CYBHI Fee Schedule x Community Schools Memo Series Overview



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CAPITOL AREA R★TAC
California Community Schools Partnership Program

CALIFORNIA'S
School-Linked Partnership & Capacity Grant

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PRIMER

California Community Schools Partnership Program and the Children and Youth Behavioral Health Initiative Fee Schedule Program

California Community Schools Partnership Program and the Children and Youth Behavioral Health Initiative Fee Schedule Program

In the past five years, California has made historic investments to support children's educational and behavioral health outcomes. Two hallmark initiatives of this investment are the California Community Schools Partnership Program (CCSPP) and the Children and Youth Behavioral Health Initiative (CYBHI). These two groundbreaking initiatives spurred a reimagining of what it means to be an educational institution in California supporting student, family, and community success.

This primer provides an overview of each initiative and an analysis of the opportunity to bring the initiatives together to maximize impact for children and youth. Specifically, the goal of this primer is to provide a foundational understanding of both the CCSPP and the CYBHI Fee Schedule program for implementers at school sites, local educational agencies (LEAs), and county offices of education (COEs) who may only be familiar with one initiative or the other, with an aim to support alignment and coherence across initiatives.

What is CCSPP?

In 2021, the California Department of Education (CDE) launched the CCSPP. The CCSPP supports schools in partnering with community agencies and local governments to align community resources to improve student outcomes. These partnerships provide an integrated focus on academics, health and social services, youth and community development, and community engagement.[1]

In total, the State has allocated over $4 billion dollars of its budget to support the CCSPP planning and implementation grants to LEAs, the development of a State Transformational Assistance Center (S-TAC), and the development of eight Regional Transformational Assistance Centers (R-TACs). The CCSPP grants have been distributed to hundreds of LEAs across California which have taken various approaches to implement the California Community Schools Framework.

The California Community Schools Framework

The California Community Schools Framework defines community schools as any school serving prekindergarten through high school students using a "whole-child" approach, with "an integrated focus on academics, health and social services, youth and community development, and community engagement." As a school improvement strategy, community schools enable the LEA and school sites to work closely with educators, students, and families to understand and address the unique needs, assets, and aspirations of the school community.

[1]To learn more about the CCSPP, see the California Department of Education California Community Schools Partnership Program webpage at https://www.cde.ca.gov/ci/gs/hs/ccspp.asp.

The CCSPP program is grounded in "The Four Pillars" model to support the whole child. The Four Pillars are:

- Integrated support;
- Family and community engagement;
- Collaborative leadership and practices for educators and administrators; and
- Extended learning time and opportunities.

The Framework adds four supplemental components to enrich the overarching community schools' pillars:

1. **Four key learning conditions** based on the science of learning and development, including: supportive environmental conditions, productive instructional strategies, social–emotional learning (SEL), and multi-tiered systems of support (MTSS).
2. **Four cornerstone commitments** to support equity of implementation across all California community schools, including: asset-driven and strength-based practice; racially just and restorative school climates; powerful, culturally proficient and relevant instruction; and shared decision making and participatory practices.
3. **Four proven practices** to guide and support implementation by school sites including: community asset mapping and gap analysis; community schools coordinators, site-based and LEA-based advisory councils; and program integration.
4. **Four key roles** to support implementation, including: LEAs, COEs as Service Coordinators, R-TACs, and the CDE for support, infrastructure, and technical assistance.

The pillars, key learning conditions, cornerstone commitments, proven practices, and key roles are foundational to planning and implementing the community schools' vision at sites and LEAs. To operationalize the framework, the S-TAC created the Capacity-Building Strategies, a rubric that is intended to serve as a road map for both LEAs and school sites as they work towards transforming their schools into community schools.[2] The Capacity-Building Strategies rubric provides equity-based, nimble parameters for community schools to define and shape their planning and implementation efforts and operationalize the overall Framework.[3]

Community Schools: Looking Ahead

The 2026–27 Governor's budget, Assembly Bill 126 Education finance: education omnibus trailer bill, reflects an ongoing commitment to funding community schools and allocates $1 billion per year in ongoing Proposition 98 funding to support the funding of existing and additional community school sites across California.[4]

[2] State Transformational Assistance Center. 2026. *California Community Schools Capacity-Building Strategies*. https://drive.google.com/file/d/1tKGUwNdqOq1gvF6he8NhWn4bHRRktxlF/view.

[3] To learn more about the California Community Schools Framework, see: Statewide Transformational Assistance Center. 2022. *California Community Schools Framework*. https://drive.google.com/file/d/1jwnfcaxVVFaVoPdrvbTLaa0Ex0EQ5xZg/view.

[4] Assembly Bill 126, 2025–2026. Education finance: education omnibus trailer bill. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB126.

What is CYBHI?

The CYBHI is a five-year, more than $4 billion initiative that is transforming the way California supports children, youth and families.[5] Launched in 2021, and concluded in June of 2026, the initiative included 20 workstreams in four strategic areas: workforce training and capacity; behavioral health ecosystem and infrastructure; coverage; and public awareness. Through these strategic areas, the CYBHI helped California kids access support for their mental health and address substance use challenges in the locations, hours, and ways they need it most.

What is the CYBHI Fee Schedule Program?

One of the programs launched through the CYBHI is the CYBHI Fee Schedule program, administered by the California Department of Health Care Services (DHCS). The DHCS Small and Rural Implementation Toolkit describes the program as follows:

> "The CYBHI Fee Schedule Program helps schools and other eligible providers receive reimbursement for certain behavioral health services provided to children and youth. By participating in the program, local educational agencies (LEAs), public institutions of higher education (IHEs), and designated community-based school-linked providers can bill for eligible outpatient behavioral health services delivered to students under age 26 in school and school-linked settings. The program is administered by the Department of Health Care Services (DHCS) in partnership with Carelon Behavioral Health (Carelon) as the program Third-Party Administrator (TPA)."[6]

The CYBHI Fee Schedule program provides a new ongoing reimbursement pathway, and is an exciting opportunity for LEAs, IHEs, and designated community-based school-linked providers to fund eligible services. To participate in the CYBHI Fee Schedule program, eligible entities (LEAs, IHEs, and designated community-based providers) must meet several operational requirements outlined in the CYBHI Fee Schedule Program Manual.[7]

CYBHI: Looking Ahead

While the CYBHI initiative sunset in June of 2026, the CYBHI Fee Schedule program will continue to be implemented across the state. The DHCS continues to onboard LEAs, IHEs, and designated community-based providers to the CYBHI Fee Schedule program and provides technical assistance, in partnership with the School-Linked Partnership and Capacity Grant, to support operational readiness.[8]

[5] For information about the CYBHI initiative, see the CYBHI website at **https://cybhi.chhs.ca.gov/about**.

[6] Department of Health Care Services. 2026. *Small and Rural LEA and IHE Implementation Toolkit*. **https://www.dhcs.ca.gov/wp-content/uploads/2026/08/Small-and-Rural-LEA-IHE-Implementation-Toolkit.pdf**.

[7] Department of Health Care Services. 2025. *Guidance for Local Educational Agencies and Institutions of Higher Education*. **https://www.dhcs.ca.gov/wp-content/uploads/2025/10/CYBHI-Fee-Schedule-Program-Requirements-August-2025.pdf**.

[8] To learn more about the School-Linked Partnership and Capacity Grant, please see the School-Linked Partnership and Capacity Grant website at **slbhcapacity.org**.

An Opportunity: Aligning Community Schools and the CYBHI Fee Schedule Program

Educational funding in California has historically resulted in the siloing and segmentation of programming, often based on short-term, one-time funding or grants. The language in the 2026–27 Governor's budget reflects a statewide commitment to thinking about how existing state-funded programs can function together coherently. The language in the education omnibus trailer bill specifically uplifts the need to integrate "the Expanded Learning Opportunities Program, the Children and Youth Behavioral Health Initiative Fee Schedule program, universal school meals program, California State Preschool Program, and universal transitional kindergarten" as a part of community schools implementation.[9] The $1 billion per year in ongoing Proposition 98 funding to support existing and additional community school sites across California marks a new opportunity for LEAs to build integrated, child- and family-centered schools that support not only academic outcomes, but also the behavioral health, social–emotional health, and well-being of our children, family, and communities. The CYBHI Fee Schedule program supplements this historic investment by providing a reimbursement pathway for eligible services that schools may already be providing, or that they may seek to provide as a part of their community schools implementation.

This opportunity encourages educational institutions to pause and reflect:

1. How can LEAs align existing programs to create a coherent school system that supports the whole-child, their families, their communities, and the staff that operationalize services?
2. What existing tools can be used to align programs and systems towards a common vision and goal? How can LEAs align LCAPs with community schools implementation plans and behavioral health programming strategies?
3. How can LEAs build teams that maximize coherence across different initiatives and programs? Who needs to be in the room to operationalize the transformative change required for the community schools' model to be successful?

This primer focuses on the opportunity for integrating the CCSPP and the CYBHI Fee Schedule program. However, that is not where the integration should stop. As the legislative text outlines, there are other relevant state initiatives that need to be integrated into community schools' implementation. While focused on just one intersection of initiatives, this primer and the subsequent toolkit and case studies offer a starting point by which integration can be explored at the nexus of community schools and the CYBHI Fee Schedule program.

[9] Assembly Bill 126, 2025–2026. Education finance: education omnibus trailer bill. https://leginfo.legislature.ca.gov/faces/billTextClient.xhtml?bill_id=202520260AB126.

Up Next

This memo is part of a larger series exploring the connections between the CCSPP and the CYBHI Fee Schedule program.

- **Part 2** of this memo series will provide a toolkit for how to take the California Community Schools Capacity-Building Strategies and apply them to building school-linked behavioral health capacity in LEAs.
- **Part 3** will uplift case studies of two COEs and a LEA that are already integrating the community schools' model with their CYBHI Fee Schedule work.

