduation rates, and mental health risk data.

Wellness Center Models

As depicted in the variety of models presented in Chart 3, there is no one standard model for school-based wellness centers. However, consistent with most counties reviewed for this study, existing Santa Clara County wellness centers focus largely on behavioral health prevention and early intervention services, reflected in the orange shaded box below.

Chart 3. Wellness Center Models

Calming Rooms	Mental Health Only	Mental Health+	Comprehensive
Welcoming, safe drop-in spaces without any clinical services, staffed by some caring adult	Calming rooms plus some on-site clinical behavioral health services, provided by school-employed staff and/or co-located CBOs	Centers with mostly clinical behavioral health plus some other services, like a school nurse and/or sexual/reproductive health	Clinics with full-scope of health services, including physical medical care, behavioral health, and oral health

Source: https://mhsoac.ca.gov/wp-content/uploads/Wellness-Centers-Breakout_Sept-2022.pdf

Wellness Center Services

School-based behavioral health services are conceptualized as a Multi-Tiered System of Supports (MTSS), a continuum of services and supports organized across three levels of intervention.

- Tier 1: Universal, prevention services for all students to promote wellness and a healthy school climate. Examples of Tier 1 services that may be provided or coordinated by wellness centers include social-emotional learning and resilience building, Positive Behavior Intervention Strategies (PBIS), bullying and violence prevention, mental health awareness outreach and education, and wellness calming and support spaces.
- Tier 2: Targeted (selective) services for some children at risk and/or showing signs and symptoms of developing mental health needs. Examples of Tier 2 services that may be provided or coordinated by wellness centers include screening, assessment, referrals, and interventions such as brief individual or group counseling or support.
- Tier 3: Intensive (indicative) services for few students with greater mental health needs. Students who have more serious emotional and behavioral challenges or a diagnosed mental health condition receive tailored, individualized services. This includes individual, family, or group therapy, crisis assessment and triage, wrap around service planning, and case management.^{2,3}

Common service features of wellness centers across reviewed counties in California include:

- Services are organized utilizing the Multi-Tiered System of Supports.
- Services are accessible to all students and tailored for student needs.

² Mental Health Services Oversight & Accountability Commission (October 2020). *Every Young Heart and Mind: Schools as Centers of Wellness*.

³ National Center for School Mental Health (NCSMH), 2019

- Tier 1 services include a calming space with drop-in access, school-wide mental health awareness and education, coordination with other school-based behavioral health programming and systems (e.g., social-emotional learning, PBIS, etc.), and professional development for school staff.
- Tier 2 services include behavioral health screening and assessment, triage to appropriate services and resources, and short-term individual and group counseling.
- Tier 3 services include linkage and referrals for long-term and specialized behavioral health services.

Among surveyed school districts in Santa Clara County, the most common wellness center features include a (1) physical space that is safe and calming with drop-in access, (2) school-wide mental health wellness education and awareness, (3) individual counseling for students, and (4) service referrals and service coordination. Wellness centers are typically accessed by self-referral and referrals by teachers, staff, parents, or peers. Services may be delivered by core wellness center staff, through on-site contracted organizations, through external referrals, and in coordination with other school teams. Student services and school-wide services are tailored to the specific needs of the school community—students, teachers/staff, and families.⁴

Core Wellness Center Staffing

Staffing for wellness centers commonly consists of a small team that includes a coordinator for the center (sometimes referred to as a liaison) and a credentialed behavioral health professional (therapist, counselor, licensed clinical social worker). Depending on the range of direct services provided at the school, wellness center staff are augmented through contracts with community-based organizations and county behavioral health departments. At least one member of the wellness center team has a clinical license to provide direct therapeutic services. If the licensed professional does not have a Pupil Personnel Services Credential, the staff must be supervised in their school-based activities by an individual who holds such a credential (CA Code of Regulations, Title 5, Section 80049.1, subdivision [c]).

Across reviewed counties and surveyed school districts, wellness centers are staffed with a variety of position types. The most common licensed staff include Licensed Clinical Social Workers (LCSWs) and Licensed Marriage and Family Therapists (LMFT). Non-licensed staff include such positions as community health or outreach worker, wellness associate, office clerk or assistant, and instructional assistant. Wellness centers also utilize social workers without licensure (e.g., Associate Social Workers and MSW interns) and Marriage and Family Therapist trainees. Across reviewed counties and surveyed school districts, core wellness center staff are typically employed by either the school district or the county office of education.