This series was developed collaboratively between the California Community Schools State Transformational Assistance Center, Capitol Area Regional Transformational Assistance Center, School-Linked Partnership and Capacity Grant program, and the Glen Price Group.

TOOLKIT

A Community Schools Approach to Building School-Linked Behavioral Health Capacity at Your Local Educational Agency (LEA)

A Community Schools Approach to Building School-Linked Behavioral Health Capacity at Your Local Educational Agency (LEA)

Introduction

In California, community schools are grounded in the California Community Schools Framework. The Framework drives both the design and implementation strategies of community schools and details the Four Pillars, the Four Key Conditions for Learning, the Four Cornerstone Commitments, and the Four Proven Practices.[10] These foundations outlined in the Framework are essential to integrating the whole-child approach in a community school.

The Capacity-Building Strategies Rubric, developed by the State Transformational Assistance Center (S-TAC), is "a developmental rubric that is intended to serve as a road map for both local educational agencies (LEAs) and school sites as they work towards transforming their schools to community schools … The Capacity-Building Strategies emphasize the use of meaningful measures and data that should continuously shape, and reshape, the work."[11] In essence, the Capacity-Building Strategies are how the Framework is operationalized and measured in the California Community Schools Partnership Program (CCSPP) annual progress reporting.

Using the Capacity-Building Strategies, current implementers of CCSPP can consider how to build capacity for school-linked behavioral health services generally, and the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program specifically, in ways that are aligned with their current strategy for CCSPP.[12]

This toolkit analyzes the Capacity-Building Strategies and organizes their implementation guidance into activities specific to building the capacity for school-linked behavioral health services as an integrated piece of the LEA community schools strategy. Activities included in this toolkit may also be useful for school site teams to consider.

[10] The full California Community Schools Framework is available on the California Community Schools Partnership Program webpage at https://www.cde.ca.gov/ci/gs/hs/ccspp.asp.

[11] State Transformational Assistance Center. 2026. *California Community Schools Capacity-Building Strategies.* https://drive.google.com/file/d/1tKGUwNdqOq1gvF6he8NhWn4bHRRktxlF/view.

[12] For details on the CYBHI Fee Schedule program, see the Department of Health Care Services (DHCS) Children and Youth Behavioral Health Initiative Fee Schedule Program webpage at https://www.dhcs.ca.gov/CYBHI.

Each section of this toolkit:

1. Provides a definition of one Capacity-Building Strategy;
2. Summarizes how the Capacity-Building Strategy relates to implementation of the CYBHI Fee Schedule program;
3. Outlines suggested activities related to defining, implementing, and formalizing school-linked behavioral health services; and
4. Provides consideration for LEAs in implementing the suggested activities.

This guidance is not intended to be prescriptive, but to provide site and LEA collaborative leadership teams with ideas for how they may embed school-linked behavioral health into their existing community schools' strategy.

Capacity-Building Strategy #1: Shared Commitment, Understanding, and Priorities

Definition: When interest holders unite in a shared understanding of and commitment to the community school strategy, it drives democratic collaboration and transparency. Deep listening and authentic relationship-building (via a robust Needs and Assets Assessment process) are critical to identifying collective priorities and for monitoring progress towards meeting shared goals.

Developing a shared commitment, understanding, and priorities at the site and LEA level sets the foundation for success in community schools' implementation. When building school-linked behavioral health systems, it is just as important to start by defining a shared vision around how your site or LEA seeks to operationalize supports to ensure that there is a strong foundation to build robust systems upon. In implementing the CCSPP Framework, hallmark practices like the Needs and Assets Assessment (NAA) and collaborative leadership teams (such as site-based and LEA-based community schools advisory councils) are foundational tools to begin to create a community-defined shared vision.[13] Incorporating considerations around school-linked behavioral health into the shared commitment, understanding, and priorities at your LEA ensures the systems being built to provide necessary behavioral health services in your school community will be durable to change, and aligned with the school community itself.

Why Do Shared Commitment, Understanding, and Priorities Matter for Implementation of the CYBHI Fee Schedule Program?

Having a shared commitment, understanding, and priorities for your school-linked behavioral health service provision at the LEA level provides the scaffolding on which implementation of the CYBHI Fee Schedule program can succeed. If your community has an aligned vision for school-linked behavioral health services, many of the steps required to successfully bill under the CYBHI Fee Schedule program will become easier to complete.

For example, to successfully bill the CYBHI Fee Schedule program, an LEA must work with families in the school community to complete many technical documents, such as consent forms, insurance information forms, releases of information (ROIs), and privacy notices. Insurance and consent form completion is regularly identified by LEAs and COEs who are

[13] For more information on the Needs and Assents Assessment, see: State Transformational Assistance Center. 2025. *The Needs and Assets Assessment*. https://cadigitalcommons.org/wp-content/uploads/2025/06/Deep-Needs-and-Asset-Assessment.pdf.

implementing the CYBHI Fee Schedule program as a barrier to operationalizing the work (strategies and tools on collecting consent and insurance forms can be found in this memo on Strategies for Collecting Insurance Information[14] and the DHCS Parent and Caregiver Flyers).[15]

Once you co-develop a shared commitment, understanding, and priorities, it is important to consider how to effectively share with the broader community to support overall alignment. Messaging around your shared vision must be clear and transparent, particularly when discussing school-linked behavioral health systems and services that may require family members to share private or privileged information. Develop shared messaging and work with trusted community messengers, such as community partners and expanded learning staff, to spread awareness through relationship building and conversation.

Activities for Shared Commitment, Understanding, and Priorities

Define the Shared Commitment, Understanding, and Priorities Around School-Linked Behavioral Health

ACTIVITY 1

Engage interest holders from across your school community, including students, family members, teachers, staff, and community partners, to **inform your school-linked behavioral health vision and strategy as an integrated component of your community schools' planning and implementation**.

DESCRIPTION:

Work with interest holders across your school community to integrate a focus around school-linked behavioral health into your community schools' Needs and Assets Assessment (NAA) processes. The NAA is a cornerstone activity of community schools implementation, intended to be collaboratively developed by, for, and with interest holders—students, staff, families, and community members—resulting in a transformational, shared vision for their school and community and a collective responsibility and accountability for outcomes related to a shared vision of student success.[16] Engagement should be done in multiple ways, including one-on-one interviews, focus groups, listening sessions, community forums, surveys, and site-based and LEA-based community schools advisory councils. Be mindful to strategically design community schools NAA processes to reduce survey fatigue by coordinating efforts across the LEA. NAAs should be conducted regularly to ensure that services are changing based on the needs of the school community over time.

[14] School-Linked Partnership and Capacity Grant. 2026. *Strategies for Collecting Student Health Insurance Information: Case Studies from Mariposa, Ventura, and Siskiyou*. https://drive.google.com/file/d/1HiDiTfRLr_ZpBcNxCLBXVLF7eaFq2UVt/view.

[15] California Department of Health Care Services. 2025. *CYBHI Parent Caregiver Flyer*. https://www.dhcs.ca.gov/wp-content/uploads/2025/10/OSP-CYBHI-Parent-Caregiver-Flyer.pdf.

[16] State Transformational Assistance Center. 2025. *The Needs and Assets Assessment*. https://cadigitalcommons.org/wp-content/uploads/2025/06/Deep-Needs-and-Asset-Assessment.pdf.

CONSIDERATIONS:

- Consider who your interest holders are. Make sure to engage a broad range of individuals in your school community to build your vision for school-linked behavioral health services. Engage LEA leaders (for example, teams from human resources (HR), information technology (IT), fiscal, administrative, and legal services), school board members, union leaders, community partners (for example, community-based behavioral health providers and cultural centers), expanded learning staff, family members, students, school staff (including non-credentialed educators and paraprofessionals), and others to create a comprehensive strategy and garner support and commitment.
- Consider the ways that your LEA is already gathering data from the school community to reduce survey and input session participation fatigue. How can you utilize existing community schools' systems and spaces to support input gathering (for example, site-based and LEA-based community schools advisory councils, family resource centers, wellness centers, student leadership groups, and community events)? This is especially important in small and rural communities where staff and families are participating in multiple initiatives.

ACTIVITY 2

Through a collaborative leadership structure, **determine the specific shared vision and implementation strategy** for school-linked behavioral health as a part of your broader community schools planning and implementation.

DESCRIPTION:

Use findings from the NAA to inform a shared vision and priorities for school-linked behavioral health. Leverage a collaborative leadership structure to define or refine the implementation strategy and plan, including specific goals and measures your LEA hopes to achieve through the implementation of this strategy. For CCSPP grantees, all community schools must update their implementation plans annually and share those plans at a school board meeting. Integration of the school-linked behavioral health vision, implementation strategy, goals, and measures may be incorporated into the ongoing implementation plan revision cycle for CCSPP. In addition to sharing with the school board, the implementation strategy should be shared with the broader school community to support collective commitment and accountability. Like the required CCSPP implementation plan, the implementation strategy for school-linked behavioral health should be revisited frequently and informed by subsequent NAAs for refinement and iteration.

CONSIDERATIONS:

- Consider what types of data you already have access to. Where possible, consolidate the number of requests you are making to reduce survey or feedback fatigue for community members. Ensure the data you are collecting gets shared back with the school community in meaningful ways to increase the alignment around shared vision, commitment, and priorities.

- Consider what types of data you need to make informed decisions around school-linked behavioral health service provision, including school climate data, attendance data, local mental health indicators, and crime statistics. Are there community-based partners that you can lean on to provide additional data to support decision-making around service provision?

Implement the Shared Commitment, Understanding, and Priorities Around School-Linked Behavioral Health

ACTIVITY 3

Develop **clear and consistent messaging** around your school-linked behavioral health approach, as informed by the needs and assets of your community.

DESCRIPTION:

Implementing school-linked behavioral health services often means navigating mental health stigma and structural or systemic barriers. It is important to have clear and consistent messaging around school-linked behavioral health service functions so that families, students, staff, and service providers are clear about what is being offered and what the requirements are for participating in services. Site-based and LEA-based community schools advisory councils are poised to help with these efforts and can strategically align community partnerships and resources to maximize impact of messaging.

CONSIDERATIONS:

- Consider your existing communication channels and how you can leverage those channels to communicate most meaningfully with all members of the school community. Consider what biases, stigma, and beliefs you may need to address directly in your communications strategies. Partner with your school community and collaborative leadership teams, including any site-based and LEA-based community schools advisory councils, to identify meaningful messaging related to school-linked behavioral health provision.
- Consider how your LEA may need to tailor messaging and vocabulary to be accessible and descriptive to the school community. Use simple, plain language where possible. In implementing school-linked behavioral health services, the medical system and education system are merging. Instead of describing services and programs using the service code and billing language, consider how you can describe the services your LEA is providing as a part of your multi-tiered system of support (MTSS) to maximize understanding, transparency, and approachability for staff, families, and students.
- Consider the various languages and cultures in your school community, and the diversified messaging required to meaningfully communicate about the shared vision, commitment, and priorities.

ACTIVITY 4

Work with schools in your LEA and community partners to **spread the shared vision and raise awareness** for school-linked behavioral health in your LEA.

DESCRIPTION:

Collaborate with schools in your LEA around messaging opportunities to formalize the collective commitment to the shared priorities around school-linked behavioral health. Provide ongoing and differentiated support to empower schools to meaningfully engage in awareness building of the school-linked behavioral health strategy.

CONSIDERATIONS:

- Consider how you can leverage collaborative leadership structures, such as site-based and LEA-based community schools advisory councils, to cultivate champions of your school-linked behavioral health vision, commitments, and priorities. Which students, family members, staff, and community partners are best poised to be the trusted messengers related to student health? How are you engaging with the community school structures at your LEA or site(s) to bring parents into co-constructing communication that will be impactful to their community and in their language? How can you work to infuse community voice in the messaging and empower them to speak on behalf of the LEA vision? Consider how your LEA can collaborate with your community schools' staff (such as community schools coordinators), expanded learning partners and programs, and community agencies who have direct contact with family members and community members to support awareness building.

Formalize the Shared Commitment, Understanding, and Priorities Around School-Linked Behavioral Health

ACTIVITY 5

Embed your school-linked behavioral health strategy into **existing systemwide structures**.

DESCRIPTION:

Embed your shared vision and commitment to student behavioral health in school and LEA policies, procedures, and processes. Include your priorities for behavioral health in your Local Control and Accountability Plan (LCAP), LEA strategic planning, and board discussions. Build the strategy for implementing school-linked behavioral health into your community schools' implementation plan and board presentations. Embed discussion and decision-making around behavioral health in existing vertical articulation teams, site-based and LEA-based community schools advisory councils, LCAP parent advisory committees, student leadership groups, and other LEA teams and groups (see Collaborative Leadership for more on decision-making and teams).

CONSIDERATIONS:

- Consider what existing policies can be updated to include priorities around school-linked behavioral health. Are there policies in your employee handbook, board charter, contracts and Memorandums of Understanding (MOUs), or other formal documents where you can embed the vision, commitment, and priorities?

- Consider declaring a formal week or day dedicated to school-linked behavioral health to raise awareness about the importance of services and impact on the school community.
- Consider how you can support sites to formalize school-linked behavioral health services into the fabric of their student services, and how they can amplify the LEA commitment and vision around services using existing community schools' structures.

Capacity-Building Strategy #2: Centering Community-Based Learning



Definition: Community-Based Learning (CBL) builds on the **rich, diverse cultural and linguistic backgrounds of students, families, and educators**. Delivered in learning environments that are relationship-centered and ensure a sense of belonging, CBL builds on community assets, cultural wealth, funds of knowledge, and indigenous ways of knowing. CBL is powerful instruction that increases student engagement by connecting classroom learning to real-life experiences and to issues that are relevant to students' lives and communities, improving their sense of ownership and agency.

While the Centering CBL Capacity-Building Strategy primarily focuses on embedding community-informed activities in an educational setting, there are many throughlines that can be drawn to designing meaningful school-linked behavioral health services and settings. CBL focuses on building on the cultural and linguistic assets of children, families, and communities to create meaningful learning experiences. CBL also means embedding social–emotional learning (SEL) into the school community and cultivating protective factors for student wellness, including responsive and meaningful relationships, emotionally safe environments, and intentional skills development (often through Tier 1 interventions in MTSS).[17] In behavioral health settings, similar practices take place, often called "culturally and linguistically sustaining practices" or "community-defined evidence-based practices" (CDEPs).

In 2023, California began making robust investments–led by the Department of Health Care Services (DHCS)–identifying and testing CDEPs to explore how equity can be built into behavioral health services. The five priorities funded through this investment were: 1) parent and caregiver support, 2) trauma-informed programs and practices, 3) early childhood wraparound services, 4) youth-driven programming, and 5) early intervention programs and practices.[18] In taking a community schools lens towards scaling your school-linked behavioral health capacity, it is important to consider how to build on the unique cultural, linguistic, and social assets of your school community to create robust and meaningful behavioral health programming.

[17] To learn more about the intersection of social–emotional learning and student behavioral health, see the CASEL Mental Health and SEL webpage at **https://casel.org/fundamentals-of-sel/how-does-sel-support-your-priorities/sel-and-mental-health**.

[18] To learn more about the CDEPs and the results of those investments, see: California Department of Health Care Services. 2026. *Advancing Evidence-Based and Community-Defined Evidence Practices: Strengthening California*. **https://www.dhcs.ca.gov/wp-content/uploads/2026/07/CYBHI-Scaling-EBP-CDEP-Interim-Report-7-8-2026.pdf**.

Why Does Centering Community-Based Learning (CBL) Matter for Implementation of the CYBHI Fee Schedule Program?

The Centering Community-Based Learning Capacity-Building Strategy implores LEAs to think holistically about how to embed considerations related to the unique demography of your community into your service design, including cultural and linguistic assets. When implementing the CYBHI Fee Schedule program, it is important to include the community every step of the way to ensure the alignment of the community with the goals of the program (as discussed in **Shared Commitment, Priorities, and Understanding**). LEAs that are implementing the CYBHI Fee Schedule program should build their service delivery system with a deep understanding of the assets and needs in the community.

A primary barrier LEAs may navigate in implementing the CYBHI Fee Schedule program is mental health stigma, which is often rooted in historical and systemic harm caused to communities by behavioral health systems. The overall approach to reducing stigma can draw from the five CDEPs, as these promote the idea that elevating and centering family, youth, and community voice and leadership leads to community defined healing practices. These healing practices—when grounded in the knowledge and experiences of the community—can generate collective commitment due to the resonance of such co-created practices.

CBL offers many opportunities to move these healing practices into the classroom through Project Based Learning (PBL), SEL skill-building, civic engagement projects, cultural lessons, and celebrations. Using CBL to bring community strengths and assets into the classroom and curriculum can serve as a vehicle to ensure that students feel a stronger sense of belonging and care—lowering the barriers to feeling comfortable accessing behavioral health support. Some of these CBL activities, including SEL skill-building lessons and interventions, may be reimbursable under the CYBHI Fee Schedule program.

Another strategy for addressing mental health stigma is engaging in culturally and linguistically sustaining practices.[19] LEAs may ground this initial thinking in reviewing data on language and demographics, such as the home language survey.[20] LEAs should also consider what eligible providers your LEA may need to hire to meet the needs of the school community in culturally and linguistically competent ways. Partnerships may also provide support for culturally and linguistically sustaining practices. LEAs may consider where to lean on trusted community partners (for example, expanded learning partners, cultural organizations, community centers, and religious institutions) to serve as messengers about behavioral health services, and to provide linguistically and culturally sustaining behavioral health services through the embedded or affiliated provider pathway under the CYBHI Fee Schedule program.[21]

[19] For an example of how a COE is addressing stigma related to student behavioral health, see: School-Linked Partnership and Capacity Grant. 2026. *Supporting Buy-In and Addressing Stigma: A Case Study from San Diego County Office of Education*. **https://drive.google.com/file/d/1e8JnDzUB2BLPCAK9V_SOLveAFeXQh1w2/view?usp=drive_link**.

[20] To learn more about the Home Language Survey, see: California Department of Education. 2026. *Survey, Assessments, Programs, and Reclassifications*. **https://www.cde.ca.gov/sp/ml/parentinfo.asp**.

[21] California Department of Health Care Services. 2025. *CYBHI Fee Schedule Program Guidance for the Participation of Community Providers*. **https://www.dhcs.ca.gov/wp-content/uploads/2025/10/DHCS-CYBHI-Fee-Schedule-Program-Participation-of-Community-Providers.pdf**.

Activities for Centering Community-Based Learning

Define Community-Informed School-Linked Behavioral Health Services

ACTIVITY 1

Engage in meaningful learning around the **unique cultural and linguistic assets of your school** community, including students, families, staff, and community partners.

DESCRIPTION:

Behavioral health service provision should be culturally and linguistically responsive and sustaining. Utilize practices such as community learning tours, relationship-building home visits, and empathy interviews to define and strengthen school-linked behavioral health practitioner knowledge of the backgrounds, interests, and assets of students and families.[22] Implement best practices from SEL in these relational engagements to ensure that conversations are not extractive, but supportive and affirming. These data collection methods may provide deeper context and understanding for other quantitative data your NAA may be capturing. Incorporate findings from the community schools' NAA to inform an understanding of the school community. Build an understanding across the behavioral health team for the unique context of the school population–uplifting and honoring ways that families and communities teach cultural customs, traditions, and history to their children, as well as building understanding around the ways cultures and communities interact with mental and behavioral health.