Surveyed school districts identified their ability to hire qualified staff as a key barrier to wellness center implementation and expansion. In recognition of the demand for qualified school-based behavioral health professionals, that State of California has made investments in building workforce capacity through “California’s Master Plan for Kids Mental Health”.⁵

Wellness Center Service Coordination and Collaboration

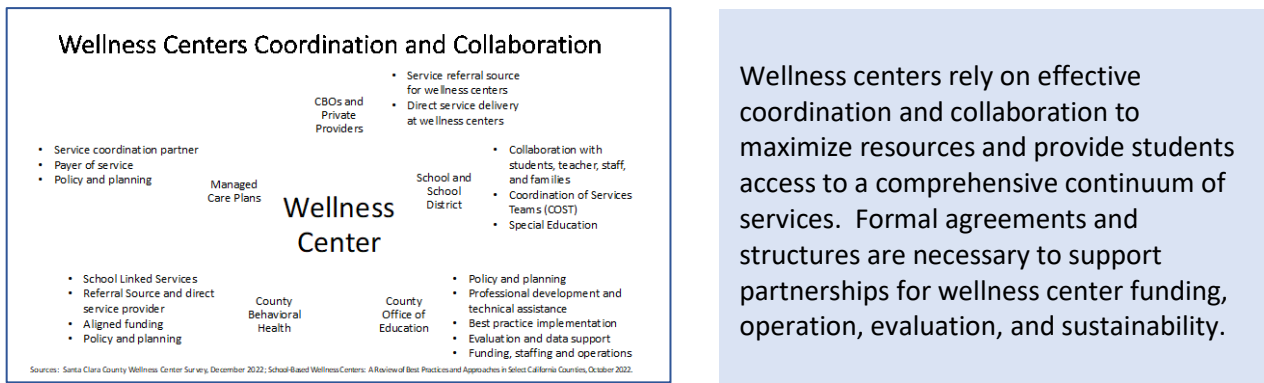
Wellness centers commonly utilize partnerships to deliver, coordinate, and integrate wellness center and other school-based behavioral health programs. These collaborative relationships exist within schools and districts and with county offices of education, county behavioral health departments, and behavioral health community-

⁴ Santa Clara County Wellness Center Survey, December 2022

⁵ California Health and Human Services Agency Children and Youth Behavioral Health Initiative May Revision 2021-2022 <https://cdn-west-prod-chhs-01.dsh.ca.gov/chhs/uploads/2021/05/CHHS-Children-and-Youth-Behavioral-Health-Initiative-May-Revision-2021-22-Detailed-Proposal-FINAL.pdf>

based organizations. Chart 4 presents the roles and responsibilities of wellness center partners identified by reviewed counties and surveyed Santa Clara County counties.

Chart 4. Coordination and Collaboration



Surveyed school districts identified the need to coordinate services with multiple service partners, including community-based providers, Santa Clara County Office of Education; Behavioral Health Services Department School-Linked Services Coordinator; and other related school teams and departments. Service coordination mechanisms include regular scheduled school meetings, referral processes, and utilization of existing school structures such as Coordination of Service Teams (COST) and campus collaboratives. Survey respondents identified ways to improve service coordination, including monthly collaborative meetings focused on referrals and access to care, improving electronic record keeping, establishing clear goals and use of data, and improving MOU processes.

Wellness centers can provide leadership for coordinating and integrating the system of supports for students within the school ecosystem. Clear roles and responsibilities are needed to maximize access to a continuum of services within the wellness center, across the school, and with external service providers. Structured mechanisms and routine opportunities for communication, coordination, and collaboration are necessary for establishing effective referral pathways and service delivery.

Wellness Center Infrastructure

Facilities infrastructure is critical for wellness centers which require a designated space that allows for student drop-in access, a calming and inviting environment, and confidential rooms for service delivery. Across the reviewed California counties, wellness centers are established in classrooms, modular buildings, school-based health centers, and on-site clinics. School districts surveyed in Santa Clara County identified availability of an appropriate space as a challenge for some school campuses.

Data and evaluation infrastructure are key to wellness center service provision, service coordination, billing, and evaluation. Electronic data systems are necessary for collecting, tracking, and reporting service data. Evaluating wellness center outcomes require data systems that collect service and clinical data. Across the reviewed California counties, commonly collected data include (1) direct services volume e.g., number of students served, number of visits to wellness center, and number of service units by type of service; (2) demographics of students served; and (3) number of individuals reached through outreach, education, and awareness activities. Surveyed districts in Santa Clara County identified systems to support care coordination and collaboration; billing administration/electronic documentation to support billing; and facilities as key infrastructure needs for wellness centers.

Wellness Center Funding

The National Center for School Mental Health promotes the use of multiple and diverse funding sources as best practice for the funding and sustainability of school-based behavioral health programs and services, which would include wellness centers. Best practices include leveraging funds from the school level to the federal level; accessing a variety of funding types, such as grants, private foundations, and third-party reimbursement; and accessing funding from different systems including education, health, substance abuse, child welfare, and juvenile services.⁶ At the State level, the California Master Plan for Kids’ Mental Health Children and Youth Behavioral Health Initiative (CYBHI)⁷ aims to invest \$4.7 billion, over five years (beginning in 2022) to transform California’s systems and supports for children, youth, and families. With an emphasis on prevention and services to all children, the initiative includes several investments that could support school-based behavioral health wellness centers. Chart 5 presents examples of funding sources that could support school-based behavioral health wellness centers.⁸ Most of these funding sources are time-limited and/or competitive grants. The Operational Plan includes a more extensive inventory of potential funding sources (Operational Plan, Attachment 8).

Chart 5. Examples of Education and Health Funding Sources for Wellness Centers

Education	Health
<ul style="list-style-type: none"> • California Community Schools Partnership Program (Planning and Implementation Grants)-CA Dept of Education • Federal COVID Relief Elementary and Secondary School Emergency Relief (LEA emergency relief funding to address COVID impact) – CA Dept of Education • Every Student Succeeds Act, Title I and IV • Local Control and Accountability Plan (LCAP)/Local Control Funding Formula (LCFF) • School-Based Medi-Cal Administrative Activities (SMAA) 	<ul style="list-style-type: none"> • Mental Health Student Services Act (Support partnerships to deliver school-based behavioral health services) – Mental Health Services Oversight and Accountability Commission • Mental Health Services Act-Prevention and Early Intervention (Services for children and youth) – CA Dept of Health Care Services • Student Behavioral Health Incentive Program (Expand behavioral health services through Managed Care Plans) - CA Dept of Health Care Services • School-Linked Partnership Capacity Building (Support school-based behavioral health services) – CA Dept of Health Care Services • Behavioral Health Continuum Infrastructure Program Children and Youth (Build facilities infrastructure capacity) – CA Dept of Health Care Services

The Santa Clara County wellness center survey yielded limited data on wellness center annual costs with only three of 14 districts providing data on costs. The estimated annual costs ranged from \$130,000 to \$300,000 per wellness center. Most of the annual costs were allocated to salary and benefits and contracts for services. The main sources of wellness center funding included school district Local Control and Accountability Plan (LCAP), Elementary and Secondary School Emergency Relief Fund, and Mental Health Student Services Act (MHSSA) funding. Except for LCAP, these funding sources are time limited. A lack of ongoing, dedicated funding was identified as a key challenge to sustaining and expanding wellness centers in Santa Clara County.

⁶ National Center for School Mental Health (NCSMH, 2020). *School Mental Health Quality Guide: Funding and Sustainability*. NCSMH, University of Maryland School of Medicine

⁷ California’s Master Plan for Kids’ Mental Health, August 2022. https://www.gov.ca.gov/wp-content/uploads/2022/08/KidsMentalHealthMasterPlan_8.18.22.pdf?emrc=6d3847

⁸ California School-Based Health Alliance (September 2022). *How Local Education Agencies and Partners Can Braid New Funding to Support School-Based Health Centers*.

Medi-Cal reimbursement is critical to the funding of school-based behavioral health services and to the expansion and sustainability of wellness centers. Encompassed in the CYBHI plan is the establishment of a **statewide all-payer fee schedule** for school-linked behavioral health services by January 2024. The fee schedule provides a potential source of sustainable funding for wellness centers staffing and services, depending on the determined scope of eligible services and reimbursement levels. Across the reviewed California counties and in Santa Clara County, school districts and County Offices of Education are building capacity and infrastructure for wellness centers to bill Medi-Cal and commercial managed care plans. Wellness center services and activities that are not reimbursable by managed care plans may need to braid together funding from a variety of school district, county, state, and/or private sources.