CONSIDERATIONS:

- Consider where asset mapping is already occurring. Build attention to school-linked behavioral health services into existing asset mapping initiatives.
- Consider where in your community students and families are already accessing behavioral health support. How can you partner with those organizations to build trust in the community? Think about existing partnerships with community-based organizations (CBOs), healthcare programs, expanded learning programs, or community centers that serve specific language populations and heritage communities.
- Consider the historical ways students and families in your community have been treated by and engaged with behavioral health systems (for example, frequent involvement with child protective services, etc.). Consider how this impacts their ability to interact with school-linked behavioral health services. What stigmas may impact service provision? How can the team tend to these stigmas and honor the beliefs of the community?

[22] For more details on authentic listening and engagement activities, see: State Transformational Assistance Center. 2025. The Needs and Assets Assessment. https://cadigitalcommons.org/wp-content/uploads/2025/06/Deep-Needs-and-Asset-Assessment.pdf.

ACTIVITY 2

Invest in the **professional development of staff** to understand and apply culturally and linguistically sustaining practices to school-linked behavioral health service provision.

DESCRIPTION:

Provide school-linked behavioral health practitioners, classified staff, certificated staff, and expanded learning staff opportunities to learn the theories and practices of culturally sustaining behavioral health to integrate into service provision. Include training and support in restorative justice, positive behavior practices, SEL, and culturally sustaining pedagogy and classroom practices.

CONSIDERATIONS:

- Consider what time is currently allocated for professional learning at your LEA. Is there dedicated time for professional learning focused on strengthening implementation of existing behavioral health practices? If not, how can this type of professional learning be built into existing offerings?
- Consider how you might embed SEL into your professional development approach as a LEA. How are you uplifting and supporting the capacity of all school community members (including credentialed staff, certificated staff, expanded learning staff, families, and students) to participate in the creation of a thriving school community through differentiated opportunities? How might you leverage in-person and asynchronous learning opportunities to maximize accessibility to learning opportunities?
- Consider if there are opportunities for partnership with local cultural institutions or community centers to support professional development. How can you lean on trusted entities in the community to support your staff in a deeper understanding of the community? How can your site-based and LEA-based community schools advisory councils support in making connections with these community partners? Many members of community schools advisory councils are connected to, or have worked with, other community partners who may be supportive.
- Consider how you can uplift the knowledge and wisdom of your staff, families, and students to support professional development around linguistic and cultural competencies.

Implement Community-Informed School-Linked Behavioral Health Services

ACTIVITY 3

Design and implement culturally and linguistically sustaining practices. Monitor the implementation of practices to support continuous improvement.

DESCRIPTION:

Create the time and space to engage a diverse and representative interest holder group in discussion around how learnings from Activity 1 and Activity 2 should be applied to create linguistically and culturally responsive school-linked behavioral health services. Include in discussions a reflection on how the diversity of behavioral health practitioners may impact service provision and discuss ways that community assets can be uplifted and embedded in service provision. Include instructional leaders, such as superintendents and school principals, in this conversation to develop a collective understanding across all areas of the school community. Ensure conversations include those who have experience working directly with the students and communities the LEA serves and who can contribute a behavioral health lens.

CONSIDERATIONS:

- Consider what meeting and team spaces currently exist that can be reconfigured to incorporate reflection around the implementation of school-linked behavioral health work. Many school-linked behavioral health providers engage in one-on-one or group supervision as a part of service provision. How can supervision incorporate reflection around culturally and linguistically sustaining practices?
- Consider integrating school-linked behavioral health partners in the curriculum and instruction meetings taking place at the LEAs and school sites. How can there be collaborative development of curriculum and classroom practices that sustain students' mental health and sense of belonging? How can school-linked behavioral health providers support teachers in understanding the needs of the students they serve?
- Consider how your LEA can meaningfully engage families in providing feedback around and co-designing school-linked behavioral health services to ensure that services are aligned with cultural and familial practices. Lean into the expertise of your families as co-creators of the service delivery system to ensure it meets needs. How can you leverage NAA processes, feedback forms, informational interviews, or informal conversations to inform your service design and ensure that it is aligned with cultural and familial practices?

Formalize Community-Informed School-Linked Behavioral Health Services

ACTIVITY 4

Develop LEA policies that support the ongoing provision of community-informed linguistically and culturally sustaining behavioral health practices.

DESCRIPTION:

Embed the commitment to community-informed evidence-based practices in school level policy and procedures. Create policy that supports the ability for school staff to engage in ongoing reflection and continuous professional learning related to supporting culturally and linguistically responsive behavioral health provision. Build considerations for language, culture, and community assets into the LCAP and other formal plans and procedures, such as strategic plans and employee handbooks. Develop accountability measures and share measures with the school community to formalize the ongoing commitment.

CONSIDERATIONS:

- Consider how to incorporate your strategy for linguistically and culturally sustaining behavioral health practices in other LEA initiatives and approaches, such as SEL, MTSS, Universal Design for Learning (UDL), restorative justice, and chronic absenteeism efforts. School systems often silo the implementation of each of these efforts, when they should operate in tandem with each other to create one coherent ecosystem of support.
- Consider how to use your site-based and LEA-based community schools advisory council structures in co-developing policies with all interest holders to ensure equity of voice and decision-making. Ensure that all interest holders have meaningful voices and decision-making in the development of these policies instead of sharing pre-determined ideas with them.
- Consider what systemic support or struggles are currently impacting students, staff, and family wellness and ability to engage in behavioral health services. Are all communities in your LEA captured in demographic surveys that are informing your overall approach? Think through where current policies may be working antithetically to your goals, and how you can reimagine a system that prioritizes the well-being of your school community.

Capacity-Building Strategy #3: Collaborative Leadership



Definition: Shared decision-making ensures that all interest holders have a voice in the transformation process. Collaborative leadership helps to flip the traditional hierarchical structure of schools and fosters supportive relationships between interest holders, resulting in decisions that are widely accepted and implemented, improved coordination and alignment of programs and strategies, out-of-the-box thinking to address complex problems, and increased sustainability of the effort.

Collaborative leadership is integral to the successful co-design and implementation of community schools and school-linked behavioral health systems. In community schools, hallmark practices like LEA-level steering committees, site level decision-making teams, and community governing boards operationalize the people power needed to create meaningful community-centered programming. For school-linked behavioral health system design, it is important to have representative teams co-designing the behavioral health service delivery approach of school sites and LEAs, from informing behavioral health content to supporting the design of meaningful delivery systems and spaces, such as wellness centers and expanded learning programs (before, during, and after school hours). Rather than creating additional committees or meeting spaces, LEAs may consider how to embed school-linked behavioral health into existing collaborative leadership structures (such as site-based and LEA-based community schools advisory councils). This is particularly important in small and rural communities where individuals may be serving on multiple committees already.

In thinking through the integration of school-linked behavioral health in your community schools implementation, assess how your LEA can build on the expertise and lived experience of your school community, community schools' staff (for example, coordinators, principals, family navigators, and expanded learning staff), and behavioral health experts (for example, county behavioral health departments or local practitioners) to inform and operationalize the LEA vision through collaborative leadership processes.

Why Does Collaborative Leadership Matter for Implementation of the CYBHI Fee Schedule Program?

The design and implementation of the CYBHI Fee Schedule program involves making numerous decisions around service design and delivery, including decisions about what services are being provided at the school sites, what practitioners are being hired and sustained, what documentation systems are being used to document student encounters (for example, electronic health records and billing platforms), and how information around the CYBHI Fee Schedule program is being communicated broadly. Each decision point is an opportunity to engage collaborative leadership to design a system that is responsive to the unique needs of your school community. It is critical at each step of the decision-making process related to the CYBHI Fee Schedule program to pause and reflect on who needs to be at the table to make an informed decision in your context. For example, engaging IT, fiscal, administrative, and legal leaders in your collaborative decision-making around the collection and documentation of consents, insurance information, and privacy notices, and determining what electronic systems are most aligned with your existing school information systems to seamlessly integrate and share necessary billing information will ultimately lead to a more informed and durable service design and reduce legal or technological hiccups down the road in implementation.

Activities for Collaborative Leadership

Define Collaborative Leadership for School-Based Behavioral Health Services

ACTIVITY 1

Map existing decision-making structures and teams that currently support student behavioral health or can do so in the future.

DESCRIPTION:

Document your current decision-making processes related to student behavioral health, including consideration for what teams may exist at the LEA and school sites that currently support student wellness (for example, school site council and site-based and LEA-based community schools advisory councils). Identify what types of decisions are being made in which spaces (for example, decisions around student-level referrals and service provision versus program-level decisions). Use the documentation to reflect on how current decisions are being made, and what changes may need to be made to establish a coherent, representative, and democratic governance structure. Identify existing systems you can fold behavioral health discussions into, and how those systems can strengthen shared power and alignment, with a particular eye towards enhancing the coherence of student support services across the school system to reduce siloing.

CONSIDERATIONS:

- Consider where experts in student behavioral health are currently meeting in your community. Are there mental health advisory councils or commissions in your local government? Are there committees at school sites? How can you fold expertise into your existing meeting structures to support a coherent approach to service provision at the LEA and school site?
- Consider how current decision-making is being done for both student behavioral health and community schools. Is it at the site level? Is it a specific group of individuals? How are decisions made and communicated with the school community? Where are opportunities for increased shared power and transparency? Who is missing from school design conversations? Carefully map and aim for representative shared decision-making.
- Consider how this process can be replicated at school sites in your LEA to support collaborative decision-making at all levels of implementation. How can your LEA work with school sites to better inform their behavioral health and service needs? How will you ensure collaborative efforts are serving the unique needs across school sites?

Implement Collaborative Leadership for School-Based Behavioral Health Services

ACTIVITY 2

Design and develop a plan for **creating a representative decision-making process related to behavioral health services**, including diverse perspectives from across the school community.

DESCRIPTION:

Building on the mapping of decision-making spaces, include an analysis of which individuals and organizations are included in decision-making processes. Build relationships to identify current and potential students, staff, family, and community leaders who could serve on emerging or evolving community school leadership teams to support behavioral health service definition and delivery. Ensure diverse representation that reflects the school community when identifying and recruiting leaders. With input from all members of the school community, define democratic decision-making processes to support the co-design of meaningful school-linked behavioral health services and community schools.

CONSIDERATIONS:

- Consider what assets exist in your school community that should be represented in the decision-making process. Leverage your NAA to identify where expertise may need to be pulled into decision-making around school behavioral health.
- Consider what it looks like to engage all members of your school community meaningfully. Where might accommodations need to be made to get folks included in the decision-making process (for example, physical meetings versus virtual meetings, translation, etc.)? What relationships exist in the school community and how can they be strengthened to ensure meaningful participation and shared decision-making?

ACTIVITY 3

Support the **professional development of students, families, and staff to gain a foundational understanding of collaborative leadership** and apply the professional development to the co-design of behavioral health services on the school site.

DESCRIPTION:

Collaborative leadership is a required practice for community schools' implementation and can be used as a vehicle to strengthen school-linked behavioral health and community schools' alignment. Student behavioral health can be supported in all areas of the school community–from SEL lessons in classrooms to activities in expanded learning programs and wellness center services. Support the professional development of your staff, families, and students to engage in principles of collaborative leadership and ultimately to engage in the co-design of the student behavioral health ecosystem. Support the understanding that decision-making is not only held at the principal or LEA level, but that families, students, staff, and community members all have a right to engage in decision-making around the design and delivery of student behavioral health services in their community. Equip your community with the tools to become the biggest advocates around school-linked behavioral health services.

CONSIDERATIONS:

- Consider the myriad ways that learning about collaborative leadership can occur, including coaching, peer-to-peer dialogue, and modeling. How can your LEA best support the community to learn about and engage in collaborative leadership around school behavioral health?
- Consider how your collaborative leadership team can be supportive of navigating stigma and biases in the school community around mental health. How can you empower and uplift the knowledge and lived experience of your school community as leaders and co-designers of school-linked behavioral health services, to support learning around the importance of student behavioral health and access to services?

Formalize Collaborative Leadership for School-Based Behavioral Health Services

ACTIVITY 4

Embed collaborative leadership and decision-making around behavioral health into your **LEA and community school policies and procedures**.

DESCRIPTION:

Once you have co-designed your system with your collaborative leadership teams, document and codify their structures to ensure ongoing commitment to collaborative leadership and co-design around school-linked behavioral health services. Codify the specific teams that will discuss and make decisions around school-linked behavioral health services. Develop clear policies about how the community can be engaged in the decision-making process, and when decision-making will occur. Formalize these practices in artifacts like strategic plans, school handbooks, LCAP, and community schools' implementation plans.

CONSIDERATION:

- Consider what existing policies can be modified to support collaborative decision-making around student behavioral health. How can you formalize the diversity of perspectives that your LEA envisions to be necessary for robust decision-making? For example, consider parameters around including at least a minimum required number of individuals from specific groups in your community for a decision to be made (for example, two family members, four students). How can you integrate this into community school systems and structures to minimize silos and strengthen outcomes for young people?

Capacity-Building Strategy #4: Sustaining Staff and Resources



Definition: A focus on sustainability ensures that the necessary human and financial resources are available to maintain the community school vision and strategy over time, deployed effectively to ensure coherence and alignment across policies and initiatives, and used to sustain continuous progress and improvement.

Designing and implementing school-linked behavioral health systems and services should be done with consideration for the long-term sustainability of the implemented services and supports. As part of community schools implementation, specific attention should be given to the diverse funding streams and reimbursement pathways available to support school-linked behavioral health provision, including Local Educational Agency Medi-Cal Billing Option Program (LEA-BOP), School-Based Medi-Cal Administrative Activities program (SMAA), Specialty Mental Health, local wellness grants, and expanded learning funding (including the After School Education and Safety, 21st Century Community Learning Centers, and Expanded Learning Opportunities Program).

Sustainability should include attention to the community assets, such as community health clinics, county behavioral health departments, CBOs, individual practitioners, and more, that can be leveraged to create community-informed, sustainable school-linked behavioral health services. The school community is the primary asset of an LEA. Sustaining staff and resources requires mobilizing current assets more strategically so that students continue to receive services aligned with their needs uninterrupted by changing funding streams.

Why Does Sustaining Staff and Resources Matter for Implementation of the CYBHI Fee Schedule Program?

While the CYBHI Fee Schedule program allows for reimbursement for some services provided in school-linked settings and has the potential to generate some new revenue for LEAs, the capacity and infrastructure built as a part of rolling out the CYBHI Fee Schedule program also requires a sustainability plan. To implement the CYBHI Fee Schedule program, LEAs may need to implement structures and systems that yield additional costs (for example, electronic health records, billing systems, additional staffing, professional development, consultant support, and technology). The extent to whether there are additional costs will depend on existing assets and capacity in the school community, and an individual LEA's service design for implementation.

As LEAs are discussing and determining their broader school-linked behavioral health strategy, it is important to understand that the CYBHI Fee Schedule program is only a piece of the broader funding strategy, and that braiding and blending other funding sources, such as LEA-BOP, SMAA, Specialty Mental Health, expanded learning, and community schools, will be required to make implementation of the CYBHI Fee Schedule program sustainable. For example, as LEAs are navigating the potential implementation of additional providers and services under the CYBHI Fee Schedule program, such as certified wellness coaches and community health workers, it is critical to think through the necessary assets and conditions required for those positions and the services they provide to be sustained in the long-term. If reimbursements account for less than those staff position salaries and benefits, what other funding streams might you pull on to support their long-term sustainability? With new investments from the state into CCSPP, it is critical to think about how school-linked behavioral health, and the CYBHI Fee Schedule program specifically, can be a part of a larger integrated approach to student services.

Activities for Sustaining Staff and Resources

Define the School-Linked Behavioral Health Sustainability Strategy

ACTIVITY 1

Utilizing your NAA, identify **what existing assets you will leverage as a part of your school-linked behavioral health strategy** and analyze the sustainability of those assets.

DESCRIPTION:

Identify existing structures (for example, staffing, policies, initiatives, and programs) at the school- and LEA-level that are a part of your school-linked behavioral health ecosystem. Consider the staff and workforce that will support your school-linked behavioral health service vision and how they are currently being funded at the site and LEA level. Identify where funding streams may be temporarily supporting staff versus more permanent funding streams like LCAP and expanded learning. Externally consider what assets exist in the community to support school-linked behavioral health provision. As a result of mapping, define the necessary conditions for your school-linked behavioral health system to be sustainable and identify a path for achieving those conditions.

CONSIDERATIONS:

- Consider how current staff are going to be sustained moving forward. Review job descriptions and assess what funding sources may be most appropriate to sustain positions as funding shifts statewide to ensure consistent staffing and programming. Where might funding streams need to be braided and blended to support overall sustainability of staffing capacity?
- Consider how existing staff job descriptions may need to be modified to support the overall vision for school-linked behavioral health services. If your LEA is implementing the CYBHI Fee Schedule program, consider where explicit reference to documentation and billing may need to be incorporated into job descriptions to support the ability to bill for eligible services.
- Consider reimagining how existing assets in your community can be redeployed to support a shared coherent vision for your LEA. How can the expanded learning department, early education, fiscal department, LEA board, and others support the overall vision for school-linked behavioral health as a part of your community schools' implementation?

ACTIVITY 2

Identify the **financial strategy** for durable school-linked behavioral health systems.

DESCRIPTION:

Develop and routinely update a long-term sustainability funding plan for your school-linked behavioral health services to ensure core staff positions and community and inter-agency partnerships are sustained over time. Consider how braiding and blending from other funding streams can create longstanding sustainability (for example, expanded learning funding, CYBHI Fee Schedule program reimbursements, and other sources). Ensure that the funding strategy for school-linked behavioral health is not separate from the overall funding strategy of the larger vision for community schools, but rather a piece of the larger sustainability vision for the school community.

CONSIDERATIONS:

- Consider what financial opportunities exist specifically to support school-linked behavioral health. Identify and pursue grant opportunities, fundraising initiatives, and other sources of external funding to support the long-term sustainability plan.
- Consider how the LEA can build capacity to implement available reimbursement mechanisms, like the CYBHI Fee Schedule program, to generate unrestricted funding for the LEA that can be reinvested in school-linked behavioral health capacity.
- Consider modifying job descriptions to better align to your vision for the school community. You may also want to consider updating job descriptions to try to transition from one funding source to another without supplanting.

Implement the School-Linked Behavioral Health Sustainability Strategy

ACTIVITY 3

Mobilize your collaborative leadership teams to operationalize the sustainability strategy for school-linked behavioral health.

DESCRIPTION:

Cultivate champions for the sustainability strategy for school-linked behavioral health through your collaborative leadership infrastructure (such as site-based and LEA-based community schools advisory councils). Embed sustainability in team meetings, including regular discussions of upcoming funding opportunities and budgeting. Engage your collaborative leadership teams in discussions around how to best allocate resources to most meaningfully move forward the school-linked behavioral health vision and support long-term success. Engage in democratic decision-making around how new funding or unrestricted funding should be spent to best support the school community. Cadence and frequency of discussions around sustainability may vary depending on the needs of the LEA and where the LEA is in implementation of community schools and school-linked behavioral health.