The Wellness Center Study findings summarized above provided guidance for the development of an operational plan to expand school-based behavioral health wellness centers in Santa Clara County, which is summarized below.

Operational Plan

The operational plan focuses on recommendations for (1) establishing new wellness centers, including core staffing and services, and aligned county programs; (2) enhancing existing wellness centers; and (3) supporting wellness center infrastructure needs. The plan is a detailed, actionable tool that includes goals, objectives, key activities, performance measures, timelines, assigned leads, and aligned resources. A summary of each goal area is presented with a focus on the key operational recommendations.

Goal 1: Expand access to school-based behavioral health services in middle schools (including K-8) and high schools by establishing new wellness centers and enhancing existing wellness centers.

The operational plan addresses increasing the number of schools with wellness centers, thereby increasing the number of students who have access to services and resources, through a grant application program. Schools would be prioritized for wellness center expansion, enhancements, and infrastructure improvements by utilizing an established criteria that is consistent with current and best practices for prioritizing schools for wellness centers. The recommended criteria include percent of students eligible for free and reduced-price school meals, chronic absenteeism rate, suspension rates, percent of foster youth, gaps in school-based behavioral health services, school-specific equity and special population needs, and school-specific student population behavioral health risks.

Local Education Agencies (LEA-schools, school districts, county office of education) may request funding to support staffing, services, and materials to establish **new school wellness centers** and/or provide **enhancements to existing wellness centers**. Applicants can additionally request funding for **infrastructure needs**, specifically wellness center (1) facilities improvements and (2) data technology (equipment and systems). The funding application would require information from the LEA such as data on the student population and its needs, data on behavioral health risks, description of gaps in behavioral health services, and evidence of readiness for implementation.

The LEA would identify the specific behavioral health prevention and early intervention services that will be offered at the wellness center. In addition to providing Tier 1 prevention services (e.g., calming space, school wide mental health awareness and education) and Tier 2 targeted services (e.g., screening, assessment, and referrals; brief individual or group counseling and support), applicants will describe mechanisms for linking

students to more intensive Tier 3 services when needed (e.g., individualized services; individual, family, or group therapy; wrap around services). The identified services are to be informed by the school's specific student population and community needs and trends. In addition to data, input from families and service partners should be considered in determining specific services. While schools may choose to provide wellness center services other than behavioral health services, the focus of the operational plan and the application for funding is on core behavioral health services.

Services may be provided through wellness center staffing and/or partnerships and contracts with the County Office of Education, community-based providers, and managed care plans. The LEA proposed staffing plan would provide for the following staffing functions: (1) oversight and management of the wellness center, (2) provision of direct student services at the wellness center, and (3) coordination with other school services and wellness programs and community-based providers. At least one personnel in the staffing plan would include a licensed professional who is qualified to provide therapeutic services.

Goal 2: Support wellness center capacity for effective service coordination and referral pathways to maximize access to a continuum of services.

New and enhanced wellness centers would develop processes and protocols for delineating roles and responsibilities of the various entities engaged in serving the behavioral health needs of the students. At each school district and school, the wellness center team, and the Behavioral Health Service Department (BHSD) School Linked Services coordinator would partner to coordinate access to services countywide. This would include navigating access to services that could be offered through the wellness center. When wellness center staff refer students to BHSD programs, the wellness center staff would capture data required by BHSD. If the wellness center team triages the referral outside of the wellness center, the receiving provider would conduct the assessments and complete the treatment documents. These coordination and referral pathways would be documented and adopted by all service entities.

To maximize access to a continuum of services and avoid duplication of services, the wellness center team and BHSD would collaborate to establish mechanisms to align other BHSD programs with the wellness center. Examples of these programs include universal behavioral health screening, Prevention and Early Intervention services, School-Linked Behavioral Health and Substance Abuse treatment services, and Mobile Response and Stabilization Services. Specific alignment mechanisms may include collaborative planning for access and service delivery, clarification of roles and responsibilities, staff training, and agreements and protocols for data collection and sharing.