CONSIDERATIONS:

- Consider the unique strengths of interest holders in your school community. How can your superintendent, principals, school board, community partners, families, staff, and students best champion the site or LEA vision for school-linked behavioral health? How can fiscal teams support the braiding and blending of resources to strategically support the long-term sustainability of school-linked behavioral health programming and alignment with the larger community schools vision? How can HR staff support navigating changes to job descriptions and hiring decisions to support overall staffing alignment with the site or LEA vision for school-linked behavioral health in community schools?
- Consider leveraging student support teams as core school design partners to ensure that all perspectives from everyone in the school community who serves students are integrated at the design level. How do meeting times get calendared to ensure space for cross-team collaboration? Can you convene one larger group with time for working groups designated to specific tasks to alleviate meeting fatigue and align all the work being done?

ACTIVITY 4

Continuously invest in **the capacity of your LEA or school site staff** to grow and learn in their ability to support student behavioral health.

DESCRIPTION:

School-linked behavioral health is the responsibility of every individual in a school community–from janitors to teachers to administrators. Equip the existing school staff with the skills and role-specific training required to be successful in supporting students to navigate the school-linked behavioral health ecosystem at your site and LEA. Honor the existing knowledge, skills, and lived experience that site and LEA staff bring to the community school and support their growth in deepening understanding related to school-linked behavioral health.

CONSIDERATIONS:

- Consider what training is essential for all school staff to support students in accessing school-linked behavioral health supports. Consider what you want everyone on campus to know–from the location of the wellness center to the referral pathways when students need higher-level intervention to the basic principles of restorative justice and supporting a positive school climate.
- Consider leveraging your NAA to identify what specific training and skills staff want to learn related to student behavioral health.

Formalize the School-Linked Behavioral Health Sustainability Strategy

ACTIVITY 5

Formalize the sustainability strategy in documented policies and procedures.

DESCRIPTION:

Once your sustainability strategy for school-linked behavioral health services has been defined, codify your commitment to the systems by embedding it in existing structures and systems. Embed the strategy in the community schools' implementation plan, LCAP, LEA strategic plan, and in formal budgeting systems leveraged by financial teams. Remember, this strategy should not exist in a silo from other LEA priorities but should be one arm of a larger sustainability plan that includes the sustainability of expanded learning programming, college and career pathways, MTSS, early learning, and other LEA priorities. The sustainability of school-linked behavioral health should be embedded in the overall vision to maximize sustainability and coherence.

CONSIDERATIONS:

- Consider how you can leverage your collaborative leadership infrastructure to support the embedding of sustainability in the fabric of your school-linked behavioral health vision.

- Consider how LEA administrative staff (for example, HR, financial services, legal services, and more) can support the sustainability of school-linked behavioral health in their workstreams. How can you work with your fiscal analysts to design budgets that account for the variety of funding streams required to sustain services?
- Consider what external partners (for example, local expanded learning providers, city and local government, policy entities) your LEA partners with to support the overall sustainability of services, whether through in-kind services, donations, or advocacy for additional funding.

Capacity-Building Strategy #5: Strategic Community Partnerships



Definition: Developing strategic community partnerships allows schools and LEAs to expand their capacity to achieve the vision of interest holders. Partners can strengthen and support a broad continuum of priorities, from expanded learning to integrated student and family supports. Partnerships centered on trusting relationships lead to greater support and investment in the strategy.

Strategic community partnerships are catalytic in implementing the broader community schools' strategy–this is equally true in the design and implementation of school-linked behavioral health systems. As referenced in **Sustaining Staff and Resources**, the school community is an LEA's largest asset. Developing robust partnerships with a variety of community partners (including expanded learning providers, community and cultural centers, family resource centers, and other CBOs) can increase your LEA capacity to meet your school-linked behavioral health vision. Partnerships should be cultivated to enhance capacity to meet the overall school vision and should be maintained through reciprocal planning, trust, clearly defined roles, and sustained coordination. Partners are more than a menu of services to refer to and should be incorporated into collaborative leadership structures (such as site-based and LEA-based community schools advisory councils).

Why Does Strategic Community Partnerships Matter for Implementation of the CYBHI Fee Schedule Program?

In implementing the CYBHI Fee Schedule program, community partners can be supportive in enhancing the capacity and infrastructure of LEAs to provide reimbursable services. Partnerships in service of the CYBHI Fee Schedule program implementation can include many entities, including your county office of education, the local county behavioral health department, community-based health clinics, local individual practitioners, technology and billing vendor companies, cultural and religious institutions, and more. For example, LEAs can consider how to collaborate with their county on implementation of the Behavioral Health Services Act (BHSA) which includes substantial funding for preventative and early intervention funding, and specific considerations for early intervention services for individuals aged 25 and younger.[23] In addition, LEAs may support the implementation of Assembly Bill 2083 by serving on the county Interagency Leadership Team (ILT) which coordinates care specifically for foster youth, although many state and local leaders are using the structure to coordinate care for youth broadly.[24]

Through the CYBHI Fee Schedule program, LEAs can work with affiliated and embedded providers to enhance the service provision capacity at school sites (for example, through deploying certified wellness coaches from CBOs at school sites).[25] CBOs may also be able to support the building, implementation, and maintenance of electronic health record and billing systems. Additionally, LEAs may find themselves partnering with local practitioners to serve as ordering, referring, and prescribing (ORP) practitioners.[26] In small and rural LEAs, partnerships with CBOs can be crucial in sustaining and building robust school-based behavioral health services. DHCS specifically lays out the importance of these kinds of partnerships in the small and rural context in their Small and Rural LEA and IHE Implementation Toolkit.[27] Partnership opportunities require collaborative decision-making to determine which partnerships are most impactful for your local implementation. Regardless of the type of partnership, it is critical that LEAs are mindful of the scope of the collaboration and tend to the necessary legal requirements outlined in the Health Insurance Portability and Accountability Act (HIPAA) and Family Educational Rights and Privacy Act (FERPA) to ensure security of private health and educational information.[28]

[23] California Department of Public Health. 2026. *Behavioral Health Services Act Population-Based Prevention vs. Early Intervention Factsheet*. **https://www.cdph.ca.gov/Programs/OPP/CDPH%20Document%20Library/Population_based_Prevention_EI_Factsheet.pdf**.

[24] To learn more about Assembly Bill 2083 and the ILT structure, see: Transforming Together. *Ecosystem of Care Implementation Guide*. 2025. **https://online.flippingbook.com/view/149899800**.

[25] For more information on embedded and affiliated providers, see: California Department of Health Care Services. 2025. *CYBHI Fee Schedule Program Guidance for the Participation of Community Providers*. **https://www.dhcs.ca.gov/wp-content/uploads/2025/10/DHCS-CYBHI-Fee-Schedule-Program-Participation-of-Community-Providers.pdf**.

[26] For more information on Ordering, Referring, and Prescribing Practitioners, see: California Department of Health Care Services. 2025. *CYBHI Fee Schedule Program Ordering, Referring, and Prescribing Practitioners*. **https://www.dhcs.ca.gov/wp-content/uploads/2025/10/CYBHI-Fee-Schedule-Program-Ordering-Referring-and-Prescribing-Providers-September-2025.pdf**.

[27] Department of Health Care Services. 2026. *Small and Rural LEA and IHE Implementation Toolkit*. **https://www.dhcs.ca.gov/wp-content/uploads/2026/08/Small-and-Rural-LEA-IHE-Implementation-Toolkit.pdf**.

[28] For more information on HIPAA and FERPA, see: California Health and Human Services Department. 2025. *Toolkit: Navigating HIPAA and FERPA for Integrated School Behavioral Health Services*. **https://cybhi.chhs.ca.gov/wp-content/uploads/2025/07/HIPAA-FERPA-Toolkit-07-2025_ADA-1.pdf**.

Activities for Strategic Community Partnerships

Define the Community Partnerships Approach to Support School-Linked Behavioral Health

ACTIVITY 1

Leverage your NAA to **identify relevant behavioral health partners** in the school community.

DESCRIPTION:

Map the assets available in your school community that are uniquely positioned to support your school-linked behavioral health vision and strategy. Give attention to the ways that current partnerships may be expanded to support your goals, and how potential partnerships may align with the goals, values, and principles at your LEA. Evaluate potential partners' levels of commitment to collaborate, willingness to share resources and expertise, and capacity for sustained engagement. Leverage your NAA to prioritize which partnerships to pursue. Prioritize quality and alignment of partners' programs and supports rather than focusing solely on quantity. Collaborate with partners to streamline referrals, coordination, and delivery of student support services so that students receive what they need in a timely and efficient manner. Mapping should be regularly revisited and publicly available to students, staff, families, and community members to ensure transparency and alignment of priority partnerships with the ongoing needs of your school community.

CONSIDERATIONS:

- Consider how your LEA can leverage the local county office of education, local governmental agencies, such as county behavioral health, federally qualified health centers, CBOs, and private practitioners to support the school-linked behavioral health goals of your LEA.
- Consider mapping what current county-level decision-making structures exist to support student behavioral health (with attention to work being completed as a part of BHSA and Assembly Bill 2083). Lean into these structures as opportunities to de-silo countywide efforts and develop coherent structures of support for school-linked behavioral health services.
- Consider how you can work with current, trusted partners to expand capacity to meet your school-linked behavioral health vision. For example, how can you work with expanded and enriched learning providers to become certified wellness coaches so services are available beyond the traditional school day.[29]
- Consider how to ensure school-linked behavioral health resources and partnerships are equitably operationalized across your LEA at school sites. Consider what different partnerships rural, urban, and suburban school sites across the LEA may need. For example, some small and rural communities may need to rely more heavily on CBO partnerships and telehealth to provide services to students.

[29] For more information on certified wellness coaches, see the California Department of Health Care Access and Information (HCAI) Becoming and Serving as a Certified Wellness Coach webpage: https://hcai.ca.gov/workforce/initiatives/cwc/becoming-and-serving-as-cwc.