Funded wellness centers would identify opportunities to link and coordinate with other County programs and services. Examples of mechanisms for linkage and coordination include (1) informing the County Probation and Social Services Departments about the availability of wellness centers and their services so youth being served by these departments can be encouraged to use wellness centers as a source of support while at school, (2) establishing referral pathways for foster children who could benefit from wellness center services, and (3) providing wellness center outreach and support to foster children when they transition out of the dependency system.

Applicants for wellness center funding would be required to include strategies for advancing equity through wellness center service provision and service coordination. Equity data would be collected by wellness centers, including service data by race/ethnicity, language, gender identify, sexual orientation, housing status, and other equity data elements. The County Division of Equity and Social Justice would be engaged to advise and provide resources to support equity strategies in wellness centers, and wellness center teams would be convened to share equity practices.

Goal 3: Promote and support the evaluation of wellness center services and outcomes.

Funded wellness centers would be required to collect and submit to the County a set of minimum data requirements. The preliminary list of data focus on client and service data and are currently required of wellness centers funded by Mental Health Student Services Act funding (Operational Plan, Attachment 6). County staff will coordinate with school districts, wellness centers, and the County Office of Education to finalize and adopt data requirements and to support current efforts for centralizing billing claims and increasing data sharing for school-based behavioral health services.

The Operational Plan includes actions for supporting outcome evaluation. This includes (1) promoting wellness centers' participation in current evaluation and data efforts, (2) addressing gaps in evaluation training and technical assistance, (3) disseminating evaluation finding and sharing lessons learned, and (4) requiring funded school districts to participate in a future California Health Kids Survey that can provide school-wide outcome data.

Goal 4: Establish a multi-pronged funding strategy to support and sustain wellness centers.

The Operational Plan recommends that available County funding be allocated to establish new wellness centers, enhance existing wellness centers, and support infrastructure needs. Funded LEAs would be required to identify how County funding complements other funding sources allocated to the wellness center.

The proposed distribution of available County funding follows:

1. New Wellness Centers – for core staffing, behavioral health service contracts, and/or materials (75% of available funds)
 - a. Maximum annual allocation per wellness center - \$180,000
 - b. Recommended period of funding is two years.
2. Wellness Center Enhancements – for gaps in staffing, behavioral health service contracts, and/or materials (10% of available funds)
 - a. Maximum annual allocation per wellness center - \$75,000
 - b. Enhancement funding must not supplant existing funding for behavioral health services.
 - c. Recommended period of funding is two years.
3. Wellness Center Infrastructure – for facilities improvements and/or data and technology (15% of available funds)
 - a. Maximum annual allocation per wellness center - \$75,000
 - b. New or existing wellness centers may apply for these funds.
 - c. Recommended funding period is either one year or over two years, but maximum funding of \$75,000 would only be allocated once per wellness center.

School districts that receive County wellness center funding would be required to identify and allocate other funding sources for the current operation and for the sustainability of the wellness center when the County funding sunsets. School districts would also be required to participate in efforts to bill managed care plans for wellness center services. Continued expansion and sustainability of wellness centers requires collaboration to access State and Federal funding opportunities. As appropriate, County staff will participate in collaborative grant proposals for pending wellness center funding from the California Department of Health Services.

Goal 5: Expand collaboration with County departments, SCCOE, school districts/schools, community-based service providers, managed care plans, State of California, and others to maximize the collective impact of wellness centers over the long-term.

The Operational Plan outlines existing collaborative bodies that could be leveraged for ongoing wellness center strategic planning, fund development, implementation, and evaluation efforts. Examples of such structures include the School-Based Behavioral Health Executive Steering Committee and the Mental Health Student Service Act Oversight Committee. Workgroups would be established to support the success and sustainability of wellness centers and maximize resources.

The following tables present a summary of the operational plan and implementation timeline.