- Consider how existing partnerships support the cultural and linguistic needs of your community. Are there opportunities to build more connections with CBOs that serve the behavioral needs of specific populations?

Implement the Community Partnerships Approach to Support School-Linked Behavioral Health

ACTIVITY 2

Design and implement a strategy for outreach and engagement to relevant partners to support your overall vision for school-linked behavioral health service provision.

DESCRIPTION:

Develop a strategy for outreaching and engaging current and potential community partners. Include students, family members, staff, and community members in planning with community partners to support the decision-making around whether a partnership would effectively serve the needs of the school community. Give attention to incorporating decisions around pursuing partnership in your shared leadership structures.

CONSIDERATIONS:

- Consider who the relevant parties are that should be included in engaging current and future partners in discussions around school-linked behavioral health provision. How can students, family members, staff, and other community members lead the decision-making process to ensure potential partnerships serve the distinct needs of the school community?
- Consider how you can build a continuous quality improvement approach to partnerships with your collaborative leadership teams, regularly evaluating the partnership efficacy and where modifications to the partnership may need to be made to best serve the school community. For school-linked behavioral health partners, how can you incorporate regular partner check-ins to discuss feedback from students and families and assess whether referrals lead to timely access to care?
- Consider how you can build on the strengths of your existing expanded learning and family engagement programming. Expanded learning providers are often deeply embedded in the community and have strong relationships with community members that can be supportive of your vision implementation.

Formalize the Community Partnerships Approach to Support School-Linked Behavioral Health

ACTIVITY 3

Define and codify your partnership with relevant community partners to support school-linked behavioral health implementation.

DESCRIPTION:

Establish formal documents and policies with community partners, including data sharing agreements, MOUs, and business agreements to formalize the shared commitment to support school-linked behavioral health services, and outline expectations of the partnership. Embed in MOUs, where feasible, measurements of success and key performance indicators to ensure that expectations regarding performance are clear. Ensure that diverse interest holders from across the community review agreements to ensure that all perspectives are accounted for in the formalization of the relationship. Where possible, establish agreements or build on existing agreements with CBOs that can benefit the entirety of the school community at the LEA level, and support sites in establishing their own sub agreements with trusted partners. Invite community partners to relevant spaces where they can share information about their partnership with the LEA and the services they provide.

CONSIDERATIONS:

- Consider the myriad documents required to operationalize the CYBHI Fee Schedule program in multi-partner scenarios, including MOUs, data sharing agreements, joint-use agreements, ROIs, and more. Develop streamlined policies and procedures with your collaborative leadership teams, including HR and legal staff, and community partners to operationalize the requirements.
- Formalize partnership by including details around their service and function in public communications with the school community. Communicate around how community partners are supporting the overall school vision for school-linked behavioral health at your LEA, including explicit connections to your MTSS structure and your LCAP.

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CASE STUDIES

Case Studies on Implementing Community Schools and the CYBHI Fee Schedule Program

Ontario-Montclair School District,
El Dorado County Office of Education,
and Monterey County Office of Education

Case Studies on Implementing Community Schools and the CYBHI Fee Schedule Program

Across California, County Offices of Education (COEs), school districts, and charter schools are implementing the Children and Youth Behavioral Health Initiative (CYBHI) Fee Schedule program in tandem with the California Community Schools Partnership Program (CCSPP). These two powerful initiatives—when implemented in concert with each other—can supercharge the development of robust and meaningful student, family, and community support systems.

The case studies below from the Ontario-Montclair Unified School District, the El Dorado County Office of Education, and the Monterey County Office of Education, provide snapshots for how these two initiatives can be implemented in tandem to support school communities.

Ontario-Montclair School District (OMSD): Leveraging a Shared Vision and Strong Systems for CYBHI Fee Schedule Program Implementation Success



The Ontario-Montclair School District (OMSD) is a preschool through grade eight school district located in San Bernardino County. The district has 34 schools serving around 17,000 students. OMSD is fully Title I eligible with 87.4 percent of students eligible for Free or Reduced-Price Meals (FRPM).[30] In the district, 24.6 percent of students are classified as English Learners (ELs)[31] with 95.3 percent of ELs speaking Spanish.[32] Mandarin Chinese (1.4 percent) and Vietnamese (1.0 percent) were the next two most commonly spoken languages by ELs.

[30] DataQuest. 2026. *Selected District Level Data - 3667819--Ontario-Montclair for the year 2025-26*. https://dq.cde.ca.gov/dataquest/Cbeds3.asp?FreeLunch=on&cSelect=3667819--Ontario-Montclair&cChoice=DstProf1&cYear=2025-26&cLevel=District&cTopic=FRPM&myTimeFrame=S&submit1=Submit.

[31] DataQuest. 2026. *2025-26 Enrollment by English Language Acquisition Status (ELAS) and Grade*. https://dq.cde.ca.gov/dataquest/DQCensus/EnrELAS.aspx?cds=3667819&agglevel=District&year=2025-26.

[32] DataQuest. 2026. *English Learner Students by Language by Grade*. https://dq.cde.ca.gov/dataquest/SpringData/StudentsByLanguage.aspx?Level=District&TheYear=2025-26&SubGroup=All&ShortYear=2526&GenderGroup=B&CDSCode=36678190000000&RecordType=EL.

When the CCSPP first launched, the OMSD was recognized by the California Department of Education as an existing community schools district. Given that, the district was not eligible to apply for the CCSPP Planning Grant and instead secured the CCSPP Implementation Grant in Cohort One (2021-22). The OMSD leveraged its strong community schools' experience and infrastructure to efficiently implement the CYBHI Fee Schedule program. Despite entering as part of the CYBHI Fee Schedule program's second cohort, the OMSD was the first LEA in San Bernardino County to bill to the CYBHI Fee Schedule program and has grown to become one of the top billers for the CYBHI Fee Schedule program statewide.

Leveraging a Shared Commitment and Strong Institutional Systems

The OMSD developed a strong foundation on which the CCSPP and the CYBHI Fee Schedule program can be operationalized. This foundation includes a shared commitment, understanding, and priorities around what it means for the district to be successful, and what it means for their school-based behavioral health work to be successful.

One contributing factor that has strengthened implementation is the support from district leadership, and the OMSD School Board, who have a shared commitment to improving student behavioral health outcomes. For example, the OMSD Superintendent works with principals to develop a five-year action plan that includes the goals of the CYBHI Fee Schedule program and community schools' implementation strategy. By embedding these goals into the overall Action Plan, the district has a codified commitment to the success of implementation.

This shared commitment is also mirrored in the partnerships that the OMSD cultivates to support the district vision. In implementing the CYBHI Fee Schedule program, the OMSD found that leveraging connections established through community schools' implementation—such as trusted relationships with community based organizations (CBOs) and local public agencies—allowed the district to more quickly secure MOUs and move through the legal review process for additional behavioral health supports to be implemented.

Organizationally, the OMSD Health & Wellness Services (HWS) Department leads implementation for both community schools and the CYBHI Fee Schedule program. The HWS department oversees case management, mental health services, behavioral health services, and physical health services—with approximately 250 total staff including community schools' coordinators and 40 university graduate level interns. The centralized coordination of community schools and the CYBHI Fee Schedule program under a single department have streamlined efforts and supported coherence of initiatives.

Supporting CYBHI Fee Schedule Billing

Prior to the CYBHI Fee Schedule program, the OMSD had gained experience in documenting and billing for student behavioral health services through implementation of the LEA Billing Options Program (LEA-BOP) and billing Early and Periodic Screening, Diagnostic, and Treatment (EPDST) services through an existing partnership with San Bernardino County Department of Behavioral Health.[33] The CYBHI Fee Schedule program provided an opportunity for the OMSD to standardize documentation practices across school sites for nursing, clinical, and non-clinical services. In support of this, OMSD develops resources for internal behavioral health staff to explain standard documentation practices.

The OMSD uses a third-party billing platform to operationalize the CYBHI Fee Schedule program. To support implementation, the district offers billing guides to school-based staff, including PPS credentialed staff, Certified Wellness Coaches (CWCs), Community Health Workers (CHWs), and community schools' coordinators who may hold the necessary qualifications to bill under the CYBHI Fee Schedule program. These guides include images of what certain steps look like in the billing platform to help operationalize billing for practitioners. To ensure that claims are appropriately submitted, the OMSD has billing specialists on staff who review claims and documentation prior to submission to the third-party billing platform.

> "When we talk to our practitioners we tell them … your whole focus is not about what's billable … who you can bill for. What we want them to focus on is documenting services they provide to kids and then on the back end, we match those up with the billing pieces."
> —An OMSD Representative

The OMSD built supportive guardrails to ensure practitioners are given adequate time to meet responsibilities that are a part of CYBHI Fee Schedule program. One support offered includes Memorandums of Understanding (MOUs) with the bargaining units ensuring practitioners are guaranteed 30 minutes a day to complete documentation.

Summary

The implementation of the CCSPP and the CYBHI Fee Schedule program in the OMSD is grounded in a shared commitment to student behavioral health. From inception, the CYBHI Fee Schedule program integration has benefited from the strong foundation that community schools have created—including the cultivation of a shared vision with the Superintendent and School Board, strategic partnerships with CBOs, and a lens towards developing sustainable systems and infrastructure for long-term success.

[33] For more information on LEA-BOP, see the Department of Health Care Services Local Educational Agency Medi-Cal Billing Option Program webpage: **https://www.dhcs.ca.gov/providers-partners/local-educational-agency-medi-cal-billing-option-program**.

El Dorado County Office of Education (EDCOE): Cultivating a Student Behavioral Health Workforce for Integrated Systems of Supports



El Dorado County—nestled between Placer County, Sacramento County, Amador County, Alpine County, and the state of Nevada—is home to many small, rural, and geographically-isolated communities. Throughout the county, there are pockets of affluence and pockets of high rates of poverty. The total public TK-12 enrollment in El Dorado County is 32,210 students, across 15 school districts and 13 charter schools.

The El Dorado County Office of Education (EDCOE) has full district participation in the CYBHI Fee Schedule program, meaning all districts within the EDCOE are either billing themselves or are participating through the EDCOE Fee Schedule billing consortium.[34] Two LEAs, Black Oak Mine Unified School District and Lake Tahoe Unified School District, are currently participating in the CCSPP Implementation Grant. Some other LEAs received the CCSPP Planning Grants, but did not go on to participate in the Implementation Grant. Additional LEAs have recently demonstrated interest in implementing community schools under the new CCSPP funding model. To support districts with participation in the CCSPP, the EDCOE offers program guidance and application writing support (structured as a team approach).

Even though only two LEAs currently participate in CCSPP implementation (due, in part, to the CCSPP grant's unduplicated pupil percentage threshold), the staffing and partnerships established through CYBHI Fee Schedule implementation can support expansion of the community schools model to more districts and schools throughout the county.

Establishing a Workforce Priority

Through **Student Behavioral Health Incentive Program (SBHIP)** funding, the EDCOE collaborated with school districts and Managed Care Plans (MCPs) to establish a shared understanding, commitment, and priorities around behavioral health workforce needs. Through a collaborative planning process—including regular meetings with the local MCPs—two core priorities emerged: (1) developing a career pathway for increasing the student-facing workforce (particularly for behavioral health services), and (2) identifying ongoing, sustainable funding to support this workforce.[35] These priorities serve as a catalyst in the EDCOE behavioral health implementation work—providing a shared compass for collaborative action among districts, COEs, MCPs, and community-based organizations (CBOs).

[34] For more information on participation models for the CYBHI Fee Schedule program, and billing consortia specifically, see: Department of Health Care Services. 2026. *CYBHI Fee Schedule Program Participation Models*. **https://www.dhcs.ca.gov/wp-content/uploads/2026/09/CYBHI-Fee-Schedule-Program-Participation-Models-PDF.pdf**.

[35] For more information on SBHIP, see the Department of Health Care Services Student Behavioral Health Incentive Program webpage at **http://dhcs.ca.gov/services/student-behavioral-health-incentive-program**.

Cultivating Workforce Pathways Through Strategic Partnerships

To realize these shared priorities, the EDCOE collaborated with partners across the county to secure several grants including a College and Career Access Pathways (CCAP) Grant and a K–12 Strong Workforce Program (K12 SWP) Grant. Funding from those grants allowed the EDCOE to build peer advocacy programs within some high schools to make progress on their priority of developing a behavioral health career pathway.

In addition to the peer advocacy programs, Folsom Lake College, a local institution of higher education (IHE), offers a dual enrollment program that gives high school students access to the Folsom Lake College wellness coach certification program. LEAs also partner with Folsom Lake College to offer wellness coach work experience opportunities. Similarly, the EDCOE aspires to partner with California State University, Sacramento to provide work experience for graduate clinical interns.

In tandem with developing IHE partnerships, the EDCOE has worked to cultivate partnerships with CBOs to increase workforce capacity. Key examples include Sierra Youth and Family Services, Summit View Child and Family Services, New Morning Child and Family Services, Tahoe Family Services, Balanced Life, hospitals, and community health centers. The EDCOE hosts opportunities for CBO service providers to meet with school district representatives to share what services are available and to help districts connect with providers to meet their specific local gaps. The EDCOE also works with County Behavioral Health to connect their efforts to the county's implementation of the Behavioral Health Services Act (BHSA).

Sites take different approaches to staffing their school-based behavioral health systems and multi-tiered systems of support (MTSS), including utilizing LEA staff, COE staff, and contracted providers. EDCOE provides support to LEAs to help them determine a staffing structure in relation to community needs and assets, including using Behavioral Health Student Services Act (BHSSA) grant funds to provide direct services through clinicians in LEAs where funding is not available to provide clinician staffing. Similar approaches could be used to be responsive to other needs that surface during community schools' implementation.

Summary

Despite only having two CCSPP-funded LEAs in the county, the EDCOE approach to building school-based behavioral health staff capacity is aligned with the Capacity-Building Strategies of the California community schools model. Starting with shared commitment, understanding, and priorities around staffing their school-based behavioral health services countywide, the EDCOE leans on trusted community partners (such as MCPs, IHEs, and CBOs) to make their vision a reality, and to support LEAs in meeting their unique needs.

Monterey County Office of Education (MCOE): Collaborative Leadership and Strategic Community Partnerships as a Catalyst for Shared Regional Success



Monterey County—neighboring Santa Cruz County, San Benito County, Fresno County, Kings County, San Luis Obispo County, and the Pacific Ocean—is a geographically diverse community serving over 70,000 students across 3,771 square miles through 24 school districts and 8 charter schools. Ten of the 24 districts in Monterey County are extremely small, with each district enrolling under 901 students. In Monterey County, most LEAs participate in the MCOE CYBHI Fee Schedule billing consortium.[36]

The MCOE also leads the Central Coast Regional Transformational Assistance Center (R-TAC) for CCSPP. The Central Coast R-TAC provides community schools implementation technical assistance for the COEs and LEAs in their region, which comprises Monterey, San Benito, San Luis Obispo, Santa Barbara, Santa Cruz, and Ventura Counties.

Building a Consortium for Regional Success

As an R-TAC lead for CCSPP, the MCOE approach to implementing the CYBHI Fee Schedule program is grounded in the CCSPP Capacity-Building Strategies, particularly collaborative leadership and strategic community partnerships.

The MCOE operates a consortium that provides LEAs the option to centralize CYBHI Fee Schedule billing operations at the COE (through access to a shared billing platform). In addition, the consortium provides LEAs access to some shared behavioral health staffing should they not have the local capacity. This approach is exceptionally impactful in settings like Monterey County where there are many small LEAs who may not have internal capacity or local resources to implement the CYBHI Fee Schedule program on their own.

In developing and operationalizing the consortium, the MCOE has cultivated deep collaborative relationships with LEAs to understand their unique assets and needs. This has included holding community engagement cafes or cafecitos across the county that are both used as community listening sessions to inform the consortium design, and as opportunities to share about the CYBHI Fee Schedule program and associated services with the community.

Through direct dialogue with the community, the MCOE has developed a locally-responsive and adaptive approach to their work. A shared commitment to building a thriving Monterey County guides the MCOE and local LEAs to collaborate to build a robust network of support for each other's success.

[36] For more information on participation models for the CYBHI Fee Schedule program, and billing consortia specifically, see: Department of Health Care Services. 2026. *CYBHI Fee Schedule Program Participation Models*. https://www.dhcs.ca.gov/wp-content/uploads/2026/09/CYBHI-Fee-Schedule-Program-Participation-Models-PDF.pdf.

The MCOE Vision Moving Forward

As the MCOE continues to implement both community schools and the CYBHI Fee Schedule program in partnership with LEAs, they are focusing on strengthening connections and alignment with County Behavioral Health and CBOs, such as Harmony at Home. Through asset mapping, the MCOE is working to identify which services are most appropriate for delivery in school-based settings and which are most appropriate for County Behavioral Health or external partners to provide. By inventorying what is available in the community, and assessing how they can implement complementary support in school-based settings, the MCOE is developing an integrated system of support for behavioral health that maximizes available resources for all LEAs in the county.

The MCOE continues to design their implementation with an eye towards sustainability of services and staff. To that point, the MCOE envisions their sustainability strategy for community schools and the CYBHI Fee Schedule program as inextricably intertwined, with community schools being seen as the way to build capacity around staffing, wellness spaces, partnerships, family engagement, and cross-system coordination and processes; and the CYBHI Fee Schedule program as a core revenue source.

Summary

The MCOE approach to implementing the CYBHI Fee Schedule program has been heavily influenced by their deep understanding of community schools as an R-TAC lead. Grounded in collaborative leadership and strategic partnerships, the MCOE developed a CYBHI Fee Schedule billing consortium to support LEAs throughout the county and show an ongoing commitment to the shared success of all students regardless of where they are geographically located. Leveraging asset mapping, the MCOE is designing an understanding of the local behavioral health ecosystem and how assets can be mobilized to support student behavioral health with a lens towards sustainability.

About the Authors

This memo series was developed collaboratively between the **California Community Schools State Transformational Assistance Center**, **Capitol Area Regional Transformational Assistance Center**, **School-Linked Partnership and Capacity Grant**, and the **Glen Price Group**.

A brief description of each organization is provided below:

The Statewide Transformational Assistance Center (S-TAC) is comprised of four partner organizations, Sacramento County Office of Education (SCOE), National Education Association (NEA), University of Los Angeles (UCLA) and Californian's for Justice (CFJ). Together the S-TAC supports and collaborates with the eight Regional Transformational Assistance Centers (R-TACs), to support the CCSPP implementation across the state.

The CYBHI School-Linked Partnership and Capacity Grant Program is part of California's effort to strengthen access to behavioral health services for children and youth. Administered by the Sacramento County Office of Education and the Santa Clara County Office of Education, the School-Linked Partnership and Capacity Grant provides one-time funding and implementation support to help all 58 county offices of education and the local educational agencies they serve get the people, partnerships, and systems in place to strengthen school-linked behavioral health services and keep them going over time.

The Glen Price Group (GPG) supports public agencies, nonprofit organizations, and philanthropic foundations with project management, partnership development, strategic planning, community research and assessment, and grant application development. Learn more at **https://glenpricegroup.com** and see how GPG supports community schools efforts at **https://glenpricegroup.com/communityschools**.

CYBHI Fee Schedule x Community Schools Memo Series Overview

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