Operational Plan Goals, Objectives, and Performance Measures

Goals	Objectives	Performance Measures
Expand access to school-based behavioral health services in middle schools (including K-8) and high schools by establishing new wellness centers and enhancing existing wellness centers.	<ol style="list-style-type: none"> 1. Finalize allowable staffing, services, infrastructure investments and required co-funding contributions for new and/or enhanced wellness centers. 2. Finalize maximum dollar allocations, per fiscal year, per new wellness center and wellness center enhancements based on available funding. 3. Establish required documentation to allocate available County funding to school districts for the establishment of new wellness centers and enhancements for existing wellness centers, incorporating requirements for leveraging additional funding. 4. Recommend and execute contracts for new and/or enhanced wellness centers based on review rubric and available funding. 	<ul style="list-style-type: none"> • Number of schools with wellness centers • Number of students with access to wellness center services at their school • Number of students served by wellness centers during the school year • Number and percent of students successfully linked to services • Number and percent of screened students identified as needing a higher level of care who are successfully connected to services • Number and percent of students utilizing treatments, such as therapy and case management, among students who access wellness center services
Support wellness center capacity for effective service coordination and referral pathways to maximize access to a continuum of services.	<ol style="list-style-type: none"> 1. Align County school-based programs and services with wellness centers, as appropriate. 2. Provide tools to standardize referral pathways across wellness centers, School Linked Services, community-based providers, and managed care plans. 3. Incorporate equity approaches to ensure effective outreach, access, and service coordination for all students. 	<ul style="list-style-type: none"> • Percentage of funded wellness centers that adopt service coordination and referral protocols • Percentage of students referred to services that have an appointment date within 7 business days of initial referral
Promote and support the evaluation of wellness center services and outcomes.	<ol style="list-style-type: none"> 1. Implement data collection and reporting requirements for County funded wellness centers, building on School-Linked Services and MHSSA data requirements. 2. Explore opportunities to establish a common interconnected data system for wellness center service and billing data. 	<ul style="list-style-type: none"> • Percentage of school districts with funded wellness centers that implement data systems and processes for capturing, evaluating, and reporting standardized service and outcome data

	<ol style="list-style-type: none"> 3. Collaborate with school districts, SCCOE, and others to increase evaluation and data capacity across wellness centers. 4. Require and support school districts with County funded wellness centers to participate in future California Healthy Kids Survey (CHKS). 	
<p>Establish a multi-pronged funding strategy to support and sustain wellness centers.</p>	<ol style="list-style-type: none"> 1. Allocate available County funding for wellness center expansion that augments and/or complements other sources of braided funding for a period of two years 2. Promote and support current efforts to build capacity of school districts to bill managed care plans for wellness center services in preparation for the statewide all payer fee schedule implementation in 2024. 3. Collaborate with County Departments/Agencies, SCCOE, school districts/schools, community-based organizations, and other partners to access federal, state, and other funding for wellness centers. 	<ul style="list-style-type: none"> • Percentage of school districts with funded wellness centers that have systems and protocols in place to bill for wellness center services
<p>Expand collaboration with County departments, SCCOE, school districts/schools, community-based service providers, managed care plans, State of California, and others to maximize the collective impact of wellness centers over the long-term.</p>	<ol style="list-style-type: none"> 1. Leverage existing school-based collaboratives as ongoing bodies for wellness center strategic planning, funding, implementation, and evaluation support. 2. Participate in regional and state committees and convenings focused on wellness centers best practices. 	<ul style="list-style-type: none"> • Collaborative member agreements in place • Collaborative wellness center outcomes are adopted

Operational Plan Implementation Timeline – Estimated Dates

Objective	CY 2023								CY 2024								CY 2025										
	Q2		Q3			Q4			Q1		Q2		Q3		Q4		Q1		Q2								
	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	
Finalize allowable staffing, services and infrastructure investments																											
Finalize maximum dollar allocations																											
Establish required documentation to allocate funding																											
Recommend and execute contracts for wellness centers																											
Align County school-based programs and services																											
Provide tools to standardize referral pathways																											
Incorporate equity approaches (e.g., County Budget Equity Tool)																											
Implement data collection and reporting requirements																											
Explore opportunities to establish common interconnected data system																											
Collaborate with school districts, SCCOE, and others (e.g., universities) to increase evaluation and data capacity																											
Require and support school districts participation in California Healthy Kids Survey																											
Allocate available County funding for wellness center expansion																											
Promote current efforts to build capacity of school districts to bill managed care plans																											
Collaborate with County Departments, SCCOE, school districts/schools, and community-based organizations to access additional funding for wellness centers																											
Leverage existing school-based collaboratives for planning and support																											
Participate in regional and state committees on wellness centers																